

NEVADA STATE  
BOARD OF PHARMACY

BOARD MEETING

JULY 17 & 18, 2019

HILTON GARDEN INN  
7830 S LAS VEGAS BOULEVARD  
LAS VEGAS, NEVADA



# Nevada State Board of Pharmacy

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Date Posted: July 2, 2019

## AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 17, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, July 18, 2019 at 9:00 am or until the Board concludes its business at the following location:

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

#### Please Note:

**In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.**

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

**Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.** Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.



1. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

### ◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

2. Approval of June 5-6, 2019, Minutes **(FOR POSSIBLE ACTION)**

3. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- A. AbleNet Inc. – Roseville, MN
- B. Alto Pharmacy – Irvine, CA
- C. Beauty Empower Rx LLC – Fairfax, VA
- D. Biologics by McKesson – Cary, NC
- E. Biologics by McKesson – Cary, NC
- F. Cure Pharmacy – Jacksonville, FL
- G. Delta Drugs – Glendale, CA
- H. Hollis Prescription Center, Inc. – Hollis, NY
- I. Lyons Pharmacy – Boca Raton, FL
- J. Natura Pharmacy Inc. – Naples, FL
- K. Rite Care Pharmacy IV – Dallas, TX
- L. RxCrossroads by McKesson – Irving, TX
- M. RxCrossroads by McKesson – Louisville, KY
- N. Simple Rx Pharmacy – Arlington, TX
- O. TPC Pharmacy – Fort Worth, TX
- P. US Vet Meds LLC – Novato, CA

Applications for Out-of-State Compounding Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- Q. Alphascript, Inc. – San Carlos, CA
- R. Covetrus Maine – Portland, ME
- S. PropacPayless Pharmacy – Vancouver, WA

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance **(FOR POSSIBLE ACTION)**

- T. Aspen Medical Products – Irvine, CA
- U. Celularity, Inc. – Eden Prairie, MN

- V. HealthLink International, Incorporated – Memphis, TN
- W. Innovative Supply Group LLC – Lakewood, NJ
- X. Mini Pharmacy – Los Angeles, CA
- Y. Ortho Organizers, Inc. – Carlsbad, CA
- Z. Ortho Technology, Inc. – Lutz, FL
- AA. Pumps It, Inc. – Houston, TX
- BB. Quest Health Solutions, LLC – Coral Springs, FL
- CC. Spectrum Healthcare, Inc. – Eagleville, PA
- DD. St Joseph Medical Equipment Corporation – North Hollywood, CA
- EE. The Hibbert Group – New Castle, DE
- FF. Total Medical Supply, Inc. – Texarkana, TX
- GG. VMR Medical LLC – Lawndale, CA
- HH. Wound Care Concepts, Inc. – Bristol, PA
- II. Xcel Med, LLC – Harwood Heights, IL

Application for Nevada Ambulatory Surgery Center – Non Appearance  
**(FOR POSSIBLE ACTION)**

- JJ. Sunset Surgery Center – Las Vegas, NV

Application for Nevada Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- KK. Community, A Walgreens Pharmacy #21237 – Reno, NV

Applications for Out-of-State Wholesaler – Non Appearance  
**(FOR POSSIBLE ACTION)**

- LL. Abraxis BioScience, LLC – Summit, NJ
- MM. Adapt Pharma Inc. – Radnor, PA
- NN. AdvaGen Pharma Ltd. – Plainsboro, NJ
- OO. Aimmune Therapeutics, Inc. – Brisbane, CA
- PP. Alder Pharmaceuticals, Inc. – Bothwell, WA
- QQ. Alnylam Pharmaceuticals, Inc. – Cambridge, MA
- RR. American Regent, Inc. – Shirley, NY
- SS. AmerisourceBergen Drug Corporation – Louisville, KY
- TT. Animal Health International, Inc. – Ceres, CA
- UU. B. Braun Medical Inc. – Daytona Beach, FL
- VV. Bayer HealthCare LLC – Berkeley, CA
- WW. Bayer HealthCare LLC – Whippany, NJ
- XX. Bayer HealthCare Pharmaceuticals, Inc. – Whippany, NJ
- YY. BeiGene USA, Inc. – San Mateo, CA
- ZZ. Bionpharma Inc. – Princeton, NJ
- AAA. Blueprint Medicines Corporation – Cambridge, MA
- BBB. Bound Tree Medical, Inc. – Visalia, CA
- CCC. Brookfield Pharmaceuticals, LLC – Brookfield, WI
- DDD. Canton Laboratories, LLC – Alpharetta, GA
- EEE. Cerecor Inc. – Rockville, MD

FFF. Celgene Corporation – Summit, NJ  
 GGG. Centurion Medical Products – Howell, MI  
 HHH. Centurion Medical Products – Salisbury, NC  
 III. Chadwick Pharmaceuticals, Inc. – Madison, MS  
 JJJ. Cintex Services, Inc. – Suwanee, GA  
 KKK. Civica, Inc. – Lehi, UT  
 LLL. Cronus Pharma LLC – East Brunswick, NJ  
 MMM. Davol Inc., Subsidiary of C.R. Bard, Inc. – Warwick, RI  
 NNN. Elanco US Inc. – Greenfield, IN  
 OOO. Epizyme, Inc. – Cambridge, MA  
 PPP. Esperion Therapeutics, Inc. – Ann Arbor, MI  
 QQQ. E5 Pharma, LLC – Boca Raton, FL  
 RRR. Fosun Pharma USA, Inc. – Princeton, NJ  
 SSS. Glenmark Therapeutics Inc. USA – Mahwah, NJ  
 TTT. Intra-Cellular Therapies, Inc. – Towson, MD  
 UUU. Kindred Biosciences, Inc. Burlingame. CA  
 VVV. Ladian Biosciences, Inc. – Gaithersburg, MD  
 WWW. Leucadia Pharmaceuticals – Carlsbad, CA  
 XXX. Macleods Pharma USA, Inc. – Plainsboro, NJ  
 YYY. Medline Industries, Inc. – Moreno Valley, CA  
 ZZZ. Meitheal Pharmaceuticals, Inc. – Chicago, IL  
 AAAA. Nalpropion Pharmaceuticals, Inc. – San Diego, CA  
 BBBB. Nivagen Pharmaceuticals, Inc. – Sacramento, CA  
 CCCC. Novo Nordisk Inc. – Plainsboro, NJ  
 DDDD. NX Development Corporation – Lexington, KY  
 EEEE. Patheon Pharmaceuticals Inc. – Cincinnati, OH  
 FFFF. Photocure, Inc. – Princeton, NJ  
 GGGG. Rhodes Pharmaceuticals L.P. – Coventry, RI  
 HHHH. Rockwell Medical Inc. – Wixom, MI  
 IIII. Seqirus USA, Inc. – Summit, NJ  
 JJJJ. Silvergate Pharmaceuticals, Inc. – Greenwood Village, CO  
 KKKK. Slayback Pharma, LLC – Princeton, NJ  
 LLLL. Smith Drug Company, Division of J M Smith Corporation – Paragould, AR  
 MMMM. Snap Medical Industries, LLC – Dublin, OH  
 NNNN. Sprout Pharmaceuticals, Inc. – Raleigh, NC  
 OOOO. TESARO, Inc. – Waltham, MA  
 PPPP. TherapeuticsMD, Inc. – Boca Raton, FL  
 QQQQ. Trapollo LLC – Herndon, VA  
 RRRR. Vyera Pharmaceuticals, LLC – New York, NY  
 SSSS. West Therapeutic Development, LLC – Northbrook, IL

**◆ REGULAR AGENDA ◆**

4. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.  
**(FOR POSSIBLE ACTION)**

- A. Tam Pham Nguyen, DDS (19-085-CS-S)
- B. Michael S. Mall, MD (19-086-CS-S)
- C. Marika Chunyk, APRN (17-118-CS-A-S)
- D. Tiffany W. Walker, APRN (17-118-CS-B-S)
- E. Shouping Li, MD (19-087-CS-S)
- F. Douglas Ross, MD (17-100-CS-S)
- G. Roger Estevez, MD (19-072-CS-S)
- H. Kiarash L. Mirkia, MD (19-090-CS-S-A)
- I. Roger Ly, R.Ph (16-043-RPH-S)
- J. Todd Spears, R.Ph (18-005-RPH-S)
- K. CVS Pharmacy #5286 (18-005-PH-S)
- L. Joseph Jaffer, PT (19-078-PT-S)
- M. Kelly Ann Trigleth, PT (19-055-PT-S)

5. Application for Practitioner Dispensing Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Kimberly Adams. MD

6. Hearing pursuant to NRS 639.2895(2) on appeal of citation and fine for unlicensed prescribing and dispensing. **(FOR POSSIBLE ACTION)**

Valorie Davidson

(18-059-S)

7. Application for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Golden Gate Veterinary Compounding Pharmacy, Inc. – Novato, CA

8. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance **(FOR POSSIBLE ACTION)**

- A. All Time Health Care – Las Vegas, NV
- B. MDRX, LLC – Henderson, NV
- C. Providence Medical Supply – Las Vegas, NV

9. Presentation from CVS Health on the progress of modifications to CVS Pharmacy's computer system to limit record deletions and ensure compliance with requirements for readily retrievable records.
10. Applications for Controlled Substance Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Maryanne Phillips, MD (13-061-CS-S)
- B. Robert Toledo, DO (16-013-PD-S)

11. Applications for Pharmaceutical Technician - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.  
**(FOR POSSIBLE ACTION)**

- A. Joanna L. Thompson (07-097-PT-S)
- B. Mychela B. Predium

12. Applications for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Kolong P. Ongor
- B. Andrew L. Solis

13. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

- A. Aaron Pharmacy, Inc. – North Las Vegas, NV
- B. Combined Wellness Pharmacy – Las Vegas, NV
- C. Credo Pharmacy LLC – Las Vegas, NV
- D. Economy Drug – Eureka – Eureka, NV
- E. Old Fashioned Pharmacy LLC – Las Vegas, NV
- F. Sunrise Pharmacy – Las Vegas, NV
- G. Vegas Pharma LLC – Las Vegas, NV

14. Applications for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

- A. Miller's of Wyckoff – Wyckoff, NJ
- B. OSRX, Inc. – Missoula, MT
- C. Rite Away Pharmacy & Medical Supply – San Antonio, TX
- D. Premier Specialty Infusion LLC – Hoffman Estates, IL

15. Applications for Nevada Wholesaler – Appearance **(FOR POSSIBLE ACTION)**

- A. 1 Click Logistics – Sparks, NV
- B. Secura Bio, Inc. – Las Vegas, NV

16. Hearing pursuant to NRS 233B.121 to contest ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 – 19-044-PH-S NOTE: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.  
**(FOR POSSIBLE ACTION)**

17. Request for Removal of Probation on Pharmacist License - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Stephanie Ng

(13-053-RPH-O)

18. Personnel Review **(FOR POSSIBLE ACTION)**

- A. Personnel Evaluation
- B. Executive Secretary Evaluation

19. General Counsel Report

20. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
  - 1. Meetings with other health care boards
  - 2. Presentation to UNLV School of Medicine
  - 3. Grant Presentation - Washington DC
  - 4. Walgreen's Order update
- D. Report to Board:
  - 1. Licensing software update
- E. Board Related News:
  - 1. Legislative Update
- F. Licensing Activities Report:
  - 1. PMP Integration
  - 2. Inspection update
  - 3. Online CE activity

### ◆ WORKSHOP ◆

Thursday, July 18, 2019 – 9:00 am

21. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)  
**(FOR POSSIBLE ACTION):**

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

[Authority – NRS 639.070]

1. **Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings.
2. **Amendment of Nevada Administrative Code Chapter 453 to add news sections thereto and to amend NAC 453.070 and NAC 453.074 relating to access to the database of the program established pursuant to NRS 453.162 by pharmacy personnel, practitioners, delegates of practitioners, and hospitals.**
3. **Amendment of Nevada Administrative Code (NAC) 639.220: Schedule of fees.** The proposed amendments to NAC 639.220 will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered pharmacist, pharmaceutical technician or pharmaceutical technician in training, or for authorization to prescribe or possess controlled substances, to cover the cost of maintaining the computerized program developed pursuant to NRS 453.162.
4. **Amendment of Nevada Administrative Code (NAC) Chapter 639 to add a new section thereto and to amend NAC 453.190 regarding the payment of fees for initial registration, the biennial renewal of a registration, or any other fees charged by the Board.** The proposed amendments will require that payment to the Board be made by credit card, debit card or electronic transfer of money, or by personal, certified or cashier's check or money order payable to the State Board of Pharmacy.

22. Date and Location of Next Scheduled Board Meeting:

September 4-5, 2019 - Reno, Nevada

23. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at [www.notice.nv.gov](http://www.notice.nv.gov) and **bop.nv.gov**.

Elko County Courthouse – Elko	Nevada Board of Pharmacy – Reno & Las Vegas
Washoe County Courthouse – Reno	Mineral County Courthouse – Hawthorne



**1**

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# NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: [bop.nv.gov](http://bop.nv.gov)

## MINUTES

June 5 & 6, 2019

## BOARD MEETING

Hyatt Place  
1790 E Plumb Ln  
Reno, NV

### Board Members Present:

Kevin Desmond	Jade Jacobo	Wayne Mitchell
Melissa Shake	Robert Sullivan	Gener Tejero

### Board Members Absent:

Jason Penrod

### Board Staff Present:

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

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

1. Public Comment June 5, 2019 9:00 AM

There was no public comment.

2. Approval of April 10-11, 2019, Minutes

Mr. Wuest explained that Board Staff identified and corrected grammatical errors in the Minutes.

### Board Action:

Motion: Jade Jacobo moved to approve the April 2019 Meeting Minutes with corrections as discussed.

Second: Melissa Shake

Action: Passed unanimously

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

- A. Alto Pharmacy – San Francisco, CA
- B. America's Pharmacy Source – Akron, OH
- C. ARx Patient Solutions Pharmacy – Overland Park, KS
- D. Community Specialty Pharmacy, LLC – Tampa, FL
- E. Columbus Pharmacy – Gahanna, OH
- F. CVS/specialty #48050 – Bartlett, TN
- G. DCE Pharmacy – Spring, TX
- H. Deliver My Meds Corp. – Hauppauge, NY
- I. Desert Rx Pharmacy – Palm City, CA
- J. Discount Plus Pharmacy – Missouri City, TX
- K. Freedom Pharmacy, LLC – Richland Hills, TX
- L. Gokul Rx LLC – Winter Garden, FL
- M. Marco Island Pharmacy 2, LLC – Naples, FL
- N. PantherRx Specialty Pharmacy – Coraopolis, PA
- O. Premier Pharmacy LLC – Salem, NH
- P. Riverside Community Pharmacy, Inc. – Miami, FL
- Q. River's Edge Specialty Pharmacy – Irvine, CA
- R. Roman Health Pharmacy, LLC – Boynton Beach, FL
- S. SinfoniaRx, Inc. – Austin, TX
- T. SinfoniaRx, Inc. – Gainesville, FL
- U. Valustar Pharmacy – Houston, TX
- V. Your Choice Pharmacy – Landrum, SC

### Applications for Out-of-State Compounding Pharmacy – Non Appearance

- W. Apostrophe Pharmacy – Gilbert, AZ
- X. King's Pharmacy & Compounding Center – Irvine, CA
- Y. Skin Specialty Solutions, Inc. – Fenton, MO
- Z. SNF Holdings LLC – Novi, MI
- AA. Solara Medical Supplies – Chula Vista, CA
- BB. ZIPHEALTH INC – Jupiter, FL

### Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance

- CC. Bluewater Healthcare PA LLC – West Monroe, LA
- DD. Campbell Medical Supply Inc. – Largo, FL
- EE. FedEx Supply Chain, Inc. – Columbus, OH
- FF. FedEx Supply Chain, Inc. – Moreno Valley, CA

- GG. Frontier Medical LLC – South Weber, UT
- HH. Full Range Rehab, LLC – Cincinnati, OH
- II. Handi Medical Supply – St. Paul, MN
- JJ. Healthcare DME LLC – Ann Arbor, MI
- KK. Performance Plus Medical Equipment, LLC – Springfield, MO
- LL. Preferred Homecare – Phoenix, AZ
- MM. Rapid Reboot Recovery Products LLC – Linden, UT
- NN. Sego's Home Medical Equipment – Casselberry, FL
- OO. Sego's Home Medical Equipment – Titusville, FL
- PP. United Medical Providers, Inc. – New Orleans, LA

Application for Nevada Medical, Devices, Equipment and Gases – Non Appearance

- QQ. Pulmonary Solutions, LLC – Sparks, NV

Applications for Nevada Ambulatory Surgery Center – Non Appearance

- RR. Azura Surgery Center Las Vegas – Las Vegas, NV
- SS. Comprehensive Digestive Surgery Center – Las Vegas, NV

Applications for Out-of-State Wholesaler – Non Appearance

- TT. Aratana Therapeutics, Inc. – Leawood, KS
- UU. Athenex Pharmaceutical Division, LLC – Schaumburg, IL
- VV. Biocon Pharma, Inc. – Iselin, NJ
- WW. Bluepax Pharmaceuticals, LLC – Edison, NJ
- XX. Casper Pharma LLC – East Brunswick, NJ
- YY. Gilead Sciences, Inc. – La Verne, CA
- ZZ. Ironwood Pharmaceuticals, Inc. – Cambridge, MA
- AAA. La Jolla Pharma, LLC – San Diego, CA
- BBB. Laser Pharmaceuticals, LLC – Alpharetta, GA
- CCC. MannKind Corporation – Danbury, CT
- DDD. Provell Pharmaceuticals, LLC – Jersey City, NJ
- EEE. Sagent Pharmaceuticals, Inc. – Schaumburg, IL
- FFF. Sentiss Pharmaceuticals, LLC – San Clemente, CA
- GGG. UPS Supply Chain Solutions, Inc. – Carol Stream, IL
- HHH. Vertex Pharmaceuticals Incorporated – Boston, MA

After discussion, the Board directed Board Staff to verify the respiratory therapists listed for Items 3 GG and 3 JJ meet the requirements of Nevada Law.

Board Action:

Motion: Melissa Shake moved to approve the Consent Agenda except Items 3 GG and 3 JJ.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to approve Items 3 GG and 3 JJ pending Board Staffs verification that the respiratory therapist for each company meets the requirements of Nevada Law.

Second: Jade Jacobo

Action: Passed unanimously

4. Discipline

A. Steven D. Devin, R.Ph (17-008-RPH-A-N)

Mr. Devin was not present.

Mr. Edwards explained that this case shares the same facts as the case regarding Melanie Kelly and Safeway Pharmacy #2656. He stated Mr. Devin contacted Board Staff to surrender his pharmacist license during the investigation of this case.

Mr. Edwards stated that the voluntary surrender of a license in a contested case shall be deemed to constitute disciplinary action against the licensee.

Mr. Edwards moved to have Exhibits 1-5 admitted into the record.

Acting President Desmond admitted Exhibits 1-5 into the record.

Mr. Edwards presented Exhibits 1-5. Exhibit 1 was the Notice of Intended Action and Accusation regarding Mr. Devin. Exhibit 2 was Mr. Devin's Answer and Notice of Defense. Exhibit 3 was a letter from Mr. Devin surrendering his Nevada Pharmacist License. Exhibit 4 was a letter from Board Staff indicating that Board Staff received his letter of surrender. Exhibit 5 was documentation of the costs accrued by Board Staff during the investigation of this matter.

Board Action:

Motion: Melissa Shake moved that the Board has jurisdiction over this matter.

Second: Gener Tejero

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that based on the evidence presented that the factual allegations in the Notice of Intended Action and Accusation are true.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that the surrender of Steven Devin's Nevada Pharmacist License shall be considered a disciplinary action against him. Mr. Devin shall not be able to reapply for licensure for a minimum of one year from the Order date. Ms. Devin shall pay an administrative fee of \$600.00 within 60 days. The \$600.00 administrative fee is found to be reasonable, necessary and actually incurred.

Second: Melissa Shake

Action: Passed unanimously

B.	Melanie Kelly, R.Ph	(17-008-RPH-B-N)
C.	Safeway Pharmacy #2656	(17-008-PH-N)

Melanie Kelly and Anthony Provenzano, Vice President Albertson's, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Mr. Edwards summarized the facts of the case where in December 2016, a Safeway Pharmacy Services Manager submitted a Report of Theft or Loss of Controlled Substances DEA 106 Form. The report documented a theft or loss of 1,095 Tramadol 50 mg. tablets. Mr. Devin was indicated as a person of interest and was terminated for policy violations related to the theft or loss.

Mr. Edwards explained that Mr. Devin was terminated from his employment as a staff pharmacist for making numerous negative adjustments to the store's Tramadol inventory count in the store's computer system. Mr. Devin admitted to recording negative adjustments to match the actual number of tablets in the store's inventory. Mr. Devin did not file a DEA 106 form to correspond to each negative adjustment he made, nor did he report the shortages to Safeway Pharmacy management.

Mr. Edwards stated that Ms. Kelly was the pharmacy manager at Safeway Pharmacy #2656 at this time, and Ms. Kelly did not regularly review the weekly reports that were available to her. Ms. Kelly allowed Mr. Devin to review and sign the weekly adjustment reports on her behalf.

Mr. Edwards presented a Stipulation and Order regarding Ms. Kelly and Safeway Pharmacy #2656.

Ms. Kelly shall receive a Letter of Reprimand, pay a fine of \$250.00 and shall complete an additional 2 CEU on managing pharmacist responsibilities.

Safeway Pharmacy shall pay an administrative fee of \$1,000.00 and shall implement policies and procedures regarding recordkeeping and the prevention of loss, theft and/or diversion.

Mr. Provenzano explained that Alberton's and Safeway claim responsibility for this error and described to the Board the policy changes and training that the company will be implementing around the country.

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order as presented by Board Staff.

Second: Jade Jacobo

Action: Passed unanimously

D. CVS/pharmacy #4691

(18-086-PH-N)

Oliver Swafford, managing pharmacist, and Brian Convery, Counsel for CVS, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Mr. Wuest stated that pharmaceutical technicians Gisele Ochoa and Jennifer Grove were subpoenaed and present for their involvement in this case.

Mr. Kandt summarized the facts of the case where patient L.S. provided three prescriptions to CVS Pharmacy #4691, including prescriptions for Pantoprazole 40 mg. tablets, Sumatriptan and Ondansetron. At the point of sale, Ms. Ochoa pulled L.S.' Sumatriptan and Ondansetron prescriptions from the will-call bin. Ms. Ochoa also inadvertently pulled a prescription for Pantoprazole 40 mg. from the bin that was written for another patient. At the cash register, Ms. Ochoa only scanned the Sumatriptan and Ondansetron prescriptions and not the Pantoprazole prescription. All three prescriptions were placed in a bag and sold to the patient's husband. The patient's husband detected the error after he left CVS. Although Ms. Ochoa completed the sales transaction for all three prescriptions, CVS' cash register receipt and record show Ms. Grove as the pharmaceutical technician who completed the transaction. Ms. Ochoa admits that she completed the sales transaction using a computer where Ms. Grove was logged in.

Mr. Kandt presented a Stipulation and Order regarding CVS Pharmacy #4691.

CVS Pharmacy shall pay a fine of \$500.00 and an administrative fee of \$750.00.

Mr. Wuest stated that Board Staff has been in contact with CVS to discuss updating CVS' policies and procedures to prevent future errors.



Mr. Convery stated that CVS has implemented a numerical will-call system instead of an alphabetical system that should prevent pharmacy staff from erroneously pulling other patient's prescriptions.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented.

Second: Wayne Mitchell

Action: Passed unanimously

5. Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy – Appearance

Lisa M. Hutchins

Lisa Hutchins appeared and was sworn by Acting President Desmond before answering questions or offering testimony.

Ms. Hutchins stated that she would be contracted by Crowd Rx as the pharmacist for the clinic at Burning Man.

Ms. Hutchins answered questions to the Board's satisfaction regarding the services she would be providing at the clinic at Burning Man and her pharmacy experience and training.

Board Action:

Motion: Wayne Mitchell moved to approve Lisa Hutchins' Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously

6. Request for Reinstatement of Revoked Pharmacist License: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

Nazalene K. Zebari

(17-038-RPH-S)

Melissa Shake recused from participation in this matter due to her friendship with Ms. Zebari.

Jade Jacobo disclosed that she knows Ms. Zebari, but stated that she could participate in this matter fairly and without bias.

Nazalene Zebari appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Lynn Beggs was present as counsel representing Ms. Zebari.

Mr. Kandt summarized the facts of the case where Ms. Zebari's Nevada pharmacist license was revoked for one year for creating and filling a fraudulent prescription that she later sent to her sister. Mr. Kandt explained that a year has passed since Ms. Zebari's hearing and she is appearing to request for reinstatement of her pharmacist license.

Ms. Beggs had no objections to Mr. Kandt's summary of events.

Ms. Beggs stated that Ms. Zebari has taken this matter seriously. Ms. Beggs explained that Ms. Zebari has taken approximately 100 CEU during the last year in order to keep her pharmacy knowledge current. She also stated that Ms. Zebari has attended most of the Board meetings in Las Vegas over the last year.

Ms. Zebari apologized to the Board for her actions, and stated that she accepts responsibility for her error.

Ms. Zebari answered questions to the Board's satisfaction regarding her employment during her revocation, future plans and the CEU she completed.

Board discussion ensued regarding placing conditions on Ms. Zebari's pharmacist license.

#### Board Action:

Motion: Jade Jacobo moved to reinstate Nazalene Zebari's Nevada Pharmacist License with the condition that Ms. Zebari cannot be the managing pharmacist for one year. After one year, Board Staff may remove the condition on Ms. Zebari's license. Ms. Zebari shall complete a new pharmacist application.

Second: Wayne Mitchell

Action: Passed unanimously

#### 7. Application for Out-of-State Pharmacy – Appearance

##### One Choice Pharmacy – Stafford, TX

Julian Henderson, managing pharmacist, appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Ms. Henderson stated that One Choice Pharmacy is an Out-of-State retail pharmacy that specializes in creams and diabetic supplies. Ms. Henderson stated that One Choice Pharmacy does not perform any compounding and does not dispense any controlled substances.

The Board questioned Ms. Henderson regarding One Choice Pharmacy's products and services provided, past discipline, marketing, third party billing and ownership structure.

After discussion, the Board expressed concern regarding Ms. Henderson's lack of ability to answer questions regarding the pharmacy's pending discipline in Texas and the pharmacy staff.

Acting President Desmond offered Ms. Henderson the option to table One Choice Pharmacy's application until the pending discipline with Texas is resolved.

The Board tabled One Choice Pharmacy's Application for Out-of-State Pharmacy at Ms. Henderson's request.

#### 8. Applications for Nevada Pharmacy – Appearance

##### A. CMH Pharmacy, LLC – Las Vegas, NV

Robert Lively, owner, and Alysha McMahon, managing pharmacist, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

James Boyle was present as counsel representing CMH Pharmacy, LLC.

Mr. Kandt explained that CMH Pharmacy, LLC appeared at a previous Board meeting. At that meeting the Board tabled CMH Pharmacy, LLC's application in order to allow Board Staff to review CMH Pharmacy, LLC's business model.

Mr. Kandt stated that CMH Pharmacy, LLC's legal counsel sent detailed information regarding CMH Pharmacy, LLC's business model. Mr. Kandt stated that after review, Board Staff determined no legal issues with CMH Pharmacy, LLC's business model as presented.

Mr. Lively and Ms. McMahon answered questions to the Board's satisfaction regarding the company's products and services provided, Ms. McMahon's work history and CMH Pharmacy, LLC's internet pharmacy features.

#### Board Action:

Motion: Melissa Shake moved to approve CMH Pharmacy, LLC's Application for Nevada Pharmacy pending a positive inspection. CMH Pharmacy, LLC may have up to quarterly inspections at the company's expense (\$500 maximum).

Second: Wayne Mitchell

Action: Passed unanimously

##### B. Eastside Pharmacy – Las Vegas, NV

A representative from Eastside Pharmacy contacted Board Staff to withdraw the company's application.

##### C. Falcon Pharmacy – Las Vegas, NV

Leila Tafreshi, owner and managing pharmacist, appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Ms. Tafreshi explained that Falcon Pharmacy is a retail pharmacy. She disclosed that her husband is a physician and his practice is located in the same building as Falcon Pharmacy. Ms. Tafreshi stated that she is the owner of the building.

The Board questioned Ms. Tafreshi regarding the pharmacy's business/ownership structure, and her husband's practice.

Ms. Tafreshi testified that her husband's patients are not referred to her pharmacy and that his patients receive no incentive to fill their prescriptions at Falcon Pharmacy.

After discussion, the Board expressed concern regarding Falcon Pharmacy's ownership structure and the location of Falcon Pharmacy and Dr. Tafreshi's clinic.

Acting President Desmond offered Ms. Tafreshi the option to table Falcon Pharmacy's application to allow Board Staff to review and evaluate Falcon Pharmacy's business model and ownership structure.

The Board tabled Falcon Pharmacy's application for Nevada Pharmacy at Ms. Tafreshi's request.

#### D. Kmart Pharmacy #3592 – Las Vegas, NV

Lynna Ho, managing pharmacist, appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

The Board informed Ms. Ho that she needs to provide a Letter of Authorization allowing her to speak on behalf of the pharmacy.

Ms. Ho stated that Kmart Pharmacy #3592 is requesting Board approval for an ownership change.

Melissa Shake disclosed that she is acquaintances with Ms. Ho and her husband, but stated that she could participate in this matter fairly and without bias.

Mr. Wuest read a letter into the record that described transfer of ownership from Sears Holdings to Transform Holdco LLC.

Ms. Ho answered questions to the Board's satisfaction regarding the pharmacy her employment history, pharmacy staff, products and services provided and the number of prescriptions the pharmacy dispenses.

#### Board Action:

Motion: Jade Jacobo moved to approve Kmart Pharmacy #3592's Ownership Change Application for Nevada Pharmacy.

Second: Gener Tejero

Action: Passed unanimously

E. Vegas Pharma LLC – Las Vegas, NV

Jeremy Delk, owner, and Ashley Isom, managing pharmacist, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Mr. Delk explained that Vegas Pharma LLC. is a retail pharmacy that provides non-sterile compounding services. He stated that Vegas Pharma LLC. compounds hormone replacement therapy medications and erectile dysfunction medications. He explained that the pharmacy does not dispense any controlled substances at this time.

The Board questioned Mr. Delk and Ms. Isom regarding the pharmacy's products and services provided, Ms. Isom's training and the company's policies and procedures.

After discussion, the Board expressed concern regarding Ms. Isom's lack of experience regarding compounding.

Acting President Desmond offered Mr. Delk and Ms. Isom the opportunity to table Vegas Pharma LLC.'s application to allow Ms. Isom to receive more compounding training.

The Board tabled Vegas Pharma LLC.'s application for Nevada Pharmacy at Mr. Delk's request to allow for Ms. Isom to receive more training.

9. Applications for Out-of-State Compounding Pharmacy – Appearance

A. BriovaRx Infusion Services 401, LLC – Sacramento, CA

Ramona Moenter, managing pharmacist, and Lim Day appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Yenh Long, Deputy Executive Secretary Nevada State Board of Pharmacy, appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Ms. Moenter and Ms. Day stated that BriovaRx is a retail sterile compounding pharmacy that provides sterile compounding services. They explained that BriovaRx provides both manufactured medications and sterile compounded products.

Ms. Moenter and Ms. Day answered Ms. Long's questions regarding BriovaRx's products and services provided, sterile compounding procedures, clean room specifications, product testing, staff training, shipping procedures, Ms. Moenter's and Ms. Day's pharmacy experience and past inspections.

Ms. Day and Ms. Moenter answered questions to the Board's satisfaction.

The Board removed the affidavit not to ship sterile products into Nevada from the record at Ms. Moenter's request.

Board Action:

Motion: Melissa Shake moved to approve BriovaRx Infusion Services 401, LLC's Application for Out-of-State Compounding Pharmacy License pending receipt of a corrected application and a copy of the company's last inspection report by the California Board of Pharmacy. Board Staff is authorized to review and evaluate the inspection report.

Second: Robert Sullivan

Action: Passed unanimously

B. Millers of Wyckoff – Wyckoff, NJ

This matter was postponed until the July 2019 Board Meeting.

C. Premier Specialty Infusion LLC – Hoffman Estates, IL

This matter was postponed until the July 2019 Board Meeting.

D. Westmoreland Pharmacy, Inc. – New Albany, IN

This matter was postponed until the July 2019 Board Meeting.

10. Application for Out-of-State Outsourcing Facility – Appearance

Central Admixture Pharmacy Services, Inc. – Allentown, PA

William Jones appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Ms. Long questioned Mr. Jones regarding Central Admixture Pharmacy Services, Inc.'s products and services provided and past inspections.

Mr. Jones answered Ms. Long's questions to the Board's satisfaction regarding each observation by the FDA during Central Admixture Pharmacy Services, Inc.'s past inspections. Mr. Jones described the changes the company made in order to address each observation.

Board Action:

Motion: Jade Jacobo moved to approve Central Admixture Pharmacy Services, Inc.'s Application for Out-of-State Outsourcing Facility.

Second: Gener Tejero

Action: Passed unanimously

# 11. Application for Nevada Wholesaler – Appearance

## US Ecology Nevada – Beatty, NV

John Dyer, Environmental Compliance Manager, appeared and was sworn by Acting President Desmond prior to answering questions or offering testimony.

Mr. Wuest provided background information. He explained that US Ecology Nevada is a company that provides reverse distribution services for controlled substances.

Mr. Dyer answered questions to the Board's satisfaction regarding US Ecology Nevada's services, past inspections and out-of-state facilities.

### Board Action:

Motion: Jade Jacobo moved to approve US Ecology Nevada's Application for Nevada Wholesaler License pending a positive inspection and receipt of a Letter of Authorization allowing Mr. Dyer to speak on behalf of the company.

Second: Melissa Shake

Action: Passed unanimously

# 12. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance

## A. All Time Health Care – Las Vegas, NV

Angelica Gutierrez, MDEG Administrator, and Dailin Carmenate Rivas, owner, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Ms. Gutierrez and Ms. Carmenate Rivas stated that All Time Health Care plans to provide incontinence supplies, wheelchairs, walkers and braces to patients.

The Board questioned Ms. Gutierrez and Ms. Carmenate Rivas regarding All Time Health Care's products and services provided, staff training and Ms. Gutierrez's experience being an MDEG Administrator.

After discussion, the Board expressed concern regarding Ms. Gutierrez's lack of experience being an MDEG Administrator and Ms. Carmenate Rivas' lack of knowledge regarding the MDEG business and Nevada Law.

Acting President Desmond offered Ms. Gutierrez and Ms. Carmenate Rivas the option to table All Time Health Care's application to receive training on the products they plan to sell or to hire a qualified MDEG Administrator.

The Board tabled All Time Health Care's application at Ms. Carmenate Rivas' request.

**B. Otto Bock Orthopedic Services, LLC – Las Vegas, NV**

Dan Sarria, Director of Medical Care and Billing Operations, and Irma Gloria Hamilton, MDEG Administrator, appeared and were sworn by Acting President Desmond prior to answering questions or offering testimony.

Mr. Sarria explained that Otto Bock Orthopedic Services, LLC is a prosthetic manufacturer based out of Germany that provides custom prosthetics.

The Board questioned Mr. Sarria and Ms. Hamilton regarding Otto Bock Orthopedic Services, LLC's products and services provided, business model and employee training.

Mr. Sarria and Ms. Hamilton answered questions to the Board's satisfaction. Mr. Sarria explained that Otto Bock Orthopedic Services, LLC partners with third party companies to fit patients for orthotics and prosthetics. They explained that the Las Vegas location would be a billing office and that no products would be stored there.

**Board Action:**

**Motion:** Gener Tejero moved to approve Otto Bock Orthopedic Services, LLC's Application for Nevada MDEG License pending a positive inspection.

**Second:** Jade Jacobo

**Action:** Passed unanimously

**C. Providence Medical Supply – Las Vegas, NV**

This matter was postponed until the July 2019 Board Meeting.

13. Request for approval of Continuing Education provided by NV-DHHS-Division of Public & Behavioral Health on the topics of Adult Mental Health First Aid, Gatekeeper 2 hour, ASIST, YMHA, and safeTALK suicide prevention.

Misty Allen, Nevada Coalition for Suicide Prevention, appeared and presented information regarding five unaccredited continuing education programs for the Board's consideration.

Ms. Allen explained that the Continuing Education programs provide information regarding suicide prevention, awareness and intervention.

**Board Action:**



Motion: Melissa Shake moved to approve the five continuing education programs provided by NV-DHHS

Second: Jade Jacobo

Action: Passed unanimously

14. Discussion and possible action on approval of Nevada State Board of Pharmacy budget for FY19, including cost of living increase for Board employees based upon Consumer Price Index for All Urban Consumers (CPI-U) for the West Region.

Mr. Wuest presented the proposed budget for the Board Members' consideration.

Mr. Wuest reviewed and answered questions regarding each line item of the budget to the Board's satisfaction.

After discussion, the Board authorized the Executive Secretary to determine a cost of living increase for Board employees and modify deferred compensation benefits.

Board Action:

Motion: Gener Tejero moved to approve the Nevada State Board of Pharmacy budget for FY19 as presented.

Second: Jade Jacobo

Action: Passed unanimously

Public comment June 5, 2019, 3:30 PM

There was no public comment.

15. General Counsel Report

Mr. Edwards and Mr. Kandt updated the Board on pending litigation.

16. Executive Secretary Report:

- A. Financial Report

Mr. Wuest presented the financial report to the Board's satisfaction.

- B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

- C. Staff Activities:

1. Meetings with other health care boards
2. Nevada Department of Health and DEA regarding methadone clinics
3. National NABP Meeting
4. Naloxone and Detera bag
5. Nevada Crisis Standards
6. Grants
7. Quarterly Crime Lab Meeting
- D. Report to Board:
  1. Licensing software update
  2. Grant employee Shannon Reichman
- E. Board Related News:
  1. Legislative Update
- F. Licensing Activities Report:
  1. PMP Integration

Ms. Zarley presented the current progress of the PMP Integration.

2. Inspection update
3. Online CE activity

Ms. Zarley reported on Board Staff's progress posting an online Nevada Law continuing education video.

Public Comment June 6, 2019, 9:00 AM

There was no public comment.

#### 17. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

[Authority – NRS 639.070]

- A. **Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

Acting President Desmond stated that the Board would not be voting on this item at this time to allow for all Board members to be present for the discussion and the vote.

Acting President Desmond opened the Public Comment.

Liz MacMenamin, RAN, appeared and thanked the Board for their consideration on this topic. Ms. MacMenamin expressed support of delaying the vote and stated that she would like to present the language to RAN's members.

Chris Froelich, pharmacist, appeared and expressed concern regarding increasing the pharmaceutical technician to pharmacist ratio to 8:1. He stated that increasing the number of people for the pharmacist to manage could negatively impact other pharmacist duties such as accurately dispensing medication and performing patient health screenings and medication review. Mr. Froelich also stated that not all pharmacists were aware that these changes were being discussed.

David Vasenden, pharmacist, appeared and expressed support of the current language to increase the ratio to 8:1.

Kelsey Maxim, pharmacist, appeared and expressed concern regarding increasing the ratio to 8:1. Ms. Maxim stated that increasing the ratio would put pharmacists in situations where they would be required to multitask more often and as a result would be distracted more often. Ms. Maxim cited articles that discussed how multitasking and distraction during work causes dispensing errors. Ms. Maxim requested the Board vote against the proposed ratio increase.

Board discussion ensued regarding surveying pharmacists again on this topic.

After discussion, the Board directed Board Staff to re-survey the pharmacists and to bring this matter back to Workshop at the next meeting.

- C. **Amendment of Nevada Administrative Code (NAC) 639. NEW LANGUAGE. Forwarding of information between pharmacies: New prescriptions.** The proposed amendment to NAC 639 will allow for the forwarding of information between pharmacies regarding new prescriptions that have not been filled by any pharmacy.

Mr. Wuest and Ms. Long provided background information.

Ms. Long read the proposed language into the record. She explained that the proposed language would allow pharmacist to forward a new prescription from their pharmacy if the prescription has not been filled.

Board discussion ensued regarding modifying the language to be consistent with Federal Law.

Acting President Desmond opened the Public Comment.

Liz, MacMenamin, RAN, appeared and expressed support of the proposed language.

Chris Froelich, pharmacist, appeared and expressed support of the proposed language.

David Vasenden, pharmacist, appeared and expressed support of the proposed language.

Board discussion ensued regarding modifying the proposed language to have the forwarding pharmacy include the pharmacy's DEA registration number.

Board Action:

Motion: Melissa Shake moved to adopt the proposed language and move forward to Public Hearing with changes as discussed.

Second: Jade Jacobo

Action: Passed unanimously

18. Date and Location of Next Scheduled Board Meeting:

July 17-18, 2019 – Las Vegas, Nevada

19. Public Comment June 6, 2019 12:30 PM

There was no public comment.

**3**

A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE 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.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AbleNet Inc. (Company - DME)

Physical Address: 2625 Patton Road

Mailing Address: 2625 Patton Road

City: Rosville State: Minnesota Zip Code: 55113

Telephone: 651 294 2200 Fax: 651 414-4928

Toll Free Number: 800-322-0956 (Required per NAC 639.708)

E-mail: jthallhuber@ablenetinc.com Website: www.ablenetinc.com

Managing Pharmacist: N/A License Number: N/A

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Speech Generating Device  
(HCPC # E2510)

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral \*\*
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service for device sent to recipient
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding \*\*
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding \*\*
- ☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

B

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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 Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Alto Pharmacy

Physical Address: 9213 Research Drive, Irvine, CA, 92618

Mailing Address: 1400 Tennessee Street, Unit 2

City: San Francisco State: CA Zip Code: 94107

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

Toll Free Number: (800) 874-5881 (Required per NAC 639.708)

E-mail: compliance@alto.com Website: www.alto.com

Managing Pharmacist: Thuy Chau Nguyen License Number: 66092

**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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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)**

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☒ **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.

☐ **Publicly Traded Corporation** – Pages 1,2,3,7

☐ **Partnership** – Pages 1,2,5,7

☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7

☐ **Sole Owner** – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Beauty Empower Rx LLC

Physical Address: 3545 Chain Bridge Rd, Suite 102

Mailing Address: Same as physical

City: Fairfax State: VA Zip Code: 22030

Telephone: 1-833-550-5695 Fax: 571-732-4643

Toll Free Number: 1-833-550-5695 (Required per NAC 639.708)

E-mail: tina@beautyempowerrx.com Website: www.beautyempowerrx.com

Managing Pharmacist: Tina Shah License Number: 0202213933

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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 02131**)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Biologics by McKesson

Physical Address: 13000 Weston Parkway, Suite 105

Mailing Address: Same as physical

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@biologicsinc.com Website: www.biologicsinc.com

Managing Pharmacist: Sheila A. Bizune License Number: 18281

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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:

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

E

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE 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 0213+ 03900**)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Biologics by McKesson

Physical Address: 11800 Weston Parkway

Mailing Address: Same as physical

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@biologicsinc.com Website: www.biologicsinc.com

Managing Pharmacist: Phyllis Smith License Number: 07382

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Specialty/Oncology

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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cure Pharmacy  
Physical Address: 7001 Merrill Rd. Ste 13 Jacksonville, FL 32277  
Mailing Address: 7001 Merrill Rd. Ste 13  
City: Jacksonville State: FL Zip Code: 32277  
Telephone: 904-253-3405 Fax: 904-253-3406  
Toll Free Number: 1-833-811-1992 (Required per NAC 639.708)  
E-mail: curepharmacy@curepharmacy.net Website: \_\_\_\_\_  
Managing Pharmacist: Salem Attallah License Number: PS 47530

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

G

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE 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.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: DELTA DRUGS

Physical Address: 437 FERNANDO CT, GLENDALE, CA, 91204

Mailing Address: 437 FERNANDO CT

City: GLENDALE State: CA Zip Code: 91204

Telephone: 818-309-2884 Fax: 818-309-2886

Toll Free Number: 855-948-0335 (Required per NAC 639.708)

E-mail: SZarbanelian@deltadrugs.com Website: www.deltadrugs.com

Managing Pharmacist: MICHAEL GROMAN License Number: 24346

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Specialty Mail Order

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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hollis Prescription Center, Inc.

Physical Address: 205-11 Jamaica Ave Hollis, NY 11423

Mailing Address: same

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (718) 776-2329 Fax: (718) 776-2339

Toll Free Number: (844) 776-2329 (Required per NAC 639.708)

E-mail: hollisrxcenter@gmail.com Website: www.hollisprescriptioncenter.com

Managing Pharmacist: Farhana Islam License Number: 052485

### 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: \_\_\_\_\_

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I

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lyons Pharmacy

Physical Address: 9070 Kimberly Blvd Suite 27

Mailing Address: 9070 Kimberly Blvd Suite 27

City: Boca Raton

State: FL

Zip Code: 33434

Telephone: (561) 826-8280

Fax: (561) 756-9914

Toll Free Number: (888) 686-3423

(Required per NAC 639.708)

E-mail: pic14@lyonspharmacyrx.com

Website: www.lyonspharmacyrx.com

Managing Pharmacist: Iershad Oemar

License Number: PS26939

### 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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Natura Pharmacy Inc

Physical Address: 3825 Beck Blvd Ste 701

Mailing Address: 3825 Beck Blvd Ste 701

City: Naples State: FL Zip Code: 34114

Telephone: (239) 261-1003 Fax: (239) 261-1004

Toll Free Number: (888) 300-5137 (Required per NAC 639.708)

E-mail: naturapharmacynaples@gmail.com Website: www.naturapharmacynaples.com

Managing Pharmacist: Marlia Burke License Number: PS33157

### 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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rite Care Pharmacy IV

Physical Address: 3453 Saint Francis Ave., Dallas, TX, 75228

Mailing Address: 7560 Greenville Ave, Ste A

City: Dallas State: TX Zip Code: 75231

Telephone: 2143245100 Fax: 2143245102

Toll Free Number: 8662156066 (Required per NAC 639.708)

E-mail: statelicense@vitecarerx.com Website: www.vitecarerx.com

Managing Pharmacist: Kiranben Nirmal Patel License Number: 54305

### 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: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 02164)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RxCrossroads by McKesson

Physical Address: 845 Regent Blvd., Suites 100A and 100B, Irving, TX 75063

Mailing Address: PO Box 3918, Coppell, TX 75019

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 888.479.6337 Fax: 866.423.2979

Toll Free Number: 888.479.6337 (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: www.mycareadvantage.com

Managing Pharmacist: Maricela Lara-Nevarex License Number: 42276

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

M

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE 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)

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH01678**)

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: RxC Acquisition Company dba RxCrossroads by McKesson

Physical Address: 5101 Jeff Commerce Drive, Suite A, Louisville, KY 40219

Mailing Address: 1001 Cheri Way, Suite 100, Fairdale, KY 40118

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 502-318-1200 Fax: 502-753-8393

Toll Free Number: 800-810-1184 (Required per NAC 639.708)

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Managing Pharmacist: Daniel Deem License Number: 017694

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☒ ☐ Community
- ☒ ☐ Other: Specialty/Mail Order

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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

N

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SIMPLE RX PHARMACY

Physical Address: 711 E LAMAR BLVD, STE 106, ARLINGTON, TX 76011

Mailing Address: 711 E LAMAR BLVD, STE 106, ARLINGTON, TX 76011

City: ARLINGTON State: TX Zip Code: 76011

Telephone: 817-612-4802 Fax: 817-612-4804

Toll Free Number: 888-500-1627 (Required per NAC 639.708)

E-mail: simple.rx.pharm@gmail.com Website: www.simplerxpharmacy.com

Managing Pharmacist: LATA NARAWANE License Number: TX 37185

### 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: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medpro Pharmacy, LLC dba TPC Pharmacy

Physical Address: 4200 Buckingham Road Ste 105B

Mailing Address: 4200 Buckingham Road Ste 105B

City: Fort Worth State: Texas Zip Code: 76155

Telephone: 844-387-9090 Fax: 833-288-7942

Toll Free Number: 844-387-9090 (Required per NAC 639.708)

E-mail: medpro@thepillclub.com

Website: \_\_\_\_\_

Managing Pharmacist: Yaneya Hall License Number: 49048

### 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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US Vet Meds LLC

Physical Address: 8 Digital Dr. Ste 106, Novato, CA 94949

Mailing Address: 8 Digital Dr. Ste 106

City: Novato State: CA Zip Code: 94949

Téléphone: 888-361-7635 and 855-686-7387 Fax: 888-959-1204

Toll Free Number: 888-361-7635 and 855-686-7387 (Required per NAC 639.708)

E-mail: erik.dausen@ggprx.com Website: www.onlyvetmeds.com

Managing Pharmacist: Erik Clausen License Number: RPH 60873

### 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: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

Q

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ALPHASCRIP, INC.  
Physical Address: 420 INDUSTRIAL ROAD SAN CARLOS, CA 94070  
Mailing Address: 420 INDUSTRIAL ROAD  
City: SAN CARLOS State: CA Zip Code: 94070  
Telephone: 650-412-4530 Fax: 866-936-8206  
Toll Free Number: 800-780-3584 (Required per NAC 639.708)  
E-mail: LICENSING@ALPHASCRIPTRX.COM Website: WWW.ALPHASCRIPTRX.COM  
Managing Pharmacist: ANN JACOB License Number: RPH 70565

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: CLOSED-DOOR SPECIALTY

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: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VFC Pharmacy #101, LLC d/b/a Covetrus Maine

Physical Address: 12 Mountfort Street, Unit 2, Portland, ME 04101

Mailing Address: 12 Mountfort Street, Unit 2

City: Portland State: ME Zip Code: 04101

Telephone: 855-838-3282 Fax: N/A

Toll Free Number: 855-838-3282 (Required per NAC 639.708)

E-mail: CGPM-RxLicensing@covetrus.com Website: www.vetsfirstchoice.pharmacy

Managing Pharmacist: Greg O'Grady License Number: PIC68988

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE 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)

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH** PH03702)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: PropacPayless Pharmacy

Physical Address: 18110 SE 34th St. STE 270 Vancouver, WA 98683-9418

Mailing Address: \_\_\_\_\_

City: same as above State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 503-626-9436 Fax: 844-308-3027

Toll Free Number: 800-330-3665 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.pharmerica.com

Managing Pharmacist: Tracy Zarling License Number: PH00019446

**TYPE OF PHARMACY      AND      SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Long Term Care

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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Aspen Medical Products

Physical Address: 6481 Oak Canyon, Irvine, CA 92618

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6481 Oak Canyon

City: Irvine State: CA Zip Code: 92618

Telephone: 949-681-0200 Fax: 949-681-0222

E-mail: service@aspenmp.com Website: www.aspenmp.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM to 5PM Tue: 8:30AM to 5PM Wed: 8:30AM to Thu: 8:30AM to 5PM

Fri: 8:30AM to 5PM Sat: Closed to Sun: Closed to Holidays: Closed to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel Williamson

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                      |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____                                                 |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Daniel Williamson

Telephone: 800-295-2776

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<p style="text-align: center;"><b>Ownership Change</b></p> <p style="text-align: center;">(Please provide current license number if making changes: MP or MW: <span style="background-color: yellow; border: 1px solid black; padding: 2px;">                    </span>)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Partnership - Pages 1,2,3,6  <input type="checkbox"/> Sole Owner – Pages 1,2,3,7         </div> </div> <p style="text-align: center;">Please check box for type of ownership and complete correct part of the application.</p>
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### FACILITY INFORMATION

Facility Name: Celularity, Inc

Physical Address: 11495 Valley View Road, Eden Prairie, MN 55344

(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 844-963-2273 Fax: N/A

E-mail: qualitymanagement@celularity.com Website: www.celularity.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: - to - Sun: - to - Holidays: - to -

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ryan Tetzloff, Director UltraMist

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                      |                                                             |
|------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Ultrasound device</u>                             |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: HealthLink International, Incorporated

Physical Address: 4049 Willow Lake Blvd. Suite 100

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4049 Willow Lake Blvd. Suite 100

City: Memphis State: TN Zip Code: 38118

Telephone: 877-324-2837 Fax: 877-422-4803

E-mail: Bas.dekok@healthlinkeurope.com Website: https://www.healthlinkeurope.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 7:00 Tue: 8:00 to 7:00 Wed: 8:00 to 7:00 Thu: 8:00 to 7:00

Fri: 8:00 to 7:00 Sat: none to Sun: none to Holidays: none to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sebastiaan de Kok

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                                                                                                                                                                    |                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>Other: <u>prescription medical devices</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
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Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

Facility Name: Innovative Supply Group LLC

Physical Address: 585 Prospect St., Unit 304 Lakewood NJ 08701

(This must be a business address. we can not issue a license to a home address)

Mailing Address: 585 Prospect Street Unit 304

City: Lakewood State: NJ Zip Code: 08701

Telephone: (732) 363-3001 Fax: (732) 905-2660

E-mail: mlebovics@isgmed.com Website: www.isgmed.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 2 Sat: n/a to      Sun: n/a to      Holidays: n/a to     

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Michael Lebovics

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br><input checked="" type="checkbox"/> Other: <u>TUBE FEED, TRACHEOTOMY &lt; UROLOGICAL</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Application must be printed legibly or typed

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☐ New MDEG      ☒ Ownership Change  
(Please provide current license number if making changes: MP or MW MP00888 )

☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,6  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5      ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## Page 1



## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

#### FACILITY INFORMATION

Facility Name: Ortho Organizers, Inc.

Physical Address: 1822 Aston Avenue, Carlsbad, CA 92008  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 1822 Aston Avenue

City: Carlsbad State: CA Zip Code: 92008

Telephone: 760-448-8600 Fax: 760-448-8613

E-mail: margarethe.pearman@henryshein.com Website: www.henrysheinortho.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7AM to 1PM Tue: 7 to 11 Wed: 7 to 11 Thu: 7 to 11

Fri: 7 to 11 Sat: — to — Sun: — to — Holidays: — to —

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ted Dreifuss

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases\*\*
- ☐ Respiratory Equipment\*\*
- ☐ Life-sustaining equipment\*\*
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment\*\*
- ☐ Orthotics and Prosthesis

Other: Orthodontic + Dental devices

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Ortho Technology, Inc.

Physical Address: 4614 Pet Lane, Suite D-101, Lutz, FL 33559  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4614 Pet Lane, Suite D-101

City: Lutz State: FL Zip Code: 33559

Telephone: 813-501-1650 Fax: 813-666-1050

E-mail: lauren.filler@orthotechnology.com  
mary.ehlers-pearman@henryschein.com Website: www.orthotechnology.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 5 Sat: — to — Sun: — to — Holidays: — to —

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Shawn Potter

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                      |                                                             |
|------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Orthodontic + Dental devices</u>                  |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)	<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

#### FACILITY INFORMATION

Facility Name: Pumps It, Inc.

Physical Address: 10601 Grant Rd. Suite 101 Houston Texas 77070  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 10601 Grant Road Suite 101

City: Houston State: Texas Zip Code: 77070

Telephone: 281-955-8900 Fax: 888-865-3657

E-mail: kgarmire@pumpsit.com Website: www.pumpsit.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:30 Tue: 8:00 to 5:30 Wed: 8:00 to 5:30 Thu: 8:00 to 5:30  
 Fri: 8:00 to 5:30 Sat: Closed to Sun: Closed to Holidays: Closed to

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gwendolyn Ida Gerlofs

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                                                                                                                                                                               |                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

xOther: CPAP and Tens - CGMS - Insulin Pump

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: 1-888-670-7867



BB

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane ! Reno, NV 89509 ! (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation ! Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ! Pages 1,2,3,5	<input type="checkbox"/> Sole Owner ! Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: QUEST HEALTH SOLUTIONS, LLCPhysical Address: 7401 WILES RD, STE 139, CORAL SPRINGS, FL 33067

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7401 WILES RD, STE 139City: CORAL SPRINGS State: FL Zip Code: 33067Telephone: 954-509-3820 Fax: 954-944-0817E-mail: PHIL@MYVIRTUALDOCTOR.COM Website: QUESTHEALTHSOLUTIONS.COM**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3Fri: 9 to 3 Sat:     to     Sun:     to     Holidays:     to    **MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: TANIA REGISTRE**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |                                                       |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**              | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>UROLOGICAL SUPPLIER</u>                            |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

CC

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

Facility Name: Spectrum Healthcare, Inc

Physical Address: 20 Eagleville Road Eagleville PA 19403  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 20 Eagleville Road

City: Eagleville State: PA Zip Code: 19403

Telephone: 888-210-5576 Fax: 888-228-4581

E-mail: callerton@spectrumhealthcare.net Website: www.spectrumhealthcare.net

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat:     to     Sun:     to     Holidays:     to    

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel McDevitt

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                                                                                                                                                                    |                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>Other: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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 MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: ST JOSEPH MEDICAL EQUIPMENT CORPORATION

Physical Address: 10545 BURBANK BLVD STE 128 NORTH HOLLYWOOD, CA 91601  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20944 SHERMAN WAY STE 115

City: CANOGA PARK State: CA Zip Code: 91303

Telephone: (818) 962-2520 Fax: \_\_\_\_\_

E-mail: COMPCAREMANAGEMENT@GMAIL.COM Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30  
Fri: 9 to 3:30 Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: WILLIAM IACOVONE

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                       |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**              | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____                                                 |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

EE

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG 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

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

Facility Name: The Hibbert Group

Physical Address: 890 Ships Landing Way, New Castle, DE 19720  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 890 Ships Landing Way

City: New Castle State: DE Zip Code: 19720

Telephone: 609-222-6900 Fax: 609-222-6902

E-mail: jscalessa@hibbertgroup.com Website: hibbert.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 AM to 7:00 PM Tue: 8:30 AM to 7:00 PM Wed: 8:30 AM to 7:00 PM Thu: 8:30 AM to 7:00 PM

Fri: 8:30 AM to 7:00 PM Sat: 8:30 AM to 7:00 PM Sun: 8:30 AM to 7:00 PM Holidays: 8:30 AM to 7:00 PM

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeffrey F. Scalessa

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                                                                                                                                                                    |                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>Other: <u>Single use urinary catheters</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

5/28  
FF

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

#### FACILITY INFORMATION

Facility Name: Total Medical Supply, Inc.

Physical Address: 3403 Cascades Blvd. Texarkana, TX 75503  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 5427

City: Texarkana State: Texas Zip Code: 75505-5427

Telephone: 877-670-1120 Fax: 877-670-1121

E-mail: operations@tmscare.com Website: www.tmscare.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: answering to service Sun: answering to service Holidays: answering to service

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Julie Franklin

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases\*\*  
☐ Respiratory Equipment\*\*  
☐ Life-sustaining equipment\*\*  
☒ Diabetic Supplies

- ☐ Assistive Equipment  
☐ Parenteral and Enteral Equipment\*\*  
☐ Orthotics and Prosthetics

Other: insulin pump & supplies, urologicals,

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: VMR MEDICAL LLC

Physical Address: 15675 Hawthorne Blvd., Suite D Lawndale CA 90260

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 15675 HAWTHORNE BLVD., SUITE D

City: LAWNDALE State: CALIFORNIA Zip Code: 90260

Telephone: 1310-845-6315 Fax: 310-861-8754

E-mail: victoria@VMRmedical.com Website: NA

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00a to 3:00p Tue: 9:00a to 3:00p Wed: 9:00a to 3:00p Thu: 9:00a to 3:00p

Fri: 9:00a to 3:00p Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Victoria Baron

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                      |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____                                                 |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Dominic Nessi

Telephone: 202-297-9251

HH

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)	<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
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### FACILITY INFORMATION

Facility Name: Wound Care Concepts, Inc.

Physical Address: \_\_\_\_\_

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2701 Bartram Road

City: Bristol State: PA Zip Code: 19007

Telephone: 800-840-9041 Fax: 215-788-2715

E-mail: info@gentell.com Website: http://www.woundcareconcepts.com/

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat:     to     Sun:     to     Holidays:     to    

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Elizabeth Jackson

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases\*\*

☐ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☒ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: \_\_\_\_\_

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Elizabeth Jackson

Telephone: 800-840-9041

II

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: Xcel Med, LLCPhysical Address: 7444 W Wilson Ave. Suite 101

(This must be a business address, we can not issue a license to a home address)

Mailing Address: SameCity: Harwood Heights State: IL Zip Code: 60706Telephone: 847-864-4901 Fax: 847-450-1666E-mail: dkusek@xcelmed.com Website: www.xcelmed.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5Fri: 8 to 5 Sat: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Darlene Kusek**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |                                                      |                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                           |
| <input type="checkbox"/> Respiratory Equipment**     | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis                      |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____                                                           |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Darlene KusekTelephone: 888-656-7558



# 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

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☒ 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: Sunset Surgery Center

Physical Address: 9120 W Russell Rd #100

City: Las Vegas State: NV Zip Code: 89148 Telephone: 702-476-2897

Fax: 702-489-3403 Toll Free Number: \_\_\_\_\_

E-mail: Cmcdonald@lasvegassurgery.com

Website: www.sunsetsurgerycenter.com

Managing Pharmacist: Mary Grear License Number: 10687

### 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: \_\_\_\_\_

5/24

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## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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☒ 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: Community, A Walgreens Pharmacy #21237

Physical Address: 300 S. Wells Ave., STE 3

City: Reno State:            Zip Code: 89502-1670 Telephone:           

Pending Installation            Fax: Pending Installation Toll Free Number: N/a

E-mail: rxm.21237@store.walgreens.com

Website: www.walgreens.com

Managing Pharmacist: Derek Engebretson License Number: 18812

#### 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: SPECIALTY

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Abraxis BioScience, LLC

Physical Address: 86 Morris Avenue

City: Summit State: NJ Zip Code: 07901

Telephone Number: 908-393-8220 Fax Number: 908-393-8250

Toll Free Number: 800-564-0216

E-mail: ABL@slny.com Website: www.abraxiskits.com

Facility Manager: Thomas Scalone

Professional qualifications and experience of facility manager: Biology professional with more than twelve years experience within pharmaceutical and biotech industry. Director of NA Logistics since 2015 at Celgene.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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 Application must be printed legibly or typed

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH02178)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Adapt Pharma Inc.

Physical Address: Four Radnor Corporate Center, 100 Matsonford Road, 2nd Floor, Radnor, PA 19087

City: Radnor State: PA Zip Code: 19087

Telephone Number: 844-232-7811 Fax Number: N/A

Toll Free Number: (None)

E-mail: statelicense@adaptpharma.com Website: www.adaptpharma.com

Facility Manager: Jason Jones, Vice President, Customer Operations

Professional qualifications and experience of facility manager: 20 years in pharmaceutical industry; biologics, small molecule, and specialty drugs; managed markets experience

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

no fpr req  
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 6-12-19  
 CN

4-11-17

ADV-PBJ-171v

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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: AdvaGen Pharma Ltd.  
 Physical Address: 666 Plainsboro Road, Suite 605  
 City: Plainsboro State: NJ Zip Code: 08536  
 Telephone Number: (609) 269-8128 Fax Number: (609) 785-5293  
 Toll Free Number: N/A  
 E-mail: ADV@SLSNY.com Website: www.advagenpharma.com  
 Facility Manager: Narendra N. Borkar

Professional qualifications and experience of facility manager: Over 45 years experience in brand and generic pharmaceutical industry. President of AdvaGen Pharma Ltd. since July 2017.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Aimmune Therapeutics, Inc.

Physical Address: 8000 Marina Blvd., Suite 300

City: Brisbane State: CA Zip Code: 94005

Telephone Number: (650) 614-5220 Fax Number: (650) 616-0075

Toll Free Number: N/A

E-mail: statelicensing@aimmune.com

Website: http://www.aimmune.com

Facility Manager: Douglas T. Sheehy

Professional qualifications and experience of facility manager: See attached resume

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Specialty Pharmacies, Specialty Distributors

### Type of Products to be handled or wholesaled by firm:

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



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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Alder BioPharmaceuticals, Inc.

Physical Address: 11804 North Creek Parkway South

City: Bothell State: WA Zip Code: 98011

Telephone Number: (425) 205 - 2900 Fax Number: (425) 205 - 2901

Toll Free Number: \_\_\_\_\_

E-mail: legal@alder.bio.com Website: www.alderbio.com

Facility Manager: Erin Lavelle

Professional qualifications and experience of facility manager: Chief Operating Officer-- this is  
a virtual manufacturer.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Will sell to third-party logistics provider for distribution.

**Type of Products to be handled or wholesaled by firm:**

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

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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Alnylam Pharmaceuticals, Inc.

Physical Address: 300 Third Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: 617-551-8200 Fax Number: 617-551-8101

Toll Free Number: N/A

E-mail: apartisano@alnylam.com Website: www.alnylam.com

Facility Manager: Angela M. Partisano

Professional qualifications and experience of facility manager: See Attachment F

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors and Clinics

**Type of Products to be handled or wholesaled by firm:**

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

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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- ☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 00416)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- |                                                                                       |                                                      |
|---------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                  | <input type="checkbox"/> Partnership - Pages 1,2,3,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 | <input type="checkbox"/> Sole Owner – Pages 1,2,3,8  |

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: American Regent, Inc.

Physical Address: 1 Luitpold Drive

City: Shirley State: NY Zip Code: 11967

Telephone Number: 631-924-4000 Fax Number: 631-205-2013

Toll Free Number: N/A

E-mail: inquiry@americanregent.com

Website: www.americanregent.com

Facility Manager: Paul Diolosa

Professional qualifications and experience of facility manager: Please see attached

### Types of licensed outlets or authorized persons firm will serve:

- ☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Veterinarians

### Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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 Application must be printed legibly or typed

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02519**)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: AmerisourceBergen Drug Corporation

Physical Address: 6001 Global Distribution Way, Suite 102

City: Louisville State: KY Zip Code: 40228

Telephone Number: 502-671-2541 Fax Number: 502-671-2604

Toll Free Number: \_\_\_\_\_

E-mail: ABDCDrugLicensing@amerisourcebergen.com Website: www.amerisourcebergen.com

Facility Manager: Ruben Adrian Villalobos

Professional qualifications and experience of facility manager: See Attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Specialty Pharmacies, Physicians

**Type of Products to be handled or wholesaled by firm:**

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



**NEVADA STATE BOARD OF PHARMACY**  
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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Animal Health International, Inc.

Physical Address: 1908 Rockefeller Drive

City: Ceres State: CA Zip Code: 80632

Telephone Number: (209) 538-2750 Fax Number: (970) 584-5776

Toll Free Number: N/A

E-mail: marcus.prochazka@animalhealthinternational.com Website: www.animalhealthinternational.com

Facility Manager: Gustavo Martinez

Professional qualifications and experience of facility manager: Four years of experience working for a prescription drug wholesaler.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: B. Braun Medical Inc.

Physical Address: 1341 N. Clyde Morris Blvd.

City: Daytona Beach, FL State:            Zip Code: 32117 Telephone           

Number: 386-271-3701 Fax Number: 386-271-3702

Toll Free Number:           

E-mail: SA\_Licensing.US@bbraunusa.com Website: www.bbraunusa.com

Facility Manager: Henry (Hank) W. Langrick

Professional qualifications and experience of facility manager: Associate Director, Material Management with 23+ years in pharma manufacturing industry.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors

**Type of Products to be handled or wholesaled by firm:**

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH01287**)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Bayer HealthCare LLC  
 Physical Address: 800 Dwight Way  
 City: Berkeley State: CA Zip Code: 94710  
 Telephone Number: 510-705-5000 Fax Number: 510-705-5553  
 Toll Free Number: N/A  
 E-mail: BHL@slny.com Website: www.bayerhealthcare.com  
 Facility Manager: Todd Anthony Goulart

Professional qualifications and experience of facility manager: Review Shipping Documents, coordinate logistics with customer service on over 50 International destinations. Manage/Supervise the Shipping personnel that performs the packing and screening of products for shipment.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Distributors, Distribution sites within organization

Type of Products to be handled or wholesaled by firm:

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

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Bayer HealthCare LLC

Physical Address: 100 Bayer Boulevard

City: Whippany State: NJ Zip Code: 07981

Telephone Number: 862-404-3725 Fax Number: 845-544-2481

Toll Free Number: N/A

E-mail: BHL@slny.com Website: www.bayerhealthcare.com

Facility Manager: Robert J. Kelly

Professional qualifications and experience of facility manager: Lead a team of 18 professionals to support Bayer's IND, NDA, BLA submission and compliance activities in the US and abroad

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

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BHP-WPN-NV

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Bayer HealthCare Pharmaceuticals Inc.

Physical Address: 100 Bayer Blvd.

City: Whippany State: NJ Zip Code: 07981

Telephone Number: 862-404-3725 Fax Number: 862-404-3175

Toll Free Number: N/A

E-mail: BHP@slsny.com Website: www.bayerhealthcare.com

Facility Manager: Robert J. Kelly

Professional qualifications and experience of facility manager: Led a team of 18 professionals to support Bayer's IND, NA, and BLA submission and compliance activities in the US and abroad.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH_____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: BeiGene USA, Inc.

Physical Address: 2955 Campus Drive, Suite 200

City: San Mateo State: CA Zip Code: 94403

Telephone Number: (877) 828-5568 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: statelicensing@beigene.com Website: www.beigene.com

Facility Manager: Wyatt Luenenborg

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☒ Other: Specialty Pharmacy, Specialty Wholesalers

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Bionpharma Inc.

Physical Address: 600 Alexander Road, Suite 2-4B

City: Princeton State: NJ Zip Code: 08540

Telephone Number: (609) 380-3310 Fax Number: (609) 380-3311

Toll Free Number: N/A

E-mail: BION@slny.com Website: www.bionpharma.com

Facility Manager: Phanindranath Punji

Professional qualifications and experience of facility manager: Oversight of all operations related to selection of CMOs, management of 3PL relations, management of partner relations for all in-licensed and out-licensed products.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Distributors, Medical Supply Chains, US Government

Type of Products to be handled or wholesaled by firm:

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

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AAA

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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 Application must be printed legibly or typed

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Blueprint Medicines Corporation

Physical Address: 45 Sidney Street

City: Cambridge State: MA Zip Code: 02139

Telephone Number: (617) 374-7580 Fax Number: N/A

Toll Free Number: N/A

E-mail: info@blueprintmedicines.com Website: http://www.blueprintmedicines.com/

Facility Manager: Michael D. Landsittel

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Specialty Distributors, Specialty Pharmacies

**Type of Products to be handled or wholesaled by firm:**

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

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Invoice: Date : 25Mar19 Shipping : 42.90  
 Customer : Weight : 0.65 LBS Special : 3.22  
 Phone : (775)850-1440 COD : Handling : 0.00  
 Dept : DV : 0.00 Total : 46.12

Svcs: STANDARD OVERNIGHT  
 TRCK: 6006 2769 2463

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

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

☐ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: **WH01335**)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: BOUND TREE MEDICAL, LLC

Physical Address: 2243 NORTH PLAZA DRIVE (2237 NORTH PLAZA DRIVE- PREVIOUS ADDRESS)

City: VISALIA State: CA Zip Code: 93291

Telephone Number: 559-651-1595 Fax Number: 877-842-0349

Toll Free Number: \_\_\_\_\_

E-mail: REGULATORY@SARNOVA.COM Website: WWW.BOUNDTREE.COM

Facility Manager: JOSE FLORES

Professional qualifications and experience of facility manager: SEE RESUME

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that  
you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Brookfield Pharmaceuticals, LLC

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip Code: 53005

Telephone Number: (262) 404-9010 Fax Number: (262) 404-9008

Toll Free Number: (888) 997-1351

E-mail: BKP@slny.com Website: www.brookfieldpharma.com

Facility Manager: James A. Wittenberg

Professional qualifications and experience of facility manager: Provide product development support, advise on new product identification and formulation. Lead market research initiatives across product line

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

name

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

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

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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Canton Laboratories, LLC

Physical Address: 1015 Nine North Drive, Suite 200

City: Alpharetta State: GA Zip Code: 30004

Telephone Number: 678-867-2900 Fax Number: 770-754-9850

Toll Free Number: N/A

E-mail: CTN@slny.com Website: www.cantonlabs.com

Facility Manager: Wendy Diane Smith Player

Professional qualifications and experience of facility manager: see attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors and US Government

**Type of Products to be handled or wholesaled by firm:**

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

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

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Cerecor Inc.

Physical Address: 540 Gaither Road, Suite 400

City: Rockville State: MD Zip Code: 20850

Telephone Number: 410-522-8707 Fax Number: 410-558-6296

Toll Free Number: N/A

E-mail: ethompson@cerecor.com Website: www.cerecor.com

Facility Manager: Elliott A. Thompson

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Celgene CorporationPhysical Address: 86 Morris AvenueCity: Summit State: NJ Zip Code: 07901Telephone Number: (908) 673-2851 Fax Number: (908) 393-8250Toll Free Number: (800) 564-0216E-mail: CEL@slny.com Website: www.celgene.comFacility Manager: Thomas Scalone

Professional qualifications and experience of facility manager: Biologics professional with twelve years experience within the healthcare and biotech industry. Director of North America Logistics

Operations at Celgene since 2015.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: Distributors, US Government

Type of Products to be handled or wholesaled by firm:

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

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**NEVADA STATE BOARD OF PHARMACY**  
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**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Centurion Medical Products

Physical Address: 301 Catrell Dr.

City: Howell State: Michigan Zip Code: 48843

Telephone Number: (517) 552-7600 Fax Number: (517) 546-3356

Toll Free Number: \_\_\_\_\_

E-mail: RegulatoryAffairs@centurionmp.com Website: www.centurionmp.com

Facility Manager: Rodney Severn

Professional qualifications and experience of facility manager: Over 12 years of facility management with Centurion Medical Products, implement facility policy procedures, inventory management, distribution, etc.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Centurion Medical Products

Physical Address: 3310 S. Main Street

City: Salisbury State: North Carolina Zip Code: 28147

Telephone Number: (704) 247-2480 Fax Number: (517) 546-3356

Toll Free Number: \_\_\_\_\_

E-mail: RegulatoryAffairs@centurionmp.com Website: www.centurionmp.com

Facility Manager: Paul Bracy

Professional qualifications and experience of facility manager: Over 12 years of facility/operation management with Centurion Medical Products, implements facility policy procedures, and oversees daily operations.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Chadwick Pharmaceuticals, Inc

Physical Address: 110 Lexington Drive Suite E (A)

City: Madison State: MS Zip Code: 39110

Number: 601-427-5911 Fax Number: 888-873-1369

Toll Free Number: 800-701-8485

E-mail: admin@chadwickpharma.com Website: www.chadwickrx.com

Facility Manager: Bobby J. King, Jr (Buddy King)

Professional qualifications and experience of facility manager: 23 years of experience in pharmacy wholesale operations

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

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

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Cintex Services, LLC

Physical Address: 5400 Laurel Springs Pkwy, Suite 803 A

City: Suwanee State: GA Zip Code: 30024

Telephone Number: (770) 744-1202 Fax Number: (770) 744-1204

Toll Free Number: N/A

E-mail: CTX@slsny.com Website: N/A

Facility Manager: Michael Thomas Juszczuk

Professional qualifications and experience of facility manager: Sales Administration and Operations executive in the pharmaceutical industries, specializing in emerging pharma. Strengths include

Strategic planning, process development, analysis, logistics planning, program implementation, presentation and training skills

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Civica, Inc.

Physical Address: 2912 W Executive Parkway, Ste. 325

City: Lehi State: ~~NV~~ UT Zip Code: 84043

Telephone Number: (888) 304-0120 Fax Number: N/A

Toll Free Number: (888) 304-0120

E-mail: licensing@civicarx.org Website: https://civicarx.org/

Facility Manager: Jennifer Barlow

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Cronus Pharma LLC  
Physical Address: 2 Tower Center Boulevard , Suite 1101A  
City: East Brunswick State: NJ Zip Code: 08816  
Telephone Number: (844) 227-6687 Fax Number: (732) 647-1272  
Toll Free Number: (844) 227-6687  
E-mail: CNS@slsny.com Website: www.cronuspharma.com  
Facility Manager: Vimal Kavuru

Professional qualifications and experience of facility manager: New York State Licensed Pharmacist. Chairman and Managing member at Cronus Pharma LLC from 2012 and at Casper Pharma LLC 2015 to present.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Over the counter drugs and over the counter veterinary drugs.

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Davol Inc., Subsidiary of C.R. Bard, Inc.

Physical Address: 100 Crossings Boulevard

City: Warwick State: Rhode Island Zip Code: 02886

Telephone Number: 401-825-8300 Fax Number: 401-825-8765

Toll Free Number: 800-556-6756

E-mail: stephanie.baker@crbard.com Website: www.davol.com

Facility Manager: Stephanie Baker

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: Distributors, repackagers, dentist and clinics

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Elanco US Inc.

Physical Address: 2500 Innovation Way

City: Greenfield State: IN Zip Code: 46140

Telephone Number: (317) 220-2913 Fax Number: N/A

Toll Free Number: 1-877-352-1616

E-mail: Estela-Roxanne\_P@elanco.com Website: www.elanco.com

Facility Manager: Steven G. Browning

Professional qualifications and experience of facility manager: oversees Distribution and customer service for Elanco US Inc.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ <sup>veter</sup>Hospitals ☒ Wholesalers  
☒ Other: vet clinics

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Epizyme, Inc.

Physical Address: 400 Technology Square 4th Floor

City: Cambridge State: MA Zip Code: 02139

Telephone Number: (617) 229-5872 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: statelicense@Epizyme.com Website: http://www.epizyme.com

Facility Manager: Matthew Ros

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Specialty Distribution

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Esperion Therapeutics, Inc.

Physical Address: 3891 Ranchero Drive, Suite 150

City: Ann Arbor State: MI Zip Code: 48108

Telephone Number: 734-887-3903 Fax Number: 734-913-5344

Toll Free Number: N/A

E-mail: licensing@esperion.com Website: www.esperion.com

Facility Manager: Richard B. Bartram

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Specialty Distributors

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: E5 Pharma, LLC

Physical Address: 225 NE Mizner Blvd., Suite 770

City: Boca Raton State: FL Zip Code: 33432

Telephone Number: (561) 288-4885 Fax Number: (561) 288-6511

Toll Free Number: N/A

E-mail: EPH@slsny.com Website: www.e5pharma.com

Facility Manager: Joseph T. Anzalone

Professional qualifications and experience of facility manager: COO of e5 Pharma, LLC since 2014.  
Supervises all operations, sales, accounting, regulatory, and warehousing. Supervises distribution of Controlled  
Pharmaceuticals CII-CV and purchasing of all generic drug products.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Distributors, Medical Supply Chains and US Government

Type of Products to be handled or wholesaled by firm:

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

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## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

#### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Fosun Pharma USA Inc.

Physical Address: 104 Carnegie Center, Suite 204

City: Princeton State: NJ Zip Code: 08540

Telephone Number: (609) 250-7990 Fax Number: (609) 228-4885

Toll Free Number: N/A

E-mail: wuweicheng@fosunpharma.com Website: N/A

Facility Manager: Weicheng Wu

Professional qualifications and experience of facility manager: See Attachment B

#### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Clinics

#### Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Glenmark Therapeutics Inc., USA

Physical Address: 750 Corporate Drive, Suite 201-S

City: Mahwah State: NJ Zip Code: 07430

Telephone Number: 201-684-8000 Fax Number: 201-831-0080

Toll Free Number: N/A

E-mail: licensing@glenmarktherapeutics.com Website: https://www.glenmarktherapeutics.com/

Facility Manager: Robert S. Matsuk

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Specialty Distributors

**Type of Products to be handled or wholesaled by firm:**

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

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Intra-Cellular Therapies, Inc.

Physical Address: 100 West Road, Suite 400

City: Towson State: MD Zip Code: 21204

Telephone Number: (410) 842-1030 Fax Number: 6464409334

Toll Free Number: \_\_\_\_\_

E-mail: larry@intracellulartherapies Website: intracellulartherapies.com

Facility Manager: Lawrence Hine

Professional qualifications and experience of facility manager: See attached resume

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Kindred Biosciences, Inc.  
 Physical Address: 1555 Bayshore Highway, Suite 200  
 City: Burlingame State: CA Zip Code: 94010  
 Telephone Number: 650-692-2577 Fax Number: 888-567-0837  
 Toll Free Number: N/A  
 E-mail: KBI@slny.com Website: www.kindredbio.com  
 Facility Manager: Jenny Louie-Helm

Professional qualifications and experience of facility manager: Strategically direct the CMC activities for veterinary products, planning and directing the manufacture of registration batches for pivotal studies, scale-up/validation activities, and commercial launch

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Leadiant Biosciences, Inc.

Physical Address: 9841 Washingtonian Boulevard, Suite 500

City: Gaithersburg State: MD Zip Code: 20878

Telephone Number: (301) 948-1041 Fax Number: (301) 948-1862

Toll Free Number: (800) 447-0169

E-mail: LED@slny.com Website: www.leadiant.com

Facility Manager: Valerie Jean Paterno

Professional qualifications and experience of facility manager: Over 15 years experience in design, implementation and management of all aspects of distribution services in the Supply Chain. Senior Distribution Services Manager at Sigma-Tau Pharmaceuticals, Inc. since 2009.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors, Medical Supply Chains, Clinics or Institutions and US Government

Type of Products to be handled or wholesaled by firm:

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

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Custopharm, Inc. d/b/a/ Leucadia Pharmaceuticals

Physical Address: 2325 Camino Vida Roble

City: Carlsbad State: CA Zip Code: 92011

Telephone Number: (760) 268-9294 Fax Number: (760) 301-0048

Toll Free Number: N/A

E-mail: CPM@slsny.com Website: www.custopharm.com

Facility Manager: William Charles Larkins Jr.

Professional qualifications and experience of facility manager: Chief Executive Officer at Custopharm, Inc. since 2015.  
 Sets strategic direction for the company.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors, Medical Supply Chains, Clinics or Institutions

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Macleods Pharma USA, Inc.

Physical Address: 666 Plainsboro Road, Building 200, Suite 230

City: Plainsboro State: NJ Zip Code: 08536

Telephone Number: (609) 269-5250 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: MAC@slny.com Website: www.macleodspharma.com

Facility Manager: Vijay Agarwal

Professional qualifications and experience of facility manager: Responsible for Developing Business in USA & coordinating with Macleods' R&D for development of new products.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA) (3PL)  
☐ Other: \_\_\_\_\_

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Medline Industries, Inc.

Physical Address: 16415 Cosmos St

City: Moreno Valley, State: CA Zip Code: 92551

Telephone Number: 847-643-3803 (Temp) Fax Number: 866-780-9777 (Temp)

Toll Free Number: 1-800-633-5463

E-mail: mjortiz@medline.com

Website: www.medline.com

Facility Manager: Robert Reichard

Professional qualifications and experience of facility manager: Please See Attached Resume.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Nursing Homes, Surgery Centers, Long Term Care

**Type of Products to be handled or wholesaled by firm:**

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

**NEVADA STATE BOARD OF PHARMACY**  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Meitheal Pharmaceuticals, Inc.

Physical Address: 8700 W. Bryn Mawr Avenue, Suite 600S

City: Chicago State: IL Zip Code: 60631

Telephone Number: (224) 443-4617 Fax Number: (847) 789-8750

Toll Free Number: N/A

E-mail: MPI@slny.com Website: www.meithealpharma.com

Facility Manager: Gail L. Giambi

Professional qualifications and experience of facility manager: Quality assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Vice President, Quality at Meitheal Pharmaceuticals, Inc. since January 2017.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: Distributors, US Government

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Nalpropion Pharmaceuticals, Inc.

Physical Address: 9171 Towne Centre Drive, Ste. 270

City: San Diego State: CA Zip Code: 92122

Telephone Number: (858) 875-8600 Fax Number: 858-777-3664

Toll Free Number: \_\_\_\_\_

E-mail: licensing@nalpropion.com Website: nalpropion.com

Facility Manager: Kristopher Hanson

Professional qualifications and experience of facility manager: See attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Nivagen Pharmaceuticals, Inc.

Physical Address: 3050 Fite Circle, Suite 100

City: Sacramento State: CA Zip Code: 95827

Telephone Number: (916) 364-1662 Fax Number: (844) 270-3131

Toll Free Number: N/A

E-mail: NIV@slny.com Website: www.nivagen.com

Facility Manager: Jwalant S. Shukla

Professional qualifications and experience of facility manager: Pharmacist with MBA in Pharmaceutical Administration. Launched Nivagen Pharmaceuticals, Inc., which he has been president and CEO of since 2013.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Distributors, Clinics, Institutions

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☒ Other: Over the counter drugs and devices

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Novo Nordisk Inc.

Physical Address: 800 Scudders Mill Road

City: Plainsboro State: NJ Zip Code: 08536

Telephone Number: 609-987-5800 Fax Number: 609-580-2476

Toll Free Number: N/A

E-mail: JSUL@novonordisk.com Website: www.novonordisk-us.com

Facility Manager: John M. Sullivan

Professional qualifications and experience of facility manager: Over 20 years logistic experience;  
Transportation, Distribution, Inventory Control, & Customer Service.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Nursing Home Pharmacies and Clinics.

**Type of Products to be handled or wholesaled by firm:**

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: NX Development Corporation

Physical Address: 870 Corporate Drive, Suite 403

City: Lexington State: KY Zip Code: 40503

Telephone Number: (859) 757-4703 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: NXD@SLSNY.com Website: http://www.nxdevcorp.com

Facility Manager: Joseph W. Wyse

Professional qualifications and experience of facility manager: Dynamic, results-oriented leader with  
a strong track record of performance in technical life science organizations.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Patheon Pharmaceuticals Inc.

Physical Address: 4750 Lake Forest Drive

City: Cincinnati State: OH Zip Code: 45242

Telephone Number: 513-948-9111 Fax Number: 513-948-7393

Toll Free Number: N/A

E-mail: Tim.edmonds@thermofisher.com Website: www.patheon.com

Facility Manager: Timothy E. Edmonds

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Pharmaceutical Companies

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA) See Attachment B  
☒ Other: over-the-counter drugs

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Photocure, Inc.

Physical Address: 104 Carnegie Center, Suite 303

City: Princeton State: NJ Zip Code: 08540

Telephone Number: (609) 759-6500 Fax Number: (609) 799-0816

Toll Free Number: N/A

E-mail: PHO@slny.com Website: www.photocure.com

Facility Manager: Ambaw Bellele

Professional qualifications and experience of facility manager: president and head of Cancer Commercial Operations at Photocure since 2012.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Rhodes Pharmaceuticals L.P.Physical Address: 498 Washington StreetCity: Coventry State: RI Zip Code: 02816Telephone Number: (401) 262-9400 Fax Number: (401) 262-9401Toll Free Number: N/AE-mail: RPL@slny.com Website: www.rhodespharma.comFacility Manager: Vincent Francis Mancinelli II

Professional qualifications and experience of facility manager: Dynamic, successful and results driven senior level pharmaceutical executive with more than 33 years of leadership experience including national, Fortune 500 company

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: US Government

Type of Products to be handled or wholesaled by firm:

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

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## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

#### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: ROCKWELL MEDICAL INC.

Physical Address: 30142 S. WIXOM ROAD

City: WIXOM State: MI Zip Code: 48393

Telephone Number: 248-960 9009 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: lcaveda@rockwellmed.com Website: www.rockwellmed.com.

Facility Manager: Luis Caveda

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: VIRTUAL MANUFACTURER.

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Seqirus USA Inc.

Physical Address: 25 Deforest Avenue, Suite 200

City: Summit State: NJ Zip Code: 07901

Telephone Number: 908-739-0200 Fax Number: N/A

Toll Free Number: N/A

E-mail: john.conway@seqirus.com Website: www.seqirus-us.com

Facility Manager: Stefan S. Merlo, Phar.D.

Professional qualifications and experience of facility manager: Manage Sales Organization for Vaccine Sales and Distribution. Interface with global supply chain to assure product supply and delivery is in line with or exceeds competition. Over 12 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Specialty pharmacies

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH01964)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Silvergate Pharmaceuticals, Inc.

Physical Address: 6251 Greenwood Plaza Blvd., Suite 101

City: Greenwood Village State: CO Zip Code: 80111

Telephone Number: 720-266-4524 Fax Number: 720-439-3037

Toll Free Number: (None)

E-mail: hgeorge@cutispharma.com Website: www.silvergatepharma.com

Facility Manager: Nicole C. Frederickson, Vice President of Marketing

Professional qualifications and experience of facility manager: Please see the attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Slayback Pharma, LLC

Physical Address: 301 Carnegie Center, Suite 303

City: Princeton State: NJ Zip Code: 08540

Telephone Number: 609-945-3443 Fax Number: 609-455-1514

Toll Free Number: 844-566-2505

E-mail: SLY@slny.com Website: www.slayback-pharma.com

Facility Manager: Rafal Czapl

Professional qualifications and experience of facility manager: see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

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

**Type of Products to be handled or wholesaled by firm:**

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Smith Drug Company, Division of J M Smith Corporation

Physical Address: 1104 Jones Road

City: Paragould State: Arkansas Zip Code: 72450

Telephone Number: 866-346-9147 Fax Number: 866-346-9150

Toll Free Number: \_\_\_\_\_

E-mail: jspires@smithdrug.com

Website: smithdrug.com

Facility Manager: Marty Harris, General Manager

Professional qualifications and experience of facility manager: 19 years in Wholesale Pharmaceutical Distribution

Positions held: Inventory Control Manager; Day Operations Manager; Warehouse Operations Manager; General Manager/Director of Operations last 4 1/2 years

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

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☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Snap Medical Industries, LLC

Physical Address: 545 Metro Place South, One Metro Place, Suite 100

City: Dublin State: OH Zip Code: 43017

Telephone Number: (800) 875-4508 Fax Number: (800) 875-4508

Toll Free Number: (800) 875-4508

E-mail: nstamps@snapmedicalindustries.com Website: epinephrinesnap.com

Facility Manager: Nancy C Stamps

Professional qualifications and experience of facility manager: \_\_\_\_\_

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Sprout Pharmaceuticals, Inc.

Physical Address: 4208 Six Forks Road, Suite 1010

City: Raleigh State: NC Zip Code: 27609

Telephone Number: (844) 777-6882 Fax Number: (919) 882-0855

Toll Free Number: (844) 777-6882

E-mail: SPR@SLSNY.com Website: http://www.sproutpharma.com

Facility Manager: James Frederick Pruden

Professional qualifications and experience of facility manager: Senior level pharmaceutical manager who specializes in supply chain management, engineering, QA, and Regulatory Compliance.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02/33)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: TESARO, Inc.

Physical Address: 1000 Winter Street, Suite 3300

City: Waltham State: MA Zip Code: 02451

Telephone Number: (339) 970-0900 Fax Number: (339) 230-3953

Toll Free Number: N/A

E-mail: manufacturing@tesarobio.com Website: www.tesarobio.com

Facility Manager: William Aitchison

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: TherapeuticsMD, Inc.

Physical Address: 6800 Broken Sound Parkway NW, 3rd Floor

City: Boca Raton State: FL Zip Code: 33487

Telephone Number: (561) 961-1900 Fax Number: (561) 431-3389

Toll Free Number: N/A

E-mail: TXM@slsny.com Website: www.therapeuticsmd.com

Facility Manager: Bharat Kumar Warriar

Professional qualifications and experience of facility manager: Responsible for product development and manufacturing of TherapeuticsMD Pharmaceutical development products Responsible for technical operations, manufacturing and project management groups at TherapeuticsMD

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies
 ☐ Practitioners
 ☐ Hospitals
 ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: TRAPOLLO LLC

Physical Address: 13900 Lincoln PARK Drive, 5<sup>th</sup> FLOOR

City: Herndon State: VA Zip Code: 20171 Telephone \_\_\_\_\_

Number: 703-466-0748 Fax Number: \_\_\_\_\_

Toll Free Number: 1-800-910-7866

E-mail: Stacy.FOX@trapollo.com Website: https://www.trapollo.com/

Facility Manager: Steve Nester

Professional qualifications and experience of facility manager: Project management for 18 years to US Federal government. BS in Business Admin. Please see attached lett

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Vyera Pharmaceuticals, LLC

Physical Address: 600 3rd Ave, 10th Floor

City: New York State: NY Zip Code: 10016

Telephone Number: 646-356-5577 Fax Number: 212-730-0580

Toll Free Number: N/A

E-mail: npelliccione@vyera.com Website: www.vyera.com

Facility Manager: Nicholas Pelliccione

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

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

**Type of Products to be handled or wholesaled by firm:**

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

manu

SSSS

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: West Therapeutic Development, LLC

Physical Address: 1033 Skokie Blvd SUITE 620

City: Northbrook State: IL Zip Code: 60062

Telephone Number: 847-306-9880 Fax Number: 847-497-2029

Toll Free Number: none

E-mail: westregistration@westtd.com Website: www.mmbhealthcare.com

Facility Manager: Michael Burke

Professional qualifications and experience of facility manager: Previous owner of manufacturer/wholesale distribution businesses

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA) → 3PL holds DEA license  
☐ Other: West Therapeutic has a controlled substance license in Illinois

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**4**

### MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated May 2019



FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	
RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.	N/A	Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.	Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same.
RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board.	N/A	RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.	N/A
RPH NR verified a prescription for 30 chlorthalidone 25 mg. capsules which was labeled and dispensed to the wrong patient. RPH JA failed to counsel the patient. PT LP deleted the prescription from the pharmacy system. ML was the managing pharmacist.	N/A	NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention. JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling. LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four	\$1,000 fine; \$1,500 administrative fee.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		meetings on disciplinary day. ML shall complete 4 additional hours of CE on pharmacy management.	
PT MC diverted controlled substances from her employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
RPH SB did not renew his registration and worked 244 days unlicensed. He was also the PIC.	N/A	Fined \$2,500 and \$1,000 administrative fee.	Fined \$5,000 fine and \$2,683.99 administrative fee
RPH CD verified Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when the physician prescribed Ropinirole 2 mg. tablets. CD failed to adequately provide counseling.	N/A	Letter of reprimand; fined \$1,000; \$1,000 administrative fee; complete 2 CEs on error prevention.	WG-NV fined \$1,000; \$1,000 administrative fee. WG-FL fined \$2,000; \$1,000 administrative fee.
RPH JS dispensed medication labeled with incorrect instructions.	N/A	Letter of reprimand; \$1,000.00 fine; \$1,000.00 administrative fee; complete two additional CEs on error prevention.	Fined \$1,000.00; \$1,000.00 administrative fee.
RPH JCH filled and dispensed a Vancomycin prescription without the necessary knowledge and proper training, accepting verbal prescriptions from non-practitioners and failing to follow the prescription written by the prescriber.	N/A	Registration revoked; the revocation is stayed with conditions: take and pass the NAPLEX and MPJE; pay a \$5,000.00 fine; pay a \$1,250.00 administrative fee. Registration shall be placed on probation for four years during which time he cannot work as a managing pharmacist in any Nevada-licensed pharmacy; cannot engage in any form of compounding; and he must attend two Board meetings each year	\$5,000.00 fine; \$1,250.00 administrative fee; subject to quarterly inspections for one year at its own expense.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		during the four year probationary periods.	
RPH WM was the managing pharmacist accountable for violations by personnel in his employ regarding the filling, compounding and record keeping of drug products	N/A	Letter of reprimand; \$500.00 fine; \$500.00 administrative fee.	\$1,500.00 fine; \$2,500.00 administrative fee; purchase software for tracking components used in its compounding services and the products it compounds; create new policies and procedures regarding medication management and compounding; subject to quarterly inspections at their own expense.
RPH KB verified data as correct when it was not and dispensed Prednisone 50 mg. tablets when 5 mg. tablets was prescribed.	The patient experienced a temporary negative outcome as a result of the error	\$1,000.00 fine; an administrative fee of \$500.00; complete two additional CEs related to prescription verification/error prevention and 2 CEs on to DUR warnings.	Pay an administrative fee of \$1,000.00.
PT GO dispensed a prescription drug to the wrong patient.	N/A	N/A	\$500 fine; \$750 administrative fee.
RPH SD made false adjustments to the Tramadol inventory. He voluntarily surrendered his registration as discipline. RPH MK was the managing pharmacist and did not report the Tramadol losses to the DEA or Board.	N/A	SD imposed \$600 administrative fee. May not reapply for 1 year. MK to receive letter of reprimand; \$250 fine; 2 additional CEs.	\$1,000 administrative fee; implement new policies and procedures.

**4A**

**FILED****MAY 30 2019****NEVADA STATE BOARD  
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-085-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>TAM PHAM NGUYEN, DDS,</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No. CS14787,</b>	)	
	)	
<b>Respondent.</b>	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Tam Pham Nguyen (Nguyen), held a Nevada Controlled Substance Registration, Certificate No. CS14787, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On October 7, 2016, the Nevada State Board of Dental Examiners (Dental Board) approved and entered a Stipulation and Voluntary Surrender of License with Nguyen in Case No. 74127-03135 (Stipulation).

**III.**

Paragraph 15 of the Stipulation states in pertinent part: "Respondent [Nguyen] admits to the findings of the DSO, Bradley Strong, DDS, contained in Paragraphs 13 and 14."

## IV.

Paragraph 13 of the Stipulation states in pertinent part:

13. Based upon the limited investigation conducted to date, DSO, Bradley Strong, DDS, finds for this matter and not for any other purpose, including any subsequent civil action, Respondent [Nguyen] has violated NRS 631.095, and/or NRS 631.3475(1), (2), and/or (4), NRS 631.3475(5), and (7), NRS 631.34850) and (2), NRS 631.349, and NAC 631.230(1)(a), (l)(b), and (l)(d) in light of the following:

- A. Information from the Nevada State Board of Pharmacy provides that from July 2015 through August 2016, the prescriber report for Dr. Nguyen shows 450 prescriptions for Oxycodone-Acetaminophen 10/325 or Hydrocodone-Acetaminophen 10/325. Of those 450 prescriptions, 381 were filled at VIP Pharmacy (6 Hydrocodone and 375 Oxycodone).
- B. Several of Dr. Nguyen's patients indicated they had never received such prescriptions from Dr. Nguyen nor had they ever filled any medications at VIP Pharmacy.
- C. A few of Dr. Nguyen's patients indicated he had given them medication to take home after their procedures for pain and/or infection.
- D. Dr. Nguyen told Nevada State Board of Pharmacy investigators that he takes approximately 28 Oxycodone pills per day to account for the all of the prescriptions filled at VIP Pharmacy in the last year; that Dr. Nguyen stated that out of all of the prescriptions filled at VIP Pharmacy, only approximately 3 were legitimate prescriptions which were picked up by the patients themselves.
- E. That Dr. Nguyen has acknowledged an addiction to Oxycodone.

## V.

Pursuant to Paragraph 16 of the Stipulation, Nguyen voluntary surrendered his License No. 4664 to practice dentistry in Nevada to the Dental Board.

VI.

Nguyen admitted to Pharmacy Board investigators to creating the fraudulent controlled substance prescriptions for his patients, having the prescriptions filled by Ly at VIP Pharmacy, and then diverting the controlled substances for his personal use.

**APPLICABLE LAW**

VII.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.

VIII.

It is unlawful for a person knowingly or intentionally to acquire or obtain or attempt to acquire or obtain possession of a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 453.331(1)(d).

IX.

It is unlawful for a person knowingly or intentionally to falsely make, alter, forge, utter, publish or pass, as genuine, any prescription for a controlled substance. NRS 453.331(1)(f).

X.

It is unlawful for a person knowingly or intentionally to make a false representation to a pharmacist for the purpose of obtaining a controlled substance for which a prescription is required. NRS 453.331(1)(i).

XI.

Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(h).

XII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

## XIII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

## XIV.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

## XV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

## XVI.

The surrender of a license by a practitioner to a licensing board operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

**FIRST CAUSE OF ACTION**

## XVII.

By creating fraudulent controlled substance prescriptions for his patients, having the prescriptions filled at VIP Pharmacy, and then diverting the controlled substances for his personal use, Nguyen performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.



## **SECOND CAUSE OF ACTION**

### XVIII.

By creating fraudulent controlled substance prescriptions for his patients, having the prescriptions filled at VIP Pharmacy, and then diverting the controlled substances for his personal use, Nguyen was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

## **THIRD CAUSE OF ACTION**

### XIX.

By creating fraudulent controlled substance prescriptions for his patients, having the prescriptions filled at VIP Pharmacy, and then diverting the controlled substances for his personal use, Nguyen violated 21 CFR § 1306.04. He is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

## **FOURTH CAUSE OF ACTION**

### XX.

By creating fraudulent controlled substance prescriptions for his patients, having the prescriptions filled at VIP Pharmacy, and then diverting the controlled substances for his personal use, Nguyen violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(d), NRS 453.331(1)(f), NRS 453.331(1)(i), NRS 453.381(1) and/or 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

## **FIFTH CAUSE OF ACTION**

### XXI.

By creating fraudulent controlled substance prescriptions for his patients, having the prescriptions filled at VIP Pharmacy, and then diverting the controlled substances for his personal use, Nguyen committed an act that would render his Nevada Controlled Substance Registration

inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

**SIXTH CAUSE OF ACTION**

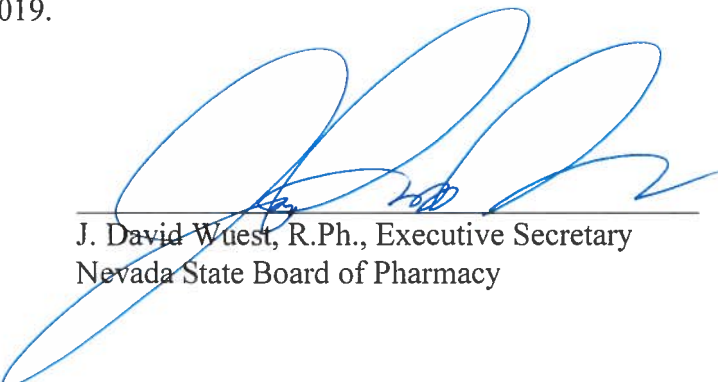
XXII.

By surrendering his License No. 4664 to practice dentistry in Nevada to the Dental Board, Nguyen's Nevada Controlled Substance Registration, Certificate No. CS14787 is subject to immediate suspension pursuant to NRS 639.2107.

XXIII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 30<sup>th</sup> day of May, 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-085-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>TAM PHAM NGUYEN, DDS,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS14787,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

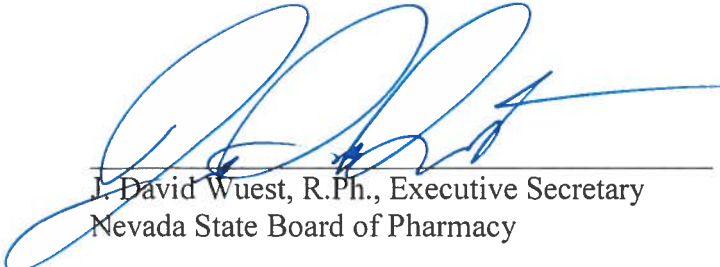
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30<sup>th</sup> day of May, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-085-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>TAM PHAM NGUYEN, DDS,</b>	)	
<b>Certificate of Registration No. CS14787,</b>	)	
	)	
<b>Respondent.</b>	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

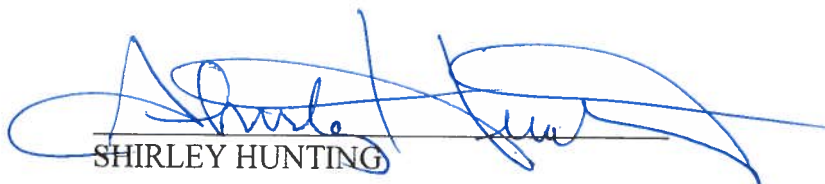
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**TAM PHAM NGUYEN, DDS**

### CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Tam Pham Nguyen, DDS**  
**4840 Spring Mountain Rd. #2**  
**Las Vegas, NV 89102**



SHIRLEY HUNTING



**4B**

JUN 12 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MICHAEL S. MALL, MD,  
Certificate of Registration Nos. CS18967 and  
PD00257,

Respondent.

) CASE NO. 19-086-CS-S

)

)

)

) NOTICE OF INTENDED ACTION  
) AND ACCUSATION

)

)

/

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Michael S. Mall, MD (Mall), held a Nevada Controlled Substance Registration, Certificate No. CS18967 and a Nevada Dispensing Practitioner Registration, Certificate No. PD00257, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On February 21, 2019, Mall surrendered his DEA Certificate of Registration No. FM2307468 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

## III.

By executing the DEA Surrender for Cause, Mall acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

## IV.

On or about February 27, 2019, Board staff notified Mall that his surrender of DEA Certificate of Registration No. FM2307468 for cause operated as an immediate suspension of his Certificate of Registration Nos. CS18967 and PD00257 with the Board pursuant to NRS 639.2107.

**APPLICABLE LAW**

## V.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

## VI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

## VII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

## VIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

## IX.

By failing to comply with the Federal requirements pertaining to controlled substances, Mall committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

**SECOND CAUSE OF ACTION**

## X.

By surrendering his DEA Certificate of Registration No. FM2307468 for cause, the suspension of Mall's Nevada Controlled Substance Registration, Certificate No. CS18967 and Nevada Dispensing Practitioner Registration, Certificate No. PD00257 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

**THIRD CAUSE OF ACTION**

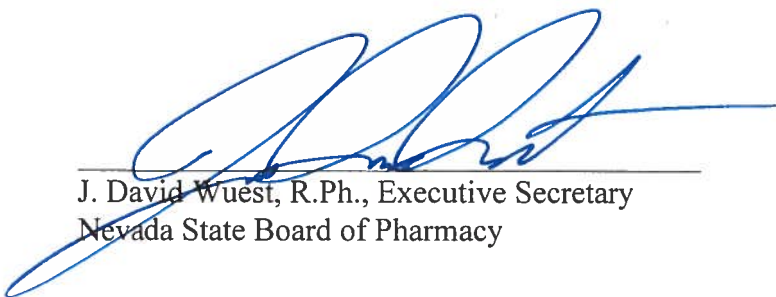
## XI.

By failing to comply with the Federal requirements pertaining to controlled substances, Mall is subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

## XII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 12<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-086-CS-S</b>
	)	
<b>Petitioner,</b>	)	<b>STATEMENT TO THE</b>
<b>v.</b>	)	<b>RESPONDENT</b>
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>MICHAEL S. MALL, MD,</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration Nos. CS18967 and</b>	)	<b>RIGHT TO HEARING</b>
<b>PD00257,</b>	)	
	/	
<b>Respondent.</b>		

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

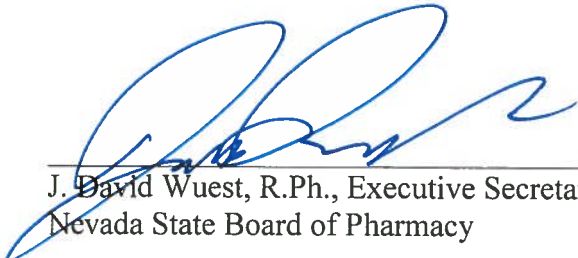
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**Case No. 19-086-CS-S**

**Case No. 16-1005**

**v.**

**MICHAEL S. MALL, MD,  
Certificate of Registration Nos. CS18967 and  
PD00257**

**Respondent.**



**ANSWER, NOTICE OF DEFENSE, REQUEST FOR HEARING, DEMAND FOR  
DISCOVERY, OBJECTION TO TESTIMONY BY WAY OF DECLARATION,  
AFFIDAVIT OR REPORT**

Comes Now, Respondent Michael S. Mall, MD, by and through his undersigned counsel of record, Richard A. Schonfeld, Esq., of the law offices of Chesnoff & Schonfeld, and in Answer to the Complaint and Notice of Hearing filed in the above entitled matter before the State of Nevada Board of Pharmacy, declares and Answers as follows (any allegation not addresses shall be deemed a denial of the same):

1. Answering Paragraph I of the Complaint Respondent admits the allegations set forth;

2. Answering Paragraph II of the Complaint, the Respondent denies that there is a valid surrender of his DEA Certificate, nor was the purported surrender "for cause". The purported "surrender" was done under duress. Respondent requested, but was not given, an opportunity to consult with counsel prior to the "surrender". After the "surrender" Respondent was then allowed to contact his counsel and they immediately issued a rescission of the "surrender" to the DEA. See Exhibit A. Accordingly, the surrender is not valid. Moreover, Respondent asserts that he did not violate regulations pertaining to controlled substances, nor has any evidence been presented as to said allegations;

1           3.       Answering Paragraph III of the Complaint, the Respondent denies the allegations;

2           4.       Answering Paragraph IV of the Complaint, the Respondent admits that he received  
3 notice from the Board, but denies the remainder of the allegations and legal conclusions;

4           5.       Answering Paragraphs V-VIII of the Complaint, those paragraphs call for a legal  
5 conclusion. In addition, Respondent is without sufficient information with which to form a basis  
6 as to the truth of the matters asserted and therefore denies said allegations in their entirety;

7           6.       Answering Paragraph IX-XII of the Complaint, the Respondent denies the  
8 allegations;

9                                   **DEMAND FOR DISCOVERY**

10           Respondent hereby demands discovery pursuant to NRS 622A.330 including  
11 all documents and other evidence intended to be presented by the Board and/or its counsel in  
12 support of the case and a list of proposed witnesses.  
13

14                           **OBJECTION TO USE OF AFFIDAVITS, DECLARATIONS, OR REPORTS AS**  
15                                   **EVIDENCE**

16           The Board is hereby placed on notice that Respondent objects to the use of Affidavits,  
17 Declarations or Reports, as substantive evidence or as testimony in this manner under Crawford v.  
18 Washington, City v. Walsh, the Confrontation Clause of the United States Constitution and Nevada  
19 Constitution, as well as all other applicable statutes.

20           Objection is also made under NRS 622A.370(2).

21                                   **DEFENSES**  
22                                   **FIRST DEFENSE**

23           The Complaint herein fails to state a claim against Respondents upon which relief can be  
24 granted.

25                                   **SECOND DEFENSE**

26           The Board is estopped from pursuing any claim against Respondents.  
27  
28

1                                    THIRD DEFENSE

2            The Board is barred by the doctrine of waiver.

3                                    FOURTH DEFENSE

4            Any claim of the Board is barred by the laches of the Board in pursuing such claim.

5                                    FIFTH DEFENSE

6            The Respondent committed no wrongdoing and the "surrender" of his DEA Certificate of  
7            Registration is invalid, was not voluntary, was not for cause, and should be rescinded. Respondent  
8            incorporates the rescission letter herein by reference as though fully set forth.

9                                    SIXTH DEFENSE

10           The allegations against Respondent are vague and ambiguous and do not adequately  
11           provide the Respondent with notice and an opportunity to defend themselves.

12                                    SEVENTH DEFENSE

13           The evidence obtained in this investigation was obtained in violation of the Respondent's  
14           constitutional rights.

15                                    EIGHTH DEFENSE

16           Pursuant to NRCP 11, as amended, all possible defenses may not have been alleged herein  
17           insofar as sufficient facts were not available after reasonable inquiry upon the filing of  
18           Respondent's Answer, and therefore Respondent reserves the right to amend this Answer to allege  
19           additional defenses if subsequent investigation warrants.

20                                    NINTH AFFIRMATIVE DEFENSE

21           Respondent incorporates herein by reference all defenses enumerated in Rule 8 of the  
22           Nevada Rules of Civil Procedure as if fully set forth herein. These defenses are incorporated by  
23           reference for the specific purpose of not waiving them.

24                                    TENTH AFFIRMATIVE DEFENSE

25           Respondent has complied with federal requirements pertaining to controlled substances.  
26           Respondent did not commit any act that would render his Nevada Registrations inconsistent with  
27  
28

1 the public interest, and therefore is not subject to discipline.

2 **REQUEST FOR HEARING**

3 The Respondent hereby requests a full hearing on the allegations that have been lodged  
4 against him.

5 DATED this 1<sup>st</sup> day of July, 2019.

7 Under Penalty of Perjury the undersigned does hereby affirm that he is counsel of record for  
8 the Respondent in this matter, and that this document constitutes the Respondents' Notice of  
9 Defense, subject to amendment or supplementation.

10 RESPECTFULLY SUBMITTED:

11 CHESNOFF & SCHONFELD

12 

13 RICHARD A. SCHONFELD, ESQ.  
14 Nevada Bar No. 6815  
15 520 South Fourth Street  
16 Las Vegas, Nevada 89101  
17 (702) 384-5563  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## **EXHIBIT A**



**T. LOUIS PALAZZO**  
ATTORNEY AT LAW

February 22, 2019

**Via Email: [deanna.k.way@usdoj.gov](mailto:deanna.k.way@usdoj.gov)**

Deanna K. Way  
Diversion Investigator  
U.S. Department of Justice  
Drug Enforcement Administration  
550 S. Main Street  
Las Vegas, Nevada 89101

**Re: Form DEA-104  
Michael S. Mall, M.D.**

Dear Investigator Kay:

Please be advised the undersigned has been retained to represent Dr. Michael Mall, with respect to any action concerning or arising out of the events leading to the issuance of a search and seizure warrant, pursuant to Case No. 2:19-mj-140-CWH.

It has come to my attention that yesterday, February 21, 2019, you and your direct supervisor, through the utilization and employment of coercive tactics, caused Dr. Mall, while under extreme duress, to execute a DEA Form 104, with the express intention of forcing him to surrender his Drug Enforcement Administration (DEA) Certificate of Registration. Such was done without any stated or established cause and in direct response to affirmative misrepresentations of fact and law. Formal notice is hereby provided of Dr. Mall's unequivocal and unconditional rescission of the purported surrender of such DEA Form 104.

**PALAZZO LAW FIRM**  
A PROFESSIONAL LAW CORPORATION  
ADMITTED TO PRACTICE IN NEVADA, FLORIDA & GEORGIA  
520 SOUTH FOURTH STREET LAS VEGAS, NEVADA 89101  
TELEPHONE (702) 385-3850  
TELE-FAX (702) 385-3855  
LOUIS@PALAZZOLAWFIRM.COM



Notwithstanding various DEA and HHS personnel, working in tandem with you, having stripped Dr. Mall of his personal phone, precluding his ability to consult with counsel, and also being forced to remain at the premises and directed to stay seated on the couch in his office lobby area and questioned--without the benefit of *Miranda* rights; when he was finally permitted to depart his office, Dr. Mall was able to seek the advice of counsel and readily able to discern that the basis for insisting upon his execution of Form DEA-104, was predicated upon misinformation, both legally and factually, and devoid of any stated "cause" which would serve as a viable impetus to surrender a registration certificate. Accordingly, demand is hereby made that Dr. Mall's DEA Certificate of Registration be restored to him forthwith, without any adverse consequence, limitation or restriction.

Very truly yours,

PALAZZO LAW FIRM  
A PROFESSIONAL LAW CORPORATION

Louis Palazzo, Esq.

PALAZZO LAW FIRM  
A PROFESSIONAL LAW CORPORATION

520 SOUTH FOURTH STREET LAS VEGAS, NEVADA 89101  
TELEPHONE (702) 385-3850  
TELE-FAX (702) 385-3855  
OFFICE@PALAZZOLAWFIRM.COM

1 **CERT**  
2 **RICHARD A. SCHONFELD, ESQ.**  
3 **Nevada Bar No. 6815**  
4 **CHESNOFF & SCHONFELD**  
5 **520 South Fourth Street**  
6 **Las Vegas, Nevada 89101**  
7 **(702) 384-5563**  
8 **Attorney for Respondent, *MICHAEL S. MALL. MD***

9 **BEFORE THE STATE BOARD OF PHARMACY**

10 **NEVADA STATE BOARD OF PHARMACY )**

11 **Petitioner, )**

12 **vs. )**

13 **MICHAEL S. MALL, MD, )**  
14 **Certificate of Registration Nos. CS18967 )**  
15 **and PD00257 )**

16 **Defendant. )**

17 **Case No. 19-086-CS-S**

18 **Case No. 16-1005**

19 **CERTIFICATE OF**  
20 **MAILING**

21 I hereby certify that on the 1<sup>st</sup> day of July, 2019, I served a true and correct copy of the  
22 foregoing **ANSWER, NOTICE OF DEFENSE, REQUEST FOR HEARING, DEMAND FOR**  
23 **DISCOVERY, OBJECTION TO TESTIMONY BY WAY OF DECLARATION, AFFIDAVIT**  
24 **OF REPORT** [Original and 2 copies] by Federal Express #7756 1385 9718 addressed as follows:

25 Nevada State Board of Pharmacy  
26 985 Damonte Ranch Parkway, Suite 206  
27 Reno, Nevada 89521

28 **DATED** this 1<sup>st</sup> day of July, 2019.

29   
30 \_\_\_\_\_  
31 Rosemary Reyes  
32 Employee of Chesnoff & Schonfeld



### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

MICHAEL S. MALL, MD  
7455 W WASHINGTON AVE #400  
LAS VEGAS, NV 89128



SHIRLEY HUNTING



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

February 27, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [candice@drmallmd.com](mailto:candice@drmallmd.com)

Michael S. Mall, MD  
 7455 W. Washington Avenue #400  
 Las Vegas, NV 89128

**Re: Suspension of Certificate of Registration Nos. CS18967 and PD00257**

Dear Dr. Mall:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. FM2307468 on February 21, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration Nos. CS18967 and PD00257 with the Board.

You may request a hearing before the Board to contest the suspension of your registrations by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

**Brett Kandt**  
**General Counsel**  
**Nevada State Board of Pharmacy**

**4C**

JUN 13 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-118-CS-A-S
	)	17-118-CS-B-S
Petitioner,	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
MARIKA CHUNYK, A.P.R.N.,	)	
Certificate of Registration No. CS26747, and	)	
	)	
TIFFANY M. WALKER, A.P.R.N.,	)	
Certificate of Registration No. CS27187,	)	
	)	
Respondents.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and these respondents because at the time of the events alleged herein, advanced practice registered nurse ("A.P.R.N.") Marika Chunyk, Certificate of Registration No. CS26747 ("Chunyk"), and A.P.R.N. Tiffany M. Walker, Certificate of Registration No. CS27187 ("Walker"), each held a controlled substance registration issued by the Board, and each was authorized by the Board to prescribe controlled substances and dangerous drugs pursuant to NRS 639.1375, NRS 639.2351, and NAC 639.850 through 639.898.

**FACTUAL ALLEGATIONS**

## II.

In February 2018, non-Respondent Colt Strebel owned and operated a facility called My Vitamin Therapy ("MVT"), located on Paradise Road in Las Vegas, Nevada.

### III.

At the same time, MVT employed Respondents Chunyk and Walker, each of whom was registered as an A.P.R.N. by the Nevada State Board of Nursing.

### IV.

MVT also employed registered nurses (“RNs”) and advanced emergency medical technicians (“EMTs”).

### V.

RNs and EMTs are not practitioners under Nevada law.

### VI.

With Chunyk and Walker’s knowledge and authorization and at their direction, MVT’s staff, including its RNs, EMTs and owner Strebel (collectively its “Non-practitioner Staff”), provided on-site and off-site medical treatment to patients, including the administration of dangerous drugs through intravenous (“IV”) therapy and/or injections.

### VII.

MVT and its Non-practitioner Staff provided medical treatment pursuant to protocols, standing orders and/or policies and procedures that allowed for treatment and the administration of drugs without an exam or *bona fide* relationship with a practitioner.

### VIII.

MVT’s policies and procedures allowed its Non-practitioner Staff to obtain, access, possess and store dangerous drugs from MVT’s inventory.

### IX.

MVT’s Non-practitioner Staff obtained, accessed and possessed dangerous drugs and administered dangerous drugs to patients, without a practitioner on site, without a practitioner’s direct supervision, without an examination by a practitioner, and without a patient-specific and medication-specific order.

## X.

MVT's policies and procedures also allowed MVT's Non-practitioner Staff to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

## XI.

MVT's Non-practitioner Staff provided counseling to MVT's patients.

## XII.

Respondents Chunyk and Walker were aware of the conduct alleged in paragraphs II through XI above, authorized and participated in directing MVT's Non-practitioner Staff to engage in that conduct, and/or aided and abetted MVT's Non-practitioner Staff in engaging in that conduct.

**APPLICABLE LAW**

## XIII.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

## XIV.

An A.P.R.N. may prescribe and dispense a controlled substance or dangerous drug only after receiving authority and a certificate to do so from the Board, and only to the extent authorized by the Board and the Nevada State Board of Nursing. *See* NRS 632.237, NRS 639.1375(1)(c); NRS 639.2351; NAC 639.850 through 639.900.

## XV.

A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric

physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

#### XVI.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.<sup>1</sup>

#### XVII.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

#### XVIII.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

#### XIX.

[A] *bona fide therapeutic relationship* between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

---

<sup>1</sup> *See* NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

## XX.

“Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(h).

## XXI.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

## XXII.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

## XXIII.

“Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(o).

## XXIV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

## XXV.

NAC 639.900 Grounds for . . . suspension or revocation of registration. (NRS 639.070, 639.210) The Board may . . . suspend or revoke . . . [a] certificate of registration if the advanced practice registered nurse:



1. Is not of good moral character;  
....
4. Is guilty of unprofessional conduct or conduct contrary to the public interest;  
....
10. Has violated any provision of the Federal Food, Drug, and Cosmetic Act or any other state or federal law or regulation relating to prescription drugs;  
....
12. Has failed to maintain the security of his or her drug supply;  
....
14. Has violated any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining to the practice of pharmacy, controlled substances, dangerous drugs or devices.

#### XXVI.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

#### XXVII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### **Unlawful Access and Possession of Dangerous Drugs (Statutory Violations)**

#### XXVIII.

By allowing MVT's Non-practitioner Staff, including RNs, EMTs and Strebel, none of whom were practitioners and none of whom were licensed to prescribe dangerous drugs, to operate MVT and to use their authority to obtain, access, possess and/or store dangerous drugs when they were not on site, before they examined the patient, before they wrote a patient-specific order and without their direct supervision, Respondents Chunya and Walker violated, or

aided and abetted MVT's staff in violating, NRS 454.213(1), NRS 454.316, NRS 454.356, NAC 639.854(1)(a) and/or NAC 639.900.

### **SECOND CAUSE OF ACTION**

#### **Unlawful Access and Possession of Dangerous Drugs (Unprofessional Conduct)**

XXIX.

By allowing MVT's Non-Practitioner Staff, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate MVT and/or to obtain, access, possess and store dangerous drugs when they were not on site, before they examined the patient and before they wrote a patient-specific order, Chunyk and Walker engaged, or assisted and abetted MVT's Non-practitioner Staff, to engage in unprofessional conduct as defined in NAC 639.945(g), (i), (k) and (o).

### **THIRD CAUSE OF ACTION**

#### **Unlawful Administration of Dangerous Drugs – No Bona Fide Therapeutic Relationship and No Authority to Determine Medical Necessity**

XXX.

By authorizing MVT's Non-practitioner Staff, none of whom were licensed practitioners, to act under their authority to operate MVT, to administer a dangerous drug to patients who had not been examined by a practitioner, with whom neither Chunyk nor Walker had a *bona fide* therapeutic relationship and for whom neither Chunyk nor Walker had diagnosed or determined that a dangerous drug was medically necessary, Chunyk and Walker violated, and/or aided and abetted MVT's staff in violating Nevada law, including NRS 639.1375, NRS 639.2351, NRS 454.221(1) and/or NAC 639.850 through 639.900. They also acted unprofessionally. *See* NAC 639.945(1)(k) and (o).

XXXI.

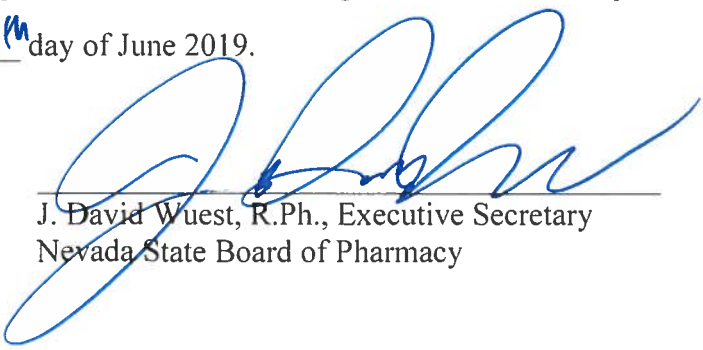
For the violations and conduct alleged in paragraphs II through XXX above, Chunyk's Controlled Substance Registration, Certificate of Registration No. CS26747, and Walker's Controlled Substance Registration, Certificate of Registration No. CS27187, and each of their

Board-issued certificates to prescribe controlled substances and dangerous drugs, are subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(4) and (12), NAC 639.900 and/or NRS 639.255.

XXXII.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of these respondents.

Signed this 13<sup>th</sup> day of June 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-118-CS-A-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>MARIKA CHUNYK, A.P.R.N.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS26747,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

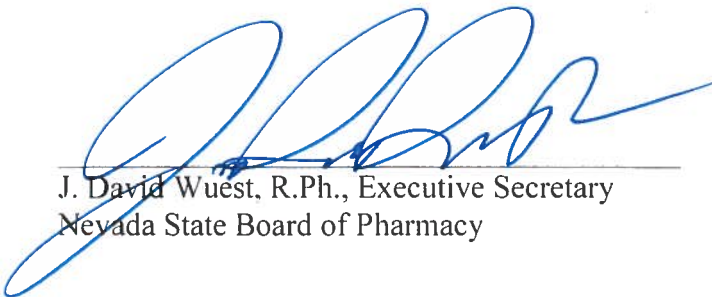
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13 day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-118-CS-A-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>MARIKA CHUNYK, A.P.R.N,</b>	)	
<b>Certificate of Registration No. CS26747,</b>	)	
	)	
<b>Respondent.</b>	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

**MARIKA CHUNYK, A.P.R.N**



**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Marika Chunyk, APRN  
715 Mall Ring Circle, Suite 202  
Henderson, NV 89014**

**Tiffany Walker, APRN  
7421 Margollini Street  
Las Vegas, NV 89148**

  
SHIRLEY HUNTING

**4D**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-118-CS-B-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>TIFFANY M. WALKER, A.P.R.N.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS27187,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

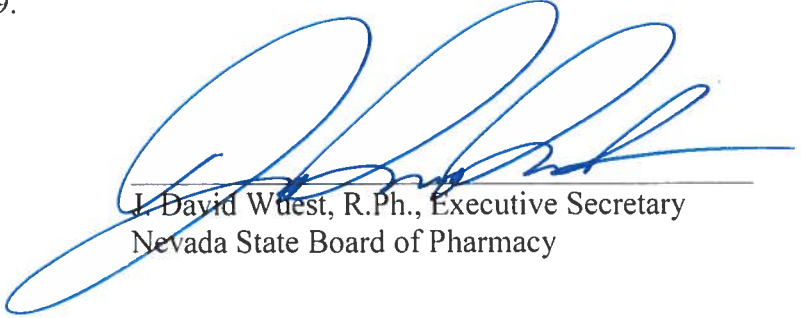
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**FILED**

JUN 26 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****TIFFANY M. WALKER, A.P.R.N.,  
Certificate of Registration No. CS27187,****Respondent.****) CASE NO. 17-118-CS-B-S****)****)****)****)****)****)****)****)****/****ANSWER AND NOTICE  
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

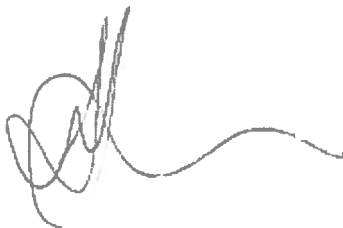
Please see attached statement.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached statement.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 28 day of June, 2019.

A handwritten signature in dark ink, appearing to be 'Tiffany M. Walker', written over a horizontal line.

**TIFFANY M. WALKER, A.P.R.N.**

FILED

JUN 26 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACYSTATE OF NEVADA BOARD OF  
PHARMACY,

Petitioner,

-vs-

TIFFANY M. WALKER, A.P.R.N.,  
Certificate of Registration No. CS27187

Respondent.

CASE NO. 17-118-CS-B-S

ANSWER TO NOTICE OF INTENDED  
ACTION AND ACCUSATION

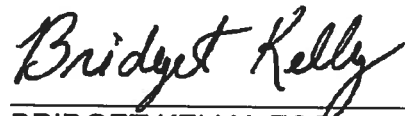
TIFFANY M. WALKER, A.P.R.N., by and through her attorneys Maria Nutile, Esq. and Bridget Kelly, Esq. of the law firm Nutile Law, and in answer to the Notice of Intended Action and Accusation in the above referenced matter, filed on June 13, 2019 upon permission from the Nevada State Board of Pharmacy ("Board"), admits and denies as follows:

1. Answering Paragraphs I and II, Respondent admits the allegations contained therein.
2. Answering Paragraphs VI, XII, XXVIII, XXIX, and XXX, Respondent denies the allegations contained therein.
3. Answering Paragraphs IV, VII, VIII, IX, X, XI, Respondent is without sufficient knowledge upon which to base a belief as to the truth of the allegations contained therein, and therefore denies each and every allegation contained therein.
4. Answering Paragraphs V, XXXI, XXXII, and Paragraphs XIII through XXVII, Respondent states these Paragraphs require no response.

5. Answering Paragraph III, Respondent admits she was registered as an A.P.R.N. by the Nevada State Board of Nursing during February 2018. Respondent denies the remaining allegations contained therein.

DATED this 28<sup>th</sup> day of June 2019.

NUTILE LAW



---

BRIDGET KELLY, ESQ.

Nevada Bar No. 14388

MARIA NUTILE, ESQ.

Nevada Bar No. 7847

**NUTILE LAW**

7395 S. PECOS RD.

SUITE 103

LAS VEGAS, NV 89120

(702) 307-4880

Fax (702) 307-4881

bridget@nutilelaw.com

maria@nutilelaw.com

*Attorneys for Respondent*




### CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Nutile Law and that on the 28<sup>th</sup> day of June 2019, a copy of RESPONDENT'S ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION, CASE NO. 17-118-CS-B-S with all Exhibits thereto, was placed into the hands of the United States Postal Service, postage prepaid on the date listed herein, addressed as follows:

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

A copy was also emailed to S. Paul Edwards, General Counsel for the Board, at [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)

Dated this 28<sup>th</sup> day of June 2019.

  
\_\_\_\_\_  
An Employee of Nutile Law



**Maria Natile, Esq.\***  
**Bridget Kelly, Esq.**

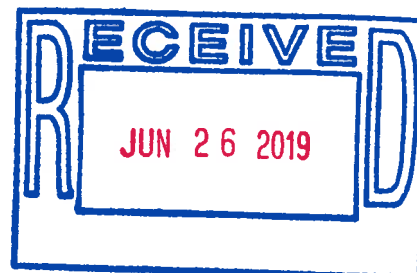
\* licensed in NV, AZ and CO

June 28, 2019

**VIA EMAIL**

**pedwards@pharmacy.nv.gov**

S. Paul Edwards, Esq.  
 General Counsel  
 Nevada State Board of Pharmacy  
 985 Damonte Ranch Pkwy, Ste. 206  
 Reno, NV 89521



**Re: Case No. 17-118-CS-B-S**  
**Tiffany M. Walker, APRN**

Dear Mr. Edwards:

This firm was recently retained by Tiffany Walker, APRN with regards to the above referenced case. Attached please find Ms. Walker's Statement responding to the allegations against her. For reasons set forth below and in Ms. Walker's Statement, we respectfully request this matter be dismissed as regards to Ms. Walker. Alternatively, should a formal hearing be required as currently scheduled for July 17, 2019, our list of witnesses and documents appears below.

***Request for Dismissal***

It appears Ms. Walker was perhaps included in this matter by mistake. As explained in her Statement, Ms. Walker was never a medical director, supervisor, or person of authority with My Vitamin Therapy (MVT). She was contracted as an on-call nurse practitioner and had minimal engagement with MVT. She provided services, in person, for one (1) MVT patient during her five (5) months' association with MVT, for which she was paid \$72.50. Ms. Walker denies any role in ordering dangerous drugs for MVT or authorizing anyone at MVT to do so in her name. If indeed MVT named Ms. Walker as a "medical director," this was without Ms. Walker's knowledge or consent.

Ms. Walker's initial response to the Board of Pharmacy in this matter in March 2018 was without the benefit of counsel and at the direction of MVT owner, Kolt Strebel. Had we represented Ms. Walker at the time, we would have advised her to clarify immediately that she was not a medical director, and was an on-call nurse practitioner who had as yet not provided any clinical services for MVT. Unfortunately, Ms. Walker attempted to assist the Board of Pharmacy's investigation by summarizing MVT policies and procedures as they were told to her by Mr. Strebel, rather than based upon her personal experience within the business. As a result, Ms. Walker's initial response in this matter may have appeared to represent her own professional activity and even full-time involvement with MVT, when in fact she was trying to describe procedures of a company for which she had not provided any services.

P. Edwards  
June 28, 2019  
Page 2

For these reasons, we request the charges pending against Ms. Walker be dismissed. She is a newly-licensed APRN, and we would prefer to spare her the expense and publicity of a formal hearing. We would be happy to have a telephone call to discuss this matter further, or provide the Board of Pharmacy additional documentation or a request for dismissal in an alternate format as the Board may require.

***Hearing Preparation***

Should the Board of Pharmacy decline our request for dismissal, we intend to proceed with the hearing in this matter scheduled for July 17, 2019. I will be appearing on behalf of Ms. Walker, and we intend to present the following:

*Witnesses:*

1. **Tiffany M. Walker**, Respondent

*Documents:*

1. **Respondent Statement** by Ms. Walker, attached, with its accompanying exhibits

In addition, we incorporate by reference all evidence for which Petitioner has provided or will provide notice of its intent to introduce.

We appreciate your attention to this matter. Should you have any questions, I may be reached at 702.307.4871.

Sincerely,

NUTILE LAW

A handwritten signature in black ink that reads "Bridget Kelly". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Bridget Kelly, Esq.

cc: Tiffany Walker, APRN  
Maria Nutile, Esq.

JUN 26 2019

NEVADA STATE BOARD  
7421 Marginal St.  
Las Vegas, NV 89148

June 28, 2019

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

RE: Respondent Statement  
Case No. 17-118-CS-B-S  
Tiffany M. Walker, APRN

To Whom It May Concern:

Please accept the following statement in response to the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation in this case.

1. I object to the Notice as incomplete and failing to clearly state the charges against me.

I do not understand why I have been named in this complaint. As an APRN, I was an on-call independent contractor and not employed by MVT. Additionally, I was never a Medical Director of MVT. Moreover, I am not and have never been an owner, part-owner, or agent of MVT, nor have I held any position of authority, supervision, or control within MVT. My brief association with MVT as an APRN was limited to (a) unpaid training sessions at MVT's clinic on approximately two (2) occasions, including shadowing Marika Chunyk, APRN; (b) signing up through MVT's website to be on-call (without pay) to provide infusion services; (c) attending a meeting in March 2018 at MVT in response to the Board of Pharmacy's initial notice of investigation; and (d) being dispatched with an RN to see one (1) patient in approximately March 2018, for whom I provided services in person.

2. I deny the allegations against me in the Notice.

**Background:**

I was associated with MVT clinic from approximately 12/2017 to 05/2018 under the direction of Kolt Strelbel, the owner and sole operator of the clinic. I initially applied to be an RN at MVT, then reapplied to be a nurse practitioner once I was fully credentialed as an APRN. Attached as Exhibit 1 are the job postings to which I responded. Note that both positions were advertised as "part-time" and "on-call".



Tiffany Walker, APRN

June 28, 2019

Statement of T. Walker, APRN  
June 28, 2019  
pg. 2

As stated above, I was never a Medical Director for MVT as was mentioned in the Pharmacy Board's initial notice of investigation addressed to me and Marika Chunyk, APRN at MVT's clinic. I understood my role at MVT to be part-time/on-call, and I was working other jobs at the same time. I was never involved in ordering, inventory, or operational management, and had no authority at MVT other than clinical supervision of any RN that would have been assigned to me. Further, I never authorized MVT to use my name, license, or DEA registration to obtain any medications or products whatsoever.

As additional proof of my limited association with, and my understanding of my role at, MVT, I have attached as Exhibit 2 screenshots of messages exchanged with a friend of mine who was also starting her career as an APRN. They have been redacted for privacy, but are meant to show my minimal involvement with MVT and the on-call nature of my engagement with them. Specifically, I refer to MVT as a "cool extra side gig" (12/20/2017); that I had not worked for MVT but "was on call but no calls" (12/29/2017); "it's just a side thing to work whenever u want" (12/29/2017); and by March 2018 I had worked "very little" (03/03/2018).

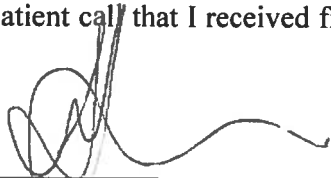
On 3/5/2018, Mr. Strebel held a mandatory meeting at MVT clinic, when I was presented with the Board of Pharmacy's initial notice of investigation in this matter. Mr. Strebel notified me that Board of Pharmacy representatives had visited the clinic. He advised me that I needed to respond to the Board of Pharmacy's investigation.

I did notice that the letter referred to me as one of the medical directors of MVT along with Ms. Chunyk, but at the time I did not recognize the significance. I am not sure how the Board of Pharmacy came to believe I was the medical director, and if I was considered to be a medical director within MVT I was not aware of it. Mr. Strebel and I had never discussed that role, nor was I being compensated for any medical director services.

I wanted to help the Pharmacy Board in its investigation, but it had been so long since my training at MVT and I had still not provided any clinical services for MVT that I did not know how to respond to the questions. Mr. Strebel showed me the response that Ms. Chunyk had written, and explained to me again the clinic's established procedures. I understood the Pharmacy Board to be asking generally about clinic procedures, which I summarized in my response, but I did not think I was being asked to explain my personal involvement with MVT.

Based on the information provided by Mr. Strebel and his instructions in general, I wrote my response dated 3/5/2018 before I departed the meeting that day and submitted it to the Board. I also asked Mr. Strebel to notify me of the outcome of this situation.

A few weeks after the meeting, I was dispatched for my first appointment. This was the one and only patient call that I received from MVT. I responded to this call and completed the visit with



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Tiffany Walker, APRN

June 28, 2019

Statement of T. Walker, APRN  
June 28, 2019  
pg. 3

an RN. I have attached as Exhibit 3 proof of the only compensation I ever received from MVT, which was a check for \$72.50 cashed on 4/27/2018 for this one dispatch visit. I did not make enough money with MVT to receive a 1099, so this is the only proof of compensation I am able to provide.

In the wake of the Pharmacy Board notice of investigation, in which I was identified as a medical director, I requested a copy of my contract with MVT from Mr. Strebel. He refused to provide me a copy, and questioned my reasons for requesting it. I began feeling very uncomfortable and no longer trusted Mr. Strebel's leadership. Although I only performed one (1) patient visit for MVT during my five (5) months' association with them, I formally resigned with immediate effect on May 10, 2018.

Ultimately, MVT was Mr. Strebel's business and he developed all policies and procedures. I received one call for a patient the entire time I was available for call, and I administered that infusion myself. The other two (2) times that I was in clinic, I was being trained, for two (2) hours at most, and never received any compensation.

I was a newly licensed APRN when I signed up to work with MVT. I did not know exactly where I wanted to work or what kind of care I wanted to focus on. At the time, I had signed up to work per diem or on-call at several facilities and practices, so that I could earn some money while looking for full-time work, and to experience different practice settings.

In hindsight, I was extremely naïve and probably over-eager to begin practicing. As prevalent and popular as infusion clinics are in Las Vegas, I simply assumed MVT and the others would be operating in compliance with the law. I have since learned that businesses such as infusion clinics and medical spas can vary widely as to their structure and operations. As a licensed practitioner, it is my responsibility to help protect the public by being extremely selective in providing my services to any company.

This experience has been eye-opening for me. I can assure the Pharmacy Board that I will avoid working for any infusion clinics, medical spas, and any profit-over-medicine businesses in the future. I will be more mindful of my own responsibilities as a licensee, and will not rely on any employer to ensure professional compliance.

I respectfully request that the charges against me be dismissed.



---

Tiffany Walker, APRN

June 28, 2019

# **EXHIBIT 1**

## **JOB POSTINGS**

## Registered Nurse

IV Vitamin Therapy Clinic - Las Vegas, NV 89169

This job posting is no longer available on Indeed.

### Related searches:

Registered Nurse jobs in Las Vegas, NV 89169 >

IV Vitamin Therapy Clinic jobs in Las Vegas, NV 89169 >

Now hiring a on-call Registered Nurses to join our great team of nurses and other practitioner's. We provide Intravenous Vitamin Therapy in our clinic and also dispatch to the hotels on the Las Vegas strip. We don't only treat hangovers, we have a wide range of IV vitamin therapy treatments that treat all different patients conditions from cancer to low immune systems etc. We are clinic based on paradise and sands a block away from the encore hotel, and also do dispatches to the local hotels on the strip. IV Vitamin Therapy Clinic's top priority is to see people get better with Vitamin's, rather than using medications. The human body is extremely smart and powerful with the proper nutrition, and rest the body can heal. Now day's it's very common to see people on many different medications, throwing their entire system out of balance causing a snowball effect not fixing the problem. We offer a Flexible Schedule with great pay. Please reach out for more information. Visit our website for more details MyVitaminTherapy.com

**Requirements:** To be considered for this position, applicants need to meet the qualifications listed in this posting. Required Qualifications: Registered Nurse Certification Active and unrestricted, RN license in Nevada. Ability to communicate with patients, primary care team members and management staff Ability to make care decisions based on best medical practices without direct supervision or guidance by a physician \$30.00 per Hour: treatments last about one hour, and if they take less than 1 hour you will still be paid for the full hour. You will need to have experience in administering intravenous to be considered for the position.

You will need to be available to be on call 2-4 days a week, and be within 1 hour of the clinic while your on call.

Job Type: Part-time

Salary: \$30.00 /hour

Job Location:

- Las Vegas, NV

Required experience:

- Registered Nurse (RN): 1 year

Required license or certification:

- Registered Nurse (RN)

2 years ago - report job



## Family Nurse Practitioner \$50-\$100

IV Vitamin Therapy Clinic - Las Vegas, NV 89169

This job posting is no longer available on Indeed.

### Related searches:

Family Nurse Practitioner \$50-\$100 jobs in Las Vegas, NV 89169 >

IV Vitamin Therapy Clinic jobs in Las Vegas, NV 89169 >

Now hiring a Nurse Practitioner to join our great team of nurses and other practitioner's. Must have a knowledge about IV Vitamins to be considered. We are expanding and growing all the time, with multiple locations opening this year around the world. We provide Intravenous Vitamin Therapy in our clinic and also dispatch to the hotels on the Las Vegas strip. We carry a wide range of IV vitamin packages.

### Conditions treated:

- Migraines headaches \* Fibromyalgia \* Acute muscle spasm \* Upper respiratory tract infections \* Asthma \* Chronic \* PTSD \* Spesis \* sinusitis \* Viral infections \* Seasonal allergic rhinitis \* Cardiovascular disease \* Chronic pain \* Insomnia \* Depression The Effects Of Free Radicals \* Rejuvenates Skin \* Cleanses Vital Organs \* Restores Hydration \* Replenishes Essential Minerals & Vitamins \* Boosts Your Immune System \* Decreases Inflammation \* Relieves Pain And Nausea \* Delivers An Energy Boost \* Detoxifies The Body \* Cleanses Vital Organs \* Hives and eczema \* ALS \* Alzheimer's \* ASD (Autism Spectrum Disorder) \* Cancer \* Chronic Fatigue \* COPD \* Cystic Fibrosis \* Diabetes \* Heavy Metal Toxicity \* HIV \* Huntington's Disease \* Lyme Disease \* Multiple Sclerosis \* Parkinson's Disease \* Stroke \* Acetaminophen Toxicity \* Hangovers & Dehydration :

IV Vitamin Therapy will refresh your body to help you recover from the toughest hangover. All staff follows strict policy and procedures along with protocols. At IV Vitamin Therapy Clinic our top priority is to see people get better with Vitamins & electrolytes, rather than using medications. The human body is extremely smart and powerful with the proper nutrition, and rest the body can heal. Now day's it's very common to see people on many different medications, throwing their entire system out of balance causing a snowball effect not fixing the problem. Athletes come from all around the world to seek IV Vitamin Therapy Clinic's packages and see our medial team.

We offer a Flexible Schedule with great pay. We're open 9-6 M-F and 9-7 on Saturday, Sunday 9-4, we're not open 24 hours. To be considered for this position, applicants need to meet the qualifications listed in this posting.

**Required Qualifications:** Advanced Nurse Practitioner Certification Active unrestricted Nurse Practitioner, APRN license in Nevada, or ability to obtain. Candidates must have a minimum of 1-year experience in ICU or ER. Ability to communicate with patients, primary care team members and management staff Ability to make care decisions based on best medical practices 50.00 per Hour \* plus tips : treatments last about one hour, and if they take less than 1 hour you will still be paid for the full hour. You will be in charge of overseeing nurses and your own patients. You will need to have experience in administering intravenous to be considered for the position. You will need to be available to be on call at least 1- 3 days a week, and be within 1 hour of the clinic while you're on call.

This job operates in a professional medical clinic environment. Documentation and filing activities needed for patient paperwork and will be maintained in Clinic.

Beautiful Clinic, safe work environment, a block away from the Wynn hotel and Las Vegas Convention center.

Job Type: Part-time

Salary: \$50.00 to \$100.00 /hour

Experience:

- IV Therapy: 1 year (Required)

Job Location:

- Las Vegas, NV (Required)

License or certification:

- APRN (Required)

Language:

- English (Required)

18 months ago - report job

Family Nurse Practitioner jobs in Las Vegas, NV

Jobs at IV Vitamin Therapy Clinic in Las Vegas, NV

Family Nurse Practitioner salaries in Las Vegas, NV

Find Jobs Find Resumes Employers / Post Job

Messages [tiffs81@gmail.com](mailto:tiffs81@gmail.com) ▼

## Applied

### My Jobs

#### Next Steps

(10)

#### Registered Nurse

IV Vitamin Therapy Clinic - Las Vegas, NV

Moved to Applied 897 days ago

Expired

#### Saved

(52)

#### Applied

(78)

Got an interview?



#### Interviewing

#### Offered

(1)

#### Family Nurse Practitioner \$50-\$100

IV Vitamin Therapy Clinic - Las Vegas, NV

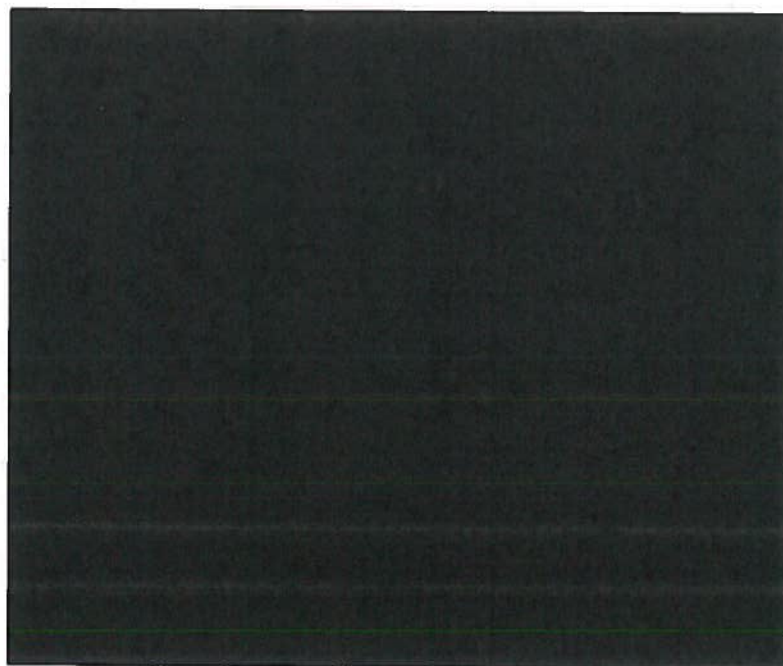
Moved to Applied 541 days ago

Expired

#### Visited

#### Archived

Got an interview?



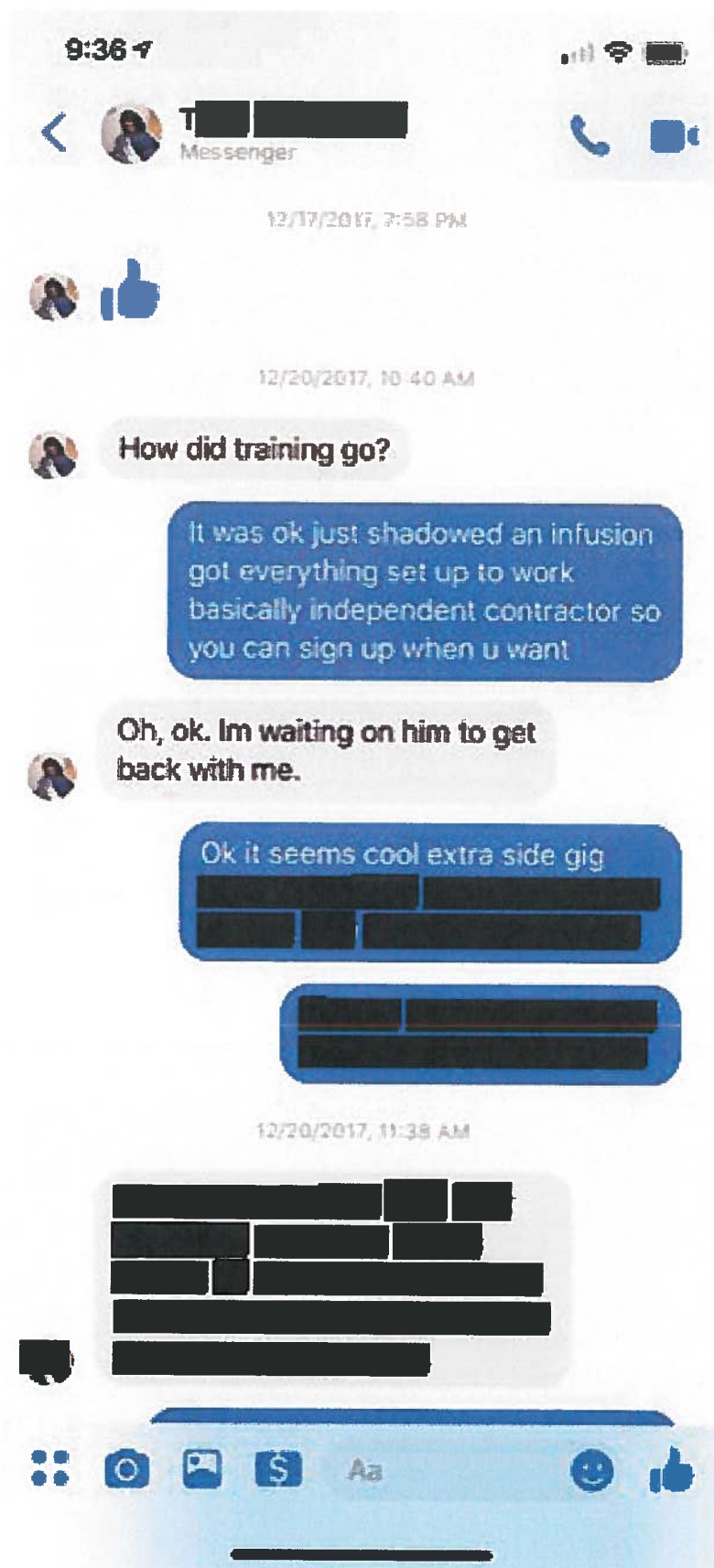
## **EXHIBIT 2**

## **MESSAGES**















## **EXHIBIT 3**

## **COMPENSATION**

# Sales Transaction Report

Filter ( Type: CHK -Voids Hidden- )

Check City Durango/warm S  
8520 W. Warm Springs, Ste  
Las Vegas, NV 89113  
(702)216-8999

## Check

Customer	Maker	Date	User	Amount	Fees	Total
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M						
Walker, Tiffany M	Iv Vitamin Therapy	4/27/2018 4:56:10 PM	SACE	(\$72.50)	\$3.62	(\$68.88)
<b>Totals</b>	<b>Qty: 14</b>					
<b>Grand Totals</b>	<b>Qty: 14</b>					

**4E**

FILED

JUN 13 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-087-CS-S
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
SHOUPING LI, MD,	)	AND ACCUSATION
Certificate of Registration No. CS15391,	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Shouping Li, MD (Li), held a Nevada Controlled Substance Registration, Certificate No. CS15391, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On February 5, 2019, Li executed a plea agreement under Fed. R. Crim. P. 11(c)(1)(A) and (B) (Plea Agreement) with the United States Attorney's Office for the District of Nevada, and entered in United States District Court for the District of Nevada, in D. Nev. case no. 3:19-cr-00009-MMD-CBC.

## III.

In Section II(A) of the Plea Agreement, Li pled guilty to one count of distribution of a controlled substance in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c).

## IV.

In Section III of the Plea Agreement, the elements of Li's criminal violation are specified as:

First, beginning on a date unknown but in no event later than October 2017 and continuing through on or about February 2018, the defendant knowingly distributed Schedule II substances, to wit: Oxycodone and Hydrocodone;

Second, the defendant knew that the controlled substances were Oxycodone and Hydrocodone or some other prohibited drug;

Third, the defendant distributed the controlled substances outside the usual course of professional practice and not for a legitimate medical purpose; and

Fourth, the defendant intended to distribute the controlled substances outside the course of his professional practice.

## V.

In Section IV(E) of the Plea Agreement, Li admits to the following facts:

1. The defendant, SHOUPING LI (LI), was a licensed physician who, since 2007, practiced medicine in Nevada under Nevada License Number 12382, specializing in family medicine with a concentration in cardiovascular diseases. LI held the position of Vice Chief of Staff for the Humboldt County General Hospital IN Winnemucca, Nevada.

2. As part of his medical practice, he prescribed Schedule II Controlled Substances, including Oxycodone and Hydrocodone, under Drug Enforcement Administration ("DEA") license number BL8898770.

3. Defendant know that under the Controlled Substances Act, Title 21, United States Code, Section 841(a) et seq., and Title 21, Code of Federal Regulations, Section 1306.04, a prescription for a Schedule II controlled

substances was lawful only when written for a legitimate medical purpose by a practitioner acting in the usual course of his or her professional practice.

4. Between approximately August 2015 and February 2018, defendant prescribed dosages and amounts of Oxycodone and Hydrocodone, to patients outside the usual course of his professional practice and without a legitimate medical purpose.

5. Defendant did so with intent to prescribe Oxycodone and Hydrocodone, to patients outside the usual course of his professional practice and without a legitimate medical purpose.

6. Several patients who were actively being seen as patients by the Defendant passed away.

7. All of the foregoing occurred in the State and Federal District of Nevada and elsewhere.

#### **APPLICABLE LAW**

##### VI.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.

##### VII.

Performing any duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(i).

## VIII.

Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(o).

## IX.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

## X.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

## XI.

Conviction of a violation of any law or regulation of the Federal Government related to controlled substances is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(6).

## XII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

## XIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).



**FIRST CAUSE OF ACTION****XIV.**

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose, Li performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

**SECOND CAUSE OF ACTION****XV.**

By prescribing controlled substances to patients with whom he did not have a bona fide therapeutic relationship, Li engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

**THIRD CAUSE OF ACTION****XVI.**

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and by his conviction thereof, Li committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

**FORTH CAUSE OF ACTION**

XVII.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and by his conviction thereof, Li is subject to discipline pursuant to NRS 639.210(6), (11) and/or (12), and NRS 639.255.

**FIFTH CAUSE OF ACTION**

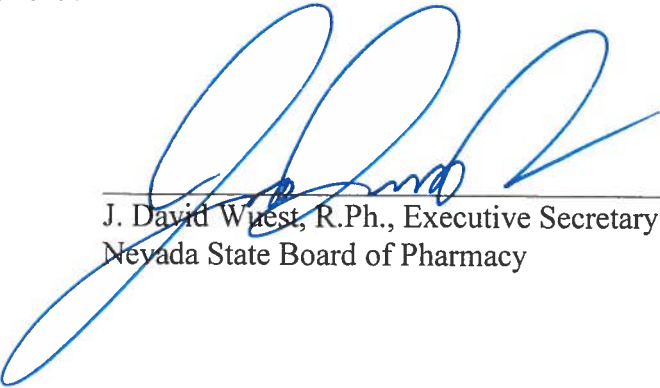
XVIII.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose, Li violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

XIX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13<sup>th</sup> day of June, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-087-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>SHOUPING LI, MD,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS15391,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

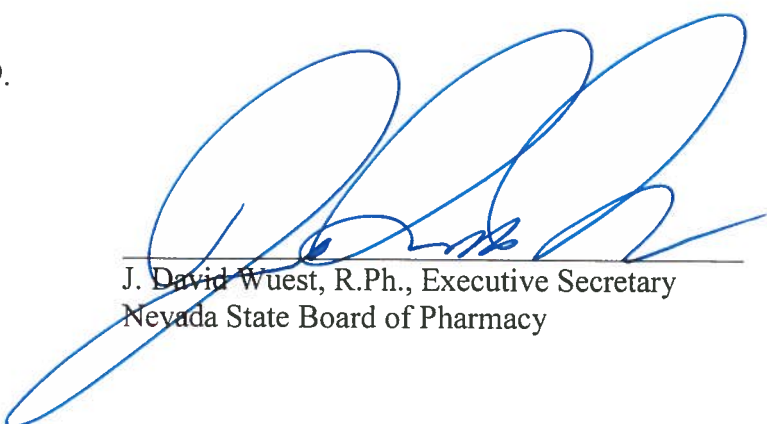
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-087-CS-S
	)	
Petitioner,	)	
v.	)	ANSWER AND NOTICE
	)	OF DEFENSE
SHOUPING LI, MD,	)	
Certificate of Registration No. CS15391,	)	
	)	
Respondent.	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

**SHOUPING LI, MD**

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

SHOUPING LI, MD  
118 E Haskell St #H  
Winnemucca, NV, 89445



SHIRLEY HUNTING



1 NICHOLAS A. TRUTANICH  
 United States Attorney  
 2 Nevada Bar Number 13644  
 SUE FAHAMI  
 3 Nevada Bar Number 5634  
 KILBY MACFADDEN  
 4 Assistant United States Attorneys  
 400 S. Virginia Street, Suite 900  
 5 Reno, Nevada 89501  
 Telephone: (775) 784-5438  
 6 Email: kilby.macfadden@usdoj.gov  
 Representing the United States of America

FILED	RECEIVED
ENTERED	SERVED ON
COUNSEL/PARTIES OF RECORD	
FEB - 5 2019	
CLERK US DISTRICT COURT	
DISTRICT OF NEVADA	
BY: _____	DEPUTY

7 UNITED STATES DISTRICT COURT  
 8 DISTRICT OF NEVADA

-oOo-

9 UNITED STATES OF AMERICA,

10 Plaintiff,

11 vs.

12 SHOUPING LI, M.D.,

13 Defendant.

Case No.: 3:19-cr-00009-MMD-CBC

PLEA AGREEMENT UNDER  
FED. R. CRIM. P. 11 (c)(1)(A)  
and (B)

15 Plaintiff United States of America, by and through NICHOLAS A. TRUTANICH,  
 16 United States Attorney, SUE FAHAMI and KILBY MACFADDEN, Assistant United  
 17 States Attorneys, the defendant SHOUPING LI, M.D. and the defendant's attorneys,  
 18 CRANE POMERANTZ, ESQ., and MICHAEL CRISTALLI, ESQ., submit this Plea  
 19 Agreement under Fed. R. Crim. P. 11(c)(1)(A) and (B).

20 **I. SCOPE OF AGREEMENT**

21 The parties to this Plea Agreement are the United States of America and  
 22 SHOUPING LI (the defendant). This Plea Agreement binds the defendant and the United  
 23 States Attorney's Office for the District of Nevada. It does not bind any other prosecuting,  
 24 administrative, or regulatory authority, the United States Probation Office, or the Court.

1 The Plea Agreement sets forth the parties' agreement regarding criminal charges  
2 referenced in the Plea Agreement and applicable sentences, fines, restitution and forfeiture.  
3 It does not control or prohibit the United States or any agency or third party from seeking  
4 any other civil or administrative remedies directly or indirectly against the defendant.

5 **II. DISPOSITION OF CHARGES AND WAIVER OF TRIAL RIGHTS**

6 A. Guilty Plea. The defendant knowingly and voluntarily agrees to plead guilty  
7 to the following one count Criminal Information filed \_\_\_\_\_:

8 **Count One:** Distribution of a Controlled Substance, in violation of Title 21, United  
9 States Code, Section 841(a)(1) and (b)(1)(C).

10 B. Waiver of Trial Rights. The defendant acknowledges that he has been  
11 advised and understands that by entering a plea of guilty he is waiving -- that is, giving up --  
12 certain rights guaranteed to all defendants by the laws and the Constitution of the United  
13 States. Specifically, the defendant is giving up:

14 1. The right to proceed to trial by jury on all charges, or to a trial by a  
15 judge if the defendant and the United States both agree;

16 2. The right to confront the witnesses against the defendant at such a  
17 trial, and to cross-examine them;

18 3. The right to remain silent at such a trial, with assurance that his  
19 silence could not be used against him in any way;

20 4. The right to testify in his own defense at such a trial if he so chooses;

21 5. The right to compel witnesses to appear at such a trial and testify in  
22 the defendant's behalf;

23 6. The right to have the assistance of an attorney at all stages of such  
24 proceedings; and

1           7.     The right to be indicted by a grand jury.

2           C.     Withdrawal of Guilty Plea. The defendant will not seek to withdraw his  
3 guilty plea after he has entered it in court.

4           D.     Additional Charges. The United States agrees not to bring any additional  
5 charges against the defendant arising out of the investigation in the District of Nevada  
6 which culminated in the Criminal Information and this Plea Agreement and based on  
7 conduct known to the United States, except that the United States reserves the right to  
8 prosecute the defendant for any crime of violence as defined by 18 U.S.C. § 16 in which  
9 the defendant may have participated or for any crime committed before the execution of  
10 this Agreement if the United States had no knowledge of the facts underlying this crime  
11 through its investigation, or the defendant did not disclose the crime before the execution  
12 of the Agreement.

13 **III.   ELEMENTS OF THE OFFENSES**

14           **Count One:** The elements of Distribution of Controlled Substance in violation of 21  
15 U.S.C. §§ 841(a)(1) and (b)(1)(C) are:

16           **First,** beginning on a date unknown but in no event later than October 2017 and  
17 continuing through on or about February 2018, the defendant knowingly distributed  
18 Schedule II controlled substances, to wit: Oxycodone and Hydrocodone;

19           **Second,** the defendant knew that the controlled substances were Oxycodone and  
20 Hydrocodone or some other prohibited drug;

21           **Third,** the defendant distributed the controlled substances outside the usual course of  
22 professional practice and not for a legitimate medical purpose; and

23           **Fourth,** the defendant intended to distribute the controlled substances outside the  
24 course of his professional practice.

1 Ninth Cir. Model Criminal Jury Instr., Criminal 9.18; Title 21 C.F.R. § 1306.04;  
2 *United States v. Feingold*, 454 F.3d 1001, 1008 (9th Cir. 2006)

3 **IV. FACTS SUPPORTING GUILTY PLEA**

4 A. The defendant will plead guilty because he is, in fact and under the law,  
5 guilty of the crimes charged.

6 B. The defendant acknowledges that if he elected to go to trial instead of  
7 pleading guilty, the United States could prove his guilt beyond a reasonable doubt and  
8 establish its right to forfeit the specified property by preponderance of the evidence. The  
9 defendant further acknowledges that his admissions and declarations of fact set forth below  
10 satisfy every element of the charged offense.

11 C. The defendant waives any potential future claim that the facts he admitted in  
12 this Plea Agreement were insufficient to satisfy the elements of the charged offense.

13 D. Both the United States and the defendant agree that this section of the Plea  
14 Agreement does not contain all of the relevant information known to the defendant. The  
15 parties also agree that the facts contained in Section IV provide a sufficient factual basis for  
16 the crime to which defendant is pleading guilty, but the facts contained in Section IV are  
17 not an exhaustive statement by the defendant .

18 E. The defendant admits and declares under penalty of perjury that the facts set  
19 forth below are true and correct:

20 At all times relevant to the Criminal Information:

21 1. The defendant, SHOUPING LI (LI), was a licensed physician who, since  
22 2007, practiced medicine in Nevada under Nevada License Number 12382, specializing in  
23 family medicine with a concentration in cardiovascular diseases. LI held the position of  
24 Vice Chief of Staff for the Humboldt County General Hospital in Winnemucca, Nevada.

1           2.     As part of his medical practice, he prescribed Schedule II Controlled  
2 Substances, including Hydrocodone and Oxycodone, under a Drug Enforcement  
3 Administration ("DEA") license number BL8898770.

4           3.     Defendant knew that under the Controlled Substances Act, Title 21, United  
5 States Code, Section 841(a) *et seq.*, and Title 21, Code of Federal Regulations, Section  
6 1306.04, a prescription for a Schedule II controlled substance was lawful only when written  
7 for a legitimate medical purpose by a practitioner acting in the usual course of his or her  
8 professional practice.

9           4.     Between approximately August 2015 and February 2018, defendant  
10 prescribed dosages and amounts of Oxycodone and Hydrocodone, to patients outside the  
11 usual course of his professional practice and without a legitimate medical purpose.

12           5.     Defendant did so with the intent to prescribe Oxycodone and Hydrocodone  
13 outside the course of his professional practice and without a legitimate medical purpose.

14           6.     Several patients who were actively being seen as patients by the Defendant  
15 passed away.

16           7.     All of the foregoing occurred in the State and Federal District of Nevada and  
17 elsewhere.

18 **V. COLLATERAL USE OF FACTUAL ADMISSIONS**

19           The facts set forth in Section IV of this Plea Agreement shall be admissible against  
20 the defendant under Fed. R. Evid. 801(d)(2)(A) at sentencing for any purpose. If the  
21 defendant does not plead guilty or withdraws his guilty plea, the facts set forth in Section  
22 IV of this Plea Agreement shall be admissible at any proceeding, including a trial, for  
23 impeaching or rebutting any evidence, argument or representation offered by or on the  
24 defendant's behalf. The defendant expressly waives all rights under Fed. R. Crim. P. 11(f)

1 and Fed. R. Evid. 410 regarding the use of the facts set forth in Section IV of this Plea  
2 Agreement.

3 **VI. APPLICATION OF SENTENCING GUIDELINES PROVISIONS**

4 A. Discretionary Nature of Sentencing Guidelines. The defendant  
5 acknowledges that the Court must consider the United States Sentencing Guidelines  
6 ("USSG" or "Sentencing Guidelines") in determining the defendant's sentence, but that  
7 the Sentencing Guidelines are advisory, not mandatory, and the Court has discretion to  
8 impose any reasonable sentence up to the maximum term of imprisonment permitted by  
9 statute.

10 B. Offense Level Calculations. The parties stipulate to the following calculation  
11 of the defendant's offense level under the Sentencing Guidelines, acknowledge that these  
12 stipulations do not bind the Court, and agree that they will not seek to apply any other  
13 specific offense characteristics, enhancements or reductions:

14 The defendant acknowledges that the statutory maximum sentence and any  
15 statutory minimum sentence limit the Court's discretion in determining the defendant's  
16 sentence notwithstanding any applicable Sentencing Guidelines provisions.

17 ...

18 ...

19 ...

20 ...

21 ...

22 ...

23 ...

**Count 1: 21 U.S.C. §§ 841(a)(1) and (b)(1)(C)**

<b>Offense Level Calculation</b>		<b>USSG</b>
Base Offense Level <sup>1</sup>	22	§ 2D1.1(c)(9)
Use of Special Skill	+2	§ 3B1.3
<b>Adjusted Offense Level (Subtotal)</b>	<b>24</b>	
Contingent Reduction for Acceptance of Responsibility	-2	§ 3E1.1(a)
Contingent Reduction for Government Motion for Acceptance of Responsibility	-1	§ 3E1.1(b)
<b>FINAL Adjusted Offense Level</b>	<b>21</b>	

C. Reduction of Offense Level for Acceptance of Responsibility. Under USSG § 3E1.1(a), the United States will recommend that the defendant receive a two-level downward adjustment for acceptance of responsibility unless he (a) fails to truthfully admit facts establishing a factual basis for the guilty plea when he enters the plea; (b) fails to truthfully admit facts establishing the amount of restitution owed when he enters his guilty plea; (c) fails to truthfully admit facts establishing the forfeiture allegations when he enters his guilty plea; (d) provides false or misleading information to the United States, the Court, Pretrial Services, or the Probation Office; (e) denies involvement in the offense or provides conflicting statements regarding his involvement or falsely denies or frivolously contests conduct relevant to the offense; (f) attempts to withdraw his guilty plea; (g) commits or

<sup>1</sup> The Count 1 base offense level was calculated as follows: there were distributions of Oxycodone and Hydrocodone for a total 13,800 milligrams of Hydrocodone/Oxycodone. This is equal to 92.46 kg of marijuana (13.8g x 6700g equals 94,460 grams). The parties stipulate to this calculation for purposes of sentencing only, using the USSG Guidelines Manual effective November 1, 2016.



1 attempts to commit any crime; (h) fails to appear in court; or (i) violates the conditions of  
2 pretrial release.

3 Under USSG §3E1.1(b), if the Court determines that the defendant's total offense  
4 level, before operation of § 3E1.1(a), is 16 or higher, and if the United States recommends a  
5 two-level downward adjustment pursuant to the preceding paragraph, the United States  
6 will move for an additional one-level downward adjustment for acceptance of responsibility  
7 before sentencing because the defendant communicated his decision to plead guilty in a  
8 timely manner that enabled the United States to avoid preparing for trial and to efficiently  
9 allocate its resources.

10 D. Criminal History Category. The defendant acknowledges that the Court  
11 may base his sentence in part on the defendant's criminal record or criminal history. The  
12 Court will determine the defendant's Criminal History Category under the Sentencing  
13 Guidelines.

14 E. Relevant Conduct. The Court may consider any counts dismissed under this  
15 Plea Agreement and all other relevant conduct, whether charged or uncharged, in  
16 determining the applicable Sentencing Guidelines range and whether to depart from that  
17 range.

18 F. Additional Sentencing Information. The stipulated Sentencing Guidelines  
19 calculations are based on information now known to the parties. The parties may provide  
20 additional information to the United States Probation Office and the Court regarding the  
21 nature, scope, and extent of the defendant's criminal conduct and any aggravating or  
22 mitigating facts or circumstances. Good faith efforts to provide truthful information or to  
23 correct factual misstatements shall not be grounds for the defendant to withdraw his guilty  
24 plea. The defendant acknowledges that the United States Probation Office may calculate



1 the Sentencing Guidelines differently and may rely on additional information it obtains  
2 through its investigation. The defendant also acknowledges that the Court may rely on this  
3 and other additional information as it calculates the Sentencing Guidelines range and  
4 makes other sentencing determinations, and the Court's reliance on such information shall  
5 not be grounds for the defendant to withdraw his guilty plea.

6 **VII. APPLICATION OF SENTENCING STATUTES**

7 A. Maximum Penalty. The maximum penalty under 21 U.S.C. §§ 841(a) and  
8 841(b)(1)(C) is 20 years imprisonment, a fine of \$1,000,000, or both.

9 B. Factors Under 18 U.S.C. § 3553. The Court must consider the factors set  
10 forth in 18 U.S.C. § 3553(a) in determining the defendant's sentence. However, the  
11 statutory maximum sentence and any statutory minimum sentence limit the Court's  
12 discretion in determining the defendant's sentence.

13 C. Parole Abolished. The defendant acknowledges that his prison sentence  
14 cannot be shortened by early release on parole because parole has been abolished.

15 D. Supervised Release. In addition to imprisonment and a fine, the defendant  
16 will be subject to a three-year term of supervised release. Supervised release is a period of  
17 time after release from prison during which the defendant will be subject to various  
18 restrictions and requirements. If the defendant violates any condition of supervised release,  
19 the Court may order the defendant's return to prison for all or part of the term of  
20 supervised release, which could result in the defendant serving a total term of  
21 imprisonment equal to the statutory maximum prison sentence of 20 years imprisonment.

22 E. Special Assessment. The defendant will pay a \$100.00 special assessment  
23 per count at the time of sentencing.  
24

1 **VIII. POSITIONS REGARDING SENTENCE**

2 The government will recommend that the Court sentence the defendant to a  
3 sentence within the Sentencing Guidelines range as determined by the Court.  
4 Notwithstanding its agreement to recommend that the defendant be sentenced as described  
5 in this Plea Agreement, the United States reserves its right to defend any lawfully imposed  
6 sentence on appeal or in any post-conviction litigation.

7 The defendant may seek a downward adjustment pursuant to 18 U.S.C. § 3553,  
8 including probation, from any sentence the Court may impose.

9 The defendant acknowledges that the Court does not have to follow these  
10 recommendations.

11 **IX. RESTITUTION**

12 In exchange for benefits received under this plea agreement, the defendant agrees to  
13 make full restitution in an amount to be determined by the Court for all of the losses the  
14 defendant caused by his schemes or offenses, whether charged or uncharged, pleaded to or  
15 not, and by all of his relevant conduct. 18 U.S.C. § 3663(a)(3).

16 **X. FINANCIAL INFORMATION AND DISPOSITION OF ASSETS**

17 Before or after sentencing, upon request by the Court, the United States, or the  
18 Probation Office, the defendant will provide accurate and complete financial information,  
19 submit sworn statements, and/or give depositions under oath concerning his assets and his  
20 ability to pay. The defendant will surrender assets he obtained directly or indirectly as a  
21 result of his crimes, and will release funds and property under his control in order to pay  
22 any fine, forfeiture, or restitution ordered by the Court.

1 **XI. THE DEFENDANT'S ACKNOWLEDGMENTS AND WAIVERS**

2 A. Plea Agreement and Decision to Plead Guilty. The defendant  
3 acknowledges that:

4 (1) He has read this Plea Agreement and understands its terms and  
5 conditions;

6 (2) He has had adequate time to discuss this case, the evidence, and this  
7 Plea Agreement with his attorney;

8 (3) He has discussed the terms of this Plea Agreement with his attorney;

9 (4) The representations contained in this Plea Agreement are true and  
10 correct, including the facts set forth in Section IV; and

11 (5) He was not under the influence of any alcohol, drug, or medicine that  
12 would impair his ability to understand the Agreement when he considered signing this Plea  
13 Agreement and when he signed it.

14 The defendant understands that he alone decides whether to plead guilty or go to  
15 trial, and acknowledges that he has decided to enter his guilty plea knowing of the charges  
16 brought against him, his possible defenses, and the benefits and possible detriments of  
17 proceeding to trial. The defendant also acknowledges that he decided to plead guilty  
18 voluntarily and that no one coerced or threatened him to enter into this Plea Agreement.

19 B. Waiver of Appeal and Post-Conviction Proceedings. The defendant  
20 knowingly and expressly waives: (a) the right to appeal any sentence imposed within or  
21 below the applicable Sentencing Guideline range as determined by the Court; (b) the right  
22 to appeal the manner in which the Court determined that sentence on the grounds set forth  
23 in 18 U.S.C. § 3742; and (c) the right to appeal any other aspect of the conviction or  
24 sentence and any order of restitution or forfeiture.

1 The defendant also knowingly and expressly waives all collateral challenges,  
2 including any claims under 28 U.S.C. § 2255, to his conviction, sentence, and the  
3 procedure by which the Court adjudicated guilt and imposed sentence, except non-  
4 waivable claims of ineffective assistance of counsel.

5 The defendant reserves only the right to appeal any portion of the sentence that is an  
6 upward departure or an upward variance from the Sentencing Guidelines range determined  
7 by the Court.

8 The defendant acknowledges that the United States is not obligated or required to  
9 preserve any evidence obtained in the investigation of this case.

10 C. Removal / Deportation Consequences. The defendant understands and  
11 acknowledges that if he is not a United States citizen, then it is highly probable that he will  
12 be permanently removed (deported) from the United States as a consequence of pleading  
13 guilty under the terms of this Plea Agreement. The defendant has also been advised if his  
14 conviction is for an offense described in 8 U.S.C. § 1101(a)(43), he will be deported and  
15 removed from the United States and will not be allowed to return to the United States at  
16 any time in the future. The defendant desires to plead guilty regardless of any immigration  
17 consequences that may result from his guilty plea, even if the consequence is automatic  
18 removal from the United States with no possibility of returning. The defendant  
19 acknowledges that he has specifically discussed these removal / deportation consequences  
20 with his attorney.

## 21 XII. ADDITIONAL ACKNOWLEDGMENTS

22 This Plea Agreement resulted from an arms-length negotiation in which both parties  
23 bargained for and received valuable benefits in exchange for valuable concessions. It  
24 constitutes the entire agreement negotiated and agreed to by the parties. No promises,

1 agreements or conditions other than those set forth in this agreement have been made or  
2 implied by the defendant , the defendant 's attorney, or the United States, and no  
3 additional promises, agreements or conditions shall have any force or effect unless set forth  
4 in writing and signed by all parties or confirmed on the record before the Court.

5 NICHOLAS A. TRUTANICH,  
United States Attorney

6  
7 DATE 2/5/19

  
KILBY MACFADDEN  
SUE FAHAMU  
Assistant United States Attorneys

8  
9  
10 DATE 2/5/19

  
CRANE POMERANTZ  
MICHAEL CRISTALLI  
Counsel for the Defendant

11  
12 DATE 2/5/19

  
SHOUPING LI, M.D.  
Defendant

**4F**

**FILED**

JUN 13 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NOS. 17-100-CS-S</b>
	)	
<b>Petitioner,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>v.</b>	)	<b>AND ACCUSATION</b>
	)	
<b>DOUGLAS ROSS, M.D.,</b>	)	
<b>Certificate of Registration No. CS10138,</b>	)	
	)	
<b>Respondent.</b>	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Douglas Ross, M.D., Certificate of Registration No. CS10138 ("Dr. Ross") held a Board-issued controlled substance registration.

**FACTUAL ALLEGATIONS****II.**

In October 2017, Respondent Dr. Ross was the medical director of Infuze LV, LLC ("Infuze LV").

**III.**

While Dr. Ross was Infuze LV's medical director, the Board received consumer complaints alleging that under Dr. Ross's direction, Infuze LV allowed registered nurses ("RNs") and licensed paramedics (collectively "Non-practitioner Staff Members") to access,

possess and administer dangerous drugs to patients by intravenous (“IV”) and intramuscular injections.

#### IV.

The Board’s investigation produced evidence to substantiate those claims.

#### V.

Dr. Ross allowed Infuze LV’s Non-Practitioner Staff to access, possess and control Infuze LV’s inventory of dangerous drugs without a licensed practitioner present.

#### VI.

Dr. Ross and Infuze LV allowed Non-practitioner Staff to provide IV therapy, injections and other medical procedures where the patient had not been examined by a practitioner and therefore did not have a *bona fide* relationship with the practitioner who authorized the treatment.

#### VII.

Under Dr. Ross’s direction, Infuze LV’s Non-practitioner Staff Members accessed and possessed the clinic’s inventory of dangerous drugs and provided supplies of dangerous drugs to Non-Practitioner Staff Members without a practitioner on site, without a practitioner’s direct supervision, before Dr. Ross or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the medication.

#### VIII.

Dr. Ross allowed Infuze LV’s Non-practitioner Staff Members to transport dangerous drugs without a patient-specific and medication-specific order.

#### IX.

Dr. Ross frequently had no contact with and did not examine the patient to establish a *bona fide* therapeutic relationship with the patient until after one of Infuze LV’s Non-Practitioner Staff Members transported the dangerous drugs in his/her possession to the patient’s location.



## X.

For off-site medical treatment, once a Non-practitioner Staff Member arrived at the patient's location, the RN or paramedic would examine the patient and discuss why an IV or injection would be beneficial to the patient.

## XI.

The RN would then communicate his/her assessment of the patient to Dr. Ross by telephone or text, by which Dr. Ross would then approve the medication by text.

## XII.

Through that exam process, Dr. Ross often did not speak or communicate directly with the patient.

## XIII.

Infuze LV and its Non-practitioner Staff Members often provided medical treatment to patients at its physical location when Dr. Ross was not on site.

**APPLICABLE LAW**

## XIV.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

## XV.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

## XVI.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.<sup>1</sup>

## XVII.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

## XVIII.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize an RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. See NAC 639.945(1)(o) and NRS 454.213(1)(a).

## XIX.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

## XX.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;

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<sup>1</sup> See NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

#### XXI.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NAC 639.945(1)(g).

#### XXII.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

#### XXIII.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

#### XXIV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

#### XXV.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

## XXVI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION****Unlawful Access and Possession of Dangerous Drugs - Statutory Violations**

## XXVII.

By allowing Infuze LV's Non-practitioner Staff Members to operate Infuze LV and to use his authority as a practitioner to obtain, access, possess and/or store dangerous drugs when he was not on site, before he examined the patient (or without an examination), before he wrote a patient-specific order and without his direct supervision, Dr. Ross violated, or assisted and abetted Infuze LV's staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356.

**SECOND CAUSE OF ACTION****Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct**

## XXVIII.

By allowing Infuze LV's staff, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Infuze LV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Ross engaged, or assisted and abetted Infuze LV's staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k).

**THIRD CAUSE OF ACTION****Unlawful Administration of Dangerous Drugs – No Bona Fide Therapeutic Relationship and No Authority to Determine Medical Necessity**

## XXIX.

By authorizing Infuze LV's Non-practitioner Staff, none of whom were licensed practitioners, to use his authority to operate Infuze LV, to administer a dangerous drug to patients who had not been examined by a practitioner, when he did not have a *bona fide*

therapeutic relationship and for whom he had not diagnosed or determined that a dangerous drug was medically necessary, Dr. Ross violated, and/or aided and abetted Infuze LV's staff in violating Nevada law, including NRS 454.221(1). He also acted unprofessionally. *See* NAC 639.945(1)(k) and (o).

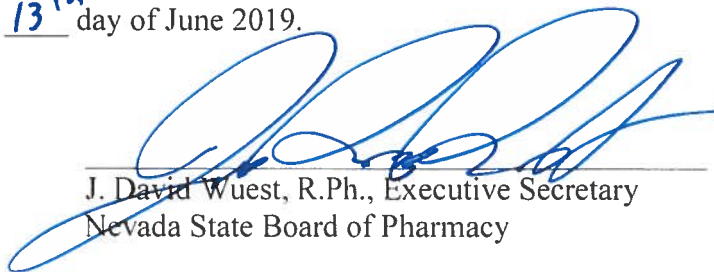
XXX.

For the violations and conduct alleged in paragraphs II through XXIX above, Dr. Ross's Controlled Substance Registration, Certificate of Registration No. CS10138 is subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(4) and (12) and/or NRS 639.255.

XXXI.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13<sup>th</sup> day of June 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-100-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>DOUGLAS ROSS, M.D.,</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. CS10138,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	/	<b>RIGHT TO HEARING</b>

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

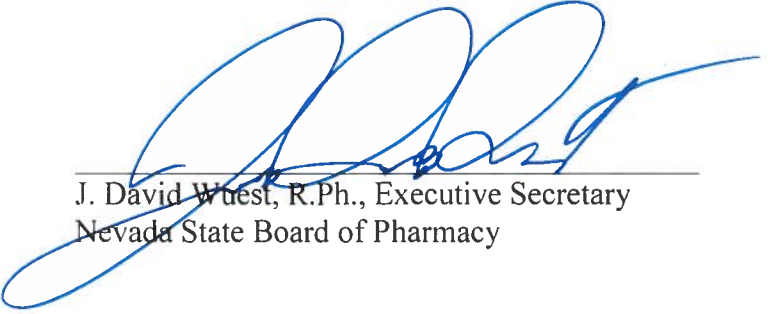
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 17<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-100-CS-S</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>DOUGLAS ROSS, M.D.,</b>	)	
<b>Certificate of Registration No. CS10138,</b>	)	
	)	
<b>Respondent.</b>	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

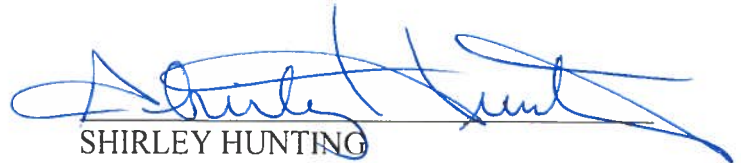
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**DOUGLAS ROSS, M.D.**

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

DOUGLAS ROSS, MD  
2481 W HORIZON RIDGE PKWY #100  
HENDERSON, NV 89052

  
SHIRLEY HUNTING

**4G**

FILED

JUN 13 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

) CASE NO. 19-072-CS-S

)

Petitioner,

)

v.

)

ROGER ESTEVEZ, MD,

)

NOTICE OF INTENDED ACTION

Certificate of Registration No. CS18169,

)

AND ACCUSATION

)

)

Respondent.

/

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Roger Estevez (Estevez), held an expired Nevada Controlled Substance Registration, Certificate No. CS18169, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

Estevez failed to timely renew his Certificate of Registration No. CS18169, which expired on October 31, 2018.

## III.

Estevez wrote one-hundred and eighty-nine prescriptions for controlled substances between November 1, 2018 and March 28, 2019.

## IV.

On or about April 4, 2019, Board staff ordered Estevez pursuant to NRS 639.2895(1) to cease and desist prescribing controlled substances without a valid registration.

## V.

The Board renewed Estevez' Certificate of Registration No. CS18169 on April 11, 2019.

**APPLICABLE LAW**

## VI.

It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

## VII.

A prescription for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 CFR § 1306.03(a)(1). Every practitioner who prescribes any controlled substance within this State shall obtain biennially a registration issued by the Board. NRS 453.226(1).

## VIII.

Failure to renew a certificate of registration by failing to submit the application for renewal is grounds for suspension or revocation of that registration by the Board. NRS 639.210(13).

## IX.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).

## X.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

## XI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

## XII.

The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

**FIRST CAUSE OF ACTION**

## XIII.

By failing to timely renew his Certificate of Registration No. CS18169, Estevez is subject to discipline pursuant to NRS 639.210(13) and NRS 639.255.

**SECOND CAUSE OF ACTION**

## XIV.

By writing one-hundred and eighty-nine prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration, Estevez violated 21 CFR § 1306.03 and is subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

**THIRD CAUSE OF ACTION**

## XV.

By writing one-hundred and eighty-nine prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration, Estevez violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

**FOURTH CAUSE OF ACTION**

XVI.

By writing one-hundred and eighty-nine prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration, Estevez committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XVII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13<sup>th</sup> day of June, 2019.

  
\_\_\_\_\_  
I, David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-072-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>ROGER ESTEVEZ, MD,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS18169,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

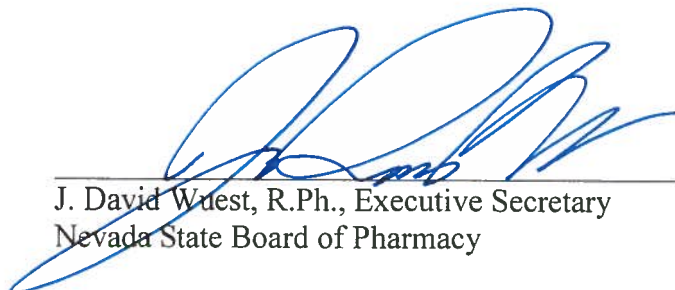
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 17<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

FILED

JUN 26 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-072-CS-S
	)	
Petitioner,	)	
v.	)	ANSWER AND NOTICE
	)	OF DEFENSE
ROGER ESTEVEZ, MD,	)	
Certificate of Registration No. CS18169,	)	
	)	
Respondent.	/	


Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

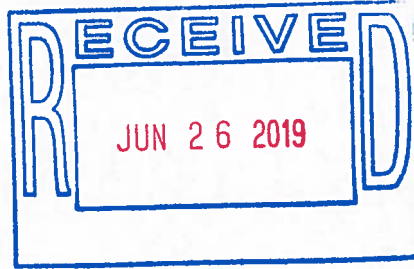
I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 17 day of June, 2019.

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ROGER ESTÉVEZ, MD



06/18/2019

Nevada State Board of Pharmacy

To whom it may concern

In an effort to continuously improve the safety of our patients, We have been diligent in keeping up with renewal deadlines for state of Nevada controlled substance ever since 2009. As our practice is also involved in clinical research trials we were informed that for us to continue with this enterprise we must request a dispensing license by State board of pharmacy, Controlled substance as well as the DEA license was supposed to be in good standing as a requisite to obtain this dispensing License, However, regrettably this caused confusion and it is with regret that License was not timely renewed. I am very sorry for this as it has created quite a problem in my practice, due to the fact that I have not properly been able to dispense controlled substances to our patients as they need. I however relied on my office manager to follow up on this.

To correct this, I have placed alerts on calendars so that this does not ever happen again. I also will be personally in Charge of renewal of this License in the future. We will do everything in our power to correct this.

Thank you for your consideration in the restitution of my license. As I said, this incident will never as long as I can control it happen again.

Respectfully,

Roger Estevez, MD

**4H**

FILED

JUN 13 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-090-CS-S
	)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
	)	
KIARASH L. MIRKIA, M.D.,	)	
Certificate of Registration No. CS15197,	)	
	)	
Respondent.	/	

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J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Kiarash L. Mirkia, M.D., Certificate of Registration No. CS15197 ("Dr. Mirkia") held a Board-issued controlled substance registration.

**FACTUAL ALLEGATIONS**

## II.

In April 2018, Dr. Mirkia owned and was the Medical Director of Mirkia IV, PLLC ("Mirkia IV").

## III.

Mirkia IV provided intravenous rehydration treatments to patients in the Las Vegas area using registered nurses who work for the company either directly or on a contract basis.



## IV.

Dr. Mirkia allowed Mirkia IV's office staff, including office manager Alex Zukovski ("Zukovski"), who is not a practitioner or registered nurse, to possess the information and keys necessary to access Mirkia IV's inventory of dangerous drugs.

## V.

Under Dr. Mirkia's direction, Zukovski or other Mirkia IV office staff accessed and possessed Mirkia IV's inventory of dangerous drugs and provided supplies of dangerous drugs to registered nurses without a practitioner on site, without a practitioner's direct supervision, before Dr. Mirkia or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the medication.

## VI.

Dr. Mirkia directed the registered nurses who were employed by or contracted with Mirkia IV to possess and control dangerous drugs from Mirkia IV's inventory, including storing them at their homes, without a practitioner on site, without direct practitioner supervision, without a patient-specific and medication-specific written order for the patient and/or medication. Dr. Mirkia allowed those nurses to possess and store dangerous drugs from Mirkia IV's inventory for up to three days at a time in anticipation that Dr. Mirkia might examine a patient and issue an order for administration.

## VII.

Dr. Mirkia allowed registered nurses to transport the dangerous drugs he put into their possession and control without a patient-specific and medication-specific order.

## VIII.

Dr. Mirkia generally had no contact—did not examine and did not establish a bona fide therapeutic relationship with the patient—until after one of Mirkia IV's registered nurses transported the dangerous drugs in his/her possession to the patient's location.

## IX.

After completing an “examination” of the patient by telephone, Dr. Mirkia would approve, deny or modify a pre-determined order authorizing the patient to receive treatment using an electronic medical record (“EMR”) system.

## X.

After Dr. Mirkia issued an order to administer medication to the patient, the registered nurse purportedly performed his/her own assessment.

## XI.

Mirkia IV’s nurses were directed to upsell, and often upsold, additional medications to the patient beyond what Dr. Mirkia initially ordered.

## XII.

When an RN was successful in upselling additional dangerous drugs to a patient, an “on call” practitioner purportedly was available to amend the patient’s order prior to administration.

## XIII.

Dr. Mirkia purchased sterile compounded dangerous drugs from Fusion IV Pharmaceuticals, Inc., *dba* Axia Pharmaceuticals (“Fusion”), in Los Angeles, California.

## XIV.

Fusion sold compounded sterile products to practitioners in Nevada, including Dr. Mirkia and/or Mirkia IV.

## XV.

Fusion is not licensed in Nevada.

**APPLICABLE LAW**

## XVI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

## XVII.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); see also NRS 639.100.

## XVIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.<sup>1</sup>

## XIX.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

## XX.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. See NAC 639.945(1)(o) and NRS 454.213(1)(a).

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<sup>1</sup> See NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

## XXI.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

## XXII.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

## XXIII.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NAC 639.945(1)(g).

## XXIV.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

## XXV.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

## XXVI.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

## XXVII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

## XXVIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

**Unlawful Access and Possession of Dangerous Drugs - Statutory Violations**

## XXIX.

By allowing Mirkia IV’s staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia violated, or assisted and abetted his staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356. Because of that conduct, which violates Nevada law and is

inconsistent with the public interest, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant NRS 639.210(12), NRS 453.236(1)(d) and NRS 453.241(1).

### **SECOND CAUSE OF ACTION**

#### **Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct**

XXX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia engaged, or assisted and abetted his staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k). For that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant to NRS 639.210(4), NRS 453.236(1)(d) and/or NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### **Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy**

XXXI.

By purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Mirkia violated, or assisted and abetted that pharmacy in violating, NRS 639.233, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197 is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d); NRS 453.241(1) and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 17<sup>th</sup> day of June 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-090-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>KIARASH L. MIRKIA, M.D.,</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. CS15197,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	/	<b>RIGHT TO HEARING</b>

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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.



## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-090-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>KIARASH L. MIRKIA, M.D.,</b>	)	
<b>Certificate of Registration No. CS15197,</b>	)	
	)	
<b>Respondent.</b>	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

- 1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

**KIARASH L. MIRKIA, M.D.**

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Kiarash L. Mirkia, MD  
1878 Morro Vista Drive  
Las Vegas, NV 89135**



SHIRLEY HUNTING

**41**

**FILED****MAY 29 2019****NEVADA STATE BOARD  
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****ROGER THI LY, R.Ph.,  
Certificate of Registration No. 15333,****Respondent.****) CASE NO. 16-043-RPH-S****)****)****)****)****)****)****)****)****/****NOTICE OF INTENDED ACTION  
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Roger Thi Ly (Ly), Certificate of Registration No. 15333, was a pharmacist registered by the Board.

**DISCIPLINARY HISTORY****II.**

On November 2, 2004, the Board issued Findings of Fact, Conclusions of Law, and Order (Order) in the case of Board of Pharmacy v. Roger Ly, Case No. 04-045-RPH-S. The Board found that during his employment at various Von's pharmacies, Ly created and filled fraudulent prescriptions for Oxycontin 40 mg. and hydrocodone 10/500 products. The Order revoked Ly's certificate of registration, fined him \$1,000.00, assessed fees and costs totaling \$550.00, and imposed conditions for reinstatement. In November 2008, the Board reinstated Ly's Certificate of Registration

No. 15333 subject to various conditions, including continued participation with the PRN-PRN program as previously ordered.

### **FACTUAL ALLEGATIONS**

#### **III.**

At the time of the events alleged herein, Ly owned and operated VIP Pharmacy in Las Vegas, a pharmacy previously licensed by the Board, Certificate of Registration No. PH02881.

#### **IV.**

From approximately July 2015 through August 2016, Ly and VIP Pharmacy filled approximately three-hundred and eighty (380) fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen, both Schedule II controlled substances, written by Tam Nguyen, DDS (Nguyen).

#### **V.**

Nguyen admitted to Board investigators to creating the fraudulent prescriptions for his patients, having the prescriptions filled by Ly at VIP Pharmacy, and then diverting the drugs for his personal use.

#### **VI.**

Ly admitted to Board investigators that he delivered the fraudulently-prescribed drugs directly to Nguyen and continued to fill Nguyen's fraudulent prescriptions for approximately five (5) months after patients alleged fraud.

#### **VII.**

On October 7, 2016, Nguyen entered into a stipulation and voluntary surrender of his license with the Nevada State Board of Dental Examiners; his Certificate of Registration No. CS14787 with the Board was subsequently suspended.

## VIII.

In September 2017, Ly entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, pursuant to which Ly agreed to pay \$120,000 in civil penalties for violations of the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*, after an investigation into Ly's operation of VIP Pharmacy as a result of the events alleged herein.

**APPLICABLE LAW**

## IX.

A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice and shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances. 21 CFR § 1306.04; NRS 453.381(4).

## X.

A pharmacist shall not knowingly fill or refill any prescription for a controlled substance for use by a person other than the person for whom the prescription was originally issued. NRS 453.431(1).

## XI.

It is unlawful for a person knowingly or intentionally acquire or obtain or attempt to acquire or obtain possession of a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 453.331(1)(d).

## XII.

Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(h).



## XIII.

Performing any of the duties of a pharmacist in an incompetent, unskillful or negligent manner constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(i).

## XIV.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

## XV.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

## XVI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

## XVII.

By continuing to fill and deliver prescriptions for controlled substances directly to Nguyen when he knew or should have known those prescriptions were fraudulent, Ly performed his duties as a pharmacist in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

## **SECOND CAUSE OF ACTION**

### XVIII.

By continuing to fill and deliver prescriptions for controlled substances directly to Nguyen when he knew or should have known those prescriptions were fraudulent, Ly was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

## **THIRD CAUSE OF ACTION**

### XIX.

By continuing to fill and deliver prescriptions for controlled substances directly to Nguyen when he knew or should have known those prescriptions were fraudulent, Ly violated 21 CFR § 1306.04. He is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

## **FOURTH CAUSE OF ACTION**

### XX.

By continuing to fill and deliver prescriptions for controlled substances directly to Nguyen when he knew or should have known those prescriptions were fraudulent, Ly violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(d), NRS 453.431(1); NRS 453.381(4) and/or 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

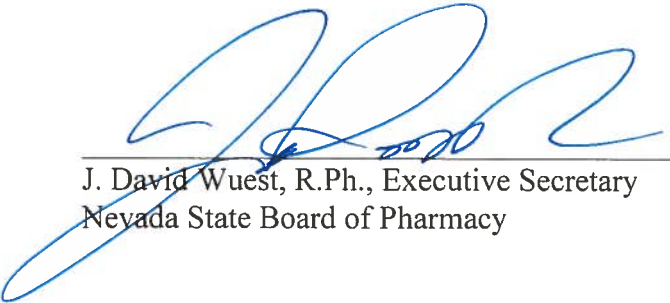
## **FIFTH CAUSE OF ACTION**

### XXI.

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Ly is responsible for those violations pursuant to NRS 639.230(5) and NAC 639.945(2). Ly is therefore subject to discipline pursuant to NRS 639.210(4), (11) and (12) and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 29<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 16-043-RPH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>ROGER THI LY, R.Ph.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. 15333,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29<sup>th</sup> day of May, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 16-043-RPH-S
	)	
Petitioner,	)	
v.	)	ANSWER AND NOTICE
	)	OF DEFENSE
ROGER THI LY, R.Ph.,	)	
Certificate of Registration No. 15333,	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

**ROGER THI LY, R.PH.**

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Roger Ly, RPH  
7469 Mezzanine View Avenue  
Las Vegas, NV 89178**

  
SHIRLEY HUNTING



**4J**

**FILED**

JUN 13 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****TODD SPEARS, RPH****Certificate of Registration No. 18123,****CVS PHARMACY #5286****Certificate of Registration No. PH01804.****Respondents.****) CASE NOS. 18-005-RPH-S****) 18-005-PH-S****) NOTICE OF INTENDED ACTION  
) AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Todd Spears (Spears), Certificate of Registration No. 18123, was a registered pharmacist with the Board. Respondent CVS Pharmacy #5286 (CVS), Certificate of Registration No. PH01804, was a pharmacy registered by the Board.

**FACTUAL ALLEGATIONS****II.**

On November 10, 2017, J.T. saw his physician and received a prescription for Amitriptyline 10 mg. with instructions to take one tablet daily. The prescription allowed for two (2) refills.

## III.

J.T. tendered the prescription to CVS where pharmaceutical technician Lisa Morris (Morris) performed data entry in CVS's computer system.

## IV.

The computer system designated the prescription as No. 1268716.

## V.

During data entry, Morris mistakenly selected *Amlodipine Besylate* 10 mg. tablets rather than *Amitriptyline* 10 mg. tablets as prescribed.<sup>i</sup>

## VI.

Spears is on record as the verifying pharmacist for Prescription No. 1268716. He failed to detect the medication error when he verified data entry as accurate, performed the final product review, and filled the prescription.

## VII.

Prescription No. 1268716 was a new prescription requiring patient counseling.

## VIII.

CVS's computer system indicated no history of Amlodipine Besylate in J.T.'s medication profile.

## IX.

CVS's computer patient counseling field documents that patient consultation was completed. Spears is on record as the counseling pharmacist.

## X.

J.T. alleges that counseling was not offered.

## XI.

CVS discovered the medication error weeks later during a "Patient Care Call" to J.T. reminding him to pick up his December refill of Prescription No. 1268716.

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<sup>i</sup> **Amitriptyline** is a tricyclic antidepressant with analgesic properties used to treat depression and neuropathic pain.

**Amlodipine** is a long-acting calcium channel blocker indicated for the treatment of hypertension.

## XII.

J.T. ingested 19 tablets of the wrong medication before CVS notified him of the error.

**FIRST CAUSE OF ACTION**

(Respondent Todd Spears)

## XIII.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when labeling and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his duties in an “incompetent, unskillful or negligent manner”. *See* NAC 639.945(1)(i).

Additionally, NAC 639.252 states in relevant part:

If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, *the pharmacist supervising the pharmaceutical technician* is responsible for the filled prescription, including, but not limited to, verifying:

- (a) The selection and strength of the drug;
- (b) The dosage form; and
- (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Spears violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified the data and final product on Prescription No. 1268716 as accurate when it was not, which resulted in CVS dispensing *Amlodipine Besylate* 10 mg. tablets rather than *Amitriptyline* 10 mg. tablets as prescribed. Spears is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**

(Respondent Todd Spears)

## XIV.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient’s record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient’s therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration

instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. A pharmacist who performs those duties in an “incompetent, unskillful or negligent manner” is guilty of unprofessional conduct pursuant to NAC 639.945(1)(i).

Respondent Spears violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to adequately counsel J.T. regarding Prescription No. 1268716. That error, combined with other errors within the pharmacy, caused CVS to dispense *Amlodipine Besylate* 10 mg. tablets rather than *Amitriptyline* 10 mg. tablets as prescribed. For that conduct, Spears is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

**THIRD CAUSE OF ACTION**  
(Respondent CVS 5286)

XV.

NAC 639.945(2) states that “[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ”. At the time of the violations alleged herein, Respondents Mr. Spears and Ms. Morris were each CVS employees. As such, CVS is responsible for each of the violations alleged herein.

The violations alleged above are grounds for discipline against the licenses of Ms. Spears and Ms. Morris, as well as CVS #5286, pursuant to NRS 639.210(4) and/or (15) as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 13<sup>th</sup> day of June, 2019.

  
\_\_\_\_\_  
J. David Wuest, Deputy Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Petitioner,</b>	)	<b>AND ACCUSATION</b>
<b>v.</b>	)	<b>RIGHT TO HEARING</b>
	)	
<b>TODD SPEARS, RPH</b>	)	<b>CASE NO. 18-005-RPH-S</b>
<b>Certificate of Registration No. 18123</b>	)	
	)	
<b>Respondent.</b>	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

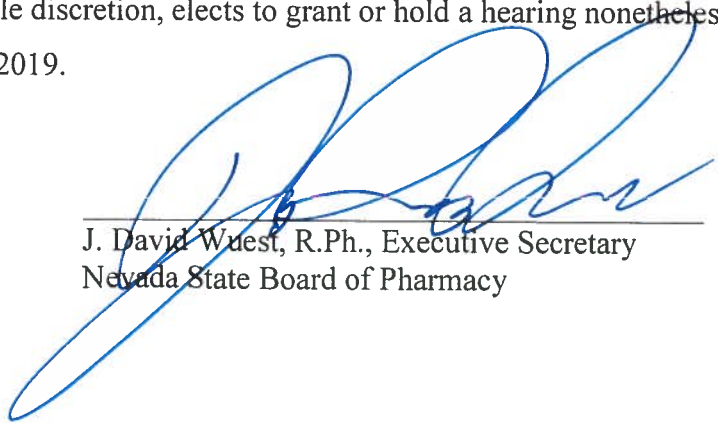
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13<sup>th</sup> day of June, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>TODD SPEARS, RPH</b>	)	<b>CASE NO. 18-005-RPH-S</b>
<b>Certificate of Registration No. 18123</b>	)	
	)	
<b>Respondent.</b>	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

TODD SPEARS, RPH

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>h</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Todd Spears, RPH  
881 Cozy Valley Street  
Henderson, NV 89015

CVS Pharmacy #5286  
21 W. Horizon Ridge Parkway  
Henderson, NV 89012



SHIRLEY HUNTING

**4K**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Petitioner,</b>	)	<b>AND ACCUSATION</b>
<b>v.</b>	)	<b>RIGHT TO HEARING</b>
	)	
<b>CVS PHARMACY #5286</b>	)	<b>CASE NO. 18-005-PH-S</b>
<b>Certificate of Registration No. PH01804</b>	)	
	)	
<b>Respondent.</b>	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

**III.**

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

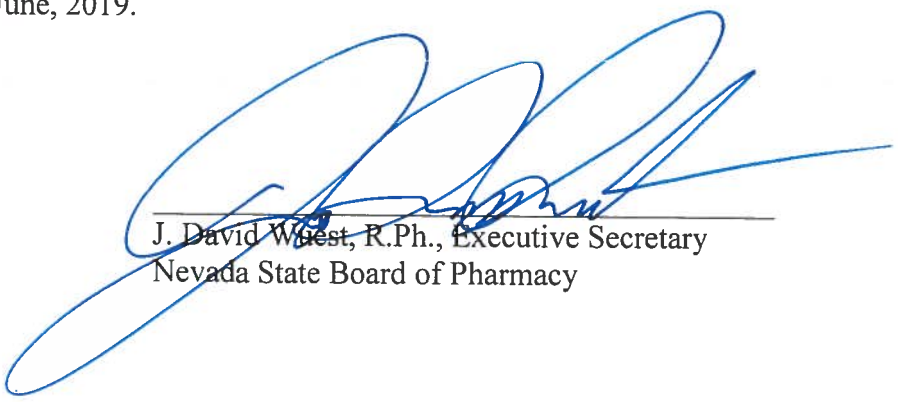
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13<sup>th</sup> day of June, 2019.



J. David West, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**FILED**

JUN 25 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS.	18-005-RPH-S
	)		18-005-PH-S
Petitioner	)		
v.	)		
	)	ANSWER AND NOTICE OF DEFENSE	
TODD SPEARS, RPH	)	on behalf of CVS PHARMACY #5286	
Certificate of Registration No. 18123,	)		
	)		
CVS PHARMACY #5286	)		
Certificate of Registration No. PH01804.	)		
	)		
Respondents.	)		
_____	)		

COMES NOW Respondent CVS Pharmacy #5286 ("CVS") and responds to the Notice of Intended Action and Accusation which was filed on June 13, 2019 by the Petitioner, The Nevada State Board of Pharmacy ("Board"). This Response shall also serve as Respondent CVS's Answer and Notice of Defense pursuant to NRS 639.244.

Respondent hereby declares:

1. That a hearing on the Accusation is requested.
2. That, in answer to the Accusation, Respondent CVS admits, denies, and/or alleges as follows:

I.

CVS admits that CVS #5286 is a pharmacy licensed by the Board, and as such, the Board has jurisdiction over this matter.

**FACTUAL ALLEGATIONS**

II.

CVS can neither admit nor deny when patient J.T. may have seen his physician and received a prescription. CVS admits that a prescription was presented by patient J.T. for Amitriptyline 10mg with instructions to take one tablet daily and that the prescription allowed for two (2) refills.

III.

CVS admits the allegations of Paragraph III of the Accusation.

IV.

CVS admits the allegations of Paragraph IV of the Accusation.

V.

CVS possesses insufficient knowledge to either admit or deny what Technician Lisa Morris may or may not have done. Upon information and belief, Technician Lisa Morris has no personal recollection of the events outlined in this paragraph. Subject to and without waiver of same, Respondent CVS does not possess any information upon which it could deny the allegations of Paragraph V of the Accusation.

VI.

CVS admits that Respondent/Pharmacist Spears is on record as the verifying pharmacist for Prescription No. 1268716. CVS possesses insufficient knowledge to either admit or deny what Spears may or may not have done. CVS admits that its records indicate that Spears verified data entry as accurate, performed the final product review, and filled the prescription.

VII.

CVS admits that Prescription No. 1268716, as it was data entered (as Amlodipine Besylate 10 mg. tablets), would have been a 'new' prescription for patient J.T which would have required patient counseling.

VIII.

CVS admits the allegations of Paragraph VIII of the Accusation.

IX.

CVS admits the allegations of Paragraph IX of the Accusation.

X.

CVS possesses insufficient knowledge to either admit or deny what patient J.T. may be alleging.



XI.

CVS admits the allegations of Paragraph XI of the Accusation.

XII.

CVS possesses insufficient knowledge to either admit or deny how many tablets J.T. may have ingested. Subject to and without waiver of same, CVS does not possess any information upon which it could deny the allegations of Paragraph XII of the Accusation.

**FIRST CAUSE OF ACTION**

XIII.

CVS makes no response to this cause of action, as It is not directed to this Respondent.

**SECOND CAUSE OF ACTION**

XIV.

CVS makes no response to this cause of action, as it is not directed to this Respondent.

**THIRD CAUSE OF ACTION**

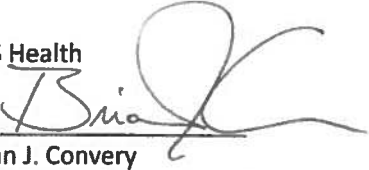
XV.

CVS admits that NAC 639.945(2) states what is cited in the Accusation. CVS admits that Respondent Spears was an employee. CVS admits that Technician Morris was an employee, but denies that she is a 'Respondent' to this action. CVS denies that CVS may be responsible for each of the violations alleged herein, as this is a legal conclusion and holds the Petitioner to proof of same.

CVS denies that the allegations are grounds for discipline, as this is a legal conclusion and holds the petitioner to proof of same.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Submitted by CVS #5286 on the \_\_\_\_ day of June, 2019.

CVS Health  
By:   
Brian J. Convery  
Senior Legal Counsel for CVS Health  
Authorized Representative for CVS Pharmacy #5286

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Todd Spears, RPH  
881 Cozy Valley Street  
Henderson, NV 89015

CVS Pharmacy #5286  
21 W. Horizon Ridge Parkway  
Henderson, NV 89012



SHIRLEY HUNTING

**4L**

**FILED**

MAY 29 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY****Petitioner,****v.****JOSEPH JAFFER, PT****Certificate of Registration No. PT17329,****Respondent.****) CASE NO. 19-078-PT-S****)****)****)****)****)****)****)****/****NOTICE OF INTENDED ACTION  
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Joseph Jaffer, PT (Jaffer) held a Nevada Pharmaceutical Technician Registration, Certificate No. PT17329, issued by the Board.

**FACTUAL ALLEGATIONS****II.**

In May 2019, Walgreens Pharmacy notified Board Staff that Jaffer was terminated from his employment as a pharmaceutical technician at Walgreens Pharmacy #12539 (Walgreens) for diversion of controlled substances.

**III.**

In January 2018, Walgreens conducted an investigation of a possible diversion issue. Walgreens asset protection manager reviewed video surveillance of the pharmacy. The video showed Jaffer pocketing Hydrocodone 10/325 mg. tablets at the fill station while he was filling a

prescription. Jaffer confessed to the diversion of thirty-two (32) Hydrocodone 10/325 mg. tablets.

IV.

Jaffer also admitted that he began diverting Norco 10 mg. tablets in September 2018, by “taking a few here and there” from the pharmacy.

V.

Jaffer admitted to diverting controlled substances from Walgreens in a written statement and verbally during an interview conducted by an asset protection manager for Walgreens.

VI.

Jaffer stated that he diverted the controlled substances for self-use.

VII.

Walgreens reported the theft to law enforcement.

**FIRST CAUSE OF ACTION**

VIII.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration.” NRS 639.210(12) states that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Jaffer violated NRS 453.331(1)(d), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

**SECOND CAUSE OF ACTION**

IX.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or

pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Jaffer violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### X.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Jaffer has engaged in unprofessional conduct in violation of NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

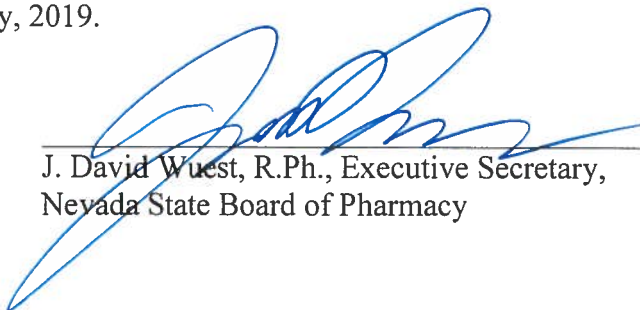
### **FOURTH CAUSE OF ACTION**

#### XI.

NAC 639.945(1)(h) states that “[p]erforming or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Jaffer has engaged in unprofessional conduct in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 24<sup>th</sup> day of May, 2019.



J. David Wuest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-078-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>JOSEPH JAFFER, PT</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PT17329,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

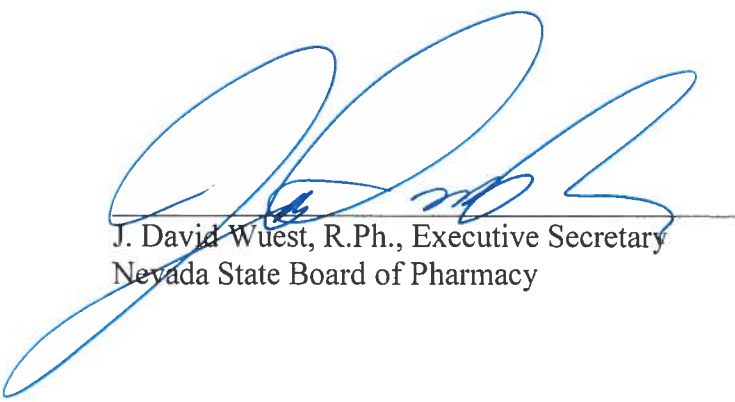
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29<sup>th</sup> day of May, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-078-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>JOSEPH JAFFER, PT</b>	)	
<b>Certificate of Registration No. PT17329,</b>	)	
	)	
<b>Respondent.</b>	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

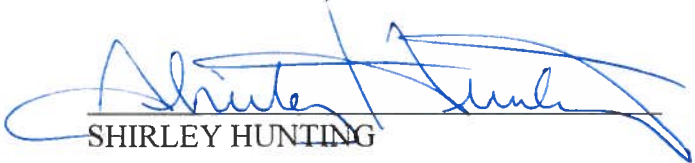
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**JOSEPH JAFFER, PT**

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29<sup>th</sup> day of May, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Joseph Jaffer  
1716 Western Lily Street  
Las Vegas, NV 89128**

  
SHIRLEY HUNTING

**4M**

**FILED****MAY 29 2019****NEVADA STATE BOARD  
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-055-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>KELLY ANN TRIGLETH, PT</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No. PT20318,</b>	)	
	)	
<b>Respondent.</b>	/	

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J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Kelly Ann Trigleth, PT (Trigleth), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT20318, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

In March 2019, a Drug Loss Program Lead Coordinator from CVS Pharmacy notified Board Staff that Trigleth was terminated from her employment as a pharmaceutical technician at CVS Pharmacy #08784 (CVS) for diversion of controlled substances.

## III.

Trigleth admitted to diverting controlled substances from CVS in a written statement and verbally during an interview conducted by a district asset protection leader for CVS health. The store manager for CVS #08784 witnessed the interview.

## IV.

Trigleth admitted that beginning in September 2018 to March 2019, she diverted approximately one thousand (1,000) Tylenol with Codeine #4 tablets from CVS for self-use.

## V.

Trigleth diverted the tablets by placing a small amount of tablets in her pants pockets a few times a week.

## VI.

CVS reported the theft to law enforcement.

**FIRST CAUSE OF ACTION**

## VII.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration.” NRS 639.210(12) states that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Trigleth violated NRS 453.331(1)(d), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

**SECOND CAUSE OF ACTION**

## VIII.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or



pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Trigleth violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### **IX.**

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Trigleth has engaged in unprofessional conduct in violation of NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

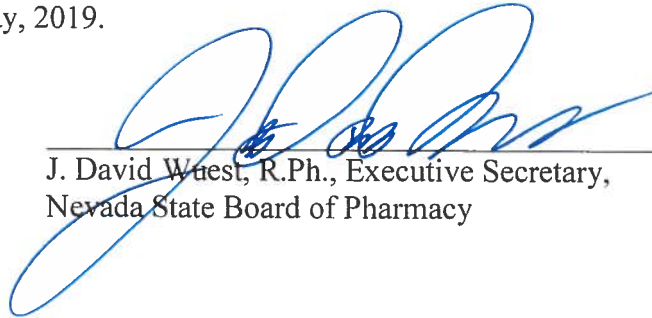
### **FOURTH CAUSE OF ACTION**

#### **X.**

NAC 639.945(1)(h) states that “[p]erforming or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Trigleth has engaged in unprofessional conduct in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 29<sup>th</sup> day of May, 2019.



J. David Wiest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-055-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>KELLY ANN TRIGLETH, PT</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PT20318,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

**III.**

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

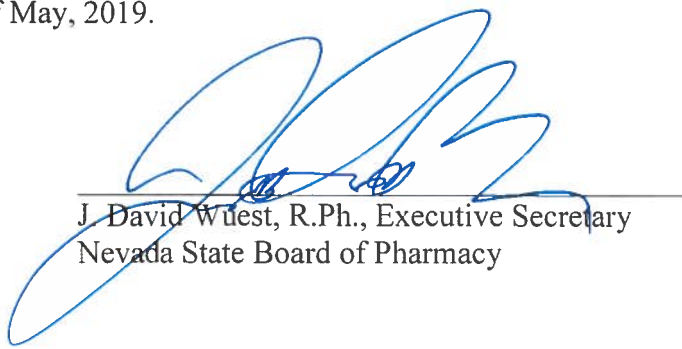
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29<sup>th</sup> day of May, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-055-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>KELLY ANN TRIGLETH, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT20318,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of June, 2019.

---

KELLY ANN TRIGLETH, PT

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of May, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Kelly Ann Trigleth, PT  
8445 S. Las Vegas Blvd., Apt. #1135  
Las Vegas, NV 89123**

  
SHIRLEY HUNTING

**5**



## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

## APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

**This application is for physicians only. APRN's or PA's have their own dispensing applications.**New Dispensing Location ☒Address Change ☐ (Requires Fee and New Application)

Current Dispensing License # \_\_\_\_\_

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes ☒ No ☐If no, please complete the Application for Non-Practitioner Dispensing Site Owners as required by NAC 639.742 (2).I will be dispensing ☒ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Kimberly Middle: \_\_\_\_\_ Last: Adams Degree: MD

Practice Name (if any): Total Wellness Family Medicine

Nevada Address: 5225 S. Durango Dr., Las Vegas, NV 89113 Suite #: \_\_\_\_\_

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: ☐ M or ☒ F

E-mail address: kadams.lasvegas@yahoo.com

Date of Birth: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89113

Nevada Work Telephone: 702-253-9355 Nevada Fax: 702-253-0009

Practitioner License Number: C510685 Specialty: Family Practice/Obesity

**You must be licensed with your respective BOARD before we will process this application.****Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?** Yes No ☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☒2. Been the subject of an administrative action whether completed or pending in any state? ☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☒ ☐**If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:**

Board Administrative Action:	State	Date:	Case #:		
<b>Please see attached</b>		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Date

**Board Use Only**

Received:

Amount:

300.00

Entity#

**Include with the Application for Authority to Dispense Drugs****Practitioner Dispensing  
Controlled Substance Waiver Form**

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: KIMBERLY A. ADAMS

Address: 5225 S DURANGO DRIVE

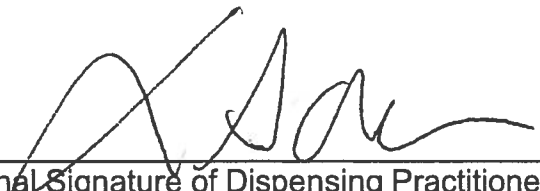
City: LAS VEGAS State: NV Zip: 89113

Telephone: 702-253-9355

☒ I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

☐ I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.

  
Original Signature of Dispensing Practitioner

6-5-19  
Date

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EXHIBIT PAGE ONLY

## EXHIBIT 1

**Attachment to Application for Authority to Dispense Controlled Substances**  
**Kimberly Adams, M.D.**

I responded in the affirmative to Question No. 2 and Question No. 3. This attachment will set forth my explanations for those affirmative responses and provide the documentation requested.

**Question No. 2:** Have you been the subject of an administrative action whether completed or pending in any state?

I am currently involved in one pending investigation by the Nevada State Board of Medical Examiners ("BME"). This case is in the investigation stage only. No formal complaint has been filed and I have not been disciplined. The BME has designated this investigation as BME Case No. 19-18531.

I was advised of this investigation by the BME via an investigation letter dated February 20, 2019. That letter is attached hereto as Exhibit 1. Please note that BME investigations are confidential pursuant to statute (NRS 630.311(3); NRS 630.336(4)), but I am providing this information in the interests of full disclosure and am aware that NRS 630.336(6) allows the BME to provide this information to the Nevada State Board of Pharmacy ("BOP") anyway.

The BME's investigation letter contained allegations by a former patient concerning routine drug screening that my office performs. This patient alleged she was not told she would be undergoing a drug screen and then later told her insurance required one.

The allegations were false. It is my office policy to potentially screen patients for controlled substances and other medications. This patient was advised of this policy and a sign is posted in my office confirming this is the policy. The patient knew she was being drug screened and consented to it on two occasions. She later changed her mind and decided she should not have consented, so complained to the Board.

I responded to the investigation letter on March 19, 2019. As well as providing my explanation as to what had actually occurred, I also provided the BME with my complete chart for the patient. As explained in my response, the patient was aware of the drug testing policy and consented to it two times. After changing her mind about it, she then sent me multiple harassing emails and faxed letters from an attorney who is not licensed to practice in Nevada threatening legal action against me. As the physician-patient relationship had broken down at that point, I appropriately discharged her with a letter providing the usual 30 days notice of discharge.

As noted above, this investigation is still pending. If desired, my response to the BME may be obtained from the BME or the BOP may request it from my attorney, L. Kristopher Rath of Hutchison & Steffen.

**Question No. 3:** Had your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

As the BOP is aware, on May 1, 2019, the BOP sent me a cease and desist letter regarding the dispensing of controlled substances. A copy of that letter is attached hereto as Exhibit 2. I was assessed a \$5,000 fine for dispensing controlled substances without a dispensing license. I have paid that fine.

This issue arose because I relied upon incorrect information provided to me by my supplier, who is a major pharmaceutical supplier. My supplier had assured me that they would advise me on how to be fully compliant with all BOP rules and regulations. I already had a controlled substances registration with the BOP and my supplier did not inform me that I also needed a dispensing license. As a Board certified obesity and family medicine physician, I relied on my supplier to advise me of such requirements, as this is within their expertise. In fact, I contacted the supplier twice to confirm with them that I was compliant with all BOP rules and regulations and they assured me that I was.

When I received the BOP letter of May 1, 2019, the supplier then confirmed with me that they had failed to advise me of the need for a dispensing license. My attorney has forwarded these emails to BOP counsel already.

I understand that the dispensing license was my ultimate responsibility, even though I unwittingly relied on bad advice. As such, I stopped dispensing on receipt of BOP's letter and went ahead and paid the full fine. I am proceeding with my dispensing application now to serve my patients the correct way and comply with BOP rules and regulations.

To the extent that this matter is also considered an "administrative action" per Question No. 2, this explanation and Exhibit 2 should also be considered part of my response to Question No. 2.

## NEVADA STATE BOARD OF MEDICAL EXAMINERS

6010 S. Rainbow Blvd., Bldg. A, Ste. 2  
Las Vegas, NV 89118

Rachakonda D. Prabhu, M.D.  
Board President

Edward O. Cousineau, J.D.  
Executive Director



February 20, 2019

Kimberly Adams, M.D.  
9640 W. Tropicana Ave., Ste. 116  
Las Vegas, NV 89147

**RE: BME CASE #: 19-18531**

**PATIENT: Mr. \_\_\_\_\_ J. \_\_\_\_\_ ; DOB: \_\_\_\_\_**

Dear Dr. Adams:

We have received information and a complaint regarding your medical treatment of the above named patient. The complaint alleges your care and treatment of the patient may have fallen below the standard of care.

It is alleged:

1. The patient presented to you on or around August 27, 2018, to establish a physician/patient relationship.
2. You requested the patient to perform an in office urine sample and gave her a referral to obtain lab work. However, you failed to inform the patient she was being drug tested, and neglected to have the patient sign a consent form for the test.

It is further alleged:

3. The patient presented to you on or around October 25, 2018, for a follow-up visit regarding her blood work and urine test, as well as an examination for a lump in her armpit.
4. Again, you requested the patient to perform an in office urine sample. Your nurse advised the patient the urine sample was for medication and toxicology testing, and her insurance requested urine tests be performed. However, the patient has never been prescribed any medications by you, and therefore you are performing unnecessary testing.
5. The patient contacted her insurance company and was advised they do not request or demand drug testing.

Furthermore, it is alleged:

6. The patient attempted to contact you via email through your online portal. The patient wrote you on October 25, 2018, November 30, 2018, December 4, 2018, and December 5, 2018. However, you have failed to return the patient's messages, leaving the patient abandoned.
7. On or around January 9, 2019, you sent the patient a letter informing her you were no longer able to continue as her physician due to her "Conduct, and/or treatment of physician and/or staff."

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, please provide a written response to each allegation noted above, as well as complete health care records for the aforesaid patient. Include copies of any imaging, x-ray or other films that were produced during treatment of this patient. Please include any further information you believe would be useful for the Board to make a determination in this matter. Please reply to this request within 21 calendar days.

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith. If you are not a custodian of the patient records, please indicate where the health care records can be obtained.

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4),(7), NAC 630.040 & NRS 630.304(7).

Respectfully,



Kati Payton  
Investigator  
Las Vegas Office

**The Investigative Committee of the Board of  
Medical Examiners of the State of Nevada**

\* \* \* \* \*

In the Matter of the Investigation of: )

)

**Kimberly Adams, MD** )

)

License No. 9848 )

)

Case No. 19-18531

**ORDER TO PRODUCE HEALTH CARE RECORDS**

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

**Kimberly Adams, MD  
9640 W. Tropicana Ave., Ste. 116  
Las Vegas, NV 89147**

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. Properly authenticated and complete copies of any and all health care records of  
M     J     DOB:     , from January 1, 2018, through the present  
date.
2. The name and contact information for any entity, facility, or person that you believe may  
possess the health care records of M     J;     DOB:     , from January  
1, 2018, through the present date.

Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners within 21 days of service of this Order (Investigation Division, Attn. Kati Payton,  
Nevada State Board of Medical Examiners, 6010 S. Rainbow Blvd., Building A, Suite 2, Las Vegas,  
Nevada 89118). Failure to comply and produce said records in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a) and NRS



1 630.3062(4); further, the Investigative Committee may seek administrative sanctions as set forth in  
2 NRS 630.352.

3 Additionally, compliance with this order is deemed compulsory and shall not be deemed to  
4 be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

5 Dated this 20<sup>th</sup> day of February, 2019.

6 NEVADA STATE BOARD OF MEDICAL EXAMINERS  
7 INVESTIGATIVE COMMITTEE

8 

9 Wayne Hardwick, M.D., Chairman  
10 Nevada State Board of Medical Examiners  
11 Investigative Committee  
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EXHIBIT PAGE ONLY

## EXHIBIT 2



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1110 • EMAIL: pedwards@pharmacy.nv.gov • FAX: (775) 850-1111

May 1, 2019

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL**

Kimberly Adams, M.D.  
5225 S. Durango Dr.  
Las Vegas, NV 89113  
totalwellness@lvcoxmail.com

***Re: CEASE and DESIST/CITATION: Unlicensed Prescribing and Dispensing***

Dear Dr. Adams:

The Nevada State Board of Pharmacy (Board) has determined that you prescribed and dispensed controlled substances and dangerous drugs for Nevada patients without a valid dispensing practitioner registration. This constitutes a violation of Nevada law, including NRS 639.0727, NRS 639.100 and NAC 639.742 through 639.745.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing controlled substances and dangerous drugs for Nevada patients. This letter shall also serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonic Ranch Parkway, Suite 206, Reno, NV 89521.

You have the right to appeal this citation, if you choose, by showing the Board at a public hearing that your conduct complied with Nevada law. *See* NRS 639.2895(2); NRS 233B.121. If you choose to exercise that right, the Board has scheduled time at its next regularly scheduled Board Meeting on Wednesday, June 5, 2019, at 9:00 AM at Hyatt Place, 1790 E. Plumb Ln., Reno, Nevada for that hearing to occur. In order to have your appeal heard, you must submit a written request for hearing along with a statement of the basis for your appeal to Board Staff at its Reno office no later than 30 days after receipt of this letter.

The hearing on your appeal is a public meeting pursuant to NRS 241.033 and 241.034, at which the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional

20190501.CEASE K ADAMS

competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Please also be aware that the forgoing does not preclude further investigation or the filing of criminal charges, and that Board Staff may seek appropriate attorney's fees and costs.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov).

Sincerely, .

Best regards,

A handwritten signature in dark ink, appearing to read "S. Paul Edwards". The signature is fluid and cursive, with the first name "S." and last name "Edwards" clearly distinguishable.

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

**6**



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

April 18, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [valoriedavidson@gmail.com](mailto:valoriedavidson@gmail.com)

Valorie Davidson  
 9375 Archibald Avenue – Suite 311  
 Rancho Cucamonga, CA 91730

**Re: CEASE and DESIST/CITATION: Unlicensed Prescribing and Dispensing**

Dear Ms. Davidson:

The Nevada State Board of Pharmacy (Board) has determined that you have prescribed and dispensed controlled substances and dangerous drugs for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453, NRS 639.100 and NRS 639.2813.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude further investigation or the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt  
 General Counsel  
 Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 18-059-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT AND</b>
<b>VALORIE DAVIDSON,</b>	)	<b>NOTICE OF HEARING</b>
<b>Respondent.</b>	)	
	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, a CITATION AND FINE was served upon Respondent Valorie Davidson (Davidson) alleging violations of Nevada law as set forth herein.

II.

It is unlawful to prescribe or dispense a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

III.

A prescription for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 CFR § 1306.03(a)(1). Every practitioner who prescribes or dispenses any controlled substance within this State shall obtain biennially a registration issued by the Board. NRS 453.226(1).

IV.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).

## V.

Before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State. NRS 629.515(1).

## VI.

Davidson has never been registered with the Board to prescribe or dispense controlled substances or dangerous drugs for Nevada patients.

## VII.

Davidson wrote approximately 4408 controlled substance prescriptions for Nevada patients from October 31, 2015, to October 31, 2018.

## VIII.

Davidson has prescribed controlled substances for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.321, NRS 629.515, NRS 639.100, and NRS 639.2813. This also constitute a violation of 21 CFR § 1306.03.

## IX.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.



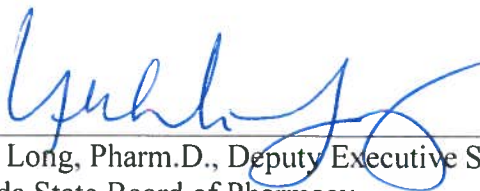
X.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.**

XI.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 26 day of June, 2019.

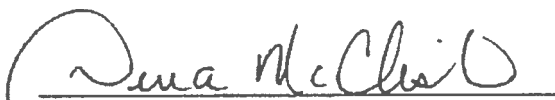


Yen H. Long, Pharm.D., Deputy Executive Secretary  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26 day of June, 2019, I personally served a true and correct copy of the foregoing document upon the following:

Morris Law Center  
5450 W. Sahara Avenue – Suite 330  
Las Vegas, NV 89146

  
NAME: \_\_\_\_\_

FILED

JUN 28 2019

NEVADA STATE BOARD  
OF PHARMACY

## MORRIS LAW CENTER

ATTORNEYS AT LAW

5450 W. SAHARA AVE., SUITE 330 | LAS VEGAS, NV 89146

PHONE: (702) 850-7798 | FAX: (702) 850-7998

EMAIL: brian@morrislawcenter.com

June 25, 2019

## MEMORANDUM

To: Mr. Brett Kandt, *Esq.*, and the Nevada State Board of Pharmacy  
Via USPS Regular Mail  
985 Damonte Ranch Pkwy  
Suite 206  
Reno, NV 89521

Re: Dr. Valorie Davidson

This memorandum is to address the allegations of unlicensed prescribing and dispensing brought against Dr. Valorie Davidson in a letter first dated April 18, 2019. Dr. Davidson has appealed the initial determination and the hearing is scheduled for the meeting of the Board on the 17<sup>th</sup> of July.

**Dr. Davidson was authorized to write prescriptions under Nevada's Telehealth Statutes.**

Dr. Davidson has been accused of inappropriately writing prescriptions for controlled substances to patients in Nevada without the appropriate licenses. However, she holds a license under the Washington State Department of Health as a Naturopathic Physician under Credential Number NT 00001326 and is registered with the Drug Enforcement Agency (DEA). **Exhibit 1.** She is authorized to issue prescriptions in Washington State Department of Health.

Nevada Law provides an exception to the general licensing requirements which notes that "person who is not licensed to practice in this State, but is authorized by the laws of another state to prescribe, shall be deemed to be a legal prescription unless the person prescribed or wrote the prescription in violation of the provisions of NRS 453.3611 to 453.3648, inclusive." NRS 639.235(1). The statutes at NRS 453.3611 to 453.3648 focus largely on the prevention of the use of illegal internet pharmacies and are not relevant here. Since Dr. Davidson is a licensed prescriber in another state, she is entitled to provide prescriptions properly for patients in Nevada. The law does go on to require that for some classes of prescriptions there must be a bona fide relationship between the prescriber and the patient, but Dr. Davidson maintains genuine and on-going relationships with all of her patients.

www.morrislawcenter.com



Memorandum

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It is possible to read certain portions of Nevada's statutes such that they are in tension with NRS 639.235(1). Specifically, NRS 629.515 contains a section stating that "before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State..." However, in reading NRS 639.235 alongside NRS 629.515, it must be found that NRS 639.235(1) provides a limited exception for some prescriptions when the prescriber is properly licensed in another state and maintains a bona fide relationship with the patient.

Policy strongly favors the finding that NRS 639.235 provides an exception that would allow someone like Dr. Davidson to write the required prescriptions. The Nevada State Legislature has specifically made findings that the State seeks to "facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this State". NRS 629.510(3). Additionally, as stated in the letter sent to Dr. Davidson, the Board seeks to impose punitive fines. As such, the rule of lenity applies and requires a reading of the law which is favorable to the accused. *State v. Lucero*, 127 Nev. 92, 99, 249 P.3d 1226, 1230 (2011) ("The rule of lenity is a rule of construction that demands that ambiguities in criminal statutes be liberally interpreted in the accused's favor...")(internal quotation marks omitted). Further, Dr. Davidson has patients which have been under her care for an extended period, including while she was licensed and practicing physically in Nevada. As such, any other interpretation of the law would deny those patients their physician of choice and could thus harm the patients.

Thus, the board should find that Dr. Davidson's practice was properly authorized under the laws and policies of Nevada. Under the law, the legislature's policy, and in the best interest of her patients, she should be able to resume her practice as it was prior to the sending of the cease and desist letter.

**At a minimum, the fine should be dropped while she corrects the licensing situation.**

Dr. Davidson reasonably believed, and still believes, that her practice comported with the laws of Nevada and that she was serving her patients legally. As discussed above, this is an unavoidable legal interpretation and she should be entitled to return to that practice. However, assuming for the sake of argument that the Board takes a narrower view of the law, it should still elect not to impose any fines or fees against Dr. Davidson and should permit her to seek additional licensing in this state.

...  
...  
...



Memorandum

6/25/19

Page 3

Fines and penalties are meant primarily to deter and punish wrongful conduct. *See e.g. State v. Interocean Risk Sys.*, 109 Nev. 710, 714, 857 P.2d 3, 6 (1993) (noting that the purpose of fines, especially when issued by an administrative body, is to help enforce the regulations and deter recurring violations). However, Dr. Davidson does not need to be deterred. She believed and believes her actions were lawful. She has already ceased issuing prescriptions in Nevada pending a final decision from the Board and will either comply with any decision of the Board or will take lawful steps to challenge such a finding under NRS 639.255(2) and related authority. She has no intention of violating a decision of the Board while it is legally in force. Thus, there is no need for a fine to enforce or to deter a recurring violation.

Further, fining her would go against public policy even if the law were construed in such a way that she may not return to her prior activities. Such a fine would deter other providers who may be uncertain as to the law, even though they would be authorized, from providing their services. This would be contrary to the legislatures explicit policy of enabling and encouraging the provision of telehealth services. NRS 629.510. Additionally, Dr. Davidson was completely lacking in any *mens rea* and in fact believes she was doing a public good by providing additional access to medical services. While certain strict liability crimes exist, generally *mens rea* is required before punitive action is taken. *State v. Jennings*, 150 Ariz. 90, 94, 722 P.2d 258, 262 (1986) (noting that strict liability crimes are the exception).<sup>1</sup> Further, to create a strict liability crime there must be "a clear legislative intent not to require any degree of *mens rea*." *Id.* Since there is no clear intent to make this a strict liability offense and Dr. Davidson had no *mens rea*, no fine should be imposed even if it is found that Dr. Davidson must obtain additional licenses before returning to practice in Nevada.

Sincerely,

MORRIS LAW CENTER

Brian A. Morris, Esq.

BAM/TAW/ww

Enclosures: as stated

cc: Brett Kandt

bkandt@pharmacy.nv.gov

Client

---

<sup>1</sup> See also NRS 193.190.

# Exhibit 1



# Washington State Department of Health

By the authority of RCW 18.36A this person  
**Valorie M Davidson**

is granted a  
**Naturopathic Physician License**

Authorized for DEA Registration 08/03/2017

Secretary

Status  
**ACTIVE**

Effective Date  
**03/22/2019**

Initial Issuance  
**10/06/2004**

Credential Number  
**NT 00001328**  
Expiration Date  
**04/15/2020**

## CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MD4453522	06-30-2020	\$731

REGISTERED ACTIVITY WITHIN SCHEDULE IS  
RESTRICTED BY YOUR STATE.

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4 5	MLP-NATUROPATHIC PHYSICIAN	08-23-2017

DAVIDSON, VALORIE D  
1140 10TH ST  
STE 212  
BELLINGHAM, WA 98225

Sections 304 and 1008 (21 USC 824 and 958) of the  
Controlled Substances Act of 1970, as amended,  
provide that the Attorney General may revoke or  
suspend a registration to manufacture, distribute,  
dispense, import or export a controlled substance.

Form DEA-223 (9/2016)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,  
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

**7**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Golden Gate Veterinary Compounding Pharmacy, Inc

Physical Address: 8 Digital Drive, Suite 104, Novato, CA 94949

Mailing Address: 8 Digital Drive Suite 104

City: Novato State: CA Zip Code: 94949

Telephone: 415-455-5590 Fax: 415-455-9039

Toll Free Number: 1-888-855-6337 (Required per NAC 639.708)

E-mail: erik.clausen@ggprx.com Website: www.ggvcp.pharmacy

Managing Pharmacist: Travis Watson License Number: 72215

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE 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

Erik Clausen

Print Name of Authorized Person

Date

5/2/19

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Erik

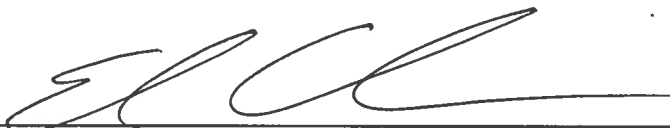
Clausen

Responsible Person of Golden Gate Veterinary Compounding Pharmacy, Inc

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

Erik

Clausen

Print Name of Authorized Person

5/2/19  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA )  
MARIN ) ss.  
COUNTY )

I, Erik Clausen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Financial Officer for Golden Gate Veterinary Compounding Pharmacy, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

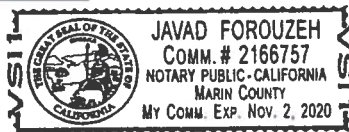
FURTHER AFFIANT SAYETH NOT.

I, Erik Clausen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Erik Clausen  
Name \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
8<sup>th</sup> day of May, 2019.

[Signature]  
NOTARY PUBLIC



**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: Golden Gate Veterinary Compounding Pharmacy

Nevada license number: Pending

Websites in use or intended to be used: www.ggvcp.pharmacy

Affiliated websites (websites that link to or otherwise direct users to your website):

www.ggvetrx.com

**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*, 25<sup>th</sup> 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

5/2/19  
 \_\_\_\_\_  
 Date





Ben Kirby <ben.kirby@ggprx.com>

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## **.Pharmacy Domain Renewal Approved**

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**dotPharmacy Customer Service** <custserv@safe.pharmacy>  
To: Ben Kirby <ben.kirby@ggprx.com>

Tue, Apr 9, 2019 at 1:25 PM

Dear Ben:

The National Association of Boards of Pharmacy® (NABP®) is pleased to re-approve your request for a .pharmacy domain name(s). You do not need to do anything at this time as you have already renewed your domain(s) with your registrar.

Please email us with any questions at [custserv@safe.pharmacy](mailto:custserv@safe.pharmacy).

Sign up now to start receiving *.Pharmacy News* emails!

NABP appreciates your support of the .pharmacy program. Thank you.

.Pharmacy Customer Service

National Association of Boards of Pharmacy

1600 Feehanville Drive

Mount Prospect, IL 60056

847/391-4406

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

GOLDEN GATE VETERINARY COMPOUNDING PHARMACY, INC.

FILE NUMBER: C3772128  
FORMATION DATE: 04/03/2015  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 07, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State



# Board of Pharmacy



## Retail Pharmacy Permit

LICENSE NO. PHY 55535

ISSUE DATE OCTOBER 08, 2018

**GOLDEN GATE VETERINARY COMPOUNDING PHARMACY INC**

8 DIGITAL DR STE 104  
NOVATO CA 94949

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

PHARMACIST IN CHARGE

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

PLACE RENEWAL LICENSE HERE

VALID UNTIL OCTOBER 01, 2019

RECEIPT NUMBER 00605067

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

----- POST IN PUBLIC VIEW -----

# **Owner/ Officer Information for Golden Gate Veterinary Compounding Pharmacy, Inc**

<i><b>Name/Title</b></i>	<i><b>SSN/FEIN</b></i>	<i><b>Address:</b></i>
Golden Gate Pharmacy Holdings, Inc	47-3741430	8 Digital Drive Suite 200 Novato, CA 94949
Rebecca Lofholm, President		Ralston Lane Newcastle, CA 95658
Paul Lofholm, Vise President		Ralston Lane Newcastle, CA 95658
<ul style="list-style-type: none"> <li>- 99.9% of parent company jointly with Rebecca Lofholm through the Paul W. and Rebecca Ellen Trust</li> </ul>		
Nicole Lofholm Clausen, Secretary		Zandra Place, Novato, CA 949453
<ul style="list-style-type: none"> <li>- 0.05% of parent company</li> </ul>		
Erik Clausen, CFO		Zandra Place, Novato, CA 949453
<ul style="list-style-type: none"> <li>- 0.05% of parent company</li> </ul>		



**California State Board of Pharmacy**  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



359

March 22, 2019

GOLDEN GATE VETERINARY COMPOUNDING PHARMACY INC  
8 DIGITAL DR STE 104  
NOVATO CA 94949

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** GOLDEN GATE VETERINARY COMPOUNDING PHARMACY INC

**License Type:** PHARMACY

**License Number:** PHY 55535

**Status:** ACTIVE

**Issue Date:** 10/06/18

**Expiration Date:** 10/01/19

**Address of Record:** 8 DIGITAL DR STE 104 NOVATO CA 94949

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren  
Interim Executive Officer

By

Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922  
[Barbera.Schleicher@dca.ca.gov](mailto:Barbera.Schleicher@dca.ca.gov)



Visit our website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



05/08/2019

Nevada State Board of Pharmacy  
431 West Plumb Lane  
Reno, NV 89509

**Re: Golden Gate Veterinary Compounding Pharmacy – CA Permit PHY 53848  
Application for Out-of-State Pharmacy Permit/License**

Dear Sir or Madam:

Please accept this letter as additional information related to Golden Gate Veterinary Compounding Pharmacy's application for out-of-state pharmacy license in the state of Nevada. Specifically, as it relates to the inquiry whether the pharmacy or its owners and corporate officers entered into a settlement agreement with any government regulatory agency or whether the owners or corporate officers were subject to any administrative or disciplinary action by licensing agency within the last five (5) years.

On or about March 31, 2017, the owners of Golden Gate Pharmacy Holdings, Inc., the parent company of Golden Gate Veterinary Compounding Pharmacy, entered into a Settlement Agreement (hereinafter "Agreement") with the United States of America for the purpose of resolving allegations of record keeping deficiencies that occurred at other facilities held under the corporate umbrella of Golden Gate Pharmacy Holdings, Inc.

Please note that the aforementioned Agreement and the alleged deficiencies did not involve any activities conducted by Golden Gate Veterinary Compounding Pharmacy. The Agreement was entered into by all parties without any admission of wrongdoing and solely for the purpose of expedient resolution of the matter.

Subsequently, shareholders Rebecca Lofholm and Nicole Lofholm-Clausen were cited by the California State Board of Pharmacy in February of 2018 for the same deficiencies that gave rise to the aforementioned settlement. Please note that Citation or Citation & Fine are not disciplinary actions in the State of California. Attached hereto, please find copies of the aforementioned Agreement and citations.

Please feel free to contact me with any questions or concerns related to this matter.

Sincerely,

Erik Clausen, PharmD/MBA  
Chief Financial Officer

8 Digital Drive, Suite 104  
Novato, CA 94949  
415-455-5590

## SETTLEMENT AGREEMENT

### I. PARTIES

This Settlement Agreement ("Agreement") is entered into by and between the United States of America ("United States"), acting through the United States Attorney's Office for the Northern District of California, Civil Division ("USAO") (collectively the "United States"), and Golden Gate Pharmacy Holdings, Inc.; Golden Gate Pharmacy Services, Inc.; Ross Valley Compounding Pharmacy, Inc.; Paul W. Lofholm, and Rebecca E. Lofholm (collectively the "Lofholm Parties"), through their authorized representatives. All parties to the Agreement are collectively referred to as "the Parties."

### II. RECITALS

The Parties agree to the following recitals:

1. The Drug Enforcement Administration ("DEA") is the component agency of the United States Department of Justice primarily responsible for administering the Controlled Substances Act, 21 U.S.C. § 801 *et seq.* ("the Act"), and is vested with the responsibility for investigating violations of the Act.

2. Golden Gate Pharmacy Services, Inc. and Ross Valley Compounding Pharmacy ("Ross Valley Pharmacy") are wholly-owned subsidiaries of Golden Gate Pharmacy Holdings, Inc. Golden Gate Pharmacy Services, Inc., d/b/a Golden Gate Pharmacy ("Golden Gate Pharmacy") is registered as a retail pharmacy with the DEA, under registration number BG4451251, with current authorization to handle Schedules II, III, IIIN, IV, and V controlled substances, and are subject to periodic audits and inspections.

3. Ross Valley Compounding Pharmacy, Inc. ("Ross Valley Pharmacy") is registered as a retail pharmacy with the DEA, under registration number FR5051216<sup>1</sup>, with current authorization to handle Schedules II, III, IIN, IV, and V controlled substances, and is subject to periodic audits and inspections. Ross Valley Pharmacy currently identifies as a compounding-only pharmacy, following the sale of its retail pharmacy operation in June 2013.
4. Golden Gate Pharmacy and Ross Valley Pharmacy are each required to operate in accordance with the statutory provisions of the Act and its implementing regulations.
5. The Attorney General, through the United States Attorney's Office, has primary authority to bring civil actions to enforce the Act. *See* 21 U.S.C. § 871 and 28 C.F.R. § 0.55(c).
6. The Act creates a closed system of distribution for those authorized to handle controlled substances and listed chemicals. The Act is designed to prevent diversion of controlled substances by, among other things, requiring DEA registrants to maintain and keep certain records.
7. The Act provides that it is unlawful for a person to "refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this subchapter or subchapter II of this chapter" of the Act. 21 U.S.C. § 842(a)(5). By creating this closed system of distribution and the attendant recordkeeping requirements and imposing penalties for recordkeeping violations, the Act seeks to prevent harm to the general public and threats to the public safety created by

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<sup>1</sup> At the time of the Scheduled Investigation, Ross Valley's DEA registration number was BG3090848.



diversion of controlled substances from the Act's permitted distribution scheme to prohibited uses of the controlled substances.

8. A registrant may not distribute to locations other than DEA-registered locations. 21 C.F.R. § 1301.12(a). A registrant may not engage in unauthorized manufacture of controlled substances to supply practitioners with stock for office-based dispensing. 21 C.F.R. § 1301.13(e). A registrant may not include Schedule III controlled substances on Schedule II inventory. 21 C.F.R. § 1304.04(h)(1). A registrant must account for all controlled substances on hand when the inventory is taken. 21 C.F.R. § 1304.11(a). A registrant must take inventory of a controlled substance on the effective date classifying it as a controlled substance. 21 C.F.R. § 1304.11(d). A registrant must include the finished form of each controlled substance on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(B). A registrant must include the number of units or volume of each finished form of controlled substance in each container on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(C). A registrant must include the number of commercial containers of each finished form of controlled substances on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(D). A registrant must include accurate weights on bulk forms. 21 C.F.R. § 1304.11(e)(1)(iv)(B). A registrant must include reasons for expired controlled substances being maintained and whether substances could be used in manufacture in biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iv)(C).

9. A registrant must keep records documenting the receipt, manufacture, or distribution of controlled substances. 21 C.F.R. § 1304.21(a). A registrant must keep records including the number of units or volume of finished form of any controlled substances; acquisition records including the number of units, date, name, address and registration number;

and distribution records including the number of units, date, name, address and registration number. 21 C.F.R. §§ 1304.22(a)(2)(ii), 1304.22(a)(2)(iv), 1304.22(a)(2)(vii).

10. A registrant must keep records of the date shipped and number of packages shipped on the DEA Form 222; must complete and execute accurate DEA Form 222s; must retain the Purchaser Copy of the executed DEA Form 222; must retain the Supplier Copy of the DEA Form 222; must retain the Purchaser Copy of the executed electronic DEA Form 222; and must not distribute a Schedule II controlled substance without the requisite DEA 222 Form at the time of distribution. 21 C.F.R. §§ 1305.13(b), 1305.15(a), 1305.17(a), 1305.17(b), 1305.27(a), 1305.03.

11. A registrant must not fill a prescription issued for the purpose of obtaining controlled substances for general office dispensing, must not fill prescriptions signed by an individual without prescribing authority and must not fill improperly executed prescriptions. 21 C.F.R. §§ 1306.04(a), 1306.05(f).

12. A registrant must take and record a biennial inventory and must keep accurate and complete records of power of attorney designations matching the name of the person who signed the application for re-registration. 21 C.F.R. §§ 1304.11(c), 1305.05(d).

13. On September 4, 2014, the DEA initiated a Scheduled Investigation of Golden Gate Pharmacy and Ross Valley Pharmacy (the "Scheduled Investigation"). In the Scheduled Inspection, DEA reviewed the records of Golden Gate Pharmacy and Ross Valley Pharmacy covering a two year period from September 4, 2012 through September 4, 2014. The Scheduled Investigation revealed alleged record-keeping violations of the Act, which are described in the following paragraphs as the conduct covered by this Agreement.

14. The United States alleges that, between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy and Ross Valley Pharmacy failed to keep and maintain adequate records pertaining to controlled substances, as required by 21 C.F.R. § 1304, *et seq.*

15. The United States alleges at least 4,777 violations by Golden Gate Pharmacy of the Act's recordkeeping requirements for the period in question – September 4, 2012 through September 4, 2014. For example, the United States alleges that, in at least 3,271 instances between September 4, 2012 and September 4, 2014, Golden Gate Pharmacy failed to keep records documenting the manufacture of controlled substances, in violation of 21 C.F.R. § 1304.21(a). The United States further alleges that, in at least 369 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy engaged in the unauthorized manufacture of controlled substances to supply practitioners with stock for office-based dispensing, in violation of 21 C.F.R. § 1301.13(e). By way of further example, the United States alleges that in at least 355 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy failed to keep distribution records including the number of units, date, and name, address and registration number of the recipient, in violation of 21 C.F.R. § 1304.22(a)(2)(vii). The United States also alleges that in at least 347 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy failed to keep records including the number of units or volume of finished form, in violation of 21 C.F.R. § 1304.22(a)(2)(ii). In addition, the United States alleges that a Golden Gate Pharmacy janitorial employee pilfered approximately 8,000 Oxycodone tablets during 2014-2015.

16. The United States alleges at least 384 violations by Ross Valley Pharmacy of the Act's recordkeeping requirements for the period in question – September 4, 2012 through

September 4, 2014. For example, the United States alleges that, in at least 151 instances between September 4, 2012 through September 4, 2014, Ross Valley Pharmacy filled improperly executed prescriptions in violation of 21 C.F.R. § 1306.05(f). The United States further alleges that, in at least 108 instances, Ross Valley Pharmacy failed to include reasons for expired controlled substances being maintained and whether substances could be used in manufacture in its biennial inventory, in violation of 21 C.F.R. § 1304.11(e)(1)(iv)(C). By way of further example, the United States alleges that Ross Valley Pharmacy, in at least 53 instances, failed to keep records documenting the manufacture of controlled substances, in violation of 21 C.F.R. § 1304.21(a).

17. For the purposes of this Agreement, "Covered Conduct" shall mean the violations alleged in paragraphs 13 through 16 above.

18. At all times relevant to the Covered Conduct, the Act authorizes the imposition of a civil penalty of as much as \$10,000 or as much as \$25,000 for each violation of 21 U.S.C. § 842(a), depending on the category of violation, and a civil penalty of as much as \$25,000 for each violation of 21 U.S.C. § 842(b)(1).

19. This Agreement is neither an admission by any of the Lofholm Parties of liability for any allegations made by the United States nor a concession by the United States that its claims are not well founded.

20. In consideration of the mutual promises, covenants, and obligations set forth in this Agreement, the Parties reach a full and final settlement pursuant to the Terms and Conditions below.

### TERMS AND CONDITIONS

In reliance on the recitals and representations contained herein, and in consideration of the mutual promises, covenants, and obligations set forth below, and intending to be legally bound hereby, the Parties agree as follows:

21. The Lofholm Parties shall pay to the United States Seven Hundred Seventeen Thousand Two Hundred Fifty Dollars (\$717,250.00) (hereafter, the "Settlement Amount"), by electronic funds transfer, pursuant to written instructions to be provided by the Office of the United States Attorney for the Northern District of California upon execution of this Agreement, according to the schedule in Paragraph 22.

22. The Settlement Amount described in Paragraph 21 above shall be made by the Lofholm parties as follows:

- a. the Lofholm Parties shall pay Three Hundred Thousand Dollars (\$300,000.00) according to the terms of Paragraph 21 on or before May 31, 2017;  
and
- b. the Lofholm Parties shall pay Four Hundred Seventeen Thousand Two Hundred Fifty Dollars (\$417,250) according to the terms of Paragraph 21 on or before June 30, 2017.

23. In consideration of the payment of the Settlement Amount described in Paragraphs 21 and 22 above in full, the United States agrees to settle and relinquish all claims for civil penalties it may have against the Lofholm Parties, including Golden Gate Pharmacy Holdings, Inc., Golden Gate Pharmacy, Ross Valley Pharmacy and any officers, directors,

agents, and employees of either Golden Gate or Ross Valley Pharmacies for possible violations of the Act, and the regulations promulgated thereunder, based on the Covered Conduct.

24. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the United States' right to enforce compliance with any other requirements under the Act and regulations promulgated thereunder by commencing a civil or administrative action against one or more of the Lofholm Parties or any officers, directors, agents or employees of either Golden Gate or Ross Valley Pharmacies for violations of the Act that occurred or may occur subsequent to the period of the Covered Conduct described in this Agreement. In the event of such violations under the Act or the regulations promulgated thereunder, DEA will not be precluded from alleging and proving this Agreement and the evidence of the violations that led to this Agreement in any future actions taken against the Lofholm Parties, Golden Gate Pharmacy's DEA registrations, or Ross Valley Pharmacy's DEA registrations under 21 U.S.C. §§ 823 and 824.

25. The Lofholm Parties fully and finally release the United States, its agencies, employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) which have been asserted, could have been asserted, or may be asserted in the future against the United States, its agencies, employees, servants, and agents, related to the investigation, prosecution and settlement of this matter.

26. Notwithstanding any term of this Agreement, specifically reserved and excluded from its scope and intent as to any entity or person are the following:

- a. Any potential criminal liability;
- b. Any criminal, civil, or administrative claims arising under Title 26 of the United States Code (Internal Revenue Code);

c. Any liability to the United States for any conduct other than the Covered Conduct; and

d. Any claims based on such obligations as are created by this Agreement.

27. The Lofholm Parties and each of them waives and shall not assert any defenses any of the Lofholm Parties may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action. Nothing in this paragraph or any other provision of this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue laws, Title 26 of the United States Code.

28. This Agreement is not intended by the Parties, and shall not be interpreted to constitute, a release of any person or entity not identified or referred to herein.

29. This Agreement shall be governed by the laws of the United States. Exclusive jurisdiction and venue for any dispute arising under this Agreement shall be the United States District Court for the Northern District of California.

30. This Agreement constitutes the entire agreement between the Parties, and cannot be amended, except in writing and signed by all the Parties to this Agreement.

31. Each of the signatories below represent that this Agreement is freely and voluntarily entered into without any degree of duress or compulsion whatsoever. For purposes of construction, this Agreement shall be deemed to have been drafted by all Parties to this

Agreement and shall not, therefore, be construed against any party for that reason in any subsequent dispute.

32. All parties to this Agreement understand that it will be a matter of public record and consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

33. Each person who signs this Agreement in a representative capacity warrants that he or she is fully authorized to do so.

34. This Agreement is binding on the Lofholm Parties' successors, transferees, heirs, and assigns.

35. The parties agree that the Lofholm Parties are jointly and severally liable for any failure by any one of them to satisfy the terms and conditions of this settlement agreement, including but not limited to the payment of the Settlement Amount described in Paragraph 21 or the schedule of payments described in Paragraph 22.

36. The Parties agree that in the event the Lofholm Parties do not make the payments described in Paragraphs 21 and 22 in full, the United States shall have the option of (a) filing suit to enforce this Agreement, or (b) rescinding this Agreement and seeking any and all available remedies against the Lofholm Parties arising from the Scheduled Investigation, including but not limited to the imposition of civil fines and penalties in the full amounts provided by the Controlled Substances Act and the pertinent regulations. Should the United States choose to rescind the agreement and pursue remedies under subsection (b) of this Paragraph, the Lofholm Parties agree not to plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any civil or administrative claims that are



filed by the United States by July 31, 2017, except to the extent such defenses were available on the Effective Date of this Agreement.

37. The Parties further agree that in the event the Lofholm Parties fail to make either payment described in Paragraph 22 as provided, the Lofholm Parties shall be liable for interest calculated from the Effective Date of this Agreement, at a rate of 1.0% per annum.

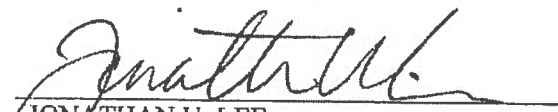
38. If the Lofholm Parties' obligations under this Agreement are avoided for any reason, including, but not limited to, through the exercise of a trustee's avoidance powers under the Bankruptcy Code, the United States, at its sole option, may rescind the releases in this Agreement and bring any civil and/or administrative claim, action, or proceeding against the Lofholm Parties for the claims that would otherwise be covered by the releases in this Agreement. The Lofholm Parties agree that (i) any such claims, actions, or proceedings brought by the United States are not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) and the Lofholm Parties shall not argue or otherwise contend that the United States' claims, actions, or proceedings are subject to an automatic stay; (ii) the Lofholm Parties shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claims, actions, or proceeding that are brought by the United States within 30 calendar days of written notification to the Lofholm Parties that the releases have been rescinded pursuant to this Paragraph, except to the extent such defenses were available on the Effective Date of this Agreement; and (iii) the United States has valid claims against the Lofholm Parties for the full amount under relevant statutory and regulatory authority for each of the violations identified in the Scheduled Investigation.

39. This Agreement shall be effective on the date of signing by the last signatory to this Agreement ("Effective Date"). It may be executed in counterparts, each of which shall constitute an original and all of which shall constitute one and the same agreement. Facsimiles of signatures shall have the same effect as originals.

**On behalf of the United States:**

BRIAN J. STRETCH  
United States Attorney  
Northern District of California


DATED: April 3, 2017

  
JONATHAN U. LEE  
Assistant U.S. Attorney  
Attorneys for the United States

**On behalf of the Lofholm Parties:**


GOLDEN GATE PHARMACY HOLDINGS,  
INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President


GOLDEN GATE PHARMACY SERVICES,  
INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President

ROSS VALLEY COMPOUNDING  
PHARMACY, INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President

DATED: 3-31-2017


  
REBECCA E. LOFHOLM

DATED: 3-31-2017

  
PAUL W. LOFHOLM

CALIFORNIA PHARMACY LAWYERS

DATED: April 2, 2017

  
IVAN PETRZELKA, ESQ.  
Attorneys for the Lofholm Parties


**California State Board of Pharmacy**

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

**February 21, 2018**

**DATED MATERIAL ENCLOSED**

**NICOLE MARIE LOFHOLM CLAUSEN**  
**1525 E FRANCISCO BLVD SUITE 2**  
**SAN RAFAEL, CA 94901**

**RE: CI 2017 78781**  
**NICOLE MARIE LOFHOLM CLAUSEN**  
**RPH 60056**

The attached Citation and Fine, Order of Abatement ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation and indicates, within the Order of Abatement, information and/or material to be submitted to the Board.

**IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:**

- March 23, 2018: Unless the Citation is contested, Proof of Abatement and payment of fine(s) must be received by the Board.
- March 07, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 23, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

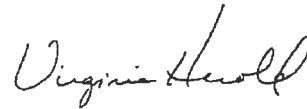
Page two  
NICOLE MARIE LOFHOLM CLAUSEN  
CI 2017 78781

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), timely payment of any fine(s) and the submission of Proof of Abatement shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations title 16 section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**CITATION AND FINE  
ORDER OF ABATEMENT**

<b>Citation Number</b> CI 2017 78781	<b>Name, License No.</b> NICOLE MARIE LOFHOLM CLAUSEN, RPH 60056
-----------------------------------------	---------------------------------------------------------------------

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
Bus. & Prof. Code § 4081 subd. (a)	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	\$2,500.00
Bus. & Prof. Code § 4113 subd. (c) /CCR, Title 16, § 1714 subd. (b)	Pharmacist in Charge shall be responsible for compliance with all state and federal laws pertaining to the practice of pharmacy/Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00

**CONDUCT:**

Business and Professions Code Section 4113(c) states the pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy. California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, between 9/22/2014 and 9/14/2015, Nicole Lofholm Clausen (RPH 60056), as pharmacist-in-charge, was responsible when Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept

by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, when Nicole Lofholm-Clausen, RPH 60056, was the pharmacist-in-charge, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

### ORDER OF ABATEMENT

By the abatement date submit to the Board the following:

Either (1) full payment (\$5,000.00) of the assessed fine(s), or (2) \$4,000.00 and written notice to the Board of Pharmacy that you will be attending a Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within the next 12 months.

If Nicole Lofholm-Clausen chooses option (2), Nicole Lofholm-Clausen shall submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If Nicole Lofholm-Clausen timely attends the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months, the fine(s) levied by this citation shall be reduced to \$4,000.00 and completion of the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training shall be considered satisfactory abatement of the citation. If Nicole Lofholm-Clausen fails to timely submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training, the stay shall be lifted and the fine(s) shall be due and owing from Nicole Lofholm-Clausen within thirty (30) days of any such failure.

CITATION ISSUED ON: February 21, 2018

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: March 23, 2018

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

## CITATION AND FINE

<b>Citation Number</b> CI 2017 78783	<b>Name, License No.</b> REBECCA ELLEN LOFHOLM, RPH 33497
-----------------------------------------	--------------------------------------------------------------

<b>JURISDICTION: Bus. &amp; Prof. Code § 4314; CCR, title 16, § 1775; Bus. &amp; Prof. Code § 4301, subd. (o)</b>		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00
Bus. & Prof. Code § 4081 subd. (a) & (b)/CCR, Title 16, § 1718	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	\$2,500.00

**CONDUCT:**

California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, between 9/22/2014 and 9/14/2015, Rebecca Lofholm (RPH33497), as a pharmacist owner, was responsible when Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all



dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Business and Professions Code Section 4081(b) states the owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section. Specifically, between 9/22/2014 and 9/14/2015, when Rebecca Lofholm, RPH 33497, was the pharmacist owner, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

**CITATION ISSUED ON: February 21, 2018**

**TOTAL AMOUNT OF FINE(S): \$5,000.00**

**PAYMENT OF FINE(S) DUE BY: March 23, 2018**

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

## CITATION AND FINE

<b>Citation Number</b> CI 2015 67462	<b>Name, License No.</b> GOLDEN GATE PHARMACY, PHY 40742 (cancelled)
-----------------------------------------	-------------------------------------------------------------------------

<b>JURISDICTION:</b> Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00
Bus. & Prof. Code § 4081 subd. (a)/CCR, Title 16, § 1718	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	\$2,500.00

**CONDUCT:**

California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

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Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the

Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
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Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

**CITATION ISSUED ON: February 21, 2018**

**TOTAL AMOUNT OF FINE(S): \$5,000.00**

**PAYMENT OF FINE(S) DUE BY: March 23, 2018**

8

**8A**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: All time Health care

Physical Address: 4660 S. Eastern Ave Ste # 100 LV NV 89119  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4660 S. Eastern Ave Ste # 100

City: LV State: NV Zip Code: 89119

Telephone: 702-480-5617 Fax: \_\_\_\_\_

E-mail: alltimehealthcare@gmail.com Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: 9am to 5pm Sun: closed to Holidays: closed to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Angelica Gutierrez

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                       |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**              | <input checked="" type="checkbox"/> Assistive Equipment      |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence &amp; disposable supplies</u>         |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>Medicare</u>	<u>in process</u>	_____
<u>Medicaid</u>	<u>in process</u>	_____
_____	_____	_____

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

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

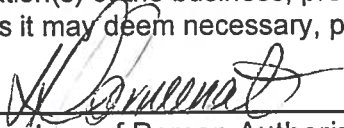
Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

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

Print Name of Authorized Person

Date

Dailin Carmenate Arias 3/27/19

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00



**APPLICATION FOR NEVADA MDEG LICENSE**

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

Owner's Name: Dailin Carmenate Rivas

Business Name: all time Healthcare

Current Business Address: 4660 S Eastern Ave Ste #100

City: W State: NV Zip: 89119

Telephone: 702-480-5617 Fax: \_\_\_\_\_

**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**ALL TIME HEALTH CARE LLC**

Nevada Business Identification # NV20191240010

**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 27, 2019

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://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 **ALL TIME HEALTH CARE LLC** did on March 27, 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 27, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20190327-1751

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/22/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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 Durable Medical Equipment  
 Nature of MDEG  
Alltime Health care 4000 S. Eastern ave ste 100 W NV 89119  
 Name and Address of Business for Which MDEG Administrator Is Requested

.....  
 If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Gutierrez Angelica \_\_\_\_\_  
 Last Name First Name Middle Name

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

Spring Rain Rd Las Vegas NV 89142  
 Present Residence Address-Street or RFD City State/Zip

4660 S. Eastern Ave. Suite 100 Las Vegas NV 89119  
 Present Business Address City State/Zip

Administrator 4/1/19 - Present  
 Present Position with the MDEG Dates

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: All time health care 19 @ gmail . com

Las Vegas, USA, NV  
 Date of Birth Place of Birth (City, County, State)

22 --- F  
 Age Social Security Number Sex

Brown Brown 120 5'0  
 Color of Eyes Color of Hair Weight 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.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Jan 2017-2019	Touro Health Center 874 American Pacific Dr NV. 89104	(3840)
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist		Tina Galendo
Title	Description of Duties	Name of Supervisor
Jan 2017	3115 S. Eastern Ave. LV NV 89169	3840
September 2015-	Cima Medical Center	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist		Patricia Webb
Title	Description of Duties	Name of Supervisor
March 2013 - Sep. 2015	3111 S. Maryland Pkwy 89169 LV NV	3840
March	Quick Care Las Vegas	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist & Billing		Mario Targuillino
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:	State: _____
b)	Date: _____
	Case Number: _____
c) Criminal Action:	State: <u>N</u> _____
	Date: <u>A</u> _____
	Case Number: _____
	County: _____
	Court: _____

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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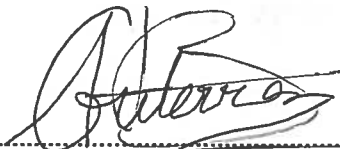
Date c



3/11/2019

I, Angelica Gutierrez, 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 MDEG 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 Revised Statutes and Regulations.

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 MDEG in the State of Nevada.



Original Signature of Applicant



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/27/19

## 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 Durable Medical Equipment  
All-time Healthcare 4660 S. Eastern ave Ste 60 W NV 89119  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Carmenate Rivas First Name Wailin Middle Name \_\_\_\_\_  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) n/a  
 Present Residence Address-Street or RFD Rosario Cir Las Vegas, NV 89121 -1  
2840 E. Flamingo Rd City Las Vegas State/Zip NV 89121  
 Present Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Occupation Owner Dates \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Residence \_\_\_\_\_  
 \_\_\_\_\_ Business \_\_\_\_\_  
 Date of Birth 33 Place of Birth (City, County, State) Las Tunas, Cuba  
 Age 33 Social Security Number \_\_\_\_\_ Sex Female  
 Color of Eyes Black Color of Hair Brown Complexion 172 Build 5.3  
 Weight Height

Scars, tattoos or distinguishing marks and/or characteristics n/a

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No ~~11/17/2006~~ n/a

If naturalized, certificate No \_\_\_\_\_ Date 11/17/2006

Place Las Vegas, Nevada (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial DCR

## MARITAL INFORMATION-Continued

A. **Current Marriage** 2/20/2005 Las Vegas, NV USA  
Date City, County and State  
 Spouse's full name (Maiden) Orlan Deivys Gutierrez -  
S.S. No.  
 Date of Birth 1 Cardenas, Matanzas Cuba  
Place of Birth  
 Resident address Rosario Cir Las Vegas NV 89121  
Street City State Zip  
 Telephone: Residence Business  
 Spouse's employer Self Employ Driver  
Occupation  
 Address of employer Amazon Delivery Las Vegas NV  
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
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N/A

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

Name	Street	City	State	Zip	Telephone
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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>Milieth Gutierrez</u>	<u>1</u>	<u>USA</u>	<u>Rosario Cir LV NV</u>
<u>Keilyn Gutierrez</u>	<u>1</u>	<u>USA</u>	<u>Rosario Cir LV NV</u>
<u>Angelica Gutierrez</u>	<u>1</u>	<u>USA</u>	<u>Spring Rain Rd LV 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 DCR

**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

Norberto Carmenato Sanchez - 6/1/11 Deceased.

Mother

Margarita Rivas Aceña - 1/1/11 Palora Ave LV NV 89111

Father-in-Law

Enrique Ramirez Pelegri - 1/1/11 Palora Ave LV NV 89169

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

Deyher Carmenato Rivas - 1/1/11 Palora Ave LV NV Packer.

Spouse

Yailin Torres Guerra - Same Address Unemploy.

Spouse

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	El Dorado High School	Las Vegas, NV	1999/2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	Valley High School	Las Vegas NV		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	Las Vegas College	Las Vegas, USA	2003/2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bookkeeping

College or university where obtained Las Vegas college.

Applicant's initial DCR.

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

Yes ☐ No ☒

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

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

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

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

B. Have you registered for the draft?

Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☐ No ☒ (Other than divorces)

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

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes ☐ No ☒ If yes, complete the following:

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

## 7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
12/2013-Present	Rosalio cir	Las Vegas, Nevada	USA
12/2012/12/2013-	? Aracatuba Ave	Las Vegas, Nevada	USA
2011-2013	2900 Olive St Apt 11	Las Vegas NV	USA
2009-2011	500 S. Maryland Pkwy	Las Vegas	
2005-2009	1924 Golden Arrow Dr	LV NV	89169
2000-2005	4801 Lakestream Ave	LV NV	89

Applicant's initial

DCR

## 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
01/2015	Express Tax Services 2840 E. Flamingo Rd	n/A. Owner.
Title	Description of Duties	Name of Supervisor
Owner	tax preparer -	Self.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 to 01/2017	1785 E. Sahara Ave	NO more client
Title	Description of Duties	Name of Supervisor
Personal care	visit client help w/daily Basic.	Fernando.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014/04-17	AM/PM Homecare 820 Rancho Ln LV NV 89106	Better Salary.
Title	Description of Duties	Name of Supervisor
Personal care	visit clients help w/daily care Basic.	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2005/12/2013	The Venetian Hotel 3355 S. LV Blvd.	Looking for a better business
Title	Description of Duties	Name of Supervisor
Attendant	Restock mini Bar in Hotel Rooms.	Sebastian.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/18-Present	Allstate Ins. 3265 E. tropicana Ave	open still employed.
Title	Description of Duties	Name of Supervisor
Sales	sale ins. Policies.	Yolanda Sitto.
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 DCR.....  
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>Wynn Hotel</u>	<u>Palmer</u>	<u>CR</u>	<u>NV</u>	<u>89169</u>	<u>:</u>	<u>10+</u>
Employer <u>Wynn Hotel</u>	Business	<u>3131 S. Las Vegas Blvd</u>	<u>702-770-7000</u>	<u>10+</u>		
Name <u>Laura Senda</u>	Home	<u>Bel Port Dr</u>	<u>89110</u>	<u>:</u>		<u>5 1/2+</u>
Employer <u>All State Ins</u>	Business	<u>3265 E. Tropicana Ave E-1</u>	<u>LV NV</u>			
Name <u>Yolanda Cito</u>	Home	<u>Montagna Dr</u>	<u>LV NV</u>	<u>89139</u>	<u>6 years</u>	
Employer <u>All State Ins</u>	Business	<u>3265 E. Tropicana Ave E-1</u>	<u>LV NV</u>	<u>702 908-7450</u>		
Name <u>Vusimi Befarte</u>	Home	<u>E. Imperial Ave</u>	<u>LV NV</u>	<u>89104</u>	<u>10 years</u>	
Employer <u>Amazon Delivery</u>	Business					
Name <u>Vosbol James</u>	Home	<u>E. Imperial Ave.</u>				
Employer <u>Self Employed</u>	Business	<u>Self Employed</u>		<u>6 years</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	<u>Insurance</u>
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

Sales Insurance , Las Vegas, NV 1/24/2017

- ✓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.

Solepropor- Express tax Services - Las Vegas, NV  
Tax Preparation Preparer - 2015 - Present.  
2840 E. Flamingo Rd Suite Las Vegas, NV 89121

Applicant's initial

DCR



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 ☒

A1



Date of photograph

3/11/19

Applicant's initial

DCR



STATE OF Nevada

SS.

COUNTY OF Clark

I, Dailin Carmenate Rivas, 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.

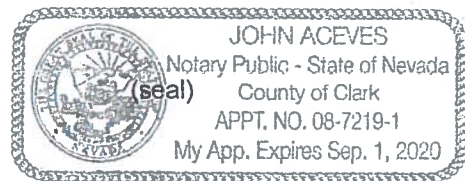
State of NEVADA  
County of Clark

x [Signature]  
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of March 2019

Dailin Carmenate-Rivas

[Signature]  
Notary Public



Applicant's initial DCR

## ADDITIONAL INFORMATION

[illegible]

Applicant's initial DCR Page 10

**8B**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MDRX, LLC

Physical Address: 118 Corporate Park Dr Ste#105  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: \_\_\_\_\_

City: Henderson State: NV Zip Code: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

E-mail: f.malinis@mdrxdispense.com Website: www.mdrxdispense.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm

Fri: 9am to 6pm Sat: 9am to 3pm Sun: 9am to 3pm Holidays: varies

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Becky Zawacki

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

<input checked="" type="checkbox"/> Medical Gases** <input checked="" type="checkbox"/> Respiratory Equipment** <input checked="" type="checkbox"/> Life-sustaining equipment** <input checked="" type="checkbox"/> Diabetic Supplies	<input checked="" type="checkbox"/> Assistive Equipment <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** <input checked="" type="checkbox"/> Orthotics and Prosthesis Other: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Frances Malinis Telephone: 702-580-8794

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>pending licensure</u>	_____	_____
_____	_____	_____
_____	_____	_____

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

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

- ☐ Practitioner
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

Name:	_____
Name:	_____
Name:	_____
Name:	_____
Name:	_____
Name:	_____
Name:	_____

N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

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

Mark Casal  
Print Name of Authorized Person

6/10/2019  
Date

**Board Use Only**

Received: \_\_\_\_\_

Amount: 500.00

# APPLICATION FOR NEVADA MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: MDRX, LLC

Mailing Address: 118 Corporate Park Dr Ste#105

City: Henderson State: NV Zip: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

Contact Person: Frances Malinis

For any corporation non publicly traded, disclose the following:

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

a)                     N/A                      
                     Name                    Address

b) 

Name	Address
N/A	

c) 

Name	Address
N/A	

d) 

Name	Address
N/A	

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

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

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

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

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

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MDRX, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 26, 2013, and is in good standing in this state.



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

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190610-1702





List of Officers

Mark Casal, Officer

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/11/2019

## 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 MDEG  
 Nature of License  
MDRX LLC 118 Corporate Park Dr Ste#105 Henderson, NV 89074  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

<b>Casal</b>	<b>Mark</b>	<b>Anthony</b>
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<b>Burclare Ct</b>	<b>Sugarland</b>	<b>TX, 77479</b>
Present Residence Address-Street or RFD	City	State/Zip
<b>118 Corporate Park Dr Ste#105</b>	<b>Henderson</b>	<b>NV, 89074</b>
Present Business Address	City	State/Zip
<b>Pharmacist</b>	<b>2006-Present</b>	
Occupation		Phone: Residence
	<b>Quezon City, Philippines</b>	Business <b>866-700-6379</b>
Date of Birth	Place of Birth (City, County, State)	
<b>42</b>	<b>Male</b>	
Age	Social Security Number	Sex
<b>Brown</b>	<b>Brown</b> <b>White</b>	<b>215lbs</b> <b>Large</b> <b>6'2"</b>
Color of Eyes	Color of Hair	Complexion      Weight      Build      Height

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

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

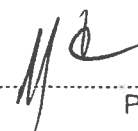
If naturalized, certificate No N/A Date N/A

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

### 2. MARITAL INFORMATION:

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

Applicant's initial



## MARITAL INFORMATION-Continued

A. **Current Marriage** 3/19/2005 Houston, Harris, TX  
Date City, County and State  
 Spouse's full name (Maiden) Roxana Yvonne Hidalgo !  
S.S. No  
 Date of Birth  Place of Birth Houston, TX  
 Resident address 3 Burclare Ct Sugarland TX 77479  
Street City State Zip  
 Telephone: Residence ! Business 931-520-1001  
 Spouse's employer Infinity Pharmacy, LLC Occupation Business Manager  
 Address of employer 1080 Neal St Ste#100 Cookeville TN 38501  
Street City State Zip

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

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

N/A

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

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

N/A

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Bella Rose Casal		Cookeville, TN	Burclare Ct Sugarland, TX 77479
Khloe Grace Casal		Cookeville, TN	Burclare Ct Sugarland, TX 77479
Talan Manuel Casal		Houston, TX	Burclare Ct Sugarland, TX 77479

**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 MC

**FAMILY INFORMATION-Continued**

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

Name N/AAddress N/AContact 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			
Manuel Casal		Union Gap Rd Las Vegas, NV 89125	Deceased
Mother			
Belma Casal		3 Tyndrum Ave Henderson, NV 89044	Retired
Father-in-Law			
Arturo Hidalgo		Braewin Ct Houston, TX 77068	Deceased
Mother-in-Law			
Rosario Sandoval		Braewin Ct Houston, TX 77068	Deceased

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
Michael Casal		Stonebridge Cir Cookeville, TN 38501	Physician
Spouse			
Gladys Casal		1 Stonebridge Cir Cookeville, TN 38501	Housewife
Max Casal		4 Brands Hatch Ct Henderson, NV 89052	Entrepreneur
Spouse			
Delsa Casal		Brands Hatch Ct Henderson, NV 89052	Housewife
Marcelino Casal		Tyndrum Ave Henderson, NV 89044	Pharmacist
Spouse			
Mellonie Casal		Tyndrum Ave Henderson, NV 89044	Housewife
Melissa Maglalang		Beardsley Cir Henderson, NV 89032	Attorney
Spouse			
Francis Maglalang		Beardsley Cir Henderson, NV 89032	Entrepreneur

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Jordan Junior High	Burbank, CA	'83-'89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	John Borroughs H.S.	Sugarland, TX	'91-'93	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	John Foster Bolles H.S.		'93-'95	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	University of Houston	Houston, TX	'95-'02	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm DCollege or university where obtained University of HoustonApplicant's initial 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒  
Branch N/A Date of entry-active service N/A  
Date of separation N/A Type of discharge N/A  
Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes ☐ No ☒  
County N/A State N/A Date registered N/A

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

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial Mc Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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


- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
01/12-Present	Burclare Ct	Sugarland	TX
01/06-01/12	2116 Boxwood Cir	Cookeville	TN
06/03-01/06	8912 Sungate Dr	Pearland	TX

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
January 2006	Infinity Pharmacy, LLC 1080 Neal St Ste#100 Cookeville, TN 38501	
Title	Description of Duties	Name of Supervisor
Pharmacist/Owner	Manage Pharmacy	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2003	Texas Children's Hospital 6621 Fannin St Houston, TX 77030	
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions	Linh Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2002	Walgreens Houston, TX	Resigned-better opportunity
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions, Perform Consultations	Lattifany Sauls
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



## 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 Bamron Jonathan	Home	3 Glenlock St Sugarland, TX 77479				20 years
Employer University AmericanBusiness		Houston, TX		832-226-2052		
Name Ray Kwan	Home	Pery St Sugarland, TX 77479				23 years
Employer MD Anderson	Business	Houston, TX		832-423-2729		
Name Jimmy Lin	Home	Glistening Cloud Dr Henderson, NV 89012				23 years
Employer Self	Business	Las Vegas, NV		702-947-0940		
Name Jim Promobol	Home	3 N Wellington Ct Houston, TX 77055				24 years
Employer Shell	Business	Houston, TX		832-265-0235		
Name Sara Smith	Home	2 Idlewind Dr Richmond, TX 77406				24 years
Employer FRISD	Business	Sugarland, TX		201-615-0242		

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

If yes, complete the following:

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

Pharmacist, TN, 19 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.

Infinity Pharmacy, LLC

1080 Neal St Ste#100 Cookeville, TN 38501

Applicant's initial





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

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

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

N/A

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

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

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

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

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

Marcelino Casal-Pharmacist



Date of photograph 06/11/2019

Applicant's initial

*MC*


STATE OF Nevada

ss.

COUNTY OF Clark

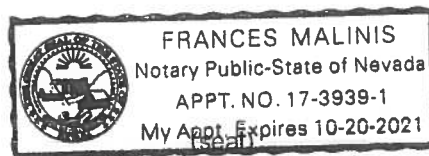
I, Mark Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

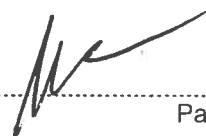
  
Original Signature of Applicant

Subscribed and Sworn to before me this 11th day of June 2019

Frances Malinis  
Notary Public



Applicant's initial



Applicant's initial

Page 10

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 6/10/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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 mDEG Supplier  
 Nature of MDEG  
mDEX LLC 118 Corporate Park Dr. Ste #105 Henderson NV 89074  
 Name and Address of Business for Which MDEG Administrator Is Requested  
 If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Zawacki Becky Frances  
 Last Name First Name Middle Name

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

Athena Dr Las Vegas NV 89156  
 Present Residence Address-Street or RFD City State/Zip

118 Corporate Park Dr. Dates 8/1/05 Henderson, NV 89071  
 Present Business Address City State/Zip

Designated Representative 2016 - present  
 Present Position with the MDEG Dates

Phone: 866-700-6379 Fax: 702-802-2661

Email address: b.zawacki@mdrxdispense.com

40 Las Vegas, Clark, Nevada  
 Date of Birth Place of Birth (City, County, State)

40 Female  
 Age Social Security Number Sex

Hazel brown 252 5 ft 1 in  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Scar on center chest from open heart surgery

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.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

8/2016 - Present	Mdrx, LLC	Approx 5400
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Designated Representative	customer service, process orders receive orders	mark Casal
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A  
 b) Date: N/A  
 Case Number: N/A  
 c) Criminal Action: State: N/A  
 Date: N/A  
 Case Number: N/A  
 County: N/A  
 Court: N/A

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a \

N/A  
 .....  
 .....  
 .....  
 .....  
 .....



PH

ST

Date of photograph 6/10/19

I, Becky Zawacki, 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 MDEG 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 Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Becky Zawacki  
Original Signature of Applicant



**8C**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Providence Medical Supply

Physical Address: 1729 E Charleston Blvd # F Las Vegas 89104  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1729 E Charleston Blvd # F

City: Las Vegas State: NV Zip Code: 89104

Telephone: 702-982-0078 Fax: 702 485 6332

E-mail: Dupeb@yahoo.com Website: N/A

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6

Fri: 9 to 6 Sat: closed Sun: closed Holidays: closed

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Modupe Ivorobeye

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |                                                       |                                                               |
|-------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases**              | <input checked="" type="checkbox"/> Assistive Equipment       |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment**   |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____                                                  |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1558824607 \_\_\_\_\_  
1154703905 \_\_\_\_\_  
 \_\_\_\_\_

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
 

<input type="checkbox"/> Practitioner <input type="checkbox"/> Advanced Practitioner of Nursing <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Respiratory Therapist	Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

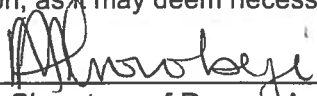
Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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



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

MODUPE IRORO BESE

Print Name of Authorized Person

4/10/2019

Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

# APPLICATION FOR NEVADA MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Divine Providence Inc

Mailing Address: 11055 Kilkenny Ct

City: Las Vegas State: NV Zip: 89141

Telephone: 954 663 1759 Fax: \_\_\_\_\_

Contact Person: Dr. Medupe Ivorobeye

For any corporation non publicly traded, disclose the following:

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

100% a) Modupe Ironsbeje 11055 Kilkenny Ct. Las Vegas 89141  
Name Address

Name

## Address

b) \_\_\_\_\_

Name	Address
------	---------

c) \_\_\_\_\_

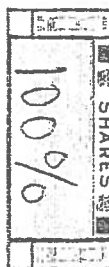
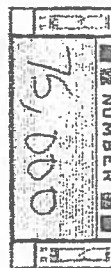
Name	Address
------	---------

d) \_\_\_\_\_

Name	Address
------	---------

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

- 2) Provide the number of shares issued by the corporation. 75,000
- 3) What was the price paid per share? No Par Value
- 4) What date did the corporation actually receive the cash assets? 03/20/2013
- 5) Provide a copy of the corporation's stock register evidencing the above information



# DIVINE PROVIDENCE INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF NEVADA 2013  
AUTHORIZED CAPITAL SEVENTY FIVE THOUSAND (75,000) SHARES OF COMMON STOCK WITH NO PAR VALUE

*This certifies that*

*Madge Lucette*

*is the*

FULLY PAID AND NON-ASSESSABLE SHARES OF THE CAPITAL STOCK OF SAID CORPORATION

*registrable holder of* \_\_\_\_\_ *Shares*

*transmittable only on the books of the Corporation by the holder hereof in person or by attorney upon surrender of this certificate properly endorsed.*

*In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed*

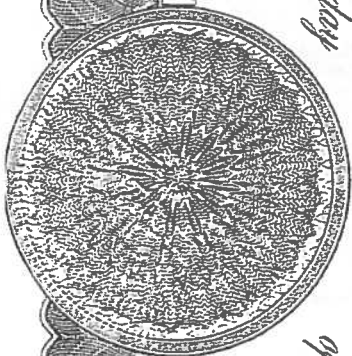
*this* 20th *day*

*of* March *at* N. D. 2013

*Madge Lucette*

PRESIDENT

SECRETARY





**(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:**

DIVINE PROVIDENCE INC

NAME OF CORPORATION

ENTITY NUMBER

E0137082013-1

FOR THE FILING PERIOD OF **MAR, 2019** TO **MAR, 2020**



\*100103\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number	<b>20190192003-97</b>
	Filing Date and Time	<b>05/01/2019 12:03 PM</b>
	Entity Number	<b>E0137082013-1</b>

(This document was filed electronically.)  
ABOVE SPACE IS FOR OFFICE USE ONLY

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:  **NRS 76.020 Exemption Codes**  
**NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**  
 001 - Governmental Entity  
 006 - NRS 680B.020 Insurance Co.  
☐ This corporation is a publicly traded corporation. The Central Index Key number is:   
☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME <b>MODUPE A IROBEJE</b>	TITLE(S) <b>PRESIDENT (OR EQUIVALENT OF)</b>		
ADDRESS <b>11055 KILKERRAN COURT</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89141</b>
NAME <b>MODUPE A IROBEJE</b>	TITLE(S) <b>SECRETARY (OR EQUIVALENT OF)</b>		
ADDRESS <b>11055 KILKERRAN COURT</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89141</b>
NAME <b>MODUPE A IROBEJE</b>	TITLE(S) <b>TREASURER (OR EQUIVALENT OF)</b>		
ADDRESS <b>11055 KILKERRAN COURT</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89141</b>
NAME <b>MOUPE A IROBEJE</b>	TITLE(S) <b>DIRECTOR</b>		
ADDRESS <b>11055 KILKERRAN COURT</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89141</b>

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X** MODUPE A IROBEJE

**Signature of Officer or  
Other Authorized Signature**

Title

**PRESIDENT**

Date

**5/1/2019 12:03:14 PM**

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**DIVINE PROVIDENCE INC**

Nevada Business Identification # NV20131166246

**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 May 1, 2019

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://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.



## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

4/10/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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 Medical Supply

Providence Medical Supply 1729 E Charleston Blvd #F  
 Name and Address of Business for Which MDEG Administrator Is Requested

89104

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Ivorobeje Modupe Ayoke  
 Last Name First Name Middle Name

Braithwaite

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

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

1729 E Charleston Blvd Las Vegas NV 89104  
 Present Business Address City State/Zip

Administrator 2013- Present  
 Present Position with the MDEG

Phone: 702 982 6678 Fax: 702 485 6332

Email address: Providence Medical Supply 1@gmail.com

39 Lagos, Nigeria  
 Date of Birth Place of Birth (City, County, State)

39 170 F  
 Age Social Security Number Sex

Brown Black 170 5'3"  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date 02/21/2013

Place Las Vegas NV (If naturalized, document must be verified.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

ii/ 2013 - Present - 1729 E Charleston Blvd #F Las Vegas NV 89104  
 Providence Pharmacy 45 hours/week  
 Pharmacist - verification of medications & medical investigations  
 Title Description of Duties supplies to patients Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked ☐ I have ☐ to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: \_\_\_\_\_  
 b) Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 c) Criminal Action: State: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Court: \_\_\_\_\_

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please

.....  
 .....  
 .....  
 .....  
 .....



explanation.

PHOTOGRAPH  
 WITHIN LAST  
 30 DAYS HERE

Date of photograph

4/29/19

I, Modupe Ironsbeji, 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 MDEG 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 Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Modupe Ironsbeji

Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/16/19

## 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

DME (MDEG)

Providence Medical Supply Nature of License 1729 E Charleston Blvd #F Las Vegas 89104  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Irrobeje Modupe Ayoke  
Last Name First Name Middle Name  
Braithwaite  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Kilkerran Ct Las Vegas NV 89141  
Present Residence Address-Street or RFD City State/Zip  
1729 E Charleston Blvd Las Vegas NV 89104  
Present Business Address City State/Zip  
Pharmacist 2013 - Present  
Occupation Dates  
Phone:  
Residence 702-982-0078  
Business  
Date of Birth 39 Place of Birth Lagos, Nigeria City, County, State)  
Age Brown Social Security Number Black Sex Female  
Color of Eyes Color of Hair Complexion 170 Average Build 5'3" Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. 100 Date 2/22/2013

Place Las Vegas NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial MM

## MARITAL INFORMATION-Continued

A. **Current Marriage** 12/13/2007 Las Vegas, Clark, NV  
 Date City, County and State  
 Spouse's full name (Maiden) Friday Iroboye S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Ughelli, Nigeria  
 Resident address Killkwan Ct Las Vegas NV 89141  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 702 945 4262  
 Spouse's employer HealthCare Partners Occupation Nurse Practitioner  
 Address of employer 821 N Nellis Blvd 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
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

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

N/A

## 3. FAMILY INFORMATION:

## A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Jeremiah Iroboye</u>	<u>---</u>	<u>Las Vegas NV</u>	<u>Killkwan Ct Las Vegas 89141</u>
<u>Oghene Yoma Iroboye</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Oghenemini Iroboye</u>	<u>11</u>	<u>11</u>	<u>11</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 MAI



**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

Bankole. Braithwaite . . . Deceased

Mother

Ceila Thomas . KilKiman W Las Vegas 89141 Retired

Father-in-Law

Michael Inowbeji Akpodiete St. Ughelli North Delta State Retired

Mother-in-Law

Grace Inowbeji Akpodiete St. Ughelli North Delta State 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
---------------	------------	---------	------------

Mabolaji Braithwaite		Miami Drive	FL 33162 Customer Service
----------------------	--	-------------	---------------------------

Spouse Sylvia Braithwaite		Miami Drive	FL 33162 House wife
---------------------------	--	-------------	---------------------

Spouse

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Maryland Convent Primary School		1985-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Maryland Comprehensive Sec. School		1991-1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Florida Memorial University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Miami Gardens FL 33054			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

PharmD 2007-2010  
 College or university where obtained Rosenman College of Health Sciences  
 11 Senses way Henderson W 89014

Applicant's initial



**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

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

B. Have you registered for the draft?

Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial

N/A

## 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- Bankruptcy	4/12/2010	10-16337-MKN	Las Vegas NV	7/21/2010

- 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
05/2003 - 08/2005	18068 SW 36th Ct	Miami	FL 33029
08/2005 - 08/2007	1020 NW 155 Ave	Miami	FL 33054
08/2007 - 12/2007	1100 N Center St	Henderson	NV 89015
01/2008 - 04/2011	5501 E Harmon Ave	Las Vegas	NV 89122
05/2011 - 12/2017	3540 Tundra Swan St.	Las Vegas	NV 89122
12/2017 - Present	Killman Ct.	Las Vegas	NV 89141

Applicant's initial

MHF

**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 11/2013 - 04/14	Name/Mailing Address of Employer/Business Providence Pharmacy	Reason for Leaving Sold the business
Title Pharmacist	Description of Duties Pharmacy Manager	Name of Supervisor Modupe Iwosiji
Month and Year 01/12 - 08/14	Name/Mailing Address of Employer/Business Walmart Pharmacy	Reason for Leaving Left to open my business
Title Pharmacist	Description of Duties Pharmacist	Name of Supervisor
Month and Year 10/2010 - 01/2012	Name/Mailing Address of Employer/Business CVS Pharmacy	Reason for Leaving Switched Companies
Title Pharmacist	Description of Duties Pharmacist	Name of Supervisor Rhonda Lindsay
Month and Year 04/2011 - 10/2011	Name/Mailing Address of Employer/Business Advanced Care Pharmacy	Reason for Leaving Part time
Title Pharmacist	Description of Duties 4161 Stearns Avenue Las Vegas NV 89119	Name of Supervisor Jenny
Month and Year 05/2005 - 04/2006	Name/Mailing Address of Employer/Business Interactive Response Technology	Reason for Leaving
Title Customer Service Rep.	Description of Duties 2989 N. Commerce Blvd. Las Vegas NV 89119 Answering questions about phone services	Name of Supervisor
Month and Year 05/1998 - 04/2005	Name/Mailing Address of Employer/Business Full time Student	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

MAI

## 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>Nazaleye Zeban</u>	Home	<u>Tehon Ranch Ave</u>	<u>89052</u>	<u>7 years</u>		
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Felix Egbise</u>	Home	<u>Opal Lane Drive</u>	<u>89128</u>	<u>10 years</u>		
Employer <u>Kindred Hosp</u>	Business	<u>5110 W Sahara</u>	<u>Las Vegas</u>	<u>89146</u>		
Name <u>Zeb Igekle</u>	Home	<u>S Rambow Blvd # 110</u>	<u>89145</u>	<u>10 years</u>		
Employer <u>Alpha B Accounting</u>	Business	<u>222 S Rambow Blvd # 110</u>	<u>89145</u>			
Name <u>Rose Shiffin</u>	Home	<u>NW 42nd Avenue</u>	<u>FL 33054</u>	<u>16 years</u>		
Employer <u>Florida Memorial University</u>	Business	<u>University Professor</u>		<u>78729</u>		
Name <u>Annelle Ouedraogo</u>	Home	<u>3 Hunter Chase Dr #424</u>		<u>15 years</u>		
Employer <u>State of Texas</u>	Business	<u>Accounting</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	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

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

N/A

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

N/A

Applicant's initial

N/A

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

4/29/19

Applicant's initial

MATF

STATE OF Nevada

ss.

COUNTY OF Clark

I, Moshupe Ironbeji, 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.

Moshupe Ironbeji  
Original Signature of Applicant

Subscribed and Sworn to before me this 1<sup>st</sup> day of May 2019

Mariam Jane Hassu  
Notary Public



(seal)

Applicant's initial

MAI

Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial

MAI

**9**



**10**

**10A**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

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

**Registration Fee: \$80.00 (non-refundable money order or cashier's check only)**

**(This application cannot be used by PA's or APRN's)**

First: Maryanne Middle: D. Last: Phillips Degree: M.D.

SS#: 1 Date of Birth: \_\_\_\_\_

Practice Name (if any): Northeastern Nevada Regional Hospital <sup>Localitys</sup> ~~(Anesthesiologist)~~ Elko, NV,

Nevada Address: 10620 Southern Highlands Parkway # Suite #: 110-251

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: Nevada Zip Code: 89141

E-mail: MaryannPhillipsMD@outlook.com Contact E-mail: MaryannPhillipsMD@outlook.com

Work Telephone: (702) 860-8965 Fax: (702) 897-0610

Practitioner License Number: 7635 Specialty: Anesthesiologist

Sex: ☐ M or ☒ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>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?....</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> 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 <u>any</u> state? ...		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:	State	Date:	Case #:
Medical Rec. Request that were not in my possession	Nevada	03/01/2016	not known (pending?)
Criminal Action:	State	Date:	Case #:
			County
			Court

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Original Signature, no copies or stamps accepted.

06/13/2019

Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**MARYANNE PHILLIPS, MD**  
**Certificate of Registration No. CS19260**

**Respondent.**

**CASE NO. 13-061-CS-S**

**FINDINGS OF FACT, CONCLUSIONS  
 OF LAW AND ORDER**



The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on Wednesday, March 5, 2014, in Reno, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney Puneet K. Garg, of the law firm Gordon Silver, appeared on behalf of respondent MaryAnne Phillips, M.D., Certificate of Registration No. CS19260. Based on the evidence and arguments presented at the hearing, the Board issues the following Findings of Fact, Conclusions of Law and Order.

**I.**

**FINDINGS OF FACT**

1. During the March 5, 2014 hearing in this matter, the Board admitted into evidence copies of certain public records filed by the Medical Board of California, Department of Consumer Affairs, (the "California Board") in California Case No. 19-2010-211768 (OAH No. 2012060101) (the "California Disciplinary Action"). Those documents were marked and admitted as Exhibit A through E.<sup>1</sup> Those public records show that in the California Disciplinary Action, the California Board revoked respondent Maryanne Phillips' California Physician's and Surgeon's Certificate No. A-63753 (CA Certificate) effective August 26, 2013.

<sup>1</sup> The Board also admitted as "Exhibit F" an affidavit from S. Paul Edwards, Esq., attesting to the source from which Board Staff obtained Exhibits A through E, which are public documents filed by the California Medical Board relating to its discipline of Dr. Phillips.

2. On December 18, 2013, the Nevada State Board of Pharmacy brought a parallel action against Respondent Dr. Phillips pursuant to NRS 639.210(14) based on the findings in the California Disciplinary Action.

3. The evidence presented at the hearing supports the allegations in the December 18, 2013 Accusation in this matter, which are summarized as follows:

4. The California Board revoked Dr. Phillips' California Physician's and Surgeon's Certificate No. A-63753 ("California Certificate"), effective "at 5:00 p.m. on August 16, 2013." Exhibit B.

5. The California Board took that action after adopting the Proposed Decision of Administrative Law Judge Roy W. Hewitt (the "ALJ"), of the California Office of Administrative Hearings. Exhibit A.

6. The ALJ entered his Proposed Decision on June 26, 2013, after conducting an evidentiary hearing on the matter earlier that month. Id.

7. On August 15, 2013, the California Board entered an Order Granting Stay, which stayed the revocation of Dr. Phillips' license until August 26, 2013. Exhibit D.

8. The California Board stayed its Decision to allow time for it to review and consider a petition for reconsideration filed by Dr. Phillips. Exhibit E.

9. The California Board denied Dr. Phillips' Petition for Reconsideration on August 23, 2013. Id.

10. Dr. Phillips' California license to practice medicine was therefore revoked no later than August 26, 2013.

11. The ALJ's findings, which the Board found credible and relied upon pursuant to NRS 639.210(14), are as follows:

a. Prior to having her California Certificate revoked in August 2013, Dr. Phillips had been disciplined, including substantial periods of probation, by the California Board,

the Nevada State Board of Medical Examiners, the Nevada State Board of Pharmacy and the New Mexico Medical Board. Ex. A, pp. 2-8.

b. Those disciplinary actions occurred between August 2006, and entry of the ALJ's June 2013 Proposed Decision.

**Initial 2009 California Discipline**

c. The first of those disciplinary actions is a 2009 case in which the California Board alleged against Dr. Phillips (1) gross negligence, (2) repeated negligent acts, (3) incompetence, (4) violations of drug statutes, (5) excessive prescribing, (6) prescribing to an addict, (7) prescribing without a good faith examination, (8) absence of medical indication and (9) failure to maintain accurate records. (Ex. A (ALJ Rec.) p.2, ¶¶3, 5).

d. Dr. Phillips stipulated in that action in December 2008, that the CA Board “could establish a prima facie case with respect to the charges” and her license was subject to discipline.

e. The California Board revoked Dr. Phillips’ Certificate in April 2009, then stayed the revocation and placed Dr. Phillips on probation for three years with certain terms and conditions. Ex. A, p.2, ¶5.

**2009 Nevada Board of Medical Examiners Discipline**

f. In May 2009, Dr. Phillips renewed her license to practice medicine with the Nevada State Board of Medical Examiners (BME). Id., p.3, ¶6. In response to Question 9 on the BME’s renewal application, which asked “[h]ave you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?”, [Dr. Phillips] falsely answered . . . in the negative.” Id.

g. Based on that false representation, the BME brought an accusation against Dr. Phillips. Id., p.3, ¶7. Dr. Phillips and the BME settled that matter by agreeing that Dr. Phillips would receive a public reprimand, her Nevada medical license would be revoked. Id.,

p.3, ¶¶6-8. The BME stayed the revocation and placed Dr. Phillips on probation until April 6, 2012. *Id.*

#### **2010 Nevada Board of Pharmacy Discipline**

h. In December 2010, the Nevada State Board of Pharmacy filed an accusation against Dr. Phillips alleging, in part, that Dr. Phillips had provided false information on her November 17, 2010 renewal application. Ex. A, p.3, ¶9. Dr. Phillips admitted in a February 2011 Stipulation and Order with this Board to “provid[ing] false information on her renewal application by failing to disclose the administrative actions taken against her and the administrative action that was still pending against her.” *Id.*, p.3, ¶10.

i. As a result of Dr. Phillips’ admissions, the Nevada Board of Pharmacy cancelled Dr. Phillips’ Nevada Controlled Substance Registration and DEA Registration, effective March 1, 2011. *Id.* The Board allowed Dr. Phillips to apply for a new controlled substance registration reflecting her disciplinary actions. *Id.* The Board revoked that new registration, then stayed the revocation and placed Dr. Phillips on probation until February 2013. *Id.*

#### **2011 New Mexico Medical Board Discipline**

j. Based on the April 2009 California discipline, the New Mexico Medical Board (New Mexico Board) entered into an “agreed order” with Dr. Phillips, in which Dr. Phillips agreed to have her New Mexico medical license placed on probation until she completed the terms and conditions ordered by the CA Board and her California license had been fully restored. Ex. A, p.4, ¶11. One of the terms of that “Agreed Order” with the New Mexico Board was that Dr. Phillips would “provide quarterly affidavits to the [New Mexico] Board attesting to her compliance with the terms set forth in [the] Agreed Order.” *Id.*

k. In August 2011, the New Mexico Board filed an accusation against Dr. Phillips, and ultimately disciplined her for failing to provide the agreed upon quarterly affidavits, and for failing to inform the New Mexico Board that she was publicly reprimanded and placed on

probation by the Nevada BME. *Id.*, p.4, ¶12. After Dr. Phillips failed to respond to that accusation, the New Mexico Board issued a Default Decision and Order revoking Dr. Phillips' license to practice medicine in New Mexico. *Id.*, p.5, ¶13.

**2011 Nevada Board of Medical Examiner's Discipline**

l. In January 2011, the BME filed another complaint against Dr. Phillips charging her with:

One count of engaging in conduct intended to deceive . . .  
One count of violating a regulation adopted by the  
[Nevada] State Board of Pharmacy . . . . One count of  
prescribing a controlled substance except as authorized by  
law . . . and one count of failure to maintain timely, legible,  
accurate and complete medical records related to the  
diagnosis, treatment and care of [a patient]. . . (Exh.29).

*Id.*, p.5, ¶13 (quoting January 28, 2011 BME Complaint).

m. Dr. Phillips settled that matter with the BME in April 2012. Pursuant to the parties' "Settlement, Waiver and Consent Agreement", Dr. Phillips agreed to accept a public letter of reprimand, her Nevada medical license was revoked, the revocation was stayed, and Dr. Phillips was placed on probation for thirty-six (36) months. *Ex. A*, p.5, ¶¶15-16.

**2013 California Medical Board Discipline and Revocation of Dr. Phillips' License**

n. In the ALJ's June 2013 Proposed Decision, the ALJ found that Dr. Phillips had failed to comply with the terms of her California probation. *Id.*, pp.6-7, ¶¶17-21.

o. One of the terms of Dr. Phillips' California probation was that she would file quarterly declarations with the California Board declaring, under penalty of perjury, that she had answered the questions in the Quarterly Declaration Form truthfully. *Id.*

p. The ALJ found that Dr. Phillips had not answered the questions in the Quarterly Declaration Form truthfully. *Id.*, p.7, ¶¶20-12. The ALJ found that Dr. Phillips failed to disclose (a) her February 2011 discipline and placement on probation by the Nevada Board of



Pharmacy, and (b) her April 2012 discipline by the Nevada BME, including her public letter of reprimand and probation. *Id.*, p.6, ¶¶17-21.

q. The ALJ found that Dr. Phillips falsely represented those disciplines to the CA Board as “reciprocal” discipline, when they were truthfully each supported by independent grounds for discipline. *Id.*, p.7, ¶20-21.

r. The ALJ found that Dr. Phillips filed false Quarterly Declarations with the CA Board again in July 2011, by again failing to disclose and misrepresenting her discipline in Nevada. *Id.*

s. The ALJ described Dr. Phillips’ testimony at the June 3, 2013 hearing regarding those false Quarterly Declarations as “merely serv[ing] to highlight the fact that [Dr. Phillips] plays fast and loose with the truth.” *Ex. A*, p.7, ¶23.

t. The ALJ found that Dr. Phillips “engages in half-truths and slight of tongue to obfuscate the truth. In other words, [Dr. Phillips], by her own statements during the hearing . . . proved to be a consummate liar.” *Id.*

u. The ALJ further stated:

Based on [Dr. Phillips’] equivocations and misrepresentations to the court in the present action, and her seeming inability to distinguish truth from fiction, [her] testimony was completely discounted.

*Id.* at ¶25.

v. Based on the findings of fact in the Proposed Decision, The ALJ concluded that legal and factual grounds existed under California law for further discipline of Dr. Phillips. *Id.*, pp.8-9. Based on his conclusion that numerous violations of California law had occurred, The ALJ recommended to the CA Board the “outright revocation of [Dr. Phillips’] certificate to practice medicine in the state of California.” *Id.*, p.9.

w. The California Board adopted the ALJ’s recommendation and revoked Dr. Phillips’ license on or about August 26, 2013. *Ex. B*.

## II.

### CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes on matters of law as follows:

12. The Board has jurisdiction over this matter because at the time of the conduct set forth above, respondent held a controlled substance registration issued by this Board.
13. All objections made by respondent's counsel regarding the admissibility or evidentiary value of the Exhibits admitted as Exhibits A through F are overruled.
14. The Board admitted as evidence an email presented by respondent's counsel during the hearing, which shall be designated as Exhibit G.
15. The Board did not admit into evidence a letter from Dr. Daniel Royal, which was presented by respondent's counsel, on the basis that it was not relevant to the issues before the Board.
16. Respondent is guilty of the acts alleged in the Accusation on file in this matter, as further described in the findings of the ALJ in Exhibit A.
17. Pursuant to NRS 639.210(14), "[t]he Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant . . . : 14. [h]as had a certificate, license or permit suspended or revoked in another state on grounds which would cause suspension or revocation of a certificate, license or permit in this State."
18. Grounds which would cause suspension or revocation of a certificate, license or permit in this state include:
  - a. Being "not of good moral character";
  - b. "[Obtaining] 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";

c. Being "guilty of unprofessional conduct or conduct contrary to the public interest", which pursuant to NAC 639.945 specifically includes "performing or in any way being a party to any fraudulent or deceitful practice of transaction."

19. Dr. Phillips' actions, based on the findings above, constitute "grounds which would cause suspension or revocation of a certificate, license or permit in this State."

**THEREFORE, THE BOARD HEREBY ORDERS:**

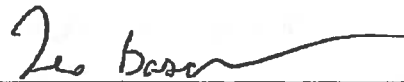
20. The Controlled Substance Registration of MaryAnne Phillips, Certificate of Registration No. CS19260, is hereby revoked for at least one year from the effective date of this Order.

21. Dr. Phillips may not write any prescription or order for any Controlled Substance or possess any Controlled Substance unless and until her Certificate of Registration is reinstated.

22. After one year from the effective date of this Order, Dr. Phillips may apply to the Board for reinstatement of her Certificate of Registration.

23. If Dr. Phillips applies to the Board for reinstatement of her Certificate of Registration, she shall appear before the Board at regularly scheduled Board Meeting to respond to questions put to her by the Members of the Board and/or Board Staff. The Board is under no obligation to reinstate Dr. Phillips' registration, and may, at its sole discretion, determine whether to reinstate Dr. Phillips' registration according to its authority to do so pursuant to applicable laws and regulations.

Signed this 6 day of March, 2014.



Leo Basch – Acting President/Presiding Board  
Member,  
Nevada State Board of Pharmacy

**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\* \* \* \* \*

**In the Matter of Charges and  
Complaint Against  
MARYANNE D. PHILLIPS, M.D.,  
Respondent.**

**Case No. 18-10032-1**

**FILED**

**JUN 10 2019**

**NEVADA STATE BOARD OF  
MEDICAL EXAMINERS**

By: 

**SETTLEMENT AGREEMENT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Esq., Deputy General Counsel for the Board and attorney for the IC, and Maryanne D. Phillips, M.D. (Respondent), a licensed Physician in Nevada, assisted by her attorney, Kenneth E. Hogan, Esq., of the law firm of Hogan Hulet PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:<sup>1</sup>

**A. Background**

1. Respondent is a medical doctor currently licensed (License No. 7635) in active status, with conditions, by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 21, 1995.

2. On February 9, 2018, in Case No. 18-10032-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.306(1)(b)(1) (Engaging in Conduct Intended to Deceive); Count II, violation of NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional

<sup>1</sup> All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

Conduct); Count III, violation of NRS 630.3062(2) (Altering Medical Records); Count IV, violation of NRS 630.3062(2) (Altering Medical Records); Count V, violation of NRS 630.301(6) (Disruptive Behavior That Interferes With Patient Care or Has an Adverse Impact on the Quality of Patient Care); Count VI, violation of NRS 630.301(9) (Engaging in Conduct That Brings the Medical Profession Into Disrepute); Count VII, violation of NRS 630.304(6) (Attempting by Way of Intimidation, Coercion or Deception, to Obtain or Retain a Patient or to Discourage the Use of a Second Opinion); Count VIII, violation of NRS 630.305(1)(a) (Receiving From Any Person Compensation Which is Intended or Tends to Influence the Physician's Objective Evaluation or Treatment of a Patient); Count IX, violation of NRS 630.3062(4) (Failure to Make the Medical Records of a Patient Available for Inspection and Copying as Provided in NRS 629.061); and Count X, violation of NRS 630.3065(2)(a) (Failure to Comply With Order of the Board or Committee Designated by the Board to Investigate a Complaint).

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of her rights regarding this administrative matter, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), applicable to certain regulatory bodies, which is contained in NRS Chapters 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against her, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

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6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

**B. Terms & Conditions**

**NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges she is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection

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with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit. Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

A. Respondent admits to Count IV, violation of NRS 630.3062(2) (Altering Medical Records); Count IX, violation of NRS 630.3062(4) (Failure to Make the Medical Records of a Patient Available for Inspection and Copying as Provided in NRS 629.061); and Count X, violation of NRS 630.3065(2)(a) (Failure to Comply With Order of the Board or Committee Designated by the Board to Investigate a Complaint).

B. Respondent's license to practice medicine in the state of Nevada shall be revoked for a period of one year, with the revocation to be immediately stayed.

C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, including but not limited to, payment in full of the Fifteen Thousand Dollars (\$15,000.00) stated as a condition below in C(2), and at that time she may petition the Board to lift the probationary status of her license,. If Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on immediate revocation of her license, which hearing will be duly noticed. The following terms and conditions shall apply during Respondent's probationary period:

- (1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, all at Respondent's expense, and pass all of the above to the satisfaction of the Board;
- (2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being Fifteen Thousand Dollars (\$15,000.00), not including any costs that may be necessary to finalize this Agreement. An initial payment of \$500.00 will be due within thirty (30) calendar days of the Board's approval of this Agreement. Based on Respondent's current financial circumstances, payment of \$500.00 per month will be due on the first day of the month beginning on July 1, 2019, through December 1, 2021, and, if necessary, the first day of each month thereafter until satisfied in full.
- (3) Respondent shall take twenty two and one half (22.5) hours of continuing medical education (CME) related to the University of Nevada, Reno School of Medicine



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(UNRMED) Best Practices and Tools for Prescribing Controlled Substances within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion and are at Respondent's expense.

(4) Respondent agrees to perform one hundred (100) hours of community service at a nonprofit entity, having a medical nexus and without compensation, in a manner and capacity mutually and reasonably agreed to by Respondent and the Board, and approved by the Board in advance of its completion, within six months of the acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse.

(6) During the probationary period, Respondent shall submit to random and unannounced medical records audits performed by an investigator with the Board.

(7) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders and conditions, past or future, of the Board, specifically including but not limited to, the Board's Order issued on December 8, 2017, in its Cases Numbered 12-10032-1 and 14-10032-1.

D. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

E. Respondent shall receive a Public Letter of Reprimand.

F. The remaining counts of the Complaint shall be dismissed with prejudice.

**6. Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of

1 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,  
 2 committees, panels, hearing officers, consultants and agents from any and all manner of actions,  
 3 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and  
 4 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against  
 5 any or all of the persons, government agencies or entities named in this paragraph arising out of,  
 6 or by reason of, this investigation, this Agreement or the administration of the case referenced  
 7 herein.

8 **7. Procedure for Adoption of Agreement.** The IC and counsel for the IC shall  
 9 recommend approval and adoption of the terms and conditions of this Agreement by the Board in  
 10 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of  
 11 this Agreement, counsel for the IC may communicate directly with the Board staff and the  
 12 adjudicating members of the Board.

13 Respondent acknowledges that such contacts and communications may be made or  
 14 conducted ex parte, without notice or opportunity to be heard on her part until the public Board  
 15 meeting where this Agreement is discussed, and that such contacts and communications may  
 16 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and  
 17 all information of every nature whatsoever related to this matter. The IC and its counsel agree that  
 18 Respondent may appear at the Board meeting where this Agreement is discussed and, if requested,  
 19 respond to any questions that may be addressed to the IC or the IC's counsel.

20 **8. Effect of Acceptance of Agreement by Board.** In the event the Board accepts,  
 21 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement  
 22 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed  
 23 and the remaining counts of the Complaint shall be dismissed with prejudice.

24 **9. Effect of Rejection of Agreement by Board.** In the event the Board does not  
 25 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and  
 26 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,  
 27 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement  
 28 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this

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1 Agreement shall disqualify any member of the adjudicating panel of the Board from considering  
2 this Complaint and from participating in disciplinary proceedings against Respondent, including  
3 adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify  
4 any such member absent evidence of bad faith.

5 10. **Binding Effect.** If approved by the Board, Respondent understands that this  
6 Agreement is a binding and enforceable contract upon Respondent and the Board.

7 11. **Forum Selection Clause.** The parties agree that in the event either party is  
8 required to seek enforcement of this Agreement in district court, the parties consent to such  
9 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,  
10 State of Nevada, Washoe County.

11 12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is  
12 commenced in district court to enforce any provision of this Agreement, the prevailing party shall  
13 be entitled to recover reasonable attorneys' fees and costs.

14 13. **Failure to Comply with Terms.** Should Respondent fail to comply with any term  
15 or condition of this Agreement once the Agreement has been accepted, approved and adopted by  
16 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice  
17 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.  
18 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,  
19 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may  
20 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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4 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a  
5 condition of this Agreement may subject Respondent to civil collection efforts.

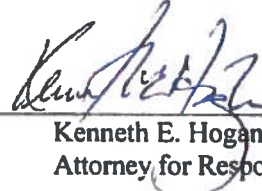
6  
7 Dated this 1 day of April, 2019.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS


11 By:   
12 Donald K. White, Esq., Deputy General Counsel  
13 Attorney for the Investigative Committee

14 Dated this \_\_\_\_ day of \_\_\_\_\_, 2019.

Hogan Hulet PLLC

18 By:   
19 Kenneth E. Hogan, Esq.,  
20 Attorney for Respondent

21 Dated this \_\_\_\_ day of \_\_\_\_\_, 2019.

23   
24  
25 Maryanne D. Phillips, M.D., Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted  
2 by the Nevada State Board of Medical Examiners on the 7th day of June, 2019, with the final total  
3 amount of costs due of \$15,000.00.

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5 Rachakonda D. Prabhu, M.D., President  
6 NEVADA STATE BOARD OF MEDICAL EXAMINERS  
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**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\* \* \* \* \*

**In the Matter of Charges and  
Complaint Against  
Maryanne D. Phillips, M.D.,  
Respondent.**

Case No. 18-10032-1

**FILED**

FEB - 9 2018

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

By: 

**COMPLAINT**

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Maryanne D. Phillips, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) chapter 630 and Nevada Administrative Code (NAC) chapter 630 (collectively Medical Practice Act). The IC alleges the following facts:

1. Respondent is currently licensed in Nevada in active status with conditions (License No. 7635). She has been licensed by the Board since December 21, 1995.

2. Respondent's license is currently in active status with certain conditions placed on the license pursuant to an order dated December 8, 2017, which removed the probationary status on her license to practice medicine, restored the license to active status, and placed all remaining conditions and restrictions associated with a Settlement Agreement dated September 9, 2016, on her license. Previously, Respondent's license was active-probationary status pursuant to the September 9, 2016 Settlement Agreement between the Respondent and the Board. At the regularly scheduled December 1, 2017 Board Meeting, at which Respondent appeared and requested that

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<sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners at the time the filing of this Complaint was approved, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., member, and Mr. M. Neil Duxbury, public member.

1 her probation be lifted, the Board agreed to lift the probation but place the same conditions of her  
2 probation on her license.

3 3. Respondent does not have a license to prescribe controlled substances issued by the  
4 Nevada State Board of Pharmacy.

5 4. Respondent is not registered with the U.S. Drug Enforcement Agency (DEA) to  
6 prescribe controlled substances.

7 5. On or about April 29, 2016, an investigator for the Board sent an allegation letter to  
8 Respondent, based on information received by the Board, regarding allegations that Respondent  
9 unduly pressures her employees and/or independent contractors to prescribe controlled substances  
10 to her patients for financial gain. It was further alleged that Respondent was operating her  
11 medical practice under the name of Marianne Elias, rather than Maryanne Phillips. It was further  
12 alleged that Respondent was the medical director of Research and Wellness Center or Hormones  
13 Center of Nevada located at 2649 Wigwam Parkway, Suite 101, in Henderson, Nevada 89074. It  
14 was further alleged that Respondent was facilitating her office manager and husband, Donald  
15 Kinsman, to distribute and/or sell controlled substances to patients.

16 6. Respondent provided a response on or about June 1, 2016, in which she denied:  
17 (a) ever having used the name of Marianne Elias; (b) ever having been the medical director of  
18 Research and Wellness Center or Hormones Center of Nevada; (c) actively seeing patients since  
19 May or June of 2014; (d) having an office manager, as she denied having a regular office;  
20 (e) facilitating her husband or anyone to distribute and/or sell controlled substances to patients;  
21 and (f) extorting office staff to prescribe controlled substances that are unwarranted and not  
22 medically necessary, resulting in patient harm, as she denied having office staff.

23 7. A Nevada limited liability company named Research and Wellness Center LLC is  
24 registered with the Nevada Secretary of State. Marianne Elias is listed as the manager of the  
25 company. The company has been in default since October 31, 2016. The address of the manager  
26 is listed as 10920 Southern Highlands Parkway, #2105, Las Vegas, Nevada 89141.

27 8. On or about October 30, 2015, the Research and Wellness Center LLC entered into  
28 a Lease Agreement with Marlin A, LLC, to lease real property located at 2649 Wigwam Parkway,

1 Suite 101, Henderson, Nevada 89074.

2 9. The Lease Agreement was signed by Donald Kinsman on behalf of the Research  
3 and Wellness Center LLC.

4 10. Upon information and belief, Donald Kinsman is the spouse of Maryanne Phillips.

5 11. Contact names for Research and Wellness Center LLC were listed on the Lease  
6 Agreement as Mari Elias and Blas Elias.

7 12. The Lease Agreement was personally guaranteed by MaryAnne Elias.

8 13. The signature of MaryAnne Elias, aka Maryanne Phillips, on the Guaranty was  
9 notarized, and she provided a copy of her driver's license. The name on the Nevada driver's  
10 license is Maryanne Phillips Elias.

11 14. A cashier's check was provided with the Lease Agreement. On the Remitter  
12 (Purchased by) line, the cashier's check states "Mary Anne Phillips Elias Wellness Ctr."

13 15. On or about January 11, 2016, the Lease Agreement between Research and  
14 Wellness Center LLC and Marlin A, LLC, was amended. The amendment changed the guarantors  
15 from Donald Kinsman and Mary Anne Elias to Donald Kinsman, Mary Anne Elias, and David  
16 Memmoli.

17 16. Maryanne Phillips previously practiced medicine at 2649 Wigwam Parkway, Suite  
18 101, Henderson, Nevada 89074.

19 17. Maryanne Phillips-Elias, MD is listed on the WebMD website as having a practice  
20 with Daniel F. Royal, D.O. at 9065 S. Pecos Road, Suite 250, Henderson, Nevada 89074.

21 18. Dr. Maryanne Phillips was listed on letterhead for Comprehensive Pain  
22 Management and Wellness, located at 9065 S. Pecos Road, Suite 250, Henderson, Nevada 89074,  
23 from November 2013 through September 2015.

24 19. Respondent treated patients as late as December of 2014.

25 20. From on or around November 2015 through May 2016, one or more members of  
26 Respondent's staff and/or independent contractors witnessed Respondent review patients' charts.

27 21. From on or around November 2015 through May 2016, one or more members of  
28 Respondent's staff and/or independent contractors witnessed Respondent remove progress notes



1 and/or other information from patients' charts.

2 22. From on or around November 2015 through May 2016, one or more members of  
3 Respondent's staff and/or independent contractors witnessed Respondent replace information in  
4 patients' charts.

5 Patient A

6 23. Patient A's true identity is not disclosed to protect his privacy, but his identity is  
7 disclosed in the Patient Designation served on Respondent, along with a copy of this Complaint.

8 24. In December 2015 or January 2016, Patient A came to Respondent's practice for  
9 treatment of pain. He was seen by an advanced practice registered nurse contracting with  
10 Respondent and/or Research and Wellness Center LLC.

11 25. The advanced practice registered nurse, after having a discussion with Patient A,  
12 prescribed Patient A a different pain management regimen than was requested by Patient A.

13 26. Upon receiving an alternate pain management regimen, Patient A chose to  
14 discontinue care with Respondent's practice.

15 27. Respondent and her husband, Donald Kinsman, subsequently admonished the  
16 advanced practice registered nurse and claimed that because the advanced practice registered  
17 nurse had failed to prescribe Oxycodone to Patient A, they had lost both Patient A and the  
18 additional patients he would have brought into the practice.

19 28. Upon information and belief, Patient A was subsequently told by Respondent  
20 and/or Donald Kinsman that he would be prescribed Oxycodone, and returned to Respondent's  
21 practice. Prior to the office visit, Donald Kinsman informed the advanced practice registered  
22 nurse that Patient A had been using his parents' Oxycodone for his pain management.

23 29. On or about February 15, 2016, Patient A again presented to Respondent's practice.

24 30. The advanced practice registered nurse told Patient A that using his parents'  
25 medication was wrong, to which Patient A replied that he knew.

26 31. After discussion with Patient A, during which time Patient A returned the other  
27 prescriptions, admitted to not filling them, said that only the Oxycodone worked, and repeatedly  
28 asked whether he would get a prescription for Oxycodone, the advanced practice registered nurse

1 determined that Patient A was exhibiting drug-seeking behaviors and refused to prescribe  
2 Oxycodone.

3 32. Patient A stated that he had wasted his time and left Respondent's practice.

4 33. On or about February 15, 2016, Donald Kinsman confronted the advanced practice  
5 registered nurse about why he had not prescribed Oxycodone to Patient A. The advanced practice  
6 registered nurse responded that Patient A had gone without a prescription for two weeks, which  
7 demonstrated he did not really need pain medication. He indicated that in his experience, patients  
8 in pain will typically try any pain management regimen in hopes of obtaining pain relief, rather  
9 than go without any pain medication at all because it is not Oxycodone.

10 34. On or about March 1, 2016, a member of Respondent's staff witnessed Respondent  
11 remove the advanced practice registered nurse's note from the examination of Patient A that took  
12 place on or about February 15, 2016, and replace that day's note with a note Respondent then  
13 wrote herself.

14 35. Upon information and belief, Respondent has signed off the chart notes entered by  
15 the advanced practice registered nurse for Patient A.

16 36. On or about May 9, 2017, the IC issued an Order to Produce Medical Records  
17 regarding Patient A to Respondent. The Order required Respondent to produce the records within  
18 10 days of service.

19 37. Respondent previously provided health care records for patients of Research and  
20 Wellness Center LLC; however, Respondent has not complied with the May 9, 2017 Order to  
21 Produce Medical Records.

22 38. On or about May 17, 2017, Respondent sent a message by electronic mail to the  
23 IC's investigative staff that she vaguely remembered a patient by the name of the patient  
24 requested, but was in California most of the time and had not treated a pain patient since 2014.

25 39. In response to a question from investigative staff as to who currently was the  
26 custodian of records for Research and Wellness Center LLC, on or about May 20, 2017,  
27 Respondent sent a message by electronic mail to investigative staff that she was no longer the  
28 custodian of records and that Research and Wellness Center LLC was no longer in existence.

1           40. In response to additional correspondence from investigative staff requesting the  
2 identity of the current custodian of records, on or about May 24, 2017, Respondent sent a message  
3 by electronic mail, stating the following, verbatim:

4           This is not a patient I have seen in five years and the Research and  
5 Wellness was not a pain clinic and it was only established for a year in  
6 later part of 2015 for a research project for a topical cream and only in  
7 existence for a year Davison has now taken over that research They no  
8 longer need an MD to work on the project. I'm training for a cancer  
9 research project but I don't need Research and Wellness LLC to do it the  
10 larger pharmaceutical companies are in charge of any further research.  
11 And just so you have the correct information I was not the manager of  
12 Research and Wellness Center because it is not a Center it is Research and  
13 Wellness LLC and it is Not the same as Wellness Center which was  
14 primary care including weight loss B12 shots nutritional pain treatment as  
15 needed counseling infusion therapy and I believe even history and  
16 physicals only for marijuana patients (started by Memmoli whose no  
17 longer there ) my DEA license was Retired in may 2014 by me because I  
18 did not need it for the research and you might be confusing me with Kim  
19 Phillips who worked a the same location in 2014 that I previously was at,  
20 most of the records in 2016 were put into EMR and I obviously did not  
21 need paper records to do anesthesia at a hospital. Unfortunately some of  
22 the providers actually took some of the paper record that were there like  
23 Dr Foote in 2012. The original practice was Dr Nagy's and I worked for  
24 him on a salary basis and all persons working there were his employees or  
25 independent contractors and there were issues with several of them so I  
26 left and came back for a while in 2013-14 until Dr Emmerling took over  
27 patient care . Most of the charts were with him that were paper and  
28 transcribed into EMR. It is physically impossible to know where every

1 patient I ever saw for Dr Nagy is. I would suggest you check the PNP and  
2 see who saw them three years ago and contact them?

3 If you need a copy of my previous contract with Dr Nagy or the state  
4 information on Research and Wellness LLC I will provide it. I did  
5 neuroanesthesia for Dr Nagy and he decided he wanted a private pain  
6 clinic to refer his surgical patients to but it didn't work out. I apologize for  
7 any problems his former employees might have given you but like I said I  
8 had no control over him or them I just saw patients!

9 41. To date, Respondent has not provided the information requested in the Order to  
10 Produce Medical Records.

11 **Count I:**

12 **NRS 630.306(1)(b)(1): Engaging in Conduct Intended to Deceive**

13 42. All of the allegations contained in the above paragraphs are hereby incorporated by  
14 reference as though fully set forth herein.

15 43. NRS 630.306(1)(b)(1) provides that engaging in any conduct which is intended to  
16 deceive is grounds for initiating disciplinary action.

17 44. Respondent denied to the IC ever having used the name of Marianne Elias, though  
18 she has used various forms of the name Maryanne Phillips, MaryAnne Phillips, Mary Anne  
19 Phillips, Maryanne Phillips-Elias, Mary Anne Phillips Elias, Marianne Elias, Mari Tiffany  
20 Phillips-Elias, Mari Elias and Maryanne Elias on her driver's license, lease agreement, guaranty of  
21 lease agreement, list of officers for Research and Wellness Center LLC, emails, and on websites  
22 advertising her services.

23 45. Respondent denied to the IC ever having been the medical director of Research and  
24 Wellness Center LLC or Hormones Center of Nevada, though a Marianne Elias is listed as the  
25 manager of Research and Wellness Center LLC and that entity signed a lease agreement, which  
26 MaryAnne Elias personally guaranteed.

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1           46.     Respondent denied actively seeing patients since May or June of 2014, though she  
2 continued to refer at least one patient to physical therapy on or about November 12, 2014, and to  
3 medical imaging on or about December 10, 2014.

4           47.     Respondent denied having an office manager, as she denied having a regular office;  
5 however, the Lease Agreement demonstrates that she guaranteed the lease for 2649 Wigwam  
6 Parkway, Suite 101, in Henderson, Nevada, which Lease Agreement was executed by her  
7 husband, Donald Kinsman, on behalf of Research and Wellness Center LLC. Medical records of  
8 multiple patients indicate that patients were seen there from November 2015 through at least May  
9 2016.

10          48.     Upon information and belief, Respondent was present in the office at 2649  
11 Wigwam Parkway, Suite 101, in Henderson, Nevada, nearly every day that the office was open for  
12 the time period in question in this Complaint.

13          49.     Respondent denied facilitating her husband or anyone to distribute and/or sell  
14 controlled substances to patients, and denied extorting office staff to prescribe controlled  
15 substances that were unwarranted and not medically necessary, as she denied having office staff.  
16 However, one advanced practice registered nurse working at 2649 Wigwam Parkway, Suite 101,  
17 in Henderson, Nevada, was pressured by both Respondent and Donald Kinsman to prescribe  
18 Oxycodone to Patient A, in spite of the fact that the advanced practice registered nurse believed,  
19 in his medical judgment, that Patient A exhibited drug-seeking behaviors and that such  
20 prescription was inappropriate.

21          50.     Accordingly, Respondent's response to the Board's investigative staff was less than  
22 truthful and was intended to deceive investigative staff.

23          51.     By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
24 Board of Medical Examiners as provided in NRS 630.352.

25                   **Count II:**

26                   **NRS 630.306(1)(p): Engaging in Unsafe or Unprofessional Conduct**

27          52.     All of the allegations contained in the above paragraphs are hereby incorporated by  
28 reference as though fully set forth herein.

5            55.      Respondent falsified records of health care by destroying notes written by an  
6      advanced practice registered nurse in patients' charts.

9 of 14

4 **NRS 630.301(6): Disruptive Behavior That Interferes With Patient Care or Has an Adverse**  
5 **Impact on the Quality of Patient Care**

6 65. All of the allegations contained in the above paragraphs are hereby incorporated by  
7 reference as though fully set forth herein.

8           66.    NRS 630.301(6) provides that disruptive behavior with physicians, hospital  
9 personnel, patients, members of the families of patients or any other persons if the behavior  
10 interferes with patient care or has an adverse impact on the quality of care rendered to a patient is  
11 grounds for disciplinary action.

67. Respondent exerted pressure, coercion and/or intimidation on the advanced practice registered nurse in her employ or who was an independent contractor in her office, to prescribe opioids to Patient A, when it was not in the patient's best interest in the opinion of the advanced practice registered nurse.

68. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

19 **NRS 630.301(9): Engaging in Conduct That Brings the Medical Profession Into Disrepute**

69. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

70. NRS 630.301(9) provides that engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics is grounds for disciplinary action.

71. Respondent's insistence that an advanced practice registered nurse in her employ, or working as an independent contractor in her office, prescribe medically unwarranted opioids to Patient A in violation of the Model Policy on the Use of Opioid Analgesics in the Treatment of

1 Chronic Pain, adopted by reference in NAC 630.187, brings the medical profession into disrepute.

2 72. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
3 Board of Medical Examiners as provided in NRS 630.352.

4 **Count VII:**

5 **NRS 630.304(6): Attempting by Way of Intimidation, Coercion or Deception, to Obtain or**  
6 **Retain a Patient or to Discourage the Use of a Second Opinion**

7 73. All of the allegations contained in the above paragraphs are hereby incorporated by  
8 reference as though fully set forth herein.

9 74. NRS 630.304(6) provides that attempting directly or indirectly, by way of  
10 intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a  
11 second opinion is grounds for disciplinary action.

12 75. Respondent coerced and/or intimidated an advanced practice registered nurse  
13 working in her office to prescribe opioids to Patient A in order to obtain that Patient, who would  
14 supposedly bring in more patients.

15 76. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
16 Board of Medical Examiners as provided in NRS 630.352.

17 **Count VIII:**

18 **NRS 630.305(1)(a): Receiving From Any Person Compensation Which is Intended or Tends**  
19 **to Influence the Physician's Objective Evaluation or Treatment of a Patient**

20 77. All of the allegations contained in the above paragraphs are hereby incorporated by  
21 reference as though fully set forth herein.

22 78. NRS 630.305(1)(a) provides that directly or indirectly receiving from any person,  
23 corporation or other business organization any fee, commission, rebate or other form of  
24 compensation which is intended or tends to influence the physician's objective evaluation or  
25 treatment of a patient is grounds for disciplinary action.

26 79. Respondent, in order to receive compensation from Patient A, exerted pressure,  
27 coercion and/or intimidation upon an advanced practice registered nurse working in her office to  
28 prescribe opioids to Patient A.



**Count IX:**

**NRS 630.3062(4): Failure to Make the Medical Records of a Patient Available for Inspection and Copying as Provided in NRS 629.061**

6            81. All of the allegations contained in the above paragraphs are hereby incorporated by  
7 reference as though fully set forth herein.

8            82.     NRS 630.3062(4) provides that the failure to make the medical records of a patient  
9     available for inspection and copying as provided in NRS 629.061 is grounds for initiating  
10    disciplinary action.

83. NRS 629.061(1)(g) provides that a provider of health care shall make the health care records of a patient available for physical inspection by an authorized investigator of a state licensing board during the course of any investigation authorized by law.

84. The IC's investigative staff made a request for the records of Patient A to Respondent by a lawful Order to Produce Medical Records.

16 85. Respondent failed to comply with the Order to Produce Medical Records.

17 86. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
18 Board of Medical Examiners as provided in NRS 630.352.

**Count X:**

**NRS 630.3065(2)(a): Failure to Comply With Order of the Board or Committee Designated by the Board to Investigate a Complaint**

22 87. All of the allegations contained in the above paragraphs are hereby incorporated by  
23 reference as though fully set forth herein.

24           88.     NRS 630.3065(2)(a) provides that knowingly or willingly failing to comply with an  
25     order of the Board or committee designated by the Board to investigate a complaint against a  
26     physician is grounds for initiating disciplinary action.

27            89.    Respondent knowingly and willingly failed to comply with the IC's Order to  
28    Produce Medical Records.

1           90. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
2 Board of Medical Examiners as provided in NRS 630.352.

3           **WHEREFORE**, the IC prays that the Board:

- 4           1. Give Respondent notice of the charges set forth in this Complaint;
- 5           2. Give Respondent notice that Respondent may file an answer to the Complaint as  
6 set forth in NRS 630.339(2) within 20 days of service of the Complaint;
- 7           3. Set a time and place for a formal hearing after holding an Early Case Conference  
8 pursuant to NRS 630.339(3);
- 9           4. Determine the sanctions it will impose if it finds Respondent violated the Medical  
10 Practice Act;
- 11           5. Make, issue, and serve on Respondent, in writing, its findings of fact, conclusions  
12 of law and order, which shall include the sanctions, if imposed; and
- 13           6. Take such other and further action as may be just and proper in this matter.

14           DATED this 9 day of February, 2018.

15                               INVESTIGATIVE COMMITTEE OF THE  
16                               NEVADA STATE BOARD OF MEDICAL EXAMINERS

17           By: \_\_\_\_\_

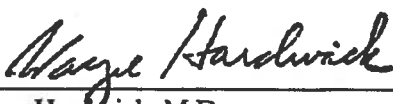
18                               Robert Kfir, Esq., General Counsel  
19                               Jasmine K. Mehta, Esq., Deputy Executive Director  
20                               Attorneys for the Investigative Committee  
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**VERIFICATION**

STATE OF NEVADA       )  
                                  : ss.  
COUNTY OF WASHOE    )

Wayne Hardwick, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 9<sup>th</sup> day of February, 2018.

  
\_\_\_\_\_  
Wayne Hardwick, M.D.  
Chairman, Investigative Committee  
Nevada State Board of Medical Examiners

\* \* \* \* \*

By: \_\_\_\_\_

**Rachakonda D. Prabhu, M.D., President  
Nevada State Board of Medical Examiners**

# EXHIBIT A

# EXHIBIT A

LV194756

**ORIGINAL**

**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\*\*\*\*\*

**In the Matter of Charges and  
Complaint Against  
MARYANNE D. PHILLIPS, M.D.,  
Respondent.**

Case Nos.: 12-10032-1 &amp; 14-10032-1

**FILED****SEP 09 2016**NEVADA STATE BOARD OF  
MEDICAL EXAMINERSBy: **SETTLEMENT AGREEMENT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) and Maryanne D. Phillips, M.D. (Respondent), a licensed physician in Nevada, represented by John A. Hunt, Esq. of the law firm Morris Polich & Purdy, LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:<sup>1</sup>

**A. Background**

1. Respondent is a physician licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since 1995 (License No. 7635).

2. On November 5, 2012, in Case No. 12-10032-1, the IC filed a formal Complaint (Complaint – No. 12-10032-1) charging Respondent with violations of the Medical Practice Act. Specifically, Complaint - No. 12-10032-1 alleges three counts. Count 1 alleges a violation of

<sup>1</sup> All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 NRS 630.301(3), disciplinary action taken by another state. Count II alleges a violation of  
2 NRS 630.306(11), failure to report in writing, within 30 days, any disciplinary action taken against the  
3 licensee by another state. Count III alleges a violation of NRS 630.306(2)(a), engaging in any conduct  
4 that is intended to deceive.

5         3. For purposes of this Agreement, Respondent and the IC further stipulate and agree that  
6 that the IC represented it was intending to amend Complaint - No. 12-10032-1 to include additional  
7 counts regarding allegations that Respondent failed to report to the Board that the Medical Board of  
8 California had taken disciplinary action against Respondent and failed to report to the Board that the  
9 Nevada State Board of Pharmacy (BOP) had taken disciplinary action against Respondent. The IC  
10 also represented that it was going to amend Complaint - No. 12-10032-1 to include additional counts  
11 regarding the disciplinary action taken by The Medical Board of California against Respondent and  
12 the disciplinary action taken by the BOP against Respondent. Accordingly, this Agreement addresses,  
13 resolves, and takes into consideration any and all claims/counts the Board or IC may have brought  
14 against Respondent relative to said matters, including but not necessarily limited to, any count alleging  
15 a violation of NRS 630.301(3), disciplinary action taken by another state, any count alleging a  
16 violation of NRS 630.306(11), failure to report in writing, within 30 days, any disciplinary action  
17 taken against the licensee by another state, or any count alleging a violation of NRS 630.306(2)(a),  
18 engaging in any conduct that is intended to deceive. Accordingly, Respondent and the IC agree that  
19 any and all allegations or claims regarding Respondent allegedly failing to report to the Board that the  
20 Medical Board of California and the BOP had taken disciplinary action against Respondent are hereby  
21 waived and/or released by the IC and/or the Board. Again, for ease of reference, reference to  
22 "Complaint - No. 12-10032-1" shall also include the matters addressed in this paragraph.

23         4. On April 22, 2014, in Case No. - 14-10032-1, the IC filed a formal Complaint  
24 (Complaint - No. 14-10032-1) charging Respondent with violations of the Medical Practice Act.  
25 Complaint - No. 14-10032-1 alleges three counts. Count I alleges one violation of NRS 630.306(1),  
26 failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis,  
27 treatment and care of a patient. Count II alleges one violation of NRS 630.301(4), malpractice as  
28 defined by NAC 630.040. Count III alleges one violation of NRS 630.306(2)(b), engaging in any

1 conduct that the Board has determined is a violation of the standards of practice established by  
2 regulation of the Board.

3 5. Respondent was properly served with a copy of Complaint - No. 12-10032-1 and  
4 with a copy of Complaint - No. 14-10032-1, and has reviewed both Complaints, understands both  
5 Complaints, and has had the opportunity to consult with competent counsel concerning the nature  
6 and significance of the Complaints.

7 6. Respondent is hereby advised of her rights regarding this administrative matter, and of  
8 her opportunity to defend against the allegations in Complaint - No. 12-10032-1 and in Complaint -  
9 No. 14-10032-1. Specifically, Respondent has certain rights in this administrative matter as set out by  
10 the United States Constitution, the Nevada Constitution, the Medical Practice Act, and the Nevada  
11 Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include  
12 the right to a formal hearing on the allegations in Complaint - No. 12-10032-1 and in Complaint -  
13 No. 14-10032-1, the right to representation by counsel, at her own expense, in the preparation and  
14 presentation of her defense, the right to confront and cross-examine the witnesses and evidence against  
15 her, the right to written findings of fact, conclusions of law, and order reflecting the final decision of  
16 the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

17 7. Respondent understands that, under the Board's charge to protect the public by  
18 regulating the practice of medicine, the Board may take disciplinary action against Respondent's  
19 license, including license probation, license suspension, license revocation, and imposition of  
20 administrative fines, as well as any other reasonable requirement or limitation, if the Board  
21 concludes that Respondent violated one or more provisions of the Medical Practice Act.

22 8. Respondent understands and agrees that this Agreement, by and between  
23 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the  
24 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent  
25 understands that the IC shall advocate for the Board's approval of this Agreement, but that the  
26 Board has the right to decide in its own discretion whether or not to approve this Agreement.  
27 Respondent further understands and agrees that if the Board approves this Agreement, then the  
28 terms and conditions enumerated below shall be binding and enforceable upon her and the Board.



1 **B. Terms & Conditions**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein (i.e., the matters  
3 with regards to Complaint - No. 12-10032-1and Complaint – No. 14-10032-1), Respondent and  
4 the IC hereby agree to the following terms and conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to Complaint - No. 12-  
6 10032-1and Complaint - No. 14-10032-1has been, a physician licensed to practice medicine in  
7 Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing, and Intelligent Agreement.**  
9 Respondent understands that she may retain and consult counsel prior to entering into this  
10 Agreement at her own expense. Respondent acknowledges she is represented by counsel,  
11 John A. Hunt, Esq. of the law firm Morris Polich & Purdy, LLP, and wishes to resolve the matters  
12 addressed herein with counsel. Respondent agrees that if representation by counsel in this matter  
13 materially changes prior to entering into this Agreement and for the duration of this Agreement,  
14 that counsel for the IC will be timely notified of the material change. Respondent agrees that she  
15 knowingly, willingly, and intelligently enters into this Agreement after full consultation with and  
16 upon the advice of her counsel.

17 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms  
18 and conditions, Respondent knowingly, willingly, and intelligently waives all rights in connection  
19 with this administrative matter. Respondent hereby knowingly, willingly, and intelligently waives  
20 all rights arising under the United States Constitution, the Nevada Constitution, the Medical  
21 Practice Act, the APA, and any other legal rights that may be available to her or that may apply to  
22 her in connection with the administrative proceedings resulting from Complaint - No. 12-10032-  
23 1and Complaint - No. 14-10032-1filed in this matter, including defense of the Complaints,  
24 adjudication of the allegations set forth in the Complaints (in addition, as more fully addressed  
25 above, this also includes any anticipated amendments to Complaint 12-10032-1), and imposition  
26 of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and  
27 resolve the allegations of Complaint - No. 12-10032-1and Complaint - No. 14-10032-1as set out  
28 by this Agreement without a hearing or any further proceedings, and without the right to judicial

1 review.

2       4.     **Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges  
3 that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is  
4 grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent  
5 is not admitting that the Board's claims/counts as alleged in the Complaints have merit and  
6 Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential  
7 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has  
8 evidence, witnesses, expert witness(es), and defenses to the counts/claims alleged in Complaint -  
9 No. 12-10032-1 and Complaint - No. 14-10032-1, but for the purposes of resolving the matter and  
10 for no other purpose, Respondent waives the presentation of evidence, witnesses, expert  
11 witnesses, and defenses in order to effectuate this Agreement.

12       5.     **Consent to Entry of Order.** In order to resolve Complaint - No. 12-10032-1 and  
13 Complaint - No. 14-10032-1 pending against Respondent without incurring any further costs or the  
14 expense associated with a hearing, Respondent hereby agrees that the Board may issue an order  
15 finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical  
16 Practice Act, to wit: one count of disciplinary action taken by another state, a violation of  
17 NRS 630.301(3), as outlined in Count I of Complaint No. - 12-10032-1 and one count of  
18 malpractice, a violation of NRS 630.301(4), as outlined in Count II of Complaint - No. 14-10032-  
19 1. Accordingly, the following terms and conditions are hereby agreed upon:

20       A.     Respondent agrees to allow her license to practice medicine in the state of Nevada  
21 to be placed on probation for a period of 36 months from the date of the Board's  
22 acceptance, adoption and approval of this Agreement (probationary period). The following  
23 terms and conditions shall apply during Respondent's probationary period:

24           1.     During the probationary period, Respondent shall not prescribe any Class II  
25 - IV medications. If Respondent obtains a medical license coupled with the  
26 authority to prescribe Class II - IV medications in another jurisdiction, the Board  
27 will not object to Respondent prescribing Class II - IV medications in the  
28 jurisdiction in which Respondent obtained a medical license coupled with the

1 authority to prescribe Class II – IV medications. However, if Respondent  
2 prescribes any Class II – IV medications in another jurisdiction to any patient from  
3 Nevada, the IC shall be authorized to immediately summarily suspend  
4 Respondent's license to practice medicine in Nevada.

5 2. During the probationary period, Respondent shall not administer drugs to  
6 patients except those that are necessary to perform her duties as an anesthesiologist.  
7 Accordingly, Respondent shall be able to administer drugs to patients to perform  
8 her duties as an anesthesiologist. The only drugs Respondent shall be able to  
9 administer to patients to perform her duties as an anesthesiologist are outlined in  
10 Exhibit "1." The IC shall monitor Respondent's administration of said drugs  
11 through reasonable random audits of her profile with the Nevada State Board of  
12 Pharmacy's Prescription Monitoring Program and/or random audits of her patient  
13 medical charts. If Respondent administers any drugs outlined in Exhibit "1" to  
14 patients, Respondent shall be able to provide documentary proof upon request from  
15 a Board investigator that said drugs were administered solely to perform her duties  
16 as an anesthesiologist.

17 3. During the probationary period, Respondent agrees the Board shall have  
18 unfettered access to Respondent's medical records and agrees they may be  
19 inspected randomly and without prior notice by investigators of the Board during  
20 the probationary period, to ensure that Respondent's subsequent practice and  
21 record-keeping protocols are consistent with Nevada statutes and regulations.

22 4. During the probationary period, Respondent will be responsible for the  
23 costs involved in the ongoing administrative oversight relative to the probationary  
24 period and shall reimburse the Board within 30 days of a written request for  
25 reimbursement of the same.

26 5. During the probationary period, Respondent shall not engage, in any  
27 manner, in the practice of pain management.  
28

1           6.     During the probationary period, Respondent shall not be employed in any  
2           manner with a pain management clinic/practice.

3           7.     During the probationary period, Respondent shall not have any business  
4           interest/ownership in any pain management clinic/practice.

5           8.     During the probationary period, Respondent shall not work at any location  
6           where pain management is practiced.

7           9.     During the probationary period, Respondent shall not supervise any  
8           physician assistants.

9           10.    During the probationary period, Respondent shall provide the Board with  
10          the physical address of each location of employment. If an address of employment  
11          changes, Respondent shall notify the Board in writing of the new physical address  
12          within five business days of the change.

13          11.    During the probationary period, Respondent shall comply with all laws  
14          related to the practice of allopathic medicine, whether state or federal, whether  
15          statutory or regulatory, and whether contained in NRS and NAC chapters 629, 630,  
16          453, 454, 585 and 639.

17          12.    Respondent shall allow Board investigators to enter each location where  
18          Respondent is practicing medicine at any time during each practice location's  
19          normal operating hours, including any room or area therein, to inspect the practice  
20          and review any or all of her patient and practice records.

21          B.     Respondent may petition the Board before the probationary period has expired to  
22          request that the terms of this Agreement be modified or that the probationary period be  
23          terminated before the 36-month probationary period referenced above expires.

24          C.     With regards to Complaint - No. 12-10032-1, Respondent shall pay a fine of five  
25          hundred and xx/100 dollars (\$500.00) for Count I within 30 days of the Board's  
26          acceptance, adoption and approval of this Agreement.

27        ///

28        ///

1 D. With regards to Complaint – No. 14-10032-1, Respondent shall pay a fine of five  
2 hundred and xx/100 dollars (\$500.00) for Count II within 30 days of the Board's  
3 acceptance, adoption and approval of this Agreement.

4 E. With regards to Counts II and III of Complaint - No. 12-10032-1 and Counts I and  
5 III of Complaint No. - 14-0032-1, the same shall be dismissed.

6 F. Respondent will pay the costs and expenses incurred in the investigation and  
7 prosecution of the above-referenced matters within 30 days of the Board's acceptance,  
8 adoption and approval of this Agreement (i.e., Complaint - No. 12-10032-1 and Complaint  
9 – No. 14-10032-1), the current amounts being \$4,567.42 for Complaint - No. 12-10032-1  
10 and \$4,360.36 for Complaint – No. 14-10032-1, not including any costs that may be  
11 necessary to finalize this Agreement.

12 G. Respondent shall be issued a public letter of reprimand.

13 H. Respondent shall take six hours of continuing medical education (CME) related to  
14 anesthesiology within 12 months from the date of the Board's acceptance, adoption and  
15 approval of this Agreement. The aforementioned hours of CME shall be in addition to any  
16 CME requirements that are regularly imposed upon Respondent as a condition of licensure  
17 in the state of Nevada and shall be approved by the Board prior to their completion.

18 I. This Agreement shall be reported to the appropriate entities and parties as required  
19 by law, including, but not limited to, the National Practitioner Data Bank.

20 **6. Release From Liability.** In execution of this Agreement, Respondent understands  
21 and agrees that the state of Nevada, the Board, and each of its members, staff, counsel,  
22 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants, and  
23 agents are immune from civil liability for any decision or action taken in good faith in response to  
24 information acquired by the Board. NRS 630.364(2). Respondent agrees to release the state of  
25 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,  
26 committees, panels, hearing officers, consultants, and agents from any and all manner of actions,  
27 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and  
28 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against

1 any or all of the persons, government agencies, or entities named in this paragraph arising out of,  
2 or by reason of, this investigation, this Agreement, or the administration of the cases referenced  
3 herein.

4       7.     **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall  
5 recommend approval and adoption of the terms and conditions of this Agreement by the Board in  
6 resolution of Complaint - No. 12-10032-1and Complaint – No. 14-10032-1. In the course of  
7 seeking Board acceptance, approval, and adoption of this Agreement, counsel for the IC may  
8 communicate directly with the Board staff and the adjudicating members of the Board.

9       Respondent acknowledges that such contacts and communication may be made or  
10 conducted ex parte, without notice or opportunity to be heard on her part until the public Board  
11 meeting where this Agreement is discussed, and that such contacts and communications may  
12 include, but not be limited to, matters concerning this Agreement, the Complaint, and any and all  
13 information of every nature whatsoever related to this matter. The IC and its counsel agree that  
14 Respondent may appear at the Board meeting where this Agreement is discussed and, if requested,  
15 respond to any questions that may be addressed to the IC or the IC's counsel.

16       8.     **Effect of Acceptance of Agreement by Board.** In the event the Board accepts,  
17 approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement  
18 an order of the Board.

19       9.     **Effect of Rejection of Agreement by Board.** In the event the Board does not  
20 accept, approve, and adopt this Agreement, this Agreement shall be null, void, and of no force and  
21 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,  
22 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement  
23 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this  
24 Agreement shall disqualify any member of the adjudicating panel of the Board from considering  
25 Complaint - No. 12-10032-1and Complaint - No. 14-10032-1and from participating in disciplinary  
26 proceedings against Respondent, including adjudication of the cases; and (2) Respondent further  
27 agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

28       10.    **Binding Effect.** If approved by the Board, Respondent understands that this

Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause.** The parties agrees that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be either the Second Judicial District Court, state of Nevada, Washoe County.

12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses, or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 8 day of MARCH, 2016.

By: [Signature]  
Robert Kilroy, Esq.  
Attorney for the Investigative Committee

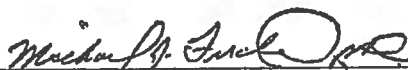
Dated this 8 day of MARCH, 2016.

By: [Signature]  
John A. Hunt, Esq.  
Attorney for Respondent

UNDERSTOOD AND AGREED:

[Signature]  
MARYANNE D. PHILLIPS, M.D., Respondent  
Dated this 8 day of MARCH, 2016.

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the  
2 Nevada State Board of Medical Examiners on the 9<sup>th</sup> day of September 2016, with the final total  
3 amount of costs due of \$8,927.78.

4  
5   
6 Michael J. Eischer, M.D., President  
NEVADA STATE BOARD OF MEDICAL EXAMINERS



# EXHIBIT

# 1

# EXHIBIT

# 1

acetaminophen	heparin	nitroprusside 50 mg injection
ademosine	heparin sodium	norepinephrine
Adenosine 3 mg/ml 2 ml vial	hetastach 6% 500 ml drip	ocular lubricant
albuterol	hydralazine	ondansetron
albuterol hfa	hydralazine hcl	ophthalmic lubricant
alfentanil	hydrocortisone 100mg/2mL	peinephrine PFS
alfentanyl	hydrocortisone 250mg/2mL	phenylephrine 100mcg/1mL
aminocaproic acid	hydrocortisone pf	phenylephrine 10mcg/1mL
amiodarone	hydromorphone	phenylephrine hcl
atracurium	iopamidol	physostigmine
atropine	ketamine	promethazine hcl
atropine sulfate	ketorolac	propofol 10mg/1mL
benzocaine/tetracaine topical	ketorolac tromethamine	propofol 200mg/20mL
bivalirudin	labetalol 5 mg/ml 4ml syringe	propofol/benzyl
bupivacaine 0.25% epi 1:200K	lidocaine 1% epi 1:100,000	propranolol
bupivacaine	lidocaine 1% MPF	protamine 10mg/1mL
calcium chloride	lidocaine 1% pf	protamine 50mg/5mL
calcium chloride 10%	lidocaine 2%	protamine sulfate
cefazolin	lidocaine 2% 100mg/5mL	rocuronium
cefazolin sodium	lidocaine 2% 20 mg/ml 5ml sdv	sodium bicarbonate
cefoxitin	lidocaine 2% 5 ml jelly	sodium chloride
dexamethasone 10mg/1mL	lidocaine 2% MPF	sodium chloride 10%
dexamethasone 4mg/1mL	lidocaine 2% topical	sterile water
dexamethasone na phosphate	lidocaine 5% topical	succinylcholine
dextrose	lidocaine hcl 2%	succinylcholine chloride
dextrose 50% 50 ml syringe	lta kit 4% 4 ml top soln	sufentanil
digoxin	meperidine	sufentanil citrate
diltiazem	methpredinsolone sodium succ	triamcinolone
diphenhydramine	methyiprednisole sod succ	vasopressin
diphenhydramine hcl	methylprednisolone NA succ	vecuronium
dobutamine	metoclopramide	verapamil
doxapram	metoprolol	water for injection, fliptop
edrophonium/atropine	midazolam	
ephedrine 50mg/1mL	midazolam 2 mg/2mL	
ephedrine 5mg/1mL	midazolam 5mg/5mL	
ephedrine sulfate	milrinone 20mg/100mL	
epinephrine	milrinone 20mg/20mL	
epinephrine 10 ml bristojet	milrinone lactate iv	
esmolol	morphine	
esmolol hcl	morphine 10mg/1mL	
etomidate	morphine PF 10mg/10mL	
famotidine	naloxone	
fentanyl	naloxone 0.4 mg/1 ml inj.	
flumazenil	neostigmine	
furosemide	neostigmine 10 mg/10 ml vial	
gentamycin sulfate	nitroglycerin	
glycopyrrolate	nitroglycerin 2% ud	

**10B**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

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

**Registration Fee: \$80.00** (non-refundable money order or cashier's check only)  
(This application cannot be used by PA's or APRN's)

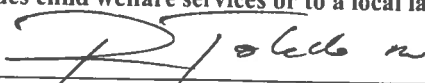
First: Robert Middle: \_\_\_\_\_ Last: Toledo Degree: DO  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Practice Name (if any): Henderson Wellness DBLGYN  
Nevada Address: 1552 W Warm Springs Rd Suite #: 100  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)  
City: Henderson State: NV Zip Code: 89014  
E-mail: dr.roberto@gmail.com Contact E-mail: nolly@deserttreatment.com  
Work Telephone: 702-933-5544 Fax: 702-933-5545  
Practitioner License Number: 1057 Specialty: DBLGYN  
Sex: ☒ M or ☐ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>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?....</b>			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> 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 <u>any</u> state? ...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:			
Board Administrative Action:	State	Date:	Case #:
	NV	07/25/2018	16-013-PD-S / See Attached
Criminal Action:	State	Date:	Case #:
			County Court

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Original Signature, no copies or stamps accepted.  Date 06/19/2019

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00

**FILED**

JUL 25 2018

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 16-013-PD-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>ROBERT TOLEDO, D.O.,</b>	)	<b>FINDINGS OF FACT,</b>
<b>Certificate of Registration Nos. CS11019,</b>	)	<b>CONCLUSIONS OF LAW</b>
<b>CS17832,</b>	)	<b>AND ORDER</b>
<b>CS19754,</b>	)	
<b>CS23073,</b>	)	
<b>PD00063, and</b>	)	
<b>PD11019,</b>	)	
	)	
<b>Respondent.</b>	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Robert Anthony Toledo, D.O. (Toledo), Certificate of Registration Nos. CS11019, CS17832, CS19754, CS23073, PD00063 and PD11019, appeared with counsel, John Cotton, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

The allegations against Toledo, as stated in the Accusation on file herein, and upon which Toledo admits and the Board makes findings of fact, are as follows:

1. Toledo held active Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, issued by the Board at the time of the events set forth herein.
2. Toledo also held an active license issued by the Nevada State Board of Osteopathic Medicine to practice osteopathic medicine in Nevada (License No. 1057), and owned and operated Henderson Wellness Medical Spa & Colonics (HWMS), located at 9895 Maryland Parkway, #C, Las Vegas, Nevada.
3. On March 30, 2016, investigators from the Board and the Nevada State Board of Osteopathic Medicine conducted a joint investigation of HWMS.

4. When the investigators arrived at HWMS, there was no one present there who was licensed to possess, access, order, prescribe or dispense dangerous drugs or controlled substances.

5. Toledo arrived at HWMS approximately thirty (30) minutes after the investigators arrived and initiated their investigation.

6. Prior to Toledo's arrival on March 30, 2016, Toledo's staff wrote and dispensed prescriptions for two (2) walk in patients without Toledo present at HWMS.

7. Toledo's HWMS staff assisted each of the two (2) patients to complete a Medical Weight Loss Program – Progress Note, and, in Toledo's absence, signed the Medical Weight Loss Program – Progress Notes with a stamp of Toledo's signature.

8. Without Toledo present, his HWMS staff created a prescription for each patient, prescription numbers 11211 for patient W.H., and 11212 for patient L.V., by stamping Phentermine 37.5 MG and instructions for use on a copied prescription blank bearing Toledo's pre-signed signature.

9. Toledo's staff accessed HWMS's inventory of controlled substances and dangerous drugs and dispensed Phentermine 37.5 MG tablets to each patient without Toledo present and without Toledo or any licensed practitioner examining the patient to establish a bona fide therapeutic relationship between Toledo and the patient.

10. Phentermine is a schedule IV-controlled substance.

11. Toledo established a system at HWMS wherein he directed his staff to routinely possess, prescribe and dispense controlled substances and dangerous drugs to patients on his behalf and in his absence without a bona fide relationship between Toledo and the patient, at significant risk of harm to the public.

12. HWMS had five (5) manila folders onsite that each contained copies of pre-signed prescription blanks which were pre-written for a dangerous drug and each bearing Toledo's copied signature. When a patient visited HWMS for a prescription, an unlicensed staff member wrote in the patient's name and information.

13. The copies of pre-signed prescriptions in the five manila folders at HWMS included:
  - Latisse – 14 pre-signed copied prescription blanks.
  - Obagi CRS – 11 pre-signed copied prescription blanks.
  - Obagi Nuderm – 21 pre-signed copied prescription blanks.
  - Obagi Clenziderm – 13 pre-signed copied prescription blanks.
  - Rx Sheets – 17 pre-signed copied prescription blanks for use when staff wrote for Phentermine and other prescription medications other than the Latisse and Obagi products.
14. Toledo maintained a stock of controlled substances and dangerous drugs that were readily accessible to HWMS staff in Toledo's absence.
15. The acts performed by Toledo's HWMS staff constituted the practice of medicine since they involved assessment, diagnosis, and treatment of HWMS's patients.
16. None of Toledo's HWMS staff were licensed to practice medicine as a physician, physician's assistant, or advanced practice registered nurse.
17. Toledo did not examine any of the patients of HWMS in any capacity and did not maintain medical charts on any patients of HWMS.
18. Toledo's HWMS staff possessed the controlled substances and dangerous drugs they dispensed with Toledo's knowledge and consent and through the exercise of Toledo's authority to obtain and/or prescribe controlled substances and dangerous drugs.
19. On August 16, 2016, the Nevada State Board of Osteopathic Medicine approved and entered a Settlement Agreement and Order *In the Matter of Robert Toledo, D.O.*, Case No. AD1606001.
20. Toledo entered into a Memorandum of Agreement with the U.S. Drug Enforcement Administration in May of 2017 after an audit revealed that from January 1, 2014 through November 28, 2016, Toledo dispensed 32,245 more Phentermine tablets than he was able to validate through invoice purchases.

### **CONCLUSIONS OF LAW**

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent because at the time of the events herein, Toledo held active registrations issued by the Board to prescribe and dispense controlled substances and dangerous drugs.
2. The applicable law in this matter is as follows:
  - a. No person may possess a controlled substance or dangerous drug in Nevada except as authorized by law. NRS 453.336; NRS 453.338; NRS 453.373; NRS 454.213; NRS 454.316; NRS 454.321.
  - b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.
  - c. A physician may prescribe and dispense controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.
  - d. Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.440(1)(c); 21 CFR § 1306.05.
  - e. No person may prescribe and dispense dangerous drugs in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 639.235(1); NAC 639.742(1), (3) and (4).
  - f. Each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NRS 454.223; NAC 454.060(1).
  - g. A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock combination. NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a); NAC 639.745(1)(c).



h. A dispensing practitioner shall ensure that no prescription for a controlled substance or dangerous drug is dispensed to a patient unless the dispensing practitioner is on-site at the facility. NAC 639.742(3)(e).

i. “Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(h).

j. A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

k. “Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(j).

l. “Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(o).

m. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

n. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

o. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

p. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs

or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

3. By allowing his HWMS staff, none of whom were practitioners licensed to possess controlled substances, to use his authority to access and possess an inventory of controlled substances, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 453.338(1) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

4. By allowing his HWMS staff, none of whom were practitioners licensed to possess dangerous drugs, to use his authority to obtain and possess an inventory of dangerous drugs, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 454.213; NRS 454.311 and NRS 454.316 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

5. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to issue prescriptions for controlled substances using pre-signed and copied prescription blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 453.321(1)(a); NRS 453.331(1)(b), (c), (d), (f) and (h), NRS 453.381(1); NRS 639.2813(1) and NAC 453.440(1)(c). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), and NRS 639.255.

6. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to issue prescriptions for dangerous drugs using pre-signed and copied prescription

blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted HWMS's staff in violating NRS 454.221(1), NRS 454.223, NRS 454.311(1) and (2), NRS 454.316; NRS 639.2813(1); NAC 454.060(1) and NRS 639.235(1). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(1)(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

7. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to dispense controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamped signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 639.235(1); NRS 639.284(2) and NRS 639.285. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

8. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to possess and dispense controlled substances to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating 21 CFR § 1301.11; NRS 639.100(1); NRS 453.316(1); and NRS 453.331(1)(b), (c), (d), (f) and (h). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.744

9. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to possess and dispense dangerous drugs to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating NRS 639.100(1); NRS 454.215 and NRS 454.321. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that

conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

10. By allowing his HWMS staff, none of whom were practitioners licensed to possess, prescribe and dispense controlled substances or dangerous drugs, to possess, prescribe and dispense controlled substances and dangerous drugs under his authority, Toledo performed and/or was a party to fraudulent and deceitful practices and transactions and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

11. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, controlled substances to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of 21 CFR § 1306.05; NRS 639.2353(2); NAC 453.440(1)(c); and NAC 453.410(1)(b)(8), and is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

12. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, dangerous drugs to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of NRS 454.223(2)(a); NRS 639.2353(2); and NAC 454.060(1), and is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

13. By allowing his unlicensed HWMS staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility, Toledo violated NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a), and NAC 639.745(1)(c), and is subject to discipline under NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

14. By allowing his unlicensed HWMS staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his facility, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1301.11 and NAC 639.742(3)(e), and is subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

15. By allowing his unlicensed HWMS staff to dispense prescriptions for controlled substances and dangerous drugs without Toledo first personally checking the medications and

initialing them before they were dispensed, Toledo violated 21 CFR § 1306.05 and NAC 639.743(2)(a) and/or (b). Toledo is therefore subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

16. By providing pre-signed prescription blanks and/or a stamp of his signature to his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, and by facilitating the issuance of prescriptions for controlled substances to patients with whom Toledo does not have a bona fide therapeutic relationship, Toledo committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest pursuant to NRS 453.231 and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. Respondent Robert Anthony Toledo's Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Toledo applies for reinstatement of one or more of his controlled substance registrations and/or his dispensing practitioner registrations, and the Board reinstates his registration(s), Toledo:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance.


d. May not dispense any controlled substance or dangerous drug.

3. Toledo may not apply for reinstatement of his controlled substance or dispensing practitioner registrations until after “a period of not less than 1 year has lapsed since the date of revocation,” as required by NRS 639.257(1).

4. In the event Toledo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

**IT IS SO ORDERED.**

Entered this 25 day of July, 2018.

  
\_\_\_\_\_  
Leo Basch, President  
Nevada State Board of Pharmacy

**11**

**11A**





1. On December 14, 2007, the Board's Reno office received notice from Smiths that Ms. Carlson had attempted to have two fraudulent prescriptions filled at Smith's #348. In a written statement provided to Board Staff by Ms. Carlson she admitted writing two fraudulent prescriptions for her father, one for Ambien 10 mg. #60 and the other for Ativan 2 mg. #120 that she had indicated were supposedly written by Dr. Arezo Maria Fathie. In her statement, Ms. Carlson admitted that she tried to have the two fraudulent prescriptions filled at Smith's #348. Ms. Carlson explained in her statement that she was employed by Dr. Fathie and that she intended to get caught

passing the fraudulent prescriptions so that Dr. Fathie would terminate Ms. Carlson's employment.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Carlson is a pharmaceutical technician registered by the Board.
2. In writing two fraudulent prescriptions, including one for a controlled substance, without lawful authorization therefore, Ms. Carlson violated NRS 453.321(1)(a), 453.331(1)(d), and 639.210(1), (4), and (12) and NAC 639.945(1)(g) and (h).

### **ORDER**

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Carlson's pharmaceutical technician registration (PT01570) is revoked. Ms. Carlson may not be employed in any business registered by the Board in any capacity unless and until her registration as a pharmaceutical technician has been reinstated.
2. Ms. Carlson shall return to the Board's Reno office her registration certificate within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the registration certificate is received by the Board office.

Signed and effective this 14<sup>th</sup> day of May, 2008.



---

Barry Boudreaux, President  
Nevada State Board of Pharmacy

# Columbia Southern University

## GRADE REPORT

Ms. Joanna L. Carlson  
692 Anne Ln  
Henderson, NV 89015-1510

new name

Joanna Thompson  
555 69.97-2553

Enrollment Date  
December 15, 1998

Student Number  
4735

Program Enrolled

Course Number  
CPT REC

Course Title  
CPT Re-Certification Course-2002

Units  
0

Grade Report Date  
03/20/2002

### Course Detail

Unit No. Unit Name  
1 Course Exam

Grade  
96 A

Course Grade 96 A

Dr. Arzo Retiree office  
OK for confirmation  
Katie Wade  
~~Katie Har~~

Heather Rowan

Agg. Dr. Taurino A. J. L. - 305 V 129 office



Telephone  
251-981-3771  
800-977-8449

Fax  
251-981-3815

E-Mail/Website  
admissions@columbiasouthern.edu  
www.columbiasouthern.edu

Address  
PO Box 3110  
24847 Commercial Ave  
Orange Beach, AL 36561

**11B**

**NEVADA STATE BOARD OF PHARMACY**  
**985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521**  
**PHARMACEUTICAL TECHNICIAN APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Mychela Middle: Brandy Last: Predium  
 Home Address: 5 East Deer Springs Way Apt #: \_\_\_\_\_  
 City: North Las Vegas State: NV Zip Code: 89084  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: 1/1/1984 Place of Birth: Los Angeles Sex: ☐ M or ☒ F  
 E-mail Address: mychela.predium@gmail.com

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.  
☐ Copy of a certificate from an ASHP approved pharmacy technician school.  
☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: \_\_\_\_\_

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU **CAN NOT** SUBMIT THIS APPLICATION)

- |                                                                                                                                                                                                       | 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"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

\* If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation: board issued letter of reprimand and assessed \$250 fine

Board Administrative Action:	State	Date:	Case #:	
	<u>LA</u>	<u>09/04/2015</u>	<u>2015-289</u>	<u>Board issued letter of reprimand and fine</u>

Criminal Action:	State	Date:	Case #:	County	Court
		<u>/ /</u>			

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒ IF  
 you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only: Date Processed: \_\_\_\_\_

Amount: 40.00



The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

### Lookup Detail View

#### Name

##### Name

Mychela B. Predium

#### Credential Information

License	License Type	Issue Date	Expiration Date	Status
CPT.012989	Certified Pharmacy Technician	10/28/2015	06/30/2019	Active, within renewal cycle

#### Education

School	Graduation Date	Degree
Nursing Assistant Network Association		

#### Prior Board Orders (may or may not be disciplinary in nature)

File Number	Status	Date Recieved	Date Closed	Resolution
2015-289	CLOSED	09/04/2015	02/24/2016	Board issued a Letter of Reprimand, and further, assessed a fine of \$250 plus administrative costs.

Generated on: 4/30/2019 1:38:43 PM

\* supporting documentation: in regards to questions 4 and 5 of application.



The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

#### **Lookup Detail View**

##### **Name**

<b>Name</b>
Mychela B. Predium

##### **Credential Information**

<b>License</b>	<b>License Type</b>	<b>Issue Date</b>	<b>Expiration Date</b>	<b>Status</b>
CPT.012989	Certified Pharmacy Technician	10/28/2015	06/30/2019	Active, within renewal cycle

##### **Education**

<b>School</b>	<b>Graduation Date</b>	<b>Degree</b>
Nursing Assistant Network Association		

##### **Prior Board Orders (may or may not be disciplinary in nature)**

<b>File Number</b>	<b>Status</b>	<b>Date Recieved</b>	<b>Date Closed</b>	<b>Resolution</b>
2015-289	CLOSED	09/04/2015	02/24/2016	Board issued a Letter of Reprimand, and further, assessed a fine of \$250 plus administrative costs.

Generated on: 4/30/2019 1:38:43 PM





Texas Pharmacy Registered Technician Registration # 262361

PREDIUM, MYCHELA BRANDY

#### Registration Information

**Registration Status** Active  
**Registration #** 262361  
**Expiration Date** 10/31/2020  
**Date Registration** 10/24/2016  
**Technician Type** Registered Technician

#### Names

**Last Name** PREDIUM  
**First Name** MYCHELA  
**Middle Name** BRANDY

#### Technician Details

**Prior Disciplinary Order(s)\*** Yes

- 865591 TCHAPP Predium, Mychela B EDABO T16314 2016-10.pdf

\* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

*AGREED BOARD ORDER #T-16-314*

RE: IN THE MATTER OF  
MYCHELA BRANDY PREDIUM  
(APPLICANT FOR PHARMACY  
TECHNICIAN REGISTRATION)

BEFORE THE TEXAS STATE  
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of the application for pharmacy technician registration filed by Mychela Brandy Predium (Applicant) on April 14, 2016.

By letter dated September 14, 2016, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Section 568.003(a)(13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015), in that allegedly:

**COUNT**

On or about February 24, 2016, the Louisiana Board of Pharmacy entered a Consent Order in the matter of Technician Candidate No. 20011 and Technician Certificate No. 12989 held by Mychela Brandy Predium. The Order was based on evidence that while acting as an employee of CVS/pharmacy #1017 in Metairie, Louisiana, Ms. Predium worked a total of 104 hours after her technician candidate registration expired. The Order reprimanded Ms. Predium's registration and imposed a fine of \$250.

By letter dated September 14, 2016, Applicant was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

**ORDER OF THE BOARD**

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Applicant shall be granted a Texas registration after successfully completing the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE

*Agreed Board Order #T-16-314*  
*Mychela Brandy Predium*  
*Page 2*

ANN., Title 3, Subtitle J (2015) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).


- (2) Applicant's registration is reprimanded.

Agreed Board Order #T-16-314  
Mychela Brandy Predium  
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

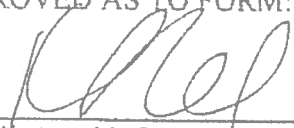
Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on  
this 21st day of October, 2016.

  
\_\_\_\_\_  
Gay Dodson, R.Ph., Executive Director/Secretary  
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

  
\_\_\_\_\_  
Mychela Brandy Predium

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Kerstin Arnold, General Counsel  
Texas State Board of Pharmacy

**12**

**12A**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Luolong Middle: P. Last: Ongor  
 Home Address: W. Charleston Blvd. Apt#: 6  
 City: Las Vegas State: NV Zip Code: 89146  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: 2 Place of Birth: Koror, Palau Sex: ☐ M or ☒ F  
 E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: Walgreens Store #: 02598  
 Address: 7085 S. Rainbow Blvd  
 City: Las Vegas State: NV Zip Code: 89139  
 Signature of Managing Pharmacist: [Signature] Lic #: 17653 Date: 4/29/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

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

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/> <input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: [Signature] Date: 4-23-2019

**Board Use Only** Date Processed: \_\_\_\_\_ Amount: 40.00

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

## PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Kolong Middle: P. Last: Ongor  
 Home Address: W. Charleston Blvd. Apt #: 6  
 City: Las Vegas State: NV Zip Code: 89146  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Koror, Palau Sex: ☐ M or ☒ F  
 E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

## I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 3915  
 Address: 6401 W. Charleston Blvd.  
 City: Las Vegas State: NV Zip Code: 89146  
 Signature of Managing Pharmacist: \_\_\_\_\_ Lic #: 18352 Date: 8/16/15

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- |                                                                                                                                                                                                          |                                     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                                                                                                          | Yes                                 | No                                  |
| 3. 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"/> |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	<u>Nevada</u>	Case #: <u>C0493901A</u>
			<u>misdemeanor Domestic Violence.</u>
Criminal Action:	State	<u>NEVada</u>	Court
		<u>7/24/2001</u>	<u>Stewart/Mojave</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒  
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, No copies or stamps accepted

Date

Board Use Only Date Processed:

Amount: \$40.00



**12B**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

## PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Andrew Middle: Levy Last: Solis  
 Home Address: El Escorial Drive Apt #: \_\_\_\_\_  
 City: Las Vegas State: NV Zip Code: 89121  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Las Vegas, NV Sex: M or ☐ F  
 E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: CVS Pharmacy Store #: 0082  
 Address: 6432 Losee Road  
 City: Las Vegas State: NV Zip Code: 89086  
 Signature of Managing Pharmacist: [Signature] Lic #: 18811 Date: 5/28/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- |                                                                                                                                                                                                       | 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"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:		State	Date:		Case #:	
			/ /			
Criminal Action:	State	Date:	Case #:	County	Court	
	NV	4 / 27 / 2016	16F05949x	Clark County	Justice Court Department 7	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒  
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed:

Amount:

40.00

CRIMINAL HISTORY DISCLOSURE  
APPLICANT ANDREW L SOLIS

To whom it may concern:

On April 14<sup>th</sup>, 2016, I was arrested and charged for possession of a drug not for interstate commerce, and use/possession of drug-paraphernalia. I was in 12<sup>th</sup> grade at Chaparral high school. I was preparing to leave campus with a few classmates in my vehicle with me. It was 7<sup>th</sup> period, however as a senior that was credit proficient I had an "open" 7<sup>th</sup> period. As I was preparing to back out of my parking space, a campus officer approached my vehicle to verify that everyone in the car indeed had an open 7<sup>th</sup> period and was eligible to leave campus. The few people in my car were directed to go to the Dean's office because they weren't eligible to leave campus. After the other passengers were escorted to the office, the officer told me he smelt marijuana in my car which prompted a search. While conducting the search, the officer recovered a gym bag containing a small amount of marijuana in a plastic bag, and a mason jar. All of the paraphernalia recovered belonged to me. Upon arrest and further investigation, the arresting officers were able to conclude that I hadn't distributed any marijuana, yet theorized that I was intending to. I later appeared in court after spending less than a half of a day in jail. I was ordered to complete 25 hours of community service through the Nevada HELP program, and to complete an online drug/alcohol course. Upon completion of this, as well as staying out of trouble, my case and both charges would be dismissed. I successfully completed everything as well as stayed out of trouble.

## Register of Actions

Case No. 16F05949X

State of Nevada vs. SOLIS, ANDREW L

§  
§  
§  
§  
§

Case Type:

Felony

Date Filed:

04/27/2016

Location:

JC Department 7

## Party Information

Defendant SOLIS, ANDREW L

Lead Attorneys  
Public Defender  
Public Defender  
702-455-4685(W)State of Nevada  
State of Nevada

## Charge Information

Charges: SOLIS, ANDREW L	Statute	Level	Date
1. Poss drug not for i-state commerce [51366]	454.351	Misdemeanor	04/14/2016
2. Use/poss drug-para [51339]	453.566	Misdemeanor	04/14/2016

## Events &amp; Orders of the Court

## DISPOSITIONS

06/28/2016 Rea (Judicial Officer: Hafen, Conrad)

1. Poss drug not for i-state commerce [51366]  
Nolo Contendere

06/28/2016 Disposition (Judicial Officer: Hafen, Conrad)

1. Poss drug not for i-state commerce [51366]  
Adjudication Deferred
2. Use/poss drug-para [51339]  
Dismissed

06/28/2016 Interim Sentence - Final Disposition Pending (Judicial Officer: Hafen, Conrad)

1. Poss drug not for i-state commerce [51366]  
Condition - Adult:
  1. Suspended Jail Sentence, 30 days 06/28/2016, Active 06/28/2016
  2. Stay Out of Trouble, 06/28/2016, Active 06/28/2016
  3. Community Service Mandatory Hours, HELP of Southern Nevada 25 hours 06/28/2016, Satisfied 10/25/2016
  4. Drug Counseling (Short Term), 06/28/2016, Active 06/28/2016
  5. If so, to be dismissed, 06/28/2016, Active 06/28/2016

10/27/2016 Amended Misdemeanor Sentence (Judicial Officer: Bennett-Haron, Karen P.) Reason: Court Ordered

1. Poss drug not for i-state commerce [51366]  
Condition - Adult:
  1. Suspended Jail Sentence, 30 days 06/28/2016, Closed 10/27/2016
  2. Stay Out of Trouble, 06/28/2016, Closed 10/27/2016
  3. Community Service Mandatory Hours, HELP of Southern Nevada 25 hours 06/28/2016, Satisfied 10/25/2016

4. Drug Counseling (Short Term), 06/28/2016, Satisfied 10/27/2016

5. If so, to be dismissed, 06/28/2016, Closed 10/27/2016

**10/27/2016 Amended Disposition** (Judicial Officer: Bennett-Haron, Karen P.) Reason: Court Ordered

1. Poss drug not for i-state commerce [51366]

Dismissed After Diversion - Requirements Completed

### OTHER EVENTS AND HEARINGS

**04/14/2016 Standard Bail Set**

*Ct1: \$3000 Cash/\$3000 Surety*

**04/14/2016 TRACK Track Assignment JC14**

**04/14/2016 Standard Bail Set**

*Ct2: \$1000 Cash/\$1000 Surety*

**04/14/2016 Surety Bond Acceptance-Notice of Appearance**

**04/14/2016 Surety Bond**

**04/14/2016 Waiver of Extradition After Admission to Bail**

**04/15/2016 48 Hour DNA Probable Cause Review (7:20 AM)** (Judicial Officer Hafen, Conrad)

Result: Signing Completed

**04/15/2016 Probable Cause existed for the defendant's arrest**

*Therefore, the defendant's biological specimen shall be submitted to the appropriate forensic laboratory for genetic marker analysis*

**04/15/2016 Probable Cause Found**

**04/15/2016 Minute Order - Department 14**

**04/15/2016 Probable Cause Arrest Documents**

**04/21/2016 TRACK Case Modified**

*Jurisdiction/DA;*

**04/27/2016 Criminal Complaint**

**06/28/2016 Initial Appearance (7:30 AM)** (Judicial Officer Hafen, Conrad)

*Surety bond*

Result: Matter Heard

**06/28/2016 HELP of Southern Nevada Form - fees waived**

*Provided to defendant in open court.*

**06/28/2016 Initial Appearance Completed**

*Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint*

**06/28/2016 Arraignment Completed**

*Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint*

**06/28/2016 Public Defender Appointed**

**06/28/2016 Surety Bond Ordered Exonerated**

*IS15K354481*

**06/28/2016 Presence Waived Upon Completion of Requirements**

**06/28/2016 Minute Order - Department 14**

**06/28/2016 Surety Bond Exonerated**

**10/08/2016 Administrative Reassignment to Department 7**

*Case reassigned from Department 14 (Judge Conrad Hafen)*

**10/18/2016 Community Service Report**

**10/27/2016 Status Check (7:30 AM)** (Judicial Officer Bennett-Haron, Karen P.)

*no bail posted*

Result: Matter Heard

**10/27/2016 Comment**

*Proof of Drug Counseling provided to State*

10/27/2016 Minute Order - Department 07  
 10/27/2016 Case Closed - Dismissed  
 10/27/2016 Judgment Entered  
 10/27/2016 Notice of Disposition and Judgment

## Financial Information

		<b>Defendant SOLIS, ANDREW L</b>		
		<b>Total Financial Assessment</b>		50.00
		<b>Total Payments and Credits</b>		50.00
		<b>Balance Due as of 03/15/2019</b>		<b>0.00</b>
04/14/2016	Transaction			
	Assessment			50.00
04/14/2016	Payment			
	(Window)	Receipt # PT-2016-04306	Statewide; Bail; Bonds; Inc.	(50.00)

**13**

**13A**



# 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: AARON PHARMACY INC

Physical Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State:        Zip Code: 89030 Telephone:       

775 372 8344 Fax: 702 410 7842 Toll Free Number:       

N/A E-mail: FELIXEGBASE@YAHOO.COM

Website: N/A

Managing Pharmacist: FELIX A. EGBASE, RPh License Number: 17240

### 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.

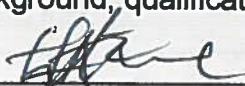
Within the last five (5) years:

- 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

FELIX ABU EGBASE  
Print Name of Authorized Person

06/05/2019  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

# APPLICATION FOR NEVADA PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Mailing Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State: NV Zip: 89030

Telephone: 775 372 8344 Fax: 702 410 7842

Contact Person: FELIX EGBASE

**For any corporation non publicly traded, disclose the following:**

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

a) FELIX ELBASE (100%) 2465 Reynolds Ave #204  
Name Business Address NORTH Las Vegas NV 89030

b) \_\_\_\_\_

Name	Business Address
------	------------------

c) \_\_\_\_\_

Name	Business Address
------	------------------

[illegible]

- 2) Provide the number of shares issued by the corporation. 150

- 3) What was the price paid per share? \$50

List any physician shareholders and percentage of ownership. NONE

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 10 am 4 pm  
Saturday Closed am \_\_\_\_\_ pm  
Sunday Closed am \_\_\_\_\_ pm  
24 Hours n/a

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191292519

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

I, FELIX ABU EGBASE

Responsible Person of AARON PHARMACY INC.

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

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

## Managing Pharmacist

 Pharmacist Name: FELIX ABU EGBASE,

 License #: 17240

 Pharmacy Name: AARON PHARMACY INC.

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

06/05/2019  
\_\_\_\_\_  
Date

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/05/2019

## GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY  
AARON PHARMACY INC Nature of License  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

EGBASE FELIX ABU  
 Last Name First Name Middle Name  
N/A  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
VULCAN STREET LAS VEGAS NV 89122  
 Present Residence Address-Street or RFD City State/Zip  
2465 Reynolds Ave #204 (06/18-date) NORTH LAS VEGAS NV 89030  
 Present Business Address City State/Zip  
PHARMACIST (09/2007-date)  
 Occupation  
 Phone:  
 Residence  
 Business 775 372 8344  
LAGOS, NIGERIA  
 Date of Birth Place of Birth (City, County, State)  
39 Male  
 Age Sex  
Black Black Dark 185 lbs Athletic 5'7"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

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

If naturalized, certificate No \_\_\_\_\_ Date March 2nd 2012

Place LAS VEGAS, NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial F.E

A. **Current Marriage** N/A

Spouse's full name (Maiden) \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
S.S. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
EBEHIREME IBAZEBU	6/7/16	ABUJA NIGERIA	DIVORCE	Las Vegas, NV
FELICIA COLLINS	6/15/09	CALIFORNIA	DIVORCE	Las Vegas, NV

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

Name	Street	City	State	Zip	Telephone
Ebehireme Ibazebu	2 Emily Road	Bethesda	MD	20814	
Felicia Collins	Heatherdale Dr	Los Angeles	CA	90043	

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
ESE OSE EGBASE		FREEPORT, BAHAMAS	
Address:		Vulcan Street, Las Vegas, NV	89122

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 FE



## 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 SYLVESTER EGBASE (DECEASED)		EGBASE ST, IROMI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA ENIOWELE		OPAL COVE DR LAS VEGAS, NV 89128	NURSE (RETIRED) UNEMPLOYED
Father-in-Law N/A			
Mother-in-Law N/A			

## D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
GERALD EGBASE	3	BIGLER ST WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
ANTHONY EGBASE		QUEEN FLORENCE LN WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
Spouse			
Spouse			

## 4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School } IGBEREN COLLEGE,	IGBEREN	09/1989-05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School } (NIGERIA)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College } UNIVERSITY OF BENIN	BENIN CITY	10/1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University } (NIGERIA)		to 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			

Type of degree obtained, if any..... PHARMACY (B. Pharm.)

College or university where obtained..... UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial FE

# 5 MILITARY INFORMATION:

548

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

*Not Applicable*

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

*Not Applicable*

Applicant's initial FE

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

NOT  
APPLICABLE

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

NOT  
APPLICABLE

## 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
-----------------------------	-------------------	------	-----------------

DEC. 2007 - Present	VULCAN ST	LAS VEGAS	NV (CLARK) 89122
JAN 2007 - DEC 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK) 89109
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LOS ANGELES	CA (Los Angeles) 90012
JAN 1994 - FEB 2005	38 OGBURN STREET	BENIN CITY	EDO STATE, NIGERIA

Applicant's initial

FE



# 8. EMPLOYMENT:

550

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
present	KINRED HOSPITALS	
Jan 2018 - date	2250 E. Flamingo Rd, Las Vegas NV 89119	STILL EMPLOYED
Title	Description of Duties	Name of Supervisor
Pharmacist (Per Diem)	Order Entry and Verification, medication dispensing and distribution to patient care areas	CAROL ENG, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2016 - April 2018	WESTERN ARIZONA REG. MED. CTR. 2735 Silver Creek Rd, Bullhead City AZ 86442	Relocated back to Vegas
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, medication dispensing & distribution to patient areas	Patricia Utah, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2008 - date	ACCESS Healthcare Staffing - Recruitment 5025 S. Eastern Ave, Las Vegas NV 89119	Still Affiliated
Title	Description of Duties	Name of Supervisor
Pharmacist	Contract Pharmacist sent on different locations for contract work.	ESOSA Igbinovia
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2009 - Sept 2014	Havasu Regional Medical Center 101 Civic Center Lane, Lake Havasu AZ 86403	Relocated back to Vegas
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, Prescription Filling & Distribution to patient care areas	Michael Rosen, MD
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2009 - Nov 2009	ABC Pharmacy & Medical Supplies 3040 E. Bonanza #110, Las Vegas NV 89101	Went to Clinical Practice
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Overight of operations in accordance with state laws & federal laws	John. Anozie, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sept 2007 - Aug 2009	Walgreens Pharmacy 101 E. Lake Mead Dr. Henderson NV 89015	Started Independent Pharmacy
Title	Description of Duties	Name of Supervisor
Pharmacist	Prescription dispensing, patient counselling and Narcotic inventory oversight	Francis Wickham
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2007 - Sept 2007	Walgreens Pharmacy 3400 N. Boulder Highway, Las Vegas NV 89121	Completed Intern hours
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Prescription filling for verification by pharmacist & pharmacist-assigned duties	Heidi Wickham, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1995 - Dec 2000	UNIVERSITY of Benin 234 Ugbaso - Lagos Rd, Benin, Nigeria	Graduated
Title	Description of Duties	Name of Supervisor
Pharmacy student	Studies in preparation for Pharmacy Degree	Prof. Augustin Okhamafe

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

Applicant's initial F.E. Page 6

.... Continued on Page 10

## 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
KANAYD Name EZEANBLUE, MD UNIVERSITY Employer MEDICAL CTR	Home	3 W. Castle View Ave	Las Vegas	NV 89129	702 383 2000	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	1800 W. Charleston Blvd	Las Vegas	NV 89102	702 383 2000	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	HANOVER CIRCLE	STOCKBRIDGE	GA 30281	678 604 1000	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	1133 EAGLES LANDING PKW	STOCKBRIDGE	GA 30281	678 604 1000	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	MUNSFORD CT	TYRONE	GA 30290	770 467 6314	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	601 SOUTH 8TH STREET	GRIFFIN	GA 30224	770 467 6314	25 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	KILLERAN CT	LAS VEGAS	NV 89141	702 778 3072	10 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	1729 E. Charleston Blvd	LAS VEGAS	NV 89104	702 778 3072	10 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	MOSSBACK ST	LAS VEGAS	NV 89123	702 800 6448	15 years
PAUL Name NDSA-DV/ASH, RPH PIEDMONT Employer HOSPITAL	Home	3200 SOARING GULLS DR #101	LAS VEGAS	NV 89129	702 800 6448	15 years

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
NOT APPLICABLE			

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

PHARMACIST (STATE OF CALIFORNIA) FROM 2010 - DATE (9 YEARS)  
PHARMACIST (STATE OF GEORGIA) FROM 2011 - 2018 (7 YEARS)  
PHARMACIST (STATE OF ARIZONA) FROM JUNE 2009 - DATE (10 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.

NOT APPLICABLE

Applicant's initial

F.E

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 06/05/2019

Applicant's initial FE



STATE OF Nevada

SS.

COUNTY OF Clark

I, Felix Egbare, 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,

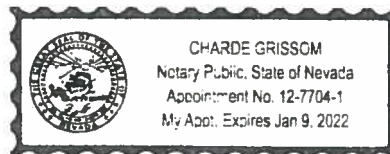
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 5th day ofJune, 2019


Notary Public



(seal)

Applicant's initial F.E.

## ADDITIONAL INFORMATION

## BUSINESSES OWNED (continued from Page 6)

(1) From April 2010 to Present Day ABA Medical Inc  
2539 Early Light Dr Still owns the business  
Las Vegas NV 8912

Activities Performed: Day-to-day operation  
and Oversight of Allied Pharmacy practice  
consultation and services

Job Title: President/CEO

(2) From Oct 2015 to April 2019 ZZebra Inc ~~Had Business~~  
2539 Early Light Dr Closed business  
Las Vegas NV 89142 to concentrate  
more on

Activities Performed: Real Estate Investment  
Pharmacy:

Job Title: Director:

Applicant's initial F.E.



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

Date 06/05/2019

## GENERAL INSTRUCTIONS

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

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

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

Application for RETAIL PHARMACY  
Nature of Pharmacy or Wholesaler  
AARON PHARMACY INC  
Name and Address of Business for Which Designated Representative Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name EGBASE First Name FELIX Middle Name ABU

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

Present Residence Address-Street or RFD VULCAN STREET City LAS VEGAS State/Zip NV 89122

Present Business Address 2465 REYNOLDS AVE #204 City NORTH LAS VEGAS State/Zip NV 89030

Present Position with the Pharmacy or Wholesaler PHARMACY MANAGER/OWNER Dates

Phone: r  
Residence   
Business 7753728344

Date of Birth 3/1/19 Place of Birth (City, County, State) LAGOS, NIGERIA

Age 39 Social Security Number  Sex Male

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 185 lbs Build Athletic Height 5'7"

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

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

If naturalized, certificate No.  Date March 2nd 2012

Place LAS VEGAS, NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial F.E.

*Not Applicable*

A. **Current Marriage** \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) \_\_\_\_\_ S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Resident address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address of employer \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
IBAZEBO, EBEHIREME	06/07/2016	ABUJA, NIGERIA	DIVORCE	LAS VEGAS, CLARK, NV
COLLINS, FELICIA	06/15/2009	NORTH HOLLYWOOD, CA	DIVORCE	LAS VEGAS, CLARK, NV

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

Name	Street	City	State	Zip	Telephone
IBAZEBO, EBEHIREME	LEWIS ROAD	BETTENDORF	IA	52722	---
COLLINS, FELICIA	HEATHERDALE DR.	LOS ANGELES	CA	90043	---

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
ESE-OSE EGBASE	...	FREEPORT, BAHAMAS	VULCAN ST. LAS VEGAS NV 89122

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 F.E.

**FAMILY INFORMATION-Continued**

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

N/A 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	SYLVESTER EGBASE, (DECEASED)	1	EGBASE ST, UPOMI, NIGERIA	FARMER (DECEASED)
Mother	VICTORIA EGBASE	2	OPAL COLE DR LAS VEGAS, NV 89128	NURSE (RETIRED)
Father-in-Law	N/A			
Mother-in-Law	N/A			

**D. Brothers and Sisters:**

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	ANTHONY EGBASE, N/A		2 QUEEN FLORENCE LN WOODLAND HILLS, CA 91364	LAWYER
Spouse	GERALD EGBASE, N/A		BIGLER STREET WOODLAND HILLS, CA 91364	LAWYER
Spouse				
Spouse				

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	IGUBEN COLLEGE	IGUBEN, NIGERIA	09/1989 - 05/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	UNIVERSITY OF BENIN	BENIN CITY, NIGERIA	10/1995 - 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARMACY (B. Pharm).

College or university where obtained UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial F.E.

# 5 MILITARY INFORMATION:

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A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

N/A 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
Not Applicable					

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
Not Applicable				

Applicant's initial FE

- 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
<del>Not Applicable</del>				

- 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
<del>Not Applicable</del>		

## 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
DEC 2007 - PRESENT	1 VULCAN ST	LAS VEGAS	NV (CLARK)
JAN 2007 - DEC. 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK)
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LOS ANGELES	CA (LOS ANGELES)
JAN 1994 - FEB 2005	38 OGBURN ST	BENIN CITY	NIGERIA
<del></del>			
<del></del>			
<del></del>			
<del></del>			
<del></del>			

Applicant's initial

F.E



# 8. EMPLOYMENT:

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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
Jan 2018-present	Kindred Hospitals 2250 E. Flamingo Rd Las Vegas NV 89119	2000 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry, Drug dispensing and distribution to patient care areas	Caroline Eng, RPh
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2016-April 2018	Western Arizona Regional Med. Ctr 2735 Silver Creek Road, Bullhead City AZ 86442	4200 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient care areas	Pamela Obah, RPh
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2009-September 2014	Hawaii Regional Medical Ctr 101 Civic Center Lane, Lake Hawaii HI 96740	6240 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, drug dispensing & distribution to patient care areas	Michael Allen
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

F. E

## 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
① Name <u>MONIQUE IRORDRETE</u>	Home	<u>Killeran Court</u>	<u>NV</u>	<u>89141</u>		<u>10 years</u>
Employer <u>PROVIDENCE PHARMACY</u>	Business	<u>1729 E. Charleston Blvd</u>	<u>NV</u>	<u>89104</u>	<u>702 778 3072</u>	
② Name <u>IKE NWABU</u>	Home	<u>TYRONE</u>	<u>GA</u>	<u>30240</u>		<u>25 years</u>
Employer <u>HOSPITAL</u>	Business	<u>601 S. 8th St.</u>	<u>GA</u>	<u>30224</u>	<u>770 467 6314</u>	
③ Name <u>Paul Nosa-Diasu, RPh</u>	Home	<u>Stokbridge</u>	<u>GA</u>	<u>30281</u>		<u>25 years</u>
Employer <u>Piedmont Hospital</u>	Business	<u>1133 Eagle's Landing Pkwy</u>	<u>GA</u>	<u>30281</u>	<u>678 995 9982</u>	
④ Name <u>Kanyo Ezeanule, MD</u>	Home	<u>W. Castle View Ave</u>	<u>NV</u>	<u>89129</u>		<u>25 years</u>
Employer <u>University Medical Center</u>	Business	<u>1800 W. Charleston Blvd</u>	<u>NV</u>	<u>89102</u>	<u>702 383 2000</u>	
⑤ Name <u>Ekeomwan Iabinovia RPh</u>	Home	<u>Mossback Street</u>	<u>NV</u>	<u>89123</u>		<u>15 years</u>
Employer <u>ACR Specialty Pharmacy</u>	Business	<u>3200 Spring Mills #101</u>	<u>NV</u>	<u>89129</u>	<u>702 800 6448</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

① PHARMACIST (GEORGIA) FROM 2011 - MARCH 2018

② PHARMACIST IN CALIFORNIA FROM 2010 - DATE

③ PHARMACIST (ARIZONA); FROM 2009 - DATE

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

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

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 ☒

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 FE

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 ☒

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 06/05/2019

Applicant's initial F.E.



STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbase, 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

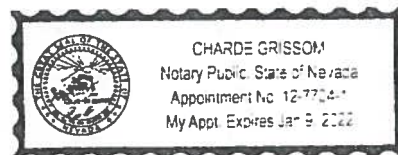
Subscribed and Sworn to before me this 5th day of

June, 2019.



Notary Public

(seal)



Applicant's initial F.E.

NONE

## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AARON PHARMACY INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 16, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190416-1541

**13B**

# 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: COMBINED WELLNESS PHARMACY

Physical Address: 2605 EAST FLAMINGO ROAD

City: LAS VEGAS State: NV Zip Code: 89121 Telephone: \_\_\_\_\_

702-847-6565 Fax: 702-847-6569 Toll Free Number: \_\_\_\_\_

E-mail: Combinedwellnesspharmacy@gmail.com

Website: N/A

Managing Pharmacist: Shih Huei Bja License Number: 19847

### 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 ☐ **REPRIMAND LETTER**
- 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

MARTIN CHIBUEZE  
Print Name of Authorized Person

5/6/19  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada  
 Parent Company if any: MediConcepts LLC  
 Mailing Address: P.O. Box 36368  
 City: Las Vegas State: NV Zip: 89133  
 Telephone: 702 969 3499 Fax: N/A  
 Contact Person: MARTIN CHIBUEZE

For any corporation non publicly traded, disclose the following:

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

a)	<u>N/A</u>	
	Name	Business Address
b)	<u>N/A</u>	
	Name	Business Address
c)	<u>N/A</u>	
	Name	Business Address
d)	<u>N/A</u>	
	Name	Business Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_  
 Name: N/A %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 10 am 4 pm pm      Saturday N/A am N/A pm  
 Sunday N/A am N/A pm      24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20151057393

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

I, MARTIN CHIBUEZE  
Responsible Person of COMBINED WELLNESS 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

MARTIN CHIBUEZE  
Print Name of Authorized Person

5/7/19  
Date



### Managing Pharmacist

 Pharmacist Name: Shih Huei Bja

 License #: 19847

 Pharmacy Name: COMBINED WELLNESS 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

5/7/19  
 \_\_\_\_\_  
 Date



# Nevada State Board of Pharmacy

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

June 7, 2017

Mr. Martin O. Chibueze, R.Ph.  
 2220 Village Walk Drive #3205  
 Henderson, Nevada 89139

Re: Nevada State Board of Pharmacy Case No. 16-015-RPH-B-S  
 Certificate of Registration No. 32832

Dear Mr. Chibueze,

In the above referenced matter, the Nevada State Board of Pharmacy in their May 31, 2017 meeting, ordered Board Staff to submit a public letter of reprimand to you as part of your discipline for your failure to adequately counsel and document that counseling for your patient L.T. upon dispensing her Adderall prescription.

Accordingly, it is my unpleasant duty as Executive Secretary of the Nevada State Board of Pharmacy to formally and publically reprimand you for your conduct, which reflects unfavorably upon the pharmacy profession as a whole.

We encourage you to use the utmost care in your future practice of pharmacy.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson".

Larry L. Pinson, Pharm. D.  
 Executive Secretary

**REGISTER OF ACTIONS**  
**CASE No. 15F17802X**

State of Nevada vs. CHIBUEZE, MARTIN

www.pearson.com

Case Type: **Felony**  
Date Filed: **12/02/2015**  
Location: **JC Department 10**

## PARTY INFORMATION

**Defendant** CHIBUEZE, MARTIN

**Lead Attorneys**  
**Jamie S Hendrickson**  
*Retained*  
702-333-0007(W)

State of Nevada

### CHARGE INFORMATION

Charges: CHIBUEZE, MARTIN

	Statute	Level	Date
1. Dom battery by strangulation [54740]	200.485.2	Felony	11/15/2015
2. Coerc w/force or threat of force [53159]	207.190.2a	Felony	11/15/2015
3. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
4. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
5. Home invasion, (1st) [50435]	205.067.2	Felony	11/15/2015

## EVENTS & ORDERS OF THE COURT

## DISPOSITIONS

05/02/2016	<b>Disposition</b> (Judicial Officer: Tobiasson, Melanie A.) 1. Dom battery by strangulation [54740] Bound Over to District Court as Charged (PC Found) 2. Coerc w/force or threat of force [53159] Bound Over to District Court as Charged (PC Found) 3. Kidnapping, 2nd degree [50075] Bound Over to District Court as Charged (PC Found) 4. Kidnapping, 2nd degree [50075] Bound Over to District Court as Charged (PC Found) 5. Home invasion, (1st) [50435] Bound Over to District Court as Charged (PC Found)
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## OTHER EVENTS AND HEARINGS

12/01/2015	<b>CTRACK Track Assignment JC01</b>
12/02/2015	<b>Criminal Complaint</b>
12/02/2015	<b>Request for Arrest Warrant Filed</b>
12/02/2015	<b>Filed Under Seal</b>
12/02/2015	<b>Declaration of Warrant Summons (Affidavit)</b>
12/04/2015	<b>Arrest Warrant Request (7:30 AM)</b> (Judicial Officer Tobiasson, Melanie A.) Result: Arrest Warrant Issued
12/04/2015	<b>Minute Order - Department 10</b>
12/04/2015	<b>Arrest Warrant Ordered to be Issued</b> \$15,000/\$15,000
12/04/2015	<b>Warrant Issued</b>
12/04/2015	<b>Arrest Warrant - Face Sheet</b>
12/04/2015	<b>Arrest Warrant Confidential</b>
01/19/2016	<b>Motion to Place on Calendar</b> <i>to Allow Defendant to Surrender, Request to do a Walk-Through at the Clark County Detention Center, and to Release on His Own Recognizance</i>
01/22/2016	<b>Initial Appearance (8:30 AM)</b> (Judicial Officer Tobiasson, Melanie A.) <i>No Bail Posted</i> Result: Matter Heard
01/22/2016	<b>Motion</b> <i>Motion by Defense for a O/R Walk- Through - Motion Granted.</i>
01/22/2016	<b>Warrant Walk - Through Granted</b> O/R
01/22/2016	<b>Release Order - Own Recognizance</b> (Judicial Officer: Tobiasson, Melanie A. )
01/22/2016	<b>Warrant Stands</b>
01/22/2016	<b>Custody Comment</b> <i>Defendant to be booked on arrest warrant and released on O/R.</i>
01/22/2016	<b>Initial Appearance Completed</b> <i>Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint</i>
01/22/2016	<b>Counsel Confirms as Attorney of Record</b> <i>J. Hendrickson, ESQ.</i>
01/22/2016	<b>Minute Order - Department 10</b>
01/22/2016	<b>Warrant Cleared</b>

01/22/2016 **Temporary Custody Record**  
Remand

01/23/2016 **Release Agreement**

01/25/2016 **Warrant Service Slip**

05/02/2016 **Preliminary Hearing** (9:30 AM) (Judicial Officer Tobiasson, Melanie A.)  
O/R  
Result: Bound Over

05/02/2016 **Minute Order - Department 10**

05/02/2016 **Preliminary Hearing Held**  
*Motion to Exclude Witnesses by State - Motion Granted States Witnesses: 1) Njideka Chibuze - witness identifies defendant. Motion by state to amend criminal complaint by interlineation- Motion Granted. # 2) Coercion (F) # 3) Kidnap 2nd degree # 4) Kidnap 2nd degree # 5) Home Invasion State Rests. Defendant Advised of His Statutory Right to Make a Statement Defendant Waives the Right to a Sworn or Unsworn Statement Defense Rests Motion to Dismiss and Argument In Favor of Said Motion by Defense - Argument Against Said Motion by State - Motion Dismissed Thereupon the Court Found the Defendant Guilty*

05/02/2016 **Remand - Cash or Surety**  
Counts: 001; 002; 003; 004; 005 - \$125,000.00/\$125,000.00 Total Bail

05/02/2016 **No Contact with Victim**  
Njideka Chibueze

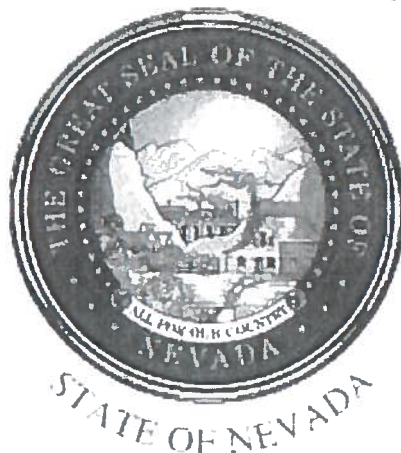
05/02/2016 **Bound Over to District Court as Charged**  
Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A.

05/02/2016 **District Court Appearance Date Set**  
May 4 2016 10:00AM: In Custody

05/02/2016 **Case Closed - Bound Over**

05/02/2016 **Certificate, Bindover and Order to Appear**

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDI-CONCEPTS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190508-0489

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/6/19

## GENERAL INSTRUCTIONS

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

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

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

Application for PHARMACY  
COMBINED Wellness pharmacy 2605 E. Flamingo RD NV 89121  
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name CHIBUEZE First Name MAJIN Middle Name OBINNA

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

Present Residence Address-Street or RFD NA City Las Vegas State/Zip NV 89120  
E. Russell Rd Dates 1/2/17-Present

Present Business Address 2605 E. Flamingo Rd City Las Vegas State/Zip NV 89121  
 Dates

Occupation PHARMACIST Phone: 702 847-6565  
NIGERIA Residence 702 847-6565  
 Business

Date of Birth 8 Place of Birth (City, County, State) 1

Age 41 Social Security Number Sex

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 160 lb Build Average Height 5ft 8in

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

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial jc Page 1



## MARITAL INFORMATION-Continued

A. **Current Marriage** June 15<sup>th</sup> 2017 Las Vegas NV  
 Date City, County and State  
 Spouse's full name (Maiden) IFEOMA IROESBUWA S.S. No. 7  
 Date of Birth \_\_\_\_\_ Place of Birth NIGERIA  
 Resident address E. RUSSELL RD Las Vegas NV 89120  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business N/A  
 Spouse's employer N/A Occupation HOME MARKER  
 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>NJIDEKA CHIBUEZE</u>	<u>10/16</u>	<u>6/20/2012</u>	<u>RENO</u>	<u>DIVORCED Las Vegas</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>DOM CHIBUEZE</u>		<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHILUA CHIBUEZE</u>		<u>Las Vegas</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 JD



**FAMILY INFORMATION-Continued**

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

Name Nevada Child Support Center  
 Address 1900 E. Flamingo Rd Las Vegas NV 89149  
 Contact person NA

**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	Dominic Chibure		13512-10 Sec 6 El Paso TX 79912	Physician Retired
Mother	Caroline Chibure			RN - Retired
Father-in-Law	NA			
Mother-in-Law	NA			

**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	Uche Chibure		15407 Spawss Dr Pearland TX 77581	Firearm psychologist
Spouse	Chizua Chibure		10200 W. 4th St TX 75202	RN
Spouse	Ogechi Chibure		LONDON	Law Student
Spouse	NA			
Spouse				

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	NA			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Federal Post College	Nigeria	1990-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of El Paso	Texas	2000-2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Roseman College of Pharmacy	Nevada	2002-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D

College or university where obtained Roseman College of Pharmacy

Applicant's initial



**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

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

B. Have you registered for the draft? Yes ☒ No ☐County El Paso State Texas Date registered 1999**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
12/23/10	32	DUI	Sparks, NV	Dropped 3/4/11	Sparks police

Jan 2016 Detained, charged with DV-Strangulation - currently on probation for 36 months since 8/2017

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

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

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

- 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
E. Russell		Las Vegas	NV 12/16-Duke
909 Washington Oaks		Las Vegas	NV 12/13 - 8/16
7900 Verde Springs Dr		Las Vegas	NV 8/13 - 12/13
6717 Rolling Meadows, #121		Sparks	NV 11/10 - 8/13
672 N. Taylor St		Fallon	NV 2/09 - 11/10
5884 Lorenzo Dr		Grand Prairie	Tx 11/06 - 12/08
1005 Desierto Seco		El Paso	Tx 8/2000 - 8/2002

Applicant's initial




**8. EMPLOYMENT:**

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

2/2009-5/13	CVS pharmacy 461 W. William Ave Fallon NV 89404	8,320 <sup>Based on 40 hrs/week</sup>
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	ED Smith
Title	Description of Duties	Name of Supervisor
5/13-7/14	CVS pharmacy 8320 W. Cheyenne Ln NV 89125	2080 Hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	MATT Ray
Title	Description of Duties	Name of Supervisor
8/15-8/16	SAM club pharmacy 8080 W. Tropical Las Vegas NV 89149	1700 Hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	TINA Beatty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial 

## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay &amp; Las Vegas</u>				
Employer <u>Life care planning</u>	Business	<u>3050 E. Desert Inn LV 702697 2105 5411</u>				
Name <u>John Andria</u>	Home	<u>1 Tejon Pines Dr. Hn 89074</u>				
Employer <u>Green valley planning</u>	Business	<u>2245 N. Green valley Hn NV 89014 10411</u>				
Name <u>Pamela o Bah</u>	Home	<u>Britton Rose Dr. LV NV 89178 12411</u>				
Employer <u>Pipeline Lx</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender Lane, La Canada CA 91011 12411</u>				
Employer <u>Roseman Univ</u>	Business	<u>* 11 Sunset way Hn 89014</u>				
Name <u>Nnamdi Okeke</u>	Home	<u>3 Terraced Verde Ave Las Vegas 702261 5499 5711</u>				
Employer <u>UMC</u>	Business	<u>Surgical dept 1800 W. Charleston Blvd LV 89102</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 or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

Applicant's initial



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 3/15/19

Applicant's initial [Signature]

STATE OF Nevada

ss.

COUNTY OF Clark

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

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

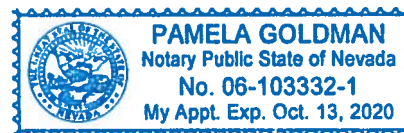


Original Signature of Applicant

Subscribed and Sworn to before me this 11<sup>th</sup> day ofmarch2019


Notary Public

(seal)



Applicant's initial



Page 10



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

Date 5-7-19

## 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  
Nature of Pharmacy or Wholesaler  
COMBINED WELLNESS pharmacy 2605 E. Flamingo Rd LV NV 89121  
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 CHIBUEZE First Name MARTIN Middle Name OBINNA  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
E. RUSSELL Rd Las Vegas NV 89120  
Present Residence Address-Street or RFD City State/Zip  
2605 E. Flamingo Rd Las Vegas NV 89121  
Present Business Address City State/Zip  
pharmacist ONITSHA, NIGERIA  
Present Position with the Pharmacy or Wholesaler Place of Birth (City, County, State)  
41 MALE  
Age Sex  
Brown Black Dark 160 lb Average 5ft 8in  
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

## MARITAL INFORMATION-Continued

A. Current Marriage June 15<sup>th</sup> 2017 CLARK  
 Spouse's full name (Maiden) IFEOMA IKOESGBULAM <sup>Date</sup> CLARK City, County and State  
 S.S. No.                       
 Date of Birth                      Place of Birth NIGERIA  
 Resident address E. RUSSELL RD Las Vegas NV 89120  
 Street City State Zip  
 Telephone: Residence                      Business N/A  
 Spouse's employer N/A Occupation HOME MAKER  
 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>Njideka Chibueze</u>	<u>10/21/16</u>	<u>RENO 8/2012</u>	<u>DIVORCED</u>	<u>Las Vegas NV</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>Dom Chibueze</u>	<u>1</u>	<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHIZUKA CHIBUEZE</u>		<u>Las Vegas</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

**FAMILY INFORMATION-Continued**

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

Name Nevada child support center  
 Address 1900 E. Flamingo RD LAS VEGAS NV 89119  
 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	DOMINIC CHIBUEZE		DESERT, EL PASO TX 79912	PHYSICIAN RETIRED
Mother	CAROLINE CHIBUEZE			NURSE RETIRED
Father-in-Law	N/A		Deceased	
Mother-in-Law	N/A		Deceased	

**D. Brothers and Sisters:**

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Uche Chibueze		7 Shady Springs Dr PEARLAND TX 77584	Forensic Psychologist
Spouse	CHIZUNA CHIBUEZE		10220 Q St TX 75052	RN
Spouse	OGECHI CHIBUEZE		LONDON	LAW Student
Spouse	N/A			
Spouse				

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FED. GOVT COLLEGE	NGERIA	1990-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of EL PASO, TX		2000-2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	ROSEMAN COLLEGE OF PHARMACY		2002-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	PHARM.D			
College or university where obtained	ROSEMAN COLLEGE OF PHARMACY PHARM.D.			

Applicant's initial A

**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 242450 State TEXAS Date registered 1999**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
11/23/10	32	DUI	SPARKS, NV	DROPPED 3/2011	SPARK POLICE
Jan 2016 Detained, charged with Domestic Violence - Strangulation. Currently under going probation for 36 months since 2/2017					

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial AS

## 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
	E RUSSELL RD	Las Vegas	NV 89120 12/16-06/20
909	Washington Oaks St	Las Vegas	NV 89128 12/13-8/18
7900	Verde Springs Dr	Las Vegas	NV 89128 8/13-12/13
6717	Rolling meadows Dr Apt 123	Sparks	NV 89424 1/10-5/13
672	N. Taylor St	Fallon	NV 89406 2/09-10/10
5884	Lorenzo Dr	Grand prairie TX	75052 1/2006-12/08
1005	Desierto Seco drive	El Paso TX	79912 8/2000-8/2002


Applicant's initial 

**8. EMPLOYMENT:**

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

2/2009/5/2013	CVS pharmacy 461 W. William Ave Fallon NV 89406	8,320 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager duties	ED Smith
Title	Description of Duties	Name of Supervisor
6/2013-7/14	CVS pharmacy 8320 W. Cheyenne Ave NV 89129	2,080 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager duties	MARK RAY
Title	Description of Duties	Name of Supervisor
8/2014-5/2016	Springs Club 8080 W. Tropical Ln NV 89149	TINA BEATTY
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	pharmacist/manager	TINA BEATTY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial 

# 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay Ln Nr</u>				<u>5 yrs</u>
Employer <u>Life care pharmacy</u>	Business	<u>3050 E. Desert Inn Ln Nr 702-697-2105</u>				
Name <u>John Anozie</u>	Home	<u>7 Teton Pines Dr Henderson</u>				<u>12 yrs</u>
Employer <u>Green valley pharmacy</u>	Business	<u>3245 N. Green valley Henderson 89114</u>				
Name <u>Pamela OBah</u>	Home	<u>1 Britton Rose Dr, Lv Nr 89171</u>				<u>12 yrs</u>
Employer <u>Pipeline Rx</u>	Business	<u>Las Vegas Nr</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender lane LA Canada CA 9104</u>				<u>12 yrs</u>
Employer <u>Rosemann Univ.</u>	Business	<u>11 Sunset way Henderson 89104</u>				<u>P</u>
Name <u>Akin Kolade</u>	Home	<u>Yonice Ct Las Vegas</u>				<u>6 yrs</u>
Employer <u>Cal psychiatric</u>	Business	<u>3201 Maryland pkway #318 Lv Nr 89009</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 or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

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

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

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

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

Applicant's initial



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 ☐

ATT

T/

Date of photograph 3/5/19Applicant's initial [Signature]



STATE OF Texas

SS.

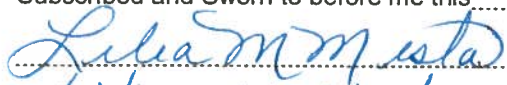
COUNTY OF El Paso

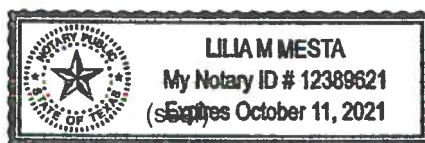
I, MARTIN CHIRQUEZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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 10 day of May, 2019

  
Lilia M Mesta  
Notary Public



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

## ADDITIONAL INFORMATION

[illegible]

Applicant's initial.....

**13C**

# 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: CREDO PHARMACY LLC

Physical Address: 8995 W FLAMINGO RD STE 120

City: LAS VEGAS State:        Zip Code: 89147 Telephone:       

702-800-4000 Fax: 702-800-0488 Toll Free Number: N/A

E-mail: INFO@CREDORX.COM

Website: www.credorx.com

Managing Pharmacist: OLUKUNLE ALABI License Number: 14166

### 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

ARMAN MARTIROSYAN  
Print Name of Authorized Person

05-03-2019  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

# APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: NEVADA

Parent Company if any: N/A

**Mailing Address:** 8995 W FLAMINGO RD STE 120

City: LAS VEGAS State: NV Zip: 89147

Telephone: 702-800-4000 Fax: 702-800-0488

Contact Person: ARMAN MARTIROSYAN

**For any corporation non publicly traded, disclose the following:**

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

a) ARMAN MARTIROSYAN 8995 W FLAMINGO RD STE 120 LAS VEGAS NV 89147  
Name Business Address

b) \_\_\_\_\_

Name	Business Address
------	------------------

c) \_\_\_\_\_

Name	Business Address
------	------------------

Name	Business Address
d)	

- 2) Provide the number of shares issued by the corporation. 0

- 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 9:00 am 6:00 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: NV20191247874**

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

I, ARMAN MARTIROSYAN

Responsible Person of CREDO 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

ARMAN MARTIROSYAN

Print Name of Authorized Person

05-03-2019

Date

### Managing Pharmacist

 Pharmacist Name: OLUKUNLE ALABI

 License #: 14166

 Pharmacy Name: CREDO 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

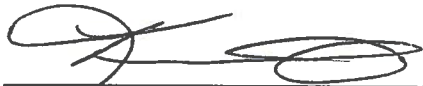
Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
County: _____		Court: _____	



**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.

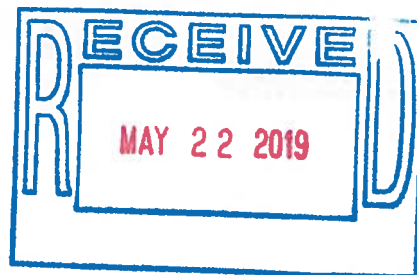


Signature

5/2/19

Date

Attention: Nevada State Board of Pharmacy  
 985 Damonte Ranch Pkwy #206, Reno, NV 89521



This letter is being written to clarify that we are applying for an ***In-State*** pharmacy license. Please accept this letter of acknowledgment that during our application process we did not mark LTC service at the time of enrollment. However, after reviewing all the opportunity in our market area, we would like to start offering this service in our pharmacy. We can assure the BOP that the pharmacy will always maintain a valid, unexpired license and in good standing at all time to properly carry out business. Thank you in advance for incorporating this information, and for your diligent attention to this matter. The Pharmacy will always comply and maintain strict policies that coincide with all Board of Pharmacy administrative codes, regulations and federal standards if any business changes may accord the BOP will be notified imminently if any additional information is needed please do not hesitate to contact me directly via the phone or e-mail. Thanks

Sincerely,  
 Arman Martirosyan / Managing Director

CREDO PHARMACY  
 8995 W Flamingo Rd Ste 120, Las Vegas, NV 89147  
 Phone/Fax: 702.800.4000, 702.800.0488  
 Toll Free: 888.800.3007  
 Email: [arman@credorx.com](mailto:arman@credorx.com)  
 Web: [www.credorx.com](http://www.credorx.com)

STATE OF Nevada  
 COUNTY OF Clark

The foregoing instrument was acknowledged  
 before me this 20<sup>th</sup> day of May, 2019,  
 by Arman Martirosyan

Notary Signature



## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CREDO PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 29, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 1, 2019.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20190501-1297

## SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

CREDO PHARMACY LLC

Nevada Business Identification # NV20191247874

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 29, 2019

A handwritten signature in cursive script, reading "Barbara K. Cegavske".

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://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.

# **ORGANIZATION CHART**

**Corporation Info**



**CREDO PHARMACY LLC**

**d.b.a**

**CREDO PHARMACY**

**8995 W FLAMINGO RD STE 120, LAS VEGAS, NV , 89147**



**Corporate Officer**

**ARMAN MARTIROSYAN**



# Nevada State Board of Pharmacy

## VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Action
Alabi	Olukunle	14166	LAS VEGAS	NV	United States	

**License Number :** 14166

**Name :** Alabi, Olukunle

**License Type :** Pharmacist

**License Status :** Active

**License Date :** 06/19/1998

**Expiration Date :** 10/31/2019





# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 05/06/2019

## GENERAL INSTRUCTIONS

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

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

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

Application for NEVADA PHARMACY LICENSE

Nature of License

CREDO PHARMACY LLC, 8995 W FLAMINGO RD STE 120, LAS VEGAS, NV 89147

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

<u>MARTIROSYAN</u>	<u>ARMAN</u>	<u>N/A</u>
Last Name	First Name	Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>51 SHALLOW POND DR</u>	<u>LAS VEGAS</u>	<u>NV 89117</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>8995 W FLAMINGO RD STE 120</u>	<u>Dates 03/29/2019</u> <u>LAS VEGAS</u>	<u>NV 89147</u>
Present Business Address	City	State/Zip
<u>MANAGING DIRECTOR</u>	<u>Dates 03/29/2019</u>	<u>702.800.0330</u>
Occupation		Phone:
		Residence
		Business <u>702.800.4000</u>
<u>YEREVAN, ARMENIA</u>		
Date of Birth	Place of Birth (City, County, State)	
<u>45</u>	<u>2</u>	<u>MALE</u>
Age	Social Security Number	Sex
<u>BROWN</u>	<u>BLACK</u>	<u>WHITE</u>
Color of Eyes	Color of Hair	Complexion
	<u>200</u>	<u>N/A</u>
	Weight	Build
		<u>6'00"</u>
		Height

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

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

If naturalized, certificate No. Date 05/10/2013

Place LAS VEGAS, NEVADA (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial

*AM*

## MARITAL INFORMATION-Continued

A. **Current Marriage** 08/02/2013 \_\_\_\_\_ YEREVAN, REPUBLIC OF ARMENIA \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) ZARUHLTER STEPANYAN \_\_\_\_\_ S.S. No. \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth YEREVAN, ARMENIA \_\_\_\_\_  
 \_\_\_\_\_  
 Resident address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Residence \_\_\_\_\_ Business N/A \_\_\_\_\_  
 \_\_\_\_\_  
 Spouse's employer AIG INSURANCE \_\_\_\_\_ Occupation CUSTOMER SERVICE \_\_\_\_\_  
 \_\_\_\_\_  
 Address of employer 1655 GRANT STREET \_\_\_\_\_  
 \_\_\_\_\_ 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
LUSINE GHAZARYAN	05/30/2013	11/08/2005	DIVORCED	LAS VEGAS, NEVADA
ARMINE ADAMYAN	06/30/2004	10/07/1995	DIVORCED	YEREVAN, ARMENIA

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

Name	Street	City	State	Zip	Telephone
LUSINE GHAZARYAN	ELLERHURST DR	LAS VEGAS	NV	89103	702.767.5468
ARMINE ADAMYAN	N/A	YEREVAN	ARMENIA	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
NAREK MARTIROSYAN		YEREVAN, ARMENIA	YEREVAN, ARMENIA
DAVID MARTIROSYAN		YEREVAN, ARMENIA	YEREVAN, ARMENIA
MARIAM MARTIROSYAN		YEREVAN, ARMENIA	ELLERHURST DR, ALS VEGAS, NV 89103
NUNE MARTIROSYAN		LAS VEGAS, NEVADA	ELLERHURST DR, ALS VEGAS, NV 89103

**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 AM



**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
VAZGEN MARTIROSYAN Father		1 GALLIANO AVE, LAS VEGAS, NV 89117	RETIRED
NINA POGHOSYAN Mother		1 GALLIANO AVE, LAS VEGAS, NV 89117	RETIRED
ARA TER STEPANYAN Father-in-Law		YEREVAN, ARMENIA	RETIRED
TATEVIK GYOGJAEVA Mother-in-Law		YEREVAN, ARMENIA	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
ARTUR MARTIROSYAN Spouse		2 KHARIBJANYAN ST, YEREVAN, ARMENIA	DRIVER
KRISTINE GEGAMYAN		1 KHARIBJANYAN ST, YEREVAN, ARMENIA	DESIGNER
ANUSH MARTIROSYAN Spouse		SHALLOW POND DR, LAS VEGAS, NV 89117	DESIGNER
KAREN SEYSYAN		1 SHALLOW POND DR, LAS VEGAS, NV 89117	DRIVER

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School YEREVAN 50 SCHOOL	YEREVAN, ARMENIA	1981-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School YEREVAN 50 SCHOOL	YEREVAN, ARMENIA	1981-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University YEREVAN INSTITUTE OF HUMANITIES	YEREVAN, ARMENIA	1992-1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF ART IN SPANISH TRANSATION

College or university where obtained YEREVAN INSTITUTE OF HUMANITIES 1992-1996

Applicant's initial

AM

**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
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- 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
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Applicant's initial AM 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
07/07/2016 - CURRENT	SHALLOW POND DR	LAS VEGAS	NV 89117
10/15/15 - 07/07/2016	3360 SHALLOW POND DR	LAS VEGAS	NV 89117
12/15/2009 - 10/15/15	8675 TRAVELING BREEZE AVE 103	LAS VEGAS	NV 89178
01/03/2009 - 12/15/2009	7885 W FLAMINGO RD 2028	LAS VEGAS	NV 89147
09/23/2006 - 01/03/2009	10820 BALLANTRAE WAY	SACRAMENTO	CA 95670
09/17/1974 - 09/23/2006	32 KHARIBJANYAN ST	YEREVAN	ARMENIA

Applicant's initial

AM

**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.

<u>2019 - CURRENT</u>	<u>CREDO PHARMACY LLC, 8995 W FLAMINGO RD STE 120, LAS VEGAS, NV 89147</u>	<u>CURRENT</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

<u>MANAGING DIRECTOR</u>	<u>BUSINESS OPERATIONS</u>	<u>ARMAN MARTIROSYAN</u>
Title	Description of Duties	Name of Supervisor

<u>2016 - 2018</u>	<u>REALTY 360, 8565 S EASTERN AVE, LAS VEGAS, NV 89123</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

<u>REALTOR</u>	<u>REAL ESTATE BUY &amp; SELL TRANSACTIONS</u>	<u>TOM BUNTIC</u>
Title	Description of Duties	Name of Supervisor

<u>2012 - 2016</u>	<u>EREALTY, 6149 S RAINBOW BLVD, LAS VEGAS, NV 89118</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

<u>REALTOR</u>	<u>REAL ESTATE BUY &amp; SELL TRANSACTIONS</u>	<u>JOSEPH LEE</u>
Title	Description of Duties	Name of Supervisor

<u>2010 - 2012</u>	<u>LUCKY CAB, 4195 W DIABLO DR, LAS VEGAS, NV 89118</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

<u>DRIVER</u>	<u>TAXI DRIVER &amp; CUSTOMER SERVICE</u>	<u>N/A</u>
Title	Description of Duties	Name of Supervisor

<u>2009 - 2010</u>	<u>ARIA RESORT, 3730 S LAS VEGAS BLVD, LAS VEGAS, NV 89158</u>	<u>NEW JOB PROMOTION</u>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

<u>CONCIERGE</u>	<u>CUSTOMER SERVICE &amp; EVENT ARRANGEMENTS</u>	<u>N/A</u>
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
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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 AM 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 ELLADA SAROYAN	Home	ELLERHURST DR.	LAS VEGAS, NV	89103		20
Employer CAESARS PALACE	Business	3570 S LAS VEGAS BLVD,	LAS VEGAS, NV	89109	866 227 5938	
Name AVETIK MELIKSEYAN	Home	ELLERHURST DR.	LAS VEGAS, NV	89103		20
Employer N/A	Business	N/A				
Name ARPINE MIRZOYAN	Home	W FLAMINGO RD.	LAS VEGAS, NV	89147	12	15
Employer STUDENT	Business	N/A				
Name ALEX MIRZOYAN	Home	W FLAMINGO RD.	LAS VEGAS, NV	89147		15
Employer STUDENT	Business	N/A				
Name HMAKAK HAKOBYAN	Home	YARMOUTH AVE.	GRANADA HILLS, CA	91344		
Employer WEB HORIZONS	Business	P.O. BOX 11362,	BURBANK, CA	91510	818.308.5880	18

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

2012 - 2018 STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY, REAL ESTATE DIVISION

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

AM

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 5/6/19

Applicant's initial AM

STATE OF

Nevada

SS.

COUNTY OF

Clark

I, Arman Martirosyan, 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.



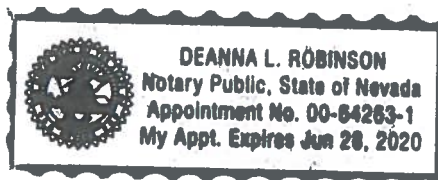
Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of

May 2019



Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

Handwriting practice area with 30 horizontal dashed lines.

Applicant's initial AM



**13D**

# 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: Economy Drug - Eureka

Physical Address: 91 N. Main St. Eureka, NV ~~89556~~ 89316

City: Eureka State: NV Zip Code: 89316 Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Managing Pharmacist: ANDREW D. BATH License Number: 17846

### TYPE OF PHARMACY

### AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☐ Community  
☒ ☐ Other: Satellite/Telepharmacy

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

Andrew D. BATH  
Print Name of Authorized Person

5/13/2019  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General \_\_\_\_\_ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Thomas A. Bath %: 50  
 Name: Andrew D. Bath %: 20  
 Name: Thomas O. Bath %: 15  
 Name: Paul J. Bath %: 15

Partnership Name: Economy Drug

Mailing Address: 6916 Aultman St

City, State Zip Code: Ely NV 89301

Telephone Number: 775-289-4929 Fax Number: 775-289-8515

Contact Person: Andrew Bath

List any physician shareholders and percentage of ownership.

Name: Ø %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm      Saturday 9 am 5 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, ANDREW D. BATH

Responsible Person of Economy Drug - Eureka

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

Andrew D. BATH  
Print Name of Authorized Person

5/13/2019  
Date



## Managing Pharmacist

 Pharmacist Name: ANDREW DALE BATH PharmD

 License #: 17846

 Pharmacy Name: Economy Drug - Eureka

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 \_\_\_\_\_

## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ECONOMY DRUG, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 27, 1981, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 13, 2019.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20190613-0815



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

Date 5/24/19

## GENERAL INSTRUCTIONS

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

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

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

Application for New Pharmacy Application - Satellite Pharmacy  
Economy Drug - Eureka Nature of Pharmacy or Wholesaler  
91 N Main St Eureka, NV 89316  
 Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Bath Last Name Andrew First Name Dale Middle Name  
Andy  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Pinehead Ln Present Residence Address-Street or RFD Ely City NV 89301 State/Zip  
6960 Aultman St Present Business Address Ely City NV 89301 State/Zip  
Managing Pharmacist Present Position with the Pharmacy or Wholesaler 5/2010 Dates  
 Phone: Residence 775-289-4929 Business  
Ely White Pine NV Place of Birth (City, County, State)  
36 Date of Birth M Sex  
Green Color of Eyes Blond Color of Hair White Complexion 175 Weight Medium Build 5'11 Height  
 Social Security Number

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial h Page 1

## MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2007 Ely White Pine NV  
 Date City, County and State  
 Spouse's full name (Maiden) April Michele Peterson S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Ely, NV  
 Resident address Pinewheel Ln Ely NV 89301  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 775-289-4929  
 Spouse's employer Economy Drug Occupation Office Manager  
 Address of employer 1916 Art Hman St Ely NV 89301  
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

## 3. FAMILY INFORMATION:

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Jillian Tessa Bath</u>		<u>Ely NV</u>	<u>Pinewheel Ln Ely NV</u>
<u>Euvan Rose Bath</u>		<u>Ely NV</u>	<u>Pinewheel Ln Ely 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 AB

**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

Thomas A Bath		Mill St Ely NV	Business Owner
---------------	--	----------------	----------------

Mother

Margaret L. Miller		Deceased Ely, NV	Pharmacist
--------------------	--	------------------	------------

Father-in-Law

Michael E. Peterson		Wolcott Dr. Spring Creek NV	Maintenance
---------------------	--	-----------------------------	-------------

Mother-in-Law

Kathleen R. Ricci		S. Minnesota Dr Ely NV	W.P.C. Human Resources
-------------------	--	------------------------	------------------------

**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
---------------	------------	---------	------------

Thomas O Bath		McClelland St SLC, UT	Architect
---------------	--	-----------------------	-----------

Spouse

Jennifer Dalley		" " " " "	Architect
-----------------	--	-----------	-----------

Paul J. Bath		E. 282 South Ely, NV	Police Officer
--------------	--	----------------------	----------------

Spouse

Rebecca Byers		" " " " "	Teacher
---------------	--	-----------	---------

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School Mt. View Elementary	Ely NV	9/89 - 5/94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
------------------------------------	--------	-------------	---------------------------------------------------------------------

High School White Pine High School	Ely NV	9/97 - 6/01	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
------------------------------------	--------	-------------	---------------------------------------------------------------------

College University of Nevada Reno	Reno, NV	8/01 - 5/06	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-----------------------------------	----------	-------------	---------------------------------------------------------------------

Other Creighton University	Omaha, NE	8/06 - 5/16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
----------------------------	-----------	-------------	---------------------------------------------------------------------

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

College or university where obtained..... Creighton University

Applicant's initial M

**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 AB 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
-----------------------------	-------------------	------	-----------------

7/82-8/06	1600 Mill St	Ely	NV
8/06-5/10	18734 R St	Omaha	NE
5/10-5/11	777 Ave. K	Ely	NV
5/11 - Present	2 Pinckney Ln	Ely	NV

Applicant's initial AS

**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
5/10-Current	Economy Drug 6916 Aultman St Ely NV	23000 hrs
Title	Description of Duties	Name of Supervisor
Managing Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2007	HylVee Pharmacy Corner of 180th + 1st Omaha NE	
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Input Rxs + filled Rxs	Nabil
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2004	St Mary's Reno NV	
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Prepared Orders, Sterile Compounding	
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.

# 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>Beverly Bliss</u>	Home	<u>Opal Dr Ely NV 89301</u>				<u>35 yrs</u>
Employer <u>Retired</u>	Business					
Name <u>Shannon Serna</u>	Home	<u>Ave L Ely NV 89301</u>				<u>20 yrs</u>
Employer <u>Self</u>	Business	<u>Shannon Serna DDS.</u>			<u>775-289-3375</u>	
Name <u>Susan Keough</u>	Home	<u>Mill St Ely NV 89301</u>				<u>36 yrs</u>
Employer <u>Sportsworld</u>	Business	<u>1500 AntHman St Ely NV</u>			<u>775-289-8886</u>	
Name <u>Kern Pintar</u>	Home	<u>Mill St Ely NV</u>			<u>14</u>	<u>30 yrs</u>
Employer <u>Dr Wilkin</u>	Business	<u>Todd Wilkin DDS</u>			<u>775-289-4000</u>	
Name <u>Mary Swetich</u>	Home	<u>Ave M Ely NV</u>				<u>30 yrs</u>
Employer <u>Retired</u>	Business					

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

Sh

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 ☐



United



8

AS.



STATE OF Nevada

ss.

COUNTY OF White Pine

I, Andrew Bath, 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,

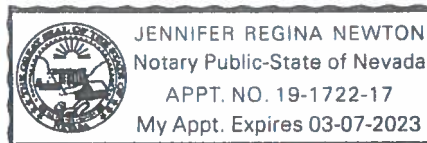
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 29 day ofMay, 2019


Notary Public



(seai)

Applicant's initial AB

Page 9

Applicant's initial.

Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/24/19

## GENERAL INSTRUCTIONS

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

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

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

Application for New Pharmacy Application  
Economy Drug-Eureka 911 main st Eureka, NV 89316  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Both Last Name Thomas First Name Albert Middle Name

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

Mill Street Present Residence Address-Street or RFD Ely City Nevada 89301 State/Zip

Present Business Address Dates City State/Zip

Occupation Dates Phone: Residence Business

1 1 1 Date of Birth East Ely, Nevada Place of Birth (City, County, State) 725-289-4929 Business

74 Age Male Sex Male Social Security Number

Color of Eyes Blue Color of Hair White Complexion light Weight 220 lb Build large Height 5'8"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

## MARITAL INFORMATION-Continued

**A. Current Marriage**.....

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

Date of Birth..... Place of Birth.....

Resident address.....

Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....

Street..... City..... State..... Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Margaret H. Bath		Ely, Nevada	Death 3-19-2016	

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

Name	Street	City	State	Zip	Telephone

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

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

Name	Birth Date	Birth Place	Residence Address

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child. *All grown*
- ☐ 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 *EB*

## FAMILY INFORMATION-Continued

N/A

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	Thomas O. Bath	1907	First St Ely NV	deceased Business Owner
Mother	Mary D. Bath	1913	First St Ely NV	deceased Stay at home Mom
Father-in-Law	Dale Miller	1917	Pine St Ely NV	deceased Pharmacist
Mother-in-Law	Rosale Miller	1912	Pine St Ely NV	deceased Stay at home Mom

## 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	Virginia B Terry	.....	Box	Retired
	Glenn Terry	1945	✓ ✓ ✓	Retired
Spouse	Jim Bath	1950	First Street	Bath lumber - H. Manager
	Donna Bath	1951	✓ ✓ ✓	She Township N. Nevada
Spouse	Caroline Bath Mcintosh	1953	Box	Retired
	Mike Mcintosh			deceased

Spouse

## 4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ely Grade	Ely, Nevada		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	White Pine High School		Graduated 1963	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.S. in Accounting &amp; Finance Business

College or university where obtained University of Southern California 1968

Applicant's initial

**5 MILITARY INFORMATION:**

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

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

*Nevada National Guard 1968 - 1974 - Elko, Nevada*  
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 *White Pine* State *Nevada* Date registered *1962*

**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 *SP*

## 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
BARNEY Court	2015	CV-1311159	White Pine County, NV	2019-Feb
Settle in court Against Community owned Mercantile Project dba as Hannel Mercantile. Construction dispute.				

- 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
Jan, 1969	Mill Street (Mill)	Ely	Nevada White Pine

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 <b>5-2019</b>	Name/Mailing Address of Employer/Business <b>Bath Lumbers Co.</b>	Reason for Leaving <b>Still Active</b>
Title <b>President</b>	Description of Duties	Name of Supervisor <b>None</b>
Month and Year <b>1-1-1981</b>	Name/Mailing Address of Employer/Business <b>Sportswood</b>	Reason for Leaving <b>Active</b>
Title <b>General Manager Partner</b>	Description of Duties	Name of Supervisor <b>None</b>
Month and Year <b>3-2016</b>	Name/Mailing Address of Employer/Business <b>Economy Drug Co.</b>	Reason for Leaving <b>Active</b>
Title <b>Director</b>	Description of Duties	Name of Supervisor <b>None</b>
Month and Year <b>3-2013</b>	Name/Mailing Address of Employer/Business <b>Community Owner Mercantile Project</b>	Reason for Leaving <b>Active</b>
Title <b>Secretary</b>	Description of Duties <b>(General Mercantile)</b>	Name of Supervisor <b>None</b>
Month and Year <b>3-2001</b>	Name/Mailing Address of Employer/Business <b>General Dental Products Inc.</b>	Reason for Leaving <b>Sold Company 12-31-17</b>
Title <b>President</b>	Description of Duties	Name of Supervisor <b>None</b>
Month and Year <b>6-1967</b>	Name/Mailing Address of Employer/Business <b>Western Marble Co.</b>	Reason for Leaving <b>Went out of Business</b>
Title <b>Director</b>	Description of Duties	Name of Supervisor <b>None</b>
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



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## 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>Jake Duller</u>	Home <u>Box</u>	<u>Ely, NV</u>	<u>89315</u>			<u>70 yrs</u>
Employer <u>Retired</u>	Business					
Name <u>Richard Sims</u>	Home <u>Elgsum Drive</u>	<u>Ely, NV</u>	<u>89301</u>			<u>20 yrs.</u>
Employer <u>Block Distributing</u>	Business					
Name <u>Randy Fielding</u>	Home <u>Mt View Drive</u>	<u>Ely, NV</u>				<u>42 yrs</u>
Employer <u>Bathumboro</u>	Business					
Name <u>Becky Allen</u>	Home <u>Auch Ely</u>	<u>NV</u>	<u>89301</u>			<u>20 yrs</u>
Employer <u>Retired</u>	Business <u>Part time Bathumboro Co</u>					
Name <u>John Martinez</u>	Home <u>Box</u>	<u>2 Ely</u>	<u>NV</u>	<u>89315</u>		<u>20 yrs</u>
Employer <u>KINROSS Mining Co.</u>	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
<u>Box 126</u>	<u>First National Bank of Ely</u>	<u>Ely, Nevada</u>	<u>Thomas Ball</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.

Applicant's initial [Signature]

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 \_\_\_\_\_

Applicant's initial

STATE OF Nevada

SS.

COUNTY OF White Pine CountyI, Thomas A. Bath

, 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.

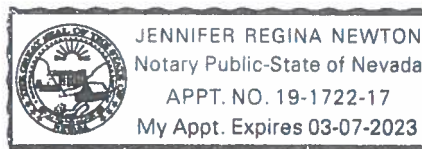
State of Nevada  
County of White Pine



Original Signature of Applicant

Subscribed and Sworn to before me this 24 day ofMay, 2019 by Thomas Bath


Notary Public



(seal)

Applicant's initial



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[illegible]

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/23/19

## 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 PHARMACY  
 Nature of License  
71 NORTH MAIN ST. EUREKA, NV 89316  
 Name and Address of Establishment for Which License Is Requested  
ECONOMY DRUG  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

BATH THOMAS OAKLEY  
 Last Name First Name Middle Name  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
5 McCLELLAND ST SLC UT 84102  
 Present Residence Address-Street or RFD City State/Zip  
850 S 400 W #113 Dates 4/19-present SLC UT 84101  
 Present Business Address City State/Zip  
ARCHITECT Dates 8/13-present  
 Occupation  
 Phone: Residence \_\_\_\_\_ Business 801-441-2203  
ELY, NV (WHITE PINE CO.)  
 Date of Birth \_\_\_\_\_ Place of Birth (City, County, State)  
39 MALE  
 Age Sex  
BLUE BLONDE TYPE II 155 lb ATHLETIC 5'5"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Nevada State Tatoo on Left Forearm

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** 10/16/10 Seattle, WA (King County)  
 Date City, County and State  
 Spouse's full name (Maiden) Jennifer Kate Dalley S.S. No. 1  
 Date of Birth \_\_\_\_\_ Place of Birth Las Vegas, NV  
 Resident address S McClelland St. SLC UT 84102  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business Parallel Lines 801 441 2203  
 Spouse's employer Parallel Lines Occupation Architect  
 Address of employer 850 S 400 W #113 SLC UT 84102  
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

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

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

Name	Birth Date	Birth Place	Residence Address
<u>Ava Rinda Bath</u>		<u>Salt Lake City, UT</u>	<u>S McClelland St</u>
<u>Theodore August Bath</u>		<u>SLC, UT</u>	<u>S McClelland St</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 JB



**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			
Tom Albert Bath		Mill St Ely, NV 89301	General Manager Ace Hardware
Mother			
Margaret Louise Bath		Mill St Ely, NV 89301	Pharmacist
Father-in-Law			
Mahlon Bentley Dalley		N Homestead Dr. Liberty Lake, WA 99019	Educator - University Professor
Mother-in-Law			
Marianne Dalley		3 N Homestead Dr Liberty Lake, WA 99019	Educator - Higher Ed Teacher

**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
Andrew Dale Bath		E Pinwheel Ln Ely, NV 89301	Pharmacist
Spouse			
April Michelle Bath (Peterson)			Office Manager
Paul James Bath		E 282 S Ely, NV 89301	Police Officer
Spouse			
Becki Jean Bath (Byers)			Teacher

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	White Pine Middle School	Ely, NV	- 1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	White Pine	Ely, NV	1995 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Oregon	Eugene, OR	1998 - 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science in Architecture

College or university where obtained University of Oregon

Applicant's initial

AB

**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
----------------	-----	--------	-------------------------	-----------------	------------------

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[illegible]

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 AB



**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
4/2018 - present	5 McClelland St	SLC	UT 84102
9/2013 - 4/2018	850 S 400 W #213	SLC	UT 84101
12/2011 - 9/2013	786 Pine Street	Ely	NV 89301
5/2004 - 12/2011	3643B Albion Street	Seattle	WA 98103
pre 2004	600 Mill Street	Ely	NV 89301

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 <u>3/2012-present</u>	Name/Mailing Address of Employer/Business <u>Parallel Lines Studio, LLC</u>	Reason for Leaving <u>—</u>
Title <u>Owner</u>	Description of Duties <u>Architect</u>	Name of Supervisor <u>—</u>
Month and Year <u>2009-12/2011</u>	Name/Mailing Address of Employer/Business <u>Callison</u>	Reason for Leaving <u>started at new company</u>
Title <u>Associate</u>	Description of Duties <u>Architect</u>	Name of Supervisor <u>—</u>
Month and Year <u>2008 - 2009</u>	Name/Mailing Address of Employer/Business <u>NBBT</u>	Reason for Leaving <u>started at new company</u>
Title <u>Designer</u>	Description of Duties <u>Architect</u>	Name of Supervisor <u>—</u>
Month and Year <u>1/2003-2008</u>	Name/Mailing Address of Employer/Business <u>Callison</u>	Reason for Leaving <u>started at new company</u>
Title <u>Associate</u>	Description of Duties <u>Architect</u>	Name of Supervisor <u>—</u>
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

JB

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## 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>ANDY MARSH</u>	Home	<u>7 SOUTH 1800 EAST SLC, UT</u>				
Employer <u>GOLF</u>	Business	<u>ARMY FROGG</u>				
Name <u>JIM LEVIN</u>	Home	<u>5</u>				
Employer <u>UPLIGHT ENGINEER</u>	Business					
Name <u>JOHN TAYLOR</u>	Home	<u>3 15</u>				
Employer	Business					
Name <u>BENJAMIN PIKE</u>	Home	<u>5 5</u>				
Employer	Business					
Name <u>Dallas Graham</u>	Home	<u>5</u>				
Employer <u>RED FRED</u>	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

Architecture License - Washington, Nevada, Utah

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.

PARALLEL LINES, UTAH POPL

Applicant's initial

AB

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 ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST



Date of photograph

Applicant's initial

AB

STATE OF Utah

SS.

COUNTY OF Salt Lake

I, Thomas Oakley Bath, 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,

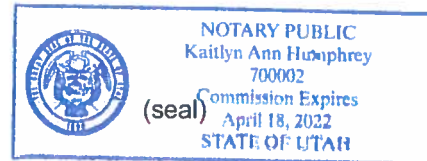
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 24 day of May 2019

Kaitlyn Humphrey  
K. Humphrey  
 Notary Public



Applicant's initial



[illegible]

6



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/24/19

## GENERAL INSTRUCTIONS

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

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

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

Application for New Pharmacy Application  
 Nature of License  
Economy Drug - Eureka 91 N Main St Eureka, NV 89316  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Both Paul James  
 Last Name First Name Middle Name  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
EAST 282 SOUTH ELY NEVADA/89301  
 Present Residence Address-Street or RFD City State/Zip  
 Present Business Address Dates City State/Zip  
 Occupation Dates  
 Phone: Residence  
 Business 75 282 4929  
ELY, WHITE PINE COUNTY, NEVADA  
 Date of Birth Place of Birth (City, County, State)  
34 MALE  
 Age Sex  
BROWN BLONDE LIGHT 155 LBS MED 5'9"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics 1

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 PB

## MARITAL INFORMATION-Continued

A. **Current Marriage** 6/29/13 MIDWAY, WASATCH, NEVADA  
 Date City, County and State  
 Spouse's full name (Maiden) REBEKA JEAN BATH S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Denver, Colorado  
 Resident address EAST 282 SOUTH ELY NV 89301  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 775 289 4811  
 Spouse's employer WHITE PINE COUNTY SCHOOL DIST Occupation TEACHER  
 Address of employer 1800 BOBCAT DRIVE ELY NV 89301  
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

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

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

Name	Birth Date	Birth Place	Residence Address
<u>EMERSON MILLER-JEAN BATH</u>		<u>ELY, NV</u>	<u>EAST 282 SOUTH ELY, NV</u>
<u>THOMAS ALBERT BATH</u>		<u>ELY, NV</u>	<u>SAME</u>
<u>TIMOTHY ALBERT BATH</u>		<u>ELY, NV</u>	<u>SAME</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 RB



**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

TOM ALBERT BATH

1 MILL ST ELY NV, 89301

BUSINESS  
MANAGER/PRESIDENT

Mother

MARGARET MILLER BATH

1 MILL ST. ELY NV, 89301

PHARMACIST

Father-in-Law

Mother-in-Law

Cynthia Martin

5 E Parkview Cir Centennial CO X-Ray Tech

**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
---------------	------------	---------	------------

THOMAS OAKLEY BATH

1 S. McCLELLAND ST, SALT LAKE CITY, UT ARCHITECT

Spouse

Jennifer Dailley

S. McClelland St SLC UT Architect

ANDREW DALE BATH

5 PINWHEEL LANE ELY NV PHARMACIST

Spouse

April Michelle Peterson

Pinwheel Ln Ely NV Office Manager

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School WHITE PINE MIDDLE SCHOOL	ELY, NV	1996-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School WHITE PINE HIGH SCHOOL	ELY, NV	1999-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNIVERSITY OF NEVADA, RENO (UNR)	RENO, NV	2004-2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF ARTS IN CRIMINAL JUSTICE

College or university where obtained UNR

Applicant's initial PB

**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 WHITE PINE State NEVADA Date registered 10/12/2002

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial PS

## 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
APRIL 2017 TO PRESENT	7 EAST 282 SOUTH	ELY	NEVADA
JUNE 2008 TO APRIL 2017	1290 AVEL	ELY	NEVADA
AUGUST 2006 TO JUNE 2008	2951 ARSEL DRIVE	RENO	NEVADA
AUGUST 2004 TO AUGUST 2006	1675 SKY MOUNTAIN DR.	RENO	NEVADA
BIRTH TO AUGUST 2004	600 MELL STREET	ELY	NEVADA

Applicant's initial RB

**8. EMPLOYMENT:**

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/18/18		
JUNE 2018	WHITE PINE COUNTY SHERIFFS / 1785 GREAT BASIN ELY, NV.	CURRENT
Title	Description of Duties	Name of Supervisor
DEPUTY PATROL	PATROL OFFICER	SGT. FISCHER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2017	BATH LUMBER CO. / 1800 AVE G. ELY, NV.	NEW OCCUPATION
Title	Description of Duties	Name of Supervisor
MANAGER	BOOK KEEPING	TOM BATH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCTOBER 2010	SPORTSWORLD / 1500 ALTMAN ST ELY, NV.	PROMOTION
Title	Description of Duties	Name of Supervisor
MANAGER	MANAGE EMPLOYEES AND DAILY OPERATIONS	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 2008	BATH LUMBER CO. / 1800 AVE G. ELY, NV.	PROMOTION
Title	Description of Duties	Name of Supervisor
MANAGER	WAREHOUSE MANAGER, SERVICE TRUCKS, BELV.	TOM BATH
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 PD 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>CATALINA JONES</u>	Home	<u>7 IRON DR.</u>	<u>ELY NV.</u>	<u>89301</u>		<u>30 YEARS</u>
Employer <u>WHITE PINE SCHOOL DIST.</u>	Business	<u>1135 AVE C</u>	<u>ELY NV.</u>	<u>89301</u>	<u>775 289 4851</u>	
Name <u>CHES JONES</u>	Home	<u>7 IRON DR</u>	<u>ELY NV.</u>	<u>89301</u>		<u>30 YEARS</u>
Employer <u>ELY STATE PRISON</u>	Business	<u>4569 NORTH STATE RT.</u>	<u>ELY NV.</u>	<u>89301</u>	<u>775 289 8800</u>	
Name <u>LANDON WHALEY</u>	Home	<u>WILLOW RD</u>	<u>IBAPAH UT.</u>	<u>84034</u>		<u>30 YEARS</u>
Employer <u>GOLD HILL MINE</u>	Business	<u>GOLD HILL UT.</u>	<u>84034</u>			
Name <u>LUKE SHADY</u>	Home	<u>DICKERSON AVE</u>	<u>ELY NV.</u>	<u>89301</u>		<u>25 YEARS</u>
Employer <u>WHITE PINE COUNTY SHERIFFS OFFICE WPCSO</u>	Business	<u>GREAT BASIN BLVD</u>	<u>ELY NV.</u>	<u>89304</u>	<u>775 289 8808</u>	
Name <u>TODD FFWLHER</u>	Home	<u>MURRY ST</u>	<u>ELY NV.</u>	<u>89309</u>		<u>25 YEARS</u>
Employer <u>WPCSO</u>	Business	<u>GREAT BASIN BLVD</u>	<u>ELY NV.</u>	<u>89304</u>	<u>775 289 8808</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

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 PB



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

5/25/19

Applicant's initial

PS

STATE OF

Nevada

SS.

COUNTY OF

White PineI, Paul Bath

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,

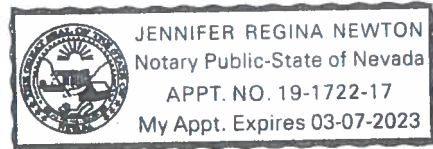
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 29 day ofMay 2019


Notary Public



(seal)

Applicant's initial PB

Page 9

Page 10



Date 5/24/19

## GENERAL INSTRUCTIONS

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

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

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

Application for New Pharmacy Application - Satellite Pharmacy  
Economy Drug-Eureka Nature of License  
91 N Main St Eureka, NV 89316  
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Both Last Name Andrew First Name Dale Middle Name  
Andy  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Pinewheel Ln Ely NV 89301  
 Present Residence Address-Street or RFD City State/Zip  
1696 Aultman St 5/2010 - Present Ely NV 89301  
 Present Business Address Dates City State/Zip  
Managing Pharmacist 5/2010  
 Occupation  
 Phone:  
 Residence  
 Business 775-289-4929  
36 Age Ely, White Pine Co NV Place of Birth (City, County, State)  
Green Color of Eyes Blond Color of Hair White Complexion 175 Weight Medium Build M Sex  
5'11 Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

## 2. MARITAL INFORMATION:

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

Applicant's initial AB

## MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2007 Ely White Pine NV  
 Date City, County and State  
 Spouse's full name (Maiden) April Michele Peterson S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Ely NV  
 Resident address Pinwheel Ln Ely NV 89301  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 775-289-4929  
 Spouse's employer Economy Drug Occupation Office Manager  
 Address of employer 696 Aultman St Ely NV 89301  
 Street City State Zip

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

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


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

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


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

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

Name	Birth Date	Birth Place	Residence Address
<u>Jillian Tessie Bath</u>		<u>Ely NV</u>	<u>Pinwheel Ln Ely NV</u>
<u>Evvan Rose Bath</u>		<u>Ely NV</u>	<u>Pinwheel Ln Ely 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 AB

**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

Thomas A. Bath	1	3 Mill St. ELY, NV	Business Owner
----------------	---	--------------------	----------------

Mother

Margaret L. Miller		Deceased ELY, NV	Pharmacist
--------------------	--	------------------	------------

Father-in-Law

Michael E. Peterson		Wolcott Dr Spring Creek NV	Maintenance
---------------------	--	----------------------------	-------------

Mother-in-Law

Kathleen R. Ricci		25 Minnesota Dr Ely NV	WPG Human Resources
-------------------	--	------------------------	---------------------

**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
---------------	------------	---------	------------

Thomas O. Bath		1 S. McClelland St SLC, UT	Architect
----------------	--	----------------------------	-----------

Spouse

Jennifer Dalley		S. McClelland St SLC, UT	Architect
-----------------	--	--------------------------	-----------

Paul J. Bath		1 E 282 South Ely NV	Police Officer
--------------	--	----------------------	----------------

Spouse

Rebecca Byers	4	1 E 282 South Ely NV	Teacher
---------------	---	----------------------	---------

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Mt View Elementary	Ely, NV	9/89-5/94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School White Pine High School	Ely NV	9/97-6/01	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of NEVADA Reno	Reno NV	8/01-5/06	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Creighton University	Omaha NE	8/06-5/10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctorate of Pharmacy

College or university where obtained Creighton University

Applicant's initial AH

**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   *BN*



- 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
7/82-8/06	600 Mill St	Ely	NV White Pine
8/06-5/10	18734 R St	Omaha	NE
5/10-5/11	777 Ave K	Ely	NV
5/11 - Present	2 Pinwheel Ln	Ely	NV

Applicant's initial

AS

**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
5/10-Current	Economy Drug 6916 Aultman St Ely NV 89301	N/A.
Title	Description of Duties	Name of Supervisor

Managing Pharmacist

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2007	HyVee Pharmacy	Graduated Pharm School.
Title	Description of Duties	Name of Supervisor

Intern Pharmacist Input Rx's & F.I.K. Rx's

Nabil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2004	St Mary's Reno, NV.	Graduated college went to Pharmacy School
Title	Description of Duties	Name of Supervisor

Pharmacy Technician Prepared Orders, Sterile Compounding

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

AK

# 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>Beverly Bliss</u>	Home	<u>Opal Dr</u>	<u>Ely</u>	<u>NV 89301</u>		<u>35 yrs</u>
Employer <u>Retired</u>	Business					
Name <u>Shannon Sena</u>	Home	<u>1 Ave K</u>	<u>Ely</u>	<u>NV 89301</u>		<u>20 yrs</u>
Employer <u>Self</u>	Business	<u>Shannon Sena D.D.S.</u>		<u>775-289-3375</u>		<u>20 yrs</u>
Name <u>Susan Keough</u>	Home	<u>2 Mill St</u>	<u>Ely</u>	<u>NV 89301</u>		<u>36 yrs</u>
Employer <u>Sportsworld</u>	Business	<u>Manager</u>		<u>775-289-8886</u>		
Name <u>Kerri Pintar</u>	Home	<u>1 Mill St</u>	<u>Ely</u>	<u>NV 89301</u>		<u>30 yrs</u>
Employer <u>Dr. Wilkin</u>	Business	<u>Todd Wilkin D.D.S.</u>		<u>Office Manager 775-289-4000</u>		
Name <u>Mary Swetich</u>	Home	<u>3 Ave M</u>	<u>Ely</u>	<u>NV 89301</u>		<u>30 yrs</u>
Employer <u>Retired</u>	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 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

AS

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 ☒

States



Date of photograph 6/1/2019

Applicant's initial h



SS.

COUNTY OF

White Pine

I, Andrew Bath

, 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

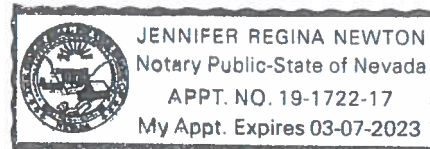
Subscribed and Sworn to before me this 29

day of

May, 2019



Notary Public



(seal)

Applicant's initial AB

As

**13E**

# 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: Old Fashioned Pharmacy LLC

Physical Address: 3772 E Flamingo Rd

City: Las Vegas State: NV Zip Code: 89121 Telephone: Pending

Fax: Pending Toll Free Number: N/A

E-mail: oldfashionedpharmacy@gmail.com

Website: N/A

Managing Pharmacist: Jaime Dorsett License Number: 18900

### 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

Carlos J Echevarria  
Print Name of Authorized Person

6/13/2019  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: NEVADAParent Company if any: N/AMailing Address: 5997 Aimless STCity: Henderson State: NV Zip: 89011Telephone: 702-334-3763 Fax: pendingContact Person: Carlos J Echevarria

For any corporation non publicly traded, disclose the following:

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

a) N/A  
Name Business Addressb) N/A  
Name Business Addressc) N/A  
Name Business Addressd) N/A  
Name Business Address2) Provide the number of shares issued by the corporation. 03) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: N/A %: Name: N/A %: **Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 6:00 pmSaturday 10:00 am 2:00 pmSunday closed am closed pm24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191194728

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

I, Carlos J Echevarria

Responsible Person of Old Fashioned 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

Carlos J Echevarria

Print Name of Authorized Person

6/13/2019

Date

## Managing Pharmacist

Pharmacist Name: Jaume Dorsett License #: 18900  
 Pharmacy Name: Old Fashioned 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.

Daime Dorsett  
Signature

6.14.2019  
Date

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# NEVADA SECRETARY OF STATE

## Barbara K. Cegavske

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## OLD FASHIONED PHARMACY

[Q New Search](#)[Manage this Business](#)[\\$ Calculate Fees](#)[Printer Friendly](#)

Business Entity Information			
Status:	Active	File Date:	6/14/2019
Type:	Reserved Name	Entity Number:	E0277352019-9
Qualifying State:		List of Officers Due:	
Managed By:		Expiration Date:	9/14/2019

Reservation Holder			
Name:	Carlos J Echevarria	Address1:	5997 Aimless St
Address 2:		City:	Henderson
State:	NV	Zip Code:	89011

Registered Agent Information	
No Registered Agent associated with this company	

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

<a href="#">-</a> Officers	<input type="checkbox"/> Include Inactive Officers
No active officers found for this company	

<a href="#">--</a> Actions\Amendments
Click here to view the 1 action or amendment associated with this company

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**13F**

# 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 03880**)  
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: Sunrise Pharmacy

Physical Address: 2560 E Sunset RD #102

City: Las Vegas State:        Zip Code: 89120 Telephone: 7028315881

Nevada Fax: 855-631-4115 Toll Free Number: 8552002100

E-mail: sunrisepharmlv@yahoo.com

Website: n/a

Managing Pharmacist: Tammy Angeles License Number: 19070

### 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

Robert A. Seik, PharmD License #13574  
Print Name of Authorized Person

4-29-19  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General X Limited \_\_\_\_\_

List names of 4 largest partners and percentage of ownership:

Name: Robert A. Seik, PharmD License # 13574 %: 100

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: Sunrise Pharmacy

Mailing Address: 2560 E Sunset RD #102

City, State Zip Code: Las Vegas, NV 89102

Telephone Number: 702-831-5881 Fax Number: 855-631-4115

Contact Person: Robert A. Seik

List any physician shareholders and percentage of ownership.

Name: n/a %: \_\_\_\_\_

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: n/a

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

I, Robert A. Seik

Responsible Person of Sunrise 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

Robert A. Seik

Print Name of Authorized Person

4-29-19

Date

### Managing Pharmacist

 Pharmacist Name: Tammy Angeles

 License #: 19070

 Pharmacy Name: Sunrise Pharmacy

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

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

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

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



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

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

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

Signature 

Date 4/25/19

List of Sunrise Pharmacy owners-

1.Current Owner; Michael L. Peters

2.New Owner; Robert A. Seik

**NEVADA STATE BOARD OF PHARMACY**  
431 W PLUMB LANE - RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

**CHANGE OF MANAGING PHARMACIST FORM**

**Registration Fee: \$50.00**

(non-refundable money order or cashier's check only, no cash or business check's)

\*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

\*\*Nevada Pharmacy Board License #: PH 03880  
\*\*(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: SUNRISE PHARMACY Store #: N/A  
Address: 2560 EAST SUNSET RD  
City: LAS VEGAS State: \* NV Zip: NV 89120  
Telephone: 702-831-5881 Fax: \_\_\_\_\_  
New Managing Pharmacist Name: CHRISTOPHER GOODMAN  
License #: 16422 Date Started: 5/13/19

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.

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.

		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 <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state? .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court

**PHARMACY MANAGER'S RESPONSIBILITIES**

(PHARMACY MANAGER, MUST READ, SIGN AND DATE 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. (NRS 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 the 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 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 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 of New Managing Pharmacist (no stamps or copies)5-9-19  
\_\_\_\_\_  
Date

Board Use Only

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_

Page 2 of 2

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNRISE PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 2, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 25, 2019.

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20190425-2031

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

Date 4-25-2019

## GENERAL INSTRUCTIONS

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

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

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

Application for Retail Pharmacy  
 Nature of Pharmacy or Wholesaler  
2560 E. Sunset Rd, #102, Las Vegas, NV 89120  
 Name and Address of Business for Which Designated Representative Is Requested  
Sunrise Pharmacy, LLC  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Seik	Robert	Alan
Last Name	First Name	Middle Name

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

aramie Ave	Las Vegas	NV 89113
Present Residence Address-Street or RFD	City	State/Zip

5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119

Dates June 2013 to present	City	State/Zip
Present Business Address	City	State/Zip

CEO - Owner      Dates April 2005 to present

Present Position with the Pharmacy or Wholesaler	Phone:	Residence
	Business	702-791-3800

Date of Birth	Washington, Washington County, PA
	Place of Birth (City, County, State)

47	Social Security Number	Male
Age		Sex

Blue	Brown	Fair	185	Medium	5'9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Greek letters tatooed on upper left thigh, Phi Delta Chi

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 AS

## MARITAL INFORMATION-Continued

A. **Current Marriage** 1-11-2015 Las Vegas, Clark, NV  
 Date City, County and State  
 Spouse's full name (Maiden) Deana Marie Villei S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Norristown, PA  
 Resident address Laramie Ave Las Vegas NV 89113  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer N/A Occupation N/A  
 Address of employer \_\_\_\_\_  
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Charles Valor Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113
Samuel Keen Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113

**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 KS



**FAMILY INFORMATION-Continued**

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

Name N/A

Address \_\_\_\_\_

Contact person \_\_\_\_\_

**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Charles William Seik		Jefferson Ave, Washington, PA 15301	Retired
Mother			
Dorothy Marie Dhayer		Deceased	
Father-in-Law			
Francis Kenneth Villei		Deceased	
Mother-in-Law			
Susanna Georeno		Deceased	

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
Lori Seik			
		Jefferson Ave, Washington, PA 15301	None
Spouse			
N/A			
Charles Richard Seik			
		3 Longview Drive, Latrobe, PA 15650	Laborer - Brewery
Spouse			
Jill Seik		3 Longview Drive, Latrobe, PA 15650	Medical Billing
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	Wolfedale Elementary	Washington, PA	1976-1981
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Trinity High School	Washington, PA	1981-1990
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Duquesne University	Pittsburgh, PA	1990-1995
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmDCollege or university where obtained Duquesne UniversityApplicant's initial AS



**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 Washington State PA Date registered June, 1989

**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

*BS*

**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
Plaintiff	4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017

- 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
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

**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
April 2011 to present	Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

Applicant's initial

**8. EMPLOYMENT:**

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

April 2005 to present	Partell Specialty Pharmacy 5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119	28,000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CEO - Owner - Pharmacist	Fill and validate prescriptions, consult patients, compounding	N/A
Title	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	4000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Fill and validate prescriptions, consult patients	George Flaherty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Michael Wolfe	Home	Clark Way,	Tustin, CA	92782		6
Employer Self	Business	MarketingDNA				
Name Cesar Maurtua	Home	Robertson Ave,	Sacramento, CA	95821		10
Employer Self	Business	Physician				
Name Takashi Upshur	Home	Sergeant Jordan Ave,	N Las Vegas, NV	89031		10
Employer ASP Cares	Business	501 S Rancho Drive, Las Vegas, NV 89106				
Name Josiah Garlan	Home	Meadowhawk Lane,	Las Vegas, NV	89135		22
Employer Self	Business	Planet Fitness, 7250 Arroyo Crossing Pkwy, Las Vegas, NV 89113				
Name Andrew Sternfield	Home	J W Palmetto Pkwy,	Unit 203-C, Boca Raton, FL	33432		10
Employer PTC Therapeutics	Business	100 Corporate Ct., South Plainfield, NJ 07080				

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

Texas License #60106 - licensed pharmacist - 2 years

Nebraska License #15075 - licensed pharmacists - 4 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

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 \_\_\_\_\_

Applicant's initial RAS

*[Handwritten signature]*

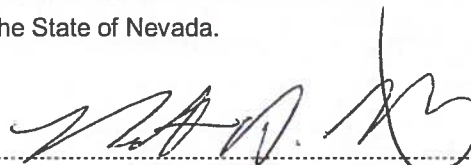
STATE OF NEVADA

SS.

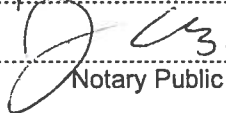
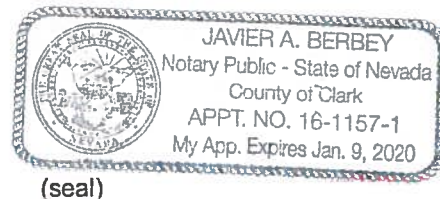
COUNTY OF CLARKI, Robert Seik

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 25 day ofApril2019

  
Notary Public
Applicant's initial RAS

Page 9



✓



partell  
PHARMACY



April 30, 2019

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

RE: Application for Designated Representative

Good Afternoon,

We sent a package containing documents to transfer ownership of Sunrise Pharmacy to me but the first page of the Application to be the Designated Representative was filled out incorrectly with our pharmacy information instead of the Sunrise Pharmacy information.

We have corrected it and have enclosed it herewith.

Please let us know if there is anything else that we need to do at this time.

Thank you,

Robert Seik



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4-25-2019

## GENERAL INSTRUCTIONS

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

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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 Retail Pharmacy

2560 E. Sunset Rd #102, Las Vegas, NV 89120 Nature of License

Sunrise Pharmacy, LLC Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Seik	Robert	Alan
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>aramie Ave</u>	<u>Las Vegas</u>	<u>NV 89113</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119</u>	<u>June 2013 to present</u>	
Present Business Address	City	State/Zip
<u>CEO - Owner - Partell Pharmacy</u>	<u>April 2005 to present</u>	
Occupation	Phone: Residence	Business
		<u>702-791-3800</u>
<u>Washington, Washington County, PA</u>	Place of Birth (City, County, State)	
Date of Birth		
<u>47</u>		<u>Male</u>
Age	Social Security Number	Sex
<u>Blue</u>	<u>Brown</u>	<u>Fair</u>
Color of Eyes	Color of Hair	Complexion
	<u>185</u>	<u>Medium</u>
	Weight	Build
		<u>5'9"</u>
		Height

Scars, tattoos or distinguishing marks and/or characteristics Greek letter tattooed on upper left thigh, Phi Delta Chi

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 AB

## MARITAL INFORMATION-Continued

A. **Current Marriage** ..... 1-11-2015 ..... Las Vegas, Clark, NV  
 Date .....  
 Spouse's full name (Maiden) ..... Deana Marie Villal ..... City, County and State .....  
 S.S. No. ....  
 Date of Birth ..... Place of Birth ..... Norristown, PA .....  
 Resident address ..... 7 Laramie Ave ..... Las Vegas ..... NV ..... 89113 .....  
 Street ..... City ..... State ..... Zip .....  
 Telephone: Residence ..... Business ..... N/A .....  
 Spouse's employer ..... N/A ..... Occupation ..... N/A .....  
 Address of employer .....  
 Street ..... City ..... State ..... Zip .....

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

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

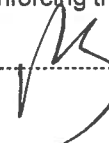
Name	Birth Date	Birth Place	Residence Address
Charles Valor Seik		Las Vegas, NV	aramie Ave, Las Vegas, NV 89113
Samuel Keen Seik		Las Vegas, NV	Laramie Ave, Las Vegas, NV 89113

#### B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial



**FAMILY INFORMATION-Continued**

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

Name N/A

Address \_\_\_\_\_

Contact person \_\_\_\_\_

**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Charles William Seik		Jefferson Ave, Washington, PA 15301	Retired
Mother			
Dorothy Marie Dhayer		Deceased	
Father-in-Law			
Francis Kenneth Villei		Deceased	
Mother-in-Law			
Susanna Georeno		Deceased	

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
Lori Seik		Jefferson Ave, Washington, PA 15301	None
Spouse			
N/A			
Charles Richard Seik		Longview Drive, Latrobe, PA 15650	Laborer - Brewery
Spouse			
Jill Seik		Longview Drive, Latrobe, PA 15650	Medical Billing
Spouse			
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Wolfedale Elementary	Washington, PA	1976-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Trinity High School	Washington, PA	1981-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Duquesne University	Pittsburgh, PA	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmDCollege or university where obtained Duquesne UniversityApplicant's initial AS

**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 Washington State PA Date registered June, 1989

**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 AS

- 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
Plaintiff	4-25-16	A-16-735593-B	District Court Clark County, Las Vegas, NV	Settled 5-17-2017

- 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
One Way Drug, LLC	Limited Liability Corporation	Filed 4-25-16, settled 5-17-2017

## 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
April 2011 to present	7 Laramie Ave	Las Vegas	NV
June 2010 to April 2011	3930 Spencer Street	Las Vegas	NV
Nov 2005 to April 2011	10639 Sweet Lily Court	Las Vegas	NV
June 2003 to Nov 2005	4439 Weitzman Place	Las Vegas	NV
June 2000 to June 2003	10537 Canon Perdido St	Las Vegas	NV
April 1999 to June 2000	3749 Tohono Canyon St	Las Vegas	NV
April 1997 to April 1999	2151 N. Green Valley Pkwy	Henderson	NV
1994 to 1997	3180 Jefferson Ave	Washington	PA

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.

April 2005 to present	Partell Specialty Pharmacy 5835 S. Eastern Ave., Suite 101, Las Vegas, NV 89119	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO - Owner - Pharmacist	Fill and validate prescriptions, consult patients, compounding	N/A
Title	Description of Duties	Name of Supervisor
April 1997 to June 1999	Walgreens, Las Vegas, NV	Owner Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Staff Pharmacist	Fill and validate prescriptions, consult patients	George Flaherty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial



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 Michael Wolfe	Home	Clark Way,	Tustin, CA	92782		6
Employer Self	Business	MarketingDNA				
Name Cesar Maurtua	Home	/ Robertson Ave,	Sacramento, CA	95821		10
Employer Self	Business	Physician				
Name Takashi Upshur	Home	Sergeant Jordan Ave,	N Las Vegas, NV	89031		10
Employer ASP Cares	Business	501 S Rancho Drive,	Las Vegas, NV	89106		
Name Josiah Garlan	Home	Meadowhawk Lane,	Las Vegas, NV	89135		22
Employer Self	Business	Planet Fitness, 7250 Arroyo Crossing Pkwy,	Las Vegas, NV	89113		
Name Andrew Sternfield	Home	W Palmetto Pkwy, Unit 203-C,	Boca Raton, FL	33432		10
Employer PTC Therapeutics	Business	100 Corporate Ct.,	South Plainfield, NJ	07080		

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

Texas License #60106 - licensed pharmacist - 2 years

Nebraska License #15075 - licensed pharmacists - 4 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



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 4/25/2019

Applicant's initial

*[Handwritten signature]*



SS.

COUNTY OF Clark

I, Robert A Seik, 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,

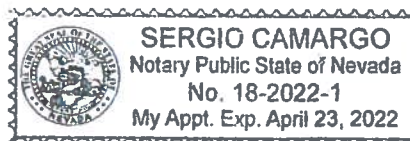
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Signature]  
Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

April 2019 by Robert Alan Seik

[Signature]  
Notary Public



(seal)

Applicant's initial

[Initials]

ADDITIONAL INFORMATION

Handwriting practice lines consisting of 30 horizontal dotted lines.

Applicant's initial

*Handwritten signature/initials*

**13G**

# 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 \_\_\_\_\_)  
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: 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

- ☒ ☐ 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

Ashley Isom  
Print Name of Authorized Person

4/15/19  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## 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 Pharma 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.

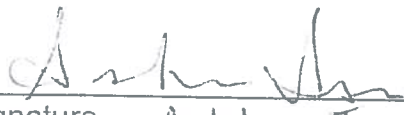
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of 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 # 732 City State/Zip Since 01/01/2019

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

Pharmacist per diem Since  
 Present Position with the Pharmacy or Wholesaler Dates

Phone:  
 Residence 775-354-6856  
 Business

4/2/11 Culver City, CA  
 Date of Birth Place of Birth (City, County, State)

42 Female  
 Age 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 Garrison S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Cedar City, UT  
 Resident address 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 8605 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 Isom	09/08/2000	married	LV, NV	(Clark Ct)
Stephen Isom	04/19/2007	divorced	LV, NV	(Clark Ct)
Stephen Isom	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 Isom					

## 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 \_\_\_\_\_

**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 In-Law: <u>Deanna Hodgson Aloia</u>		<u>Lonicer St</u> <u>carlsbad, CA</u>	<u>Graphic Artist</u>

Spouse

N/A

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>UNLV University of Nevada, Las Vegas</u> <u>(now Roseman)</u>	<u>Henderson, NV</u>	<u>2006-2009</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV University of Nevada, Las Vegas</u>	<u>Las Vegas</u>	<u>2000-2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV University of Nevada, Las Vegas</u>	<u>Las Vegas</u>	<u>1996-2000</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

1) PharmD, 2009, MED, 2003, BS, kinesiology in 2003  
 College or university where obtained see above

Applicant's initial

AJ

## 5 MILITARY INFORMATION:

727

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 N/A 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 N/A

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 N/A

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

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

N/A

Applicant's initial

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
	(Less than one mile away moved within months 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	SF	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 89110

Applicant's initial

AD

## 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 89119 660 hrs  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist (started parttime, now per diem) Camerina Gamboa  
 Title mostly: Description of Duties some: Name of Supervisor  
 mostly: Record keeping, counseling, dispensing, filling

2/4/15 - 12/14/15 CVS 285 E Plumb Ln, Reno 500 hrs  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist fulltime dispensing, record keeping Diego Medina  
 Title Description of Duties Name of Supervisor

2/2013 - 11/2014 Walmart 4855 Kietzko Ln Reno 89511 3,400 hrs  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist fulltime dispensing, record keeping, Aaron Camp  
 Title Description of Duties Name of Supervisor

2/2012 - 11/2012 Tahoe Pacific Hospitals 1440 hrs  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Clinical Pharmacist fulltime, clinical monitoring, dosing, filling, compounding, record keeping, managing  
 Title Description of Duties Name of Supervisor Tim Franco

9/2009 - 1/2011 Monte Vista - Red Rock Hospitals 2,560 hrs  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Clinical Pharmacist clinical monitoring, filling, dispensing, teaching  
 Title Description of Duties Name of Supervisor Grant Shetterly RPh, Director of Pharmacy

5/2009 - 9/2009 Monte Vista - Red Rock Hosp. 640 hr  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Intern Pharmacist filling, dispensing, record keeping Grant Shetterly  
 Title Description of Duties Name of Supervisor Director of Pharmacy

8/2008 - 5/2009 / see attached 1400 hr  
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Student Intern Pharm. / intern experience Karla Darley Grant Shetterly  
 Title Description of Duties Name of Supervisor USAH Director of Pharmacy

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Title Description of Duties Name of Supervisor

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

Applicant's initial



## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Teamsters</u> Home <u>3 Trogon Way, LV NV 89103/1</u>						
Employer <u>Flamingo Security</u> Business <u>3555 S. Las Vegas Blvd, LV NV</u>						<u>Over 30</u>
Name <u>Larry Espada</u> Home <u>Director of Chemical Dependency Monte Vista Hos</u>						
Employer <u>Montevista Hospital</u> Business <u>5900 W. Rachelle Ave, LV NV 89103/(702) 364-1111</u>						<u>5</u>
Name <u>Mindy Hsu</u> Home <u>3 Humboldt St Reno NV 89509/</u>						<u>10 y</u>
Employer <u>Veteran Affairs</u> Business <u>Reno NV 975 Kirman Av, Reno NV 89502</u>						<u>Pharm</u>
Name <u>Danielle Fouts</u> Home <u>3186 S. Maryland Pkwy LV NV</u>						<u>Nurse</u>
Employer <u>Sunrise Hospital</u> Business <u>7 Pineria Alta St, Las Vegas NV 89178/1</u>						<u>7</u>
Name <u>Rick + Debi Novak</u> Home <u>Mojave Sage Ct, LV NV 89148</u>						<u>5 yrs</u>
Employer <u>Retired</u> Business <u>Retired nurse and IT specialist</u>						<u>Debi</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	<u>Educator</u>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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 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.

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



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

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

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

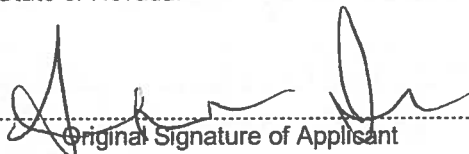
STATE OF Nevada

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 1<sup>st</sup> day ofMay 2019Emily Fox ID#5483e1

Notary Public

(seal)

Applicant's initial



Page 9

## ADDITIONAL INFORMATION

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

Goesel Anson MD.  
 Anson Higgins, & Edwards Plastic Surgery, Las Vegas  
 3 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 6.)

See following pages for  
 previous employment duties/responsibilities

Applicant's initial

VJ

# 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*

Barbara K. Cegavske  
Secretary of State

**You may verify this license at [www.nvsos.gov](http://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.

A handwritten signature in cursive script that reads "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  
Vegas Pharma, LLC, 2171 E. Flamingo Rd #2116, Las Vegas, NV  
N/A 8/1/19  
 Name and Address of Establishment for Which License is Requested  
 If applicable, Name Under Which It is Now Operated

### 1. PERSONAL INFORMATION:

Deik Jeremy Steven  
 Last Name First Name Middle Name  
N/A

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

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

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

Investor April 2001 - Present  
 Occupation Dates

Clearwater, Pinellas, FL  
 Date of Birth Place of Birth (City, County, State)  
39 Male  
 Age Sex

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

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's Initial JB  
 Page 1

A. Current Marriage 5/29/10 Bardstown, Nelson, KY  
 Spouse's full name (Maiden) Cynthia Mae Peake Date City, County and State S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Bardstown, KY  
 Resident address Hambbrick 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
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

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

N/A

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Graham Harrison Delt	-	- Louisville, KY	1 Hambbrick Dr. Nicholasville, KY 40356
Ava Collins	- 19	- Lexington, KY	2 Hambbrick Dr. Nicholasville, KY 40356

#### 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 ES



**FAMILY INFORMATION-Continued**

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

Name MA

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			
Mother			
Father-In-Law			
Mother-In-Law			

Father

Douglas cornett - 1-1-1-1 - Lutheran church Rd. - Retired  
Bardstown, KY

Mother

Cheryl cornett - 1-1-1-1 - " - Retired  
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
Spouse			
Spouse			
Spouse			
Spouse			

Josh Deik - 1-1-1-1 - Bernie Trail, Nicholasville, KY 40350  
Sales / Snr. Manager

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 &amp; 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 ☒

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..........

- 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 <sup>th</sup> 15c Street	New York, NY	
9/98-1/02:	6216 Smithfield Rd #910	N. Providence, RI	
1/90-9/98:	1360 Lutheran Church Rd	Bardstown, KY	

Applicant's initial



## 8. EMPLOYMENT:

741

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

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

Applicant's initial.....



# 9. CHARACTER REFERENCES:

742

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 [Signature]

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.

744

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 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 25th day of

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

(seal)

Applicant's initial 





**14**



**14A**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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 02851**)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MILLER'S OF WYCKOFF

Physical Address: 678 WYCKOFF AVE

Mailing Address: \_\_\_\_\_

City: WYCKOFF State: NJ Zip Code: 07481

Telephone: 201-891-3333 Fax: 201-891-6392

Toll Free Number: 888-891-3334 (Required per NAC 639.708)

E-mail: PROUGH@YOURLIKOR.COM Website: YOURLIKOR.COM  
MILLERS PHARMACY.COM

Managing Pharmacist: DAVID M. MILLOR License Number: (NJ) 28RT01608500

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# APPLICATION FOR OUT-OF STATE 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.

Philip J. Krouhan IV  
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KROUHAN IV  
Print Name of Authorized Person

11-23-18  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: DELAWARE  
 Parent Company if any: YOURLIFE RX, INC.  
 Mailing Address: 3529 CROST ST  
 City: ST. AUGUSTINE State: FL Zip: 32092  
 Telephone: 717-856-3433 Fax: —  
 Contact Person: PHIL KBOUGH

For any corporation non publicly traded, disclose the following:

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

a) BARUCH HALPERN 9601 COLLINS AVE, BAL HARBOUR, FL 33414  
 Name Address  
 b) PHIL KBOUGH 3529 CROST ST, ST. AUGUSTINE, FL 32092  
 Name Address  
 c) — —  
 Name Address  
 d) — —  
 Name Address

- 2) Provide the number of shares issued by the corporation. 950,000

- 3) What was the price paid per share? \$0.0001

- 4) What date did the corporation actually receive the cash assets? 12-20-17

- 5) Provide a copy of the corporation's stock register evidencing the above information SEE ATTACHED

List any physician shareholders and percentage of ownership.

Name: N/A %: 0  
 Name: N/A %: 0

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 8 pm Saturday 9 am 4 pm  
 Sunday CLOSED am — pm 24 Hours N/A

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

**Must be included with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

SEE ATTACHMENT

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PHILIP J. KEOUGH JR  
Responsible Person of YOUR LIBRARY, INC DBA MILLERS OK MYCHARD  
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.

Philip J. Keough Jr  
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KEOUGH JR  
Print Name of Authorized Person

12-4-18  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF \_\_\_\_\_ )  
 ) ss.  
 \_\_\_\_\_ COUNTY )

I, PHIL KEOUAM, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO/PRESIDENT for MILLERS OR MYCKORP (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, PHIL KEOUAM, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

*Philip Keouam*  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
4 day of DECEMBER 2018.

*Renata M. Weiss*  
 NOTARY PUBLIC



NEVADA STATE BOARD OF PHARMACY

(Licensee mailing address for window envelope)


THIS STUB IS YOUR RECEIPT

Date: 11/04/2016  
Amount: 500.00  
License #: PH02851

MILLERS OF WYCKOFF  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481

(ID Card)

Trim ID Card to fit your wallet

 NEVADA BOARD OF PHARMACY  License # PH02851 Active	PHARMACY  Expires: 10/31/2018 MILLERS OF WYCKOFF 678 WYCKOFF AVE WYCKOFF, NJ 07481
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

**STATE OF NEVADA  
STATE BOARD OF PHARMACY**



License Type: PHARMACY

License #: PH02851

DEA #: BM4899615

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2018  
STATUS: Active

MILLERS OF WYCKOFF  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481

**NONTRANSFERABLE**  
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Board of Pharmacy

HAS LICENSED

MILLERS OF WYCKOFF INC  
DAVID M MILLER  
678 WYCKOFF AVE  
WYCKOFF NJ 07481-1430

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

06/06/2018 TO 06/30/2019  
VALID

  
Signature of Licensee/Registrant/Certificate Holder

28RS00529600  
LICENSE/REGISTRATION/CERTIFICATION #

  
ACTING DIRECTOR



# NEW JERSEY DIVISION OF CONSUMER AFFAIRS

**Paul R. Rodrí**  
Acting Dir  
Rea

## License Information

Accurate as of November 23, 2018 12:13 PM

[Return to Search Results](#)

**Name:** MILLERS OF WYCKOFF INC

**Address:** WYCKOFF,NJ

**Profession/License Type:** Pharmacy,Pharmacy

**License No:** 28RS00529600

**License Status:** Active

**Status Change Reason:**

**Issue Date:** 4/10/1996

**Expiration Date:** 6/30/2019

**Board Action:** YES\*

Please visit DCA's website to see the final disposition documents.

\* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General's Office. A "Yes" does not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

### Division

Division Home  
Consumer Protection  
Licensing Boards  
File a Complaint  
Adoptions & Rule  
Proposals  
Internship  
Opportunities

### Department

OAG Home  
Contact OAG  
FAQ OAG  
OAG News  
Services A to Z  
Employment

### State

NJ Home  
Services A-Z  
Departments/Agencies  
FAQs

### Legal

Legal Statement  
Privacy Notice  
Accessibility  
Statement



### RSS

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[More information about RSS feeds.](#)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**MILLERS OF WYCKOFF, INC.  
6085010000**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 02, 1957.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DAVID MILLER  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
13th day of September, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6091219667

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4899615	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY-COLLECTOR	12-05-2016
MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4899615	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY-COLLECTOR	12-05-2016
MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000		

m DEA-223 (9/2016)

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "YOURLIFERX, INC.", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2017, AT 12:40 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



6671413 8100  
SR# 20177685999

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203800773  
Date: 12-20-17



PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6<sup>th</sup> Floor, Newark NJ 07102



GURBIR S. GREWAL  
Attorney General

PAUL R. RODRIGUEZ  
Acting Director

Mailing Address:  
P.O. Box 46018  
Newark, NJ 07101  
(973) 604-6450

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

August 30, 2018

David Miller, RPIC  
Millers of Wyckoff Pharmacy  
678 Wyckoff Avenue  
Wyckoff, New Jersey 07481

Re: Inspection #8-2498-17-160  
Date of Inspection: 3/1/17


Dear Mr. Miller:

After affording you an opportunity to discuss the above-referenced matter with the New Jersey State Board of Pharmacy on August 22, 2018, the Board has decided to remove citation N.J.A.C.13:39-11.16(a) and mitigate citation N.J.A.C.13:39-11.24(a)10 to a Warning.

Please complete the attached **Certification** form and submit \$1,000.00 for fines incurred to the Board within 15 days receipt of this letter.

**NEW JERSEY STATE BOARD OF PHARMACY**

By:

  
Anthony Rubinaccio, RPh  
Executive Director

AR/rh  
(8/17)

# CERTIFICATION

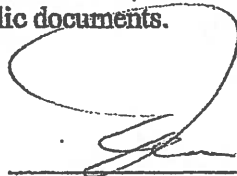
I, DAVID MILLER, hereby acknowledge that I have read and reviewed the Board's letter dated August 30, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☒ I acknowledge the conduct which has been charged and agree to:

Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of \$1,000.00 (to be paid upon signing of this Certification).

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

  
 (Signature)  
DAVID MILLER  
 (Print Name)

Dated: 9/4/18

Ref: David Miller, RPIC  
 Millers of Wyckoff Pharmacy  
 678 Wyckoff Avenue  
 Wyckoff, NJ 07481  
 (28RS00529600)  
 Inspection #8-2498-17-160

AR/th  
 (8/17)

## ATTACHMENT A

Millers of Wyckoff Pharmacy – 678 Wyckoff Avenue, Wyckoff, New Jersey 07481  
 Pharmacist-In-Charge: David Miller  
 Bureau File #8-2498-17-160, Period: 3/1/17  
 Reference: Board of Pharmacy inspection conducted per N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12, and a memorandum, dated February 6, 2017 from Anthony Rubinaccio, Executive Director, Board of Pharmacy, to Edward Tumminello, Chief, Enforcement Bureau, requesting an inspection for the subject pharmacy in connection with an application for a Remodeling.

## Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-11.24(a)10	When test result indicated that the cleanroom did not meet the standards established, the pharmacy failed to immediately cease using the cleanroom that was out of compliance until such time that the cleanroom met the requisite standards.	Warning
N.J.A.C.13:39-11A.9(g)	During the compounding of hormonal products, the pharmacy failed to adhere to standards establish by the Occupational Safety and Health Administration (OSHA):  Specifically, most commonly compounded non-sterile preparation are hormonal related products, in the dosage forms of capsules, creams and ointments. Hazardous Active Pharmaceutical Ingredients (API), such as Progesterone and Testosterone, as well as batch prepared hormonal products, were observed to be stored in the active inventory along with non-hazardous API's.	\$1,000.00
<b>TOTAL: \$1,000.00</b>		



**14B**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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 03149**)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OSRX, Inc.

Physical Address: 1120 Kensington Ave. Ste. E

Mailing Address: 1120 Kensington Ave. Ste. E

City: Missoula State: MT Zip Code: 59801

Telephone: 406-541-6121 Fax: 406-541-6267

Toll Free Number: 1-855-466-1076 (Required per NAC 639.708)

E-mail: info@osrxpharmaceuticals.com

Website: www.osrxpharmaceuticals.com

Managing Pharmacist: Amy Frost License Number: MT 5245

### 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:

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

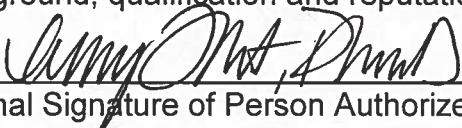
Within the last five (5) years:

- 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.

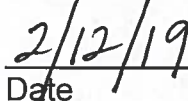
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to 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



Print Name of Authorized Person



Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \_\_\_\_\_



## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: DelewareParent Company if any: n/aMailing Address: 1120 Kensington Ave. Ste. ECity: Missoula State: MT Zip: 59801Telephone: 406-541-6121Fax: 406-541-6267Contact Person: Amy Frost

For any corporation non publicly traded, disclose the following:

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

a) Anthony Sampietro 634 4th st Hermosa Beach, CA 90254

Name Address

b) Amy Frost 504 Roman Dr. Stevensville, MT 59870

Name Address

c) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. 80,0003) What was the price paid per share? \$0.00014) What date did the corporation actually receive the cash assets? 11/5/18

5) Provide a copy of the corporation's stock register evidencing the above information ✓

List any physician shareholders and percentage of ownership.

Name: n/a %: \_\_\_\_\_Name: n/a %: \_\_\_\_\_**Hours of Operation for the pharmacy:** Pharmacist on call after hours w/ access toMonday thru Friday 9 am 5 pm Patient Records Saturday closed am \_\_\_\_\_ pmSunday closed am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Amy Frost, PharmD  
Responsible Person of DSRX

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.

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

Amy Frost, PharmD  
Print Name of Authorized Person

2/15/19  
Date

## OSRX, Inc. Ownership Structure

### OSRX, Inc.

1120 Kensington Avenue Suite E

Missoula, MT 59801

FEIN 83-0669663

Effective Date of ownership change 4/01/2019

Date of incorporation in DE 04/27/2018 File # 6862461

info@osrxpharmaceuticals.com

Ph: 406-541-6121

Fax: 406-541-6267

### Owner / President

Anthony Sampietro 60%

14<sup>th</sup> Street

Hermosa Beach, CA 90254

DOB

SS

Phone

### Owner / Vice President

Amy Frost PharmD 40%

4 Roman Drive

Stevensville, MT 59870

DOB

SS

Phone

## Description of Operations

OSRX, Inc. is a compounding pharmacy providing compounded sterile and non- sterile preparations after receipt of a patient specific prescription.

OSRX, Inc. specializes in compounding and provides the highest level of quality to our patients. All staff are trained and evaluated for competency in relation to assigned duties and documented according to standard operating procedures. All pharmacists have attended accredited training courses in compounding and maintain a complimentary portfolio of applied continuing education.

All raw materials are purchased through accredited wholesalers only and certificate of analysis are available for inspection and review. USP Guidelines are adhered to with quality control testing provided for formulations. We utilize a third party analytical testing company to perform sterility, endotoxin, potency and other testing procedures as necessary. We have been inspected by VPP and are ACHC/PCAB accredited.

Our quality control team includes two Microbiologists and two PharmD's who review operations on a weekly basis including environmental monitoring, preparation test results, lab scheduling, training and competency evaluations, reported adverse events, vendor reports, certification scheduling and additional topics to maintain industry best practice and ensure the safety of our patients.

With each new patient prescription that is received via fax or phone, a telephone call will be made to the patient to establish contact and initiate a relationship. Upon shipping through USPS or FedEx, the medication/information sheet will be included with each package and will include the toll free contact number and hours of operation. All refills will include pertinent medication education guides and contact information for questions. We provide an after-hours call service and patients or prescribers can be directed to a pharmacist in the event of an emergency. The pharmacist has access to patient's records in this circumstance.

In the rare event a patients' insurance is billed all applicable co-pays are collected. The majority of our business is direct patient pay and invoices are handled accordingly.

Currently:  
Pinnacle Compounding  
1120 Kensington Ave Ste E  
Missoula, MT 59801

After Merger  
OSRX, Inc.  
1120 Kensington Ave Ste E  
Missoula, MT 59801

May 16, 2019

Nevada Board of Pharmacy  
431 Plumb Lane  
Reno, NV 89509

To Whom It May Concern;

We are in the process of completing transition of ownership via Merger from Pinnacle Compounding to OSRX, Inc. I understand that the state of Nevada requires an in-person appearance for all sterile compounders. The merger will not affect or change any of the current operations, staff or preparations. I, Amy Frost, interviewed with the board in Las Vegas on July 20, 2017 and was awarded a non-resident permit that remains active and in good standing. All states currently held (45) have remained in good standing and all inspections have demonstrated or exceeded compliance with USP <797>.

Under the circumstances does the board require and secondary interview?

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Amy Frost, PharmD". The signature is stylized with a large, looped "A" and "F".

Amy Frost, PharmD



SEE RESTRICTIVE LEGENDS ON REVERSE SIDE OF CERTIFICATE

C-1 Incorporated Under  
the Laws of the State of Delaware  
\*\*48,000\*\*

**OSRX, INC.**

Common Stock

*THIS CERTIFIES THAT Anthony Sampietro is the record holder of 48,000 Shares of the Common Stock of OSRX, Inc., a Delaware corporation (the "Corporation"), transferable only on the books of the Corporation by the holder hereof, in person or by duly authorized attorney, upon surrender of this Certificate properly endorsed or assigned.*

*A statement of the rights, preferences, privileges and restrictions granted to or imposed upon the respective classes or series of shares of stock of the Corporation and upon holders thereof as established by the Certificate of Incorporation or by any Certificate of Designation of Preferences, and the number of shares constituting each series and the designations thereof, may be obtained by any shareholder upon request and without charge at the principal office of the Corporation.*

*IN WITNESS WHEREOF, the Corporation has caused this Certificate to be signed by its duly authorized officers on November 5, 2018.*

DocuSigned by:  
*Anthony Sampietro*  
2471000AD181476  
Anthony Sampietro, President

DocuSigned by:  
*Amy Frost*  
4b4c93741853940b  
Amy Frost, Vice President and Secretary

SEE RESTRICTIVE LEGENDS ON REVERSE SIDE OF CERTIFICATE

C-2 Incorporated Under  
the Laws of the State of Delaware \*\*32,000\*\*

## OSRX, INC.

Common Stock

*THIS CERTIFIES THAT Anthony Sampietro is the record holder of 32,000 Shares of the Common Stock of OSRX, Inc., a Delaware corporation (the "Corporation") transferable only on the books of the Corporation by the holder hereof, in person or by duly authorized attorney, upon surrender of this Certificate properly endorsed or assigned.*

*A statement of the rights, preferences, privileges and restrictions granted to or imposed upon the respective classes or series of shares of stock of the Corporation and upon holders thereof as established by the Certificate of Incorporation or by any Certificate of Designation of Preferences, and the number of shares constituting each series and the designations thereof, may be obtained by any shareholder upon request and without charge at the principal office of the Corporation.*

*IN WITNESS WHEREOF, the Corporation has caused this Certificate to be signed by its duly authorized officers on November 5, 2018.*

DocuSigned by:

Anthony Sampietro

2471000AD161476...

Anthony Sampietro, President

DocuSigned by:

Amy Frost

161C92A1B539A8

Amy Frost, Vice President and Secretary



**State of Montana**  
Business Standards Division  
Board of Pharmacy

**PHA-PHR-LIC-58632**

Status: **Active**  
Expires: **11/30/2019**

This certificate verifies licensure as:

**COMMUNITY PHARMACY**

Person In Charge: **AMY FROST**

With endorsements of:

\* **TECHNICIAN UTILIZATION PLAN**

\* **DISPENSER OF DANGEROUS DRUGS**

**OSRX INC**  
**1120 KENSINGTON AVE STE E**  
**MISSOULA, MT 59801**



Montana Department of  
**LABOR & INDUSTRY**

RENEW OR VERIFY YOUR LICENSE AT:  
<https://ebiz.mt.gov/pol>

**Renew online at <https://ebiz.mt.gov/pol> by signing in with your username and password.**

The renewal cycle for your board opens 60 days prior to the expiration date on your current license.

Renew your license prior to your expiration date to avoid being charged a late fee(s).

**Remember to maintain your online account information with a password, security question and a valid email address. You can update your account information by accessing the 'Account Management' link when logged in.**

# CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

**OSRX Inc**  
MISSOULA, MONTANA

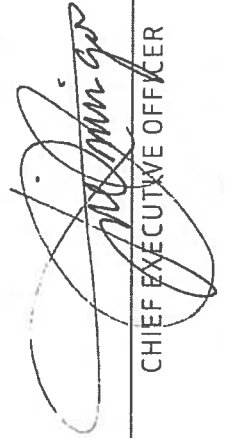
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS  
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR  
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

## PHARMACY

### PCAB ACCREDITATION

*For patient specific prescription compounding of  
Non-Sterile Compounding, Ref. USP <795>  
Sterile Compounding, Ref. USP <797>*

FROM May 24, 2019 THROUGH May 23, 2022

  
CHIEF EXECUTIVE OFFICER

  
CHAIRMAN OF THE BOARD OF COMMISSIONERS



 A SERVICE OF ACHC



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**MONTANA SECRETARY OF STATE**

---

**Return Method:** Email

November 13, 2018

FRANCESCO ROBERT BARBERA  
310 N. INDIAN HILL BOULEVARD  
SUITE 527  
CLAREMONT CA 91711

**CERTIFICATION LETTER**

I, COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that

**OSRX, Inc.**

filed its Bylaws with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

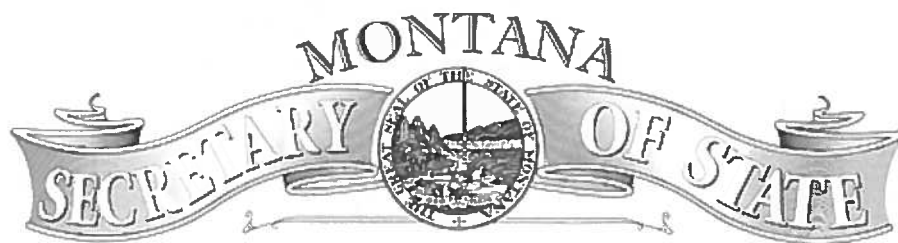
**Certified File Number:** F1099930 - 12045395

**Effective Date:** November 13, 2018

Thank you for being a valued member of the Montana business community. I wish you the best of luck in your future endeavors.

A handwritten signature in black ink, appearing to read "Corey Stapleton".

Corey Stapleton  
Montana Secretary of State



## CERTIFICATE OF FACT

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify the following information for the corporation:

**OSRX, Inc.**

Date Incorporated: **April 27, 2018**

Qualification Date: **November 12, 2018**

Term: **Perpetual**

Status: **Active Good Standing**

Jurisdiction: **Delaware**

Purpose: **Compound Pharmacy**

Registered Agent: **Amy Frost**

Agent Physical Address: **1120 Kensington Avenue, Suite E, Missoula, Montana, 59801, United States**

Agent Mailing Address: **1120 Kensington Avenue, Suite E, Missoula, Montana, 59801, United States**

Principal Office Address: **120 Kensington Avenue, Suite E, Missoula, Montana, 59801, United States**

Directors/Officers:

- **Presiding Officer, Anthony Sampietro, 1120 Kensington Avenue, Suite E, Missoula, Montana 59801, United States**
- **Director, Anthony Sampietro, 1120 Kensington Avenue, Suite E, Missoula, Montana 59801, United States**

History Details:

- **Bylaws Filed 11/13/2018**
- **Certificate of Authority Filed 11/12/2018**

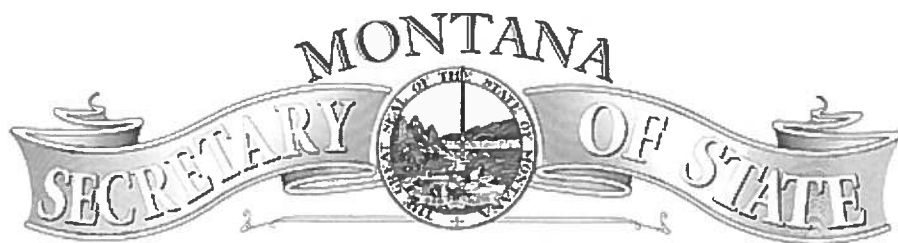


IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 26th day of April, 2019.

**COREY STAPLETON**

Montana Secretary of State

Certificate Number: 042620191567



## CERTIFICATE OF AUTHORIZATION

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that on **November 12, 2018**, this office issued a Certificate of Authority to:

**OSRX, Inc.**

A foreign corporation organized under the laws of the State or Province of **Delaware**, for a duration of **Perpetual**, to transact business and conduct affairs in the State of Montana.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No certificate of withdrawal or revocation has been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 26th day of April, 2019.

**COREY STAPLETON**

Montana Secretary of State

Certificate Number: 042620190567



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "OSRX, INC.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018, AT 1:56 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE SUSSEX COUNTY RECORDER OF DEEDS.



6862461 8100  
SR# 20183109291

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202596870  
Date: 04-27-18



# Montana Department of LABOR & INDUSTRY

Steve Bullock, Governor  
Galen Hollenbaugh, Commissioner

**Business Standards Division**  
Todd Younkun, Administrator

## Board of Pharmacy

03/12/2019

OSRX INC  
1120 KENSINGTON AVE STE E  
MISSOULA, MT 59801

I do certify that a standard search of available records of the office of the Montana Board of Pharmacy indicates the following:

<b>Licensee Name:</b>	OSRX INC		
<b>Mailing Address:</b>	1120 KENSINGTON AVE STE E MISSOULA, MT 59801		
<b>License Number:</b>	PHA-PHR-LIC-58632	<b>License Type:</b>	Community Pharmacy License
<b>Original License Date:</b>	03/04/2019	<b>Expiration Date:</b>	11/30/2019
<b>License Status:</b>	Active	<b>Licensure Method:</b>	Application

**Specialties/Endorsements:**

Dispenser of Dangerous Drugs  
Technician Utilization Plan

**Actions:**

Our records show no adverse information concerning this licensee.

This verification is accurate for all disciplinary actions occurring after July 1, 1996. We cannot guarantee the accuracy of disciplinary actions prior to this date. However, every reasonable effort has been made to provide complete and accurate information. For information about related rules and regulations, go to the website below.

Acting on behalf of the Montana Board of Pharmacy.

	
Signature	Title

301 S. Park, PO Box 200513	Helena, MT 59620-0513	(406) 841-2205
Fax (406) 841-2305	TTD (406)444-0532	<a href="http://www.pharmacy.mt.gov">www.pharmacy.mt.gov</a>

**14C**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rite Away Pharmacy & Medical Supply

Physical Address: 2235 Thousand Oaks Dr #102 San Antonio, TX 78232

Mailing Address: 2235 Thousand Oaks Dr #102

City: San Antonio

State: TX

Zip Code: 78232

Telephone: 2104902733

Fax: 2104902416

Toll Free Number: 877-254-8507

(Required per NAC 639.708)

E-mail: rohit@riteawaypharmacy.com

Website: www.riteawaypharmacy.com

Managing Pharmacist: Rohit

Chaudhary

License Number: 036530 - New York

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

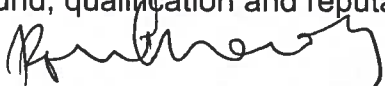
Within the last five (5) years:

- 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

Rohit

Chaudhary

05/10/19

Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: TX  
 Parent Company if any: \_\_\_\_\_  
 Corporation Name: Thousand Oaks Healthcare LLC  
 Mailing Address: 2235 Thousand Oaks Dr #102  
 City: San Antonio State: TX Zip: 78232  
 Telephone: 2104902733 Fax: 2104902416  
 Contact Person: Rohit Chaudhary

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 02/10/2010

Registration number issued: \_\_\_\_\_

Stock Exchange: 0

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9</u> am	<u>7</u> pm	Saturday	<u>10</u> am	<u>3</u> pm
Sunday	<u>closed</u> am	_____ pm	24 Hours	<u>NO</u>	

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

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: TX

Parent Company if any: \_\_\_\_\_

Mailing Address: 2235 Thousand Oaks Dr #102City: San Antonio State: TX Zip: 78232Telephone: 2104902733 Fax: 2104902416Contact Person: Rohit Chaudhary

For any corporation non publicly traded, disclose the following:

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

a)	<u>Rohit Chaudhary</u>	<u>10705 Canfield Dr Austin, TX 78739</u>
	Name	Address

b)	<u>Naresh Chaudhary</u>	<u>6642 Brady Springs Ln Sugarland, TX 77479</u>
	Name	Address

c)	<u>Jitendra Chaudhary</u>	<u>1310 Osnats Pt San Antonio, TX 78258</u>
	Name	Address

d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9</u> am	<u>7</u> pm	Saturday	<u>10</u> am	<u>3</u> pm
Sunday	<u>closed</u> am	_____ pm	24 Hours	_____	

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Rohit

Chaudhary

Responsible Person of Rite Away Pharmacy & Medical Supply

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

Rohit

Chaudhary

Print Name of Authorized Person

05/10/19

Date



# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS )  
TAYLOR ) ss. COUNTY )

I, Rohit Chaudhary, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC/Owner for Rite Away Pharmacy & Medical Supply (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

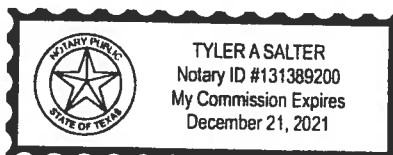
FURTHER AFFIANT SAYETH NOT.

I, Rohit Chaudhary, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Rohit Chaudhary  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
13<sup>th</sup> day of MAY, 2019.

Tyler A. Salter  
 NOTARY PUBLIC



TEXAS STATE BOARD OF PHARMACY  
333 GUADALUPE ST STE 3 500  
AUSTIN TX 78701

RITE AWAY PHARMACY & MEDICAL SUP  
2235 THOUSAND OAKS DR #102  
SAN ANTONIO TX 78232



This certifies that the pharmacy named below is hereby licensed to operate as a  
Class **AS** pharmacy.

License No. **26990**

Expiration Date: **6/30/2020**

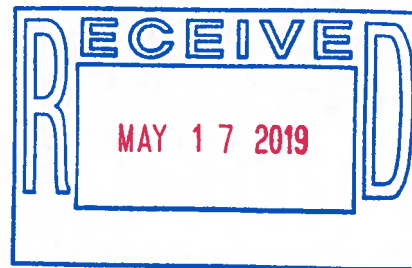
Balances: **1**

**RITE AWAY PHARMACY & MEDICAL SUPPLY**  
**2235 THOUSAND OAKS DR #102**  
**SAN ANTONIO TX 78232**



  
Allison Vordenbaumen Benz, R.Ph., M.S.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**



## TEXAS STATE BOARD OF PHARMACY

**Re:** Rite Away Pharmacy & Medical Supply

**Address:** 2235 Thousand Oaks Drive #102  
San Antonio, Texas 78232

**License No.:** 26990

**Date Issued:** June 28, 2010

**Licensure Status:** Active

**Expiration Date:** June 30, 2020

**Type of Pharmacy:** Community Sterile Compounding

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Rite Away Pharmacy & Medical Supply (Texas Pharmacy License #26990) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

*Megan G. Holloway*

Megan G. Holloway  
Assistant General Counsel  
Texas State Board of Pharmacy

May 10, 2019  
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

**14D**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE 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.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Specialty Infusion LLC

Physical Address: 2401 Hassell Rd Ste 1525

Mailing Address: 2401 Hassell Rd. Ste 1525

City: Hoffman Estates State: ILLINOIS Zip Code: 60169

Telephone: 800-783-9655 Fax: 877-770-4179

Toll Free Number: 800-783-9655 (Required per NAC 639.708)

E-mail: scott.luckow@psinfusion.com Website: www.psinfusion.com

Managing Pharmacist: Scott Luckow License Number: 51.041005

### 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: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# APPLICATION FOR OUT-OF STATE 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

SCOTT LUCKOW  
Print Name of Authorized Person

10/23/18  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_

Limited ☒Partnership Name: Premier Specialty Infusion LLCMailing Address: 2401 Hassell Rd Ste. 1525City: Hoffman Estates State: IL Zip Code: 601169Telephone Number: 800-783-9655 Fax Number: 877-770-4179Contact Person: Scott Luckow

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
 Use separate sheet if necessary

Name	G or L	Percentage
<u>Ambreena Vafri</u>	<u>L</u>	<u>97%</u>
<u>Scott Luckow</u>	<u>L</u>	<u>3%</u>

List names of 4 largest partners and percentage of ownership:

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**Monday thru Friday 8:00 am 5:00 pmSaturday 24 am 7 pmSunday 24 am 7 by phone pm24 Hours by phone

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

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: N/A

Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday N/A am \_\_\_\_\_ pm      Saturday N/A am \_\_\_\_\_ pm  
 Sunday N/A am \_\_\_\_\_ pm      24 Hours N/A

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



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scott Luckow  
Responsible Person of Premier Specialty Infusion 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.

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

Scott Luckow  
Print Name of Authorized Person

10/23/18  
Date

**Include with the Application for Authority to Dispense Drugs**

Practitioner Dispensing  
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Premier Specialty Infusion LLC

Address: 2401 Hassell Rd Ste. 1525

City: Hoffman Estates State: IL Zip: 60169

Telephone: 800-783-9655

       I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

X I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

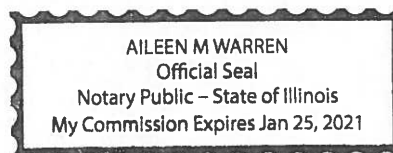
By signing and dating this waiver form, I certify that the information provided is true.

  
Original Signature of Dispensing Practitioner

10/23/18  
Date

## AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS )  
KANE COUNTY ) ss.



I, Scott Luckow, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge for Premier Specialty Infusion (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

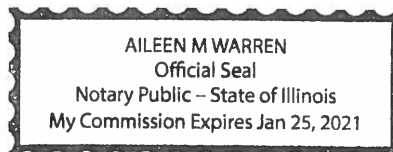
FURTHER AFFIANT SAYETH NOT.

I, Scott Luckow, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Scott Luckow  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
23 day of October, 2018.

Aileen M Warren  
 NOTARY PUBLIC





To Whom It May Concern:

Below is a list containing the Name, Date of Birth, and Address of All Corporate Officers, Partners or Owner(s):

**Scott Luckow**

Pharmacy Manager, PIC, Owner

W437 Bode Rd

Elgin, IL 60120

DOB: 5

**Ambreen Jafri**

Pharmacy Owner, Partner

' Lake Adalyn Drive

South Barrington, IL 60010

DOB:

Thank you,

Premier Specialty Infusion

2401 W Hassell Rd, Suite 1525

Hoffman Estate, IL 60169



2401 West Hassell Road Suite 1525  
Hoffman Estates IL 60169



800 783 9655



877 770 4179

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2018.



6225542 8300

SR# 20187166020

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203631232

Date: 10-17-18

File Number

0616916-3



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

PREMIER SPECIALTY INFUSION, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2018 .***



Authentication #: 1831202040 verifiable until 11/08/2019  
 Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



Sent to:  
DPR  
10.17.18  
copy of check  
attached



October 16, 2018

To Whom It May Concern,

We are pursuing an out of state pharmacy license and need to request an **Illinois Certification of Licensure** for our Pharmacy.

**Premier Specialty Infusion LLC**  
**2401 Hassell Rd. Ste 1525**  
**Hoffman Estates, IL 60169**

License#: 054.020273 - Active  
 Issued: 04/20/2017  
 Expires: 03/31/2020  
 Method of Licensure: Paper  
 Disciplinary Action: N

Please send the above Illinois Certification of Licensure to:

**Nevada State Board of Pharmacy**  
**431 W Plum Lane**  
**Reno, NV 89509**

Thank you,

Aileen Warren, PharmD, RPh  
 Director Of Operations  
[Aileen.warren@psinfusion.com](mailto:Aileen.warren@psinfusion.com)  
 800-783-9655



2401 West Hassell Road Suite 1525  
 Hoffman Estates IL 60169



800.783.9655



877.770.4179





Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4052203



**15**

**15A**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR NEVADA WHOLESALE LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

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

☒ New Wholesaler      ☐ Ownership Change      ☐ Name Change      ☐ Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: 1 Click Logistics

Physical Address: 1285a Southern Way, Sparks NV 89431

Mailing Address: 59 Damonte Ranch Pkwy Unit B-469, Reno NV 89521

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Toll Free Number: (877) 312-5425

E-mail: operations@1clicklogistics.com Website: www.1clicklogistics.com

Facility Manager: James Applebach

Professional qualifications and experience of facility manager: Over 25 Years in logistics

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

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

1)	Eve Nakaoka	
	Name	Address
	Asahi-Intecc USA, Inc	3002 Dow Ave #212, Tustin, CA 92780
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

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

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

James Applebach

Print Name of Authorized Person

7/2/19  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: \_\_\_\_\_

# APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: 1 Click Logistics

Mailing Address: 95 Damonte Ranch Parkway

City: Reno State: Nevada Zip: 89521

Telephone: 877-312-5425 Fax: \_\_\_\_\_

Contact Person: Lance Brown

For any corporation non publicly traded, disclose the following:

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

a) \_\_\_\_\_

Name	Address
------	---------

b)

Name	Address
------	---------

c) \_\_\_\_\_

Name	Address
------	---------

[illegible]

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

- 2) Provide the number of shares issued by the corporation. 12,000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 7/1/19
- 5) Provide a copy of the corporation's stock register evidencing the above information

**APPLICATION FOR NEVADA WHOLESALER LICENSE**

**OWNERSHIP IS A PARTNERSHIP.**

List names of 4 largest partners and percentage of ownership:

Name: Lance Brown %: 33  
 Name: James Applebach %: 33  
 Name: Brian Sheridan %: 33  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: 1 Click Logistics

Mailing Address: 95 Damonte Ranch Parkway

City: Reno State: NV Zip: 89521

Telephone: 877-312-5425 Fax: \_\_\_\_\_

Contact Person: Lance Brown

**Include with the application for a partnership**

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. .

\*\*\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

\*\*\*If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

Submit fingerprints – Please refer to Page 8 for Fingerprint Submission Instructions.

**15B**



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR NEVADA WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

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

☒ New Wholesaler      ☐ Ownership Change      ☐ Name Change      ☐ Location Change  
 (Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: Secura Bio, Inc.

Physical Address: 1995 Village Center Cir, Suite 128

Mailing Address: 1995 Village Center Cir, Suite 128

City: Las Vegas, NV      State:        Zip Code: 89134-6360      Telephone: (858) 251-1414

Fax: N/A

Toll Free Number: N/A

E-mail: htamburini@securabio.com

Website: www.securabio.com

Facility Manager: Hector Tamburini

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

Yes ☐ No ☒

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

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

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

1)	N/A	
	Name	Address
	Business	
2)	N/A	
	Name	Address
	Business	
3)	N/A	
	Name	Address
	Business	
4)	N/A	
	Name	Address
	Business	

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

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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



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

Brett Lund

Print Name of Authorized Person

May 31, 2019

Date

Board Use Only

Received: \_\_\_\_\_

Amount: \_\_\_\_\_

No fingerprints  
required DZ  
6/10/19

## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Secura Bio Holdings, Inc.

Corporation Name: Secura Bio, Inc.

Mailing Address: 1995 Village Center Cir, Suite 128

City: Las Vegas State: NV Zip: 89134-6360

Telephone: (858) 251-1414 Fax: N/A

Contact Person: Hector Tamburini, Sr. Director - Manufacturing, Regulatory and Quality

For any corporation non publicly traded, disclose the following:

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

- a) See attached ownership information.
- |      |         |
|------|---------|
| Name | Address |
|------|---------|
- b) \_\_\_\_\_
- |      |         |
|------|---------|
| Name | Address |
|------|---------|
- c) \_\_\_\_\_
- |      |         |
|------|---------|
| Name | Address |
|------|---------|
- d) \_\_\_\_\_
- |      |         |
|------|---------|
| Name | Address |
|------|---------|

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

- 2) Provide the number of shares issued by the corporation. 0
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information



#### **DESCRIPTION OF OPERATIONS**

Secura Bio, Inc. ("Secura") is a privately-held, Nevada-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Secura provides FARYDAK (panobinostat) capsules, a multiple myeloma treatment that works at the DNA level and slows the progression of multiple myeloma.

#### **THIRD-PARTY LOGISTICS**

Secura's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions, LLC ("ICS"). Secura utilizes the following ICS facility for distribution of product:

Integrated Commercialization Solutions, LLC  
420 International Blvd., Suite 500  
Brooks, KY 40109

#### **CONTRACT MANUFACTURERS**

Secura uses the following contract manufacturer to produce product:

Novartis Farmaceutica S.A.  
Ronda Santa Maria, 158  
Barbera del Valles, Spain, 08210  
FEI Number: 3002910506  
FEIN Expiration Date: 12/31/2019

#### **PRODUCTS**

As a virtual manufacturer, Secura does not manufacture, distribute or store product at their Nevada facility. At no time do contract manufacturers own Secura's products, contract with Secura's customers, invoice or sell Secura products. Secura's products are not controlled substances. Accordingly, Secura is not required to maintain DEA registration.



### **OWNERSHIP**

Secura Bio, Inc. ("Secura") is a privately-held, San Diego-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Secura is a 100% wholly owned subsidiary of Secura Bio Holdings, Inc.

Secura provides FARYDAK (panobinostat) capsules, a multiple myeloma treatment that works at the DNA level and slows the progression of multiple myeloma.

### **COMPANY INFORMATION**

Secura Bio, Inc.  
1995 Village Center Cir, Suite 128  
Las Vegas, NV 89134  
Phone: (858) 251-1414  
Tax ID: 36-4922937

### **CORPORATE OFFICERS**

Joseph Limber, Chief Executive Officer  
13 Vista de la Playa  
La Jolla, CA 92037  
SSN: [REDACTED]  
DOB: [REDACTED]  
Place of Birth: USA  
DL: California, [REDACTED]

Brett Lund, Chief Legal Officer  
1 Walnut Street, [REDACTED]  
Green Cove Springs, FL 32043  
SSN: [REDACTED]  
DOB: [REDACTED]  
Place of Birth: USA  
DL: Montana, [REDACTED]

Mark Spring, Chief Financial Officer  
5 Pine Street  
Coronado, CA 92118  
SSN: [REDACTED]  
DOB: [REDACTED]  
Place of Birth: USA  
DL: California, [REDACTED]

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURA BIO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



7263908 8300

SR# 20191371291

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202322248

Date: 02-25-19

# Hector Tamburini

1 Glen Ave., Carlsbad, CA 92010

Phone: 7

3 - E-Mail:



Seasoned Pharmaceutical Operations, CMC and Regulatory Affairs professional, with expertise in domestic and international markets for clinical and commercial products in multiple dosage forms and presentations. Experienced in bio/pharmaceutical cGMP manufacturing and supply chain, with 30+ years in big pharma, biotech, diagnostics and consulting roles.

## Experience

### Secura Bio, Inc.

Apr 2019 – Present

*Sr. Director, Manufacturing, Regulatory & Quality*

*Apr 2019 – Present*

- Manage manufacturing and supply chain for Farydak capsules, relationships with partners and vendors.
- Responsible for Regulatory Affairs, communication with Regulatory Authorities, and for all submissions to FDA, EMA and other health agencies where products are marketed or clinically studied.
- Oversight of Quality activities, implementation of Quality systems and lot release, including managing contract providers.

### Prometheus Laboratories Inc., a Nestlé Health Science company (San Diego, CA)

Oct 2014 – Apr 2019

*Executive Director, Dx Manufacturing/QC*

*Aug 2017 – Apr 2019*

- Manage manufacturing and quality control operations for reagents manufacturing to support an \$ 80 million CLIA laboratory operation.
- Reorganized group by skills assessment and promotion to seize professional skills and increase accountability.
- Implemented Lean/5 S with remarkable 15% improvement in first pass approval for batch/testing records.
- Revamped scheduling process with a combination of MRP system-MS Excel and trained scheduler to reduce inventory and improve just-in-time manufacturing, with optimization of shelf life and reduction of scraps.

*Executive Director, Regulatory Affairs and CMC*

*Oct 2014 – July 2017*

- Managed regulatory submissions for clinical and commercial pharmaceutical products, including a REMS program, generic drugs, BLA/NDA supplements, annual reports and relationships with FDA.
- Active role in due diligence and divestiture strategy as the subject matter expert in regulatory, manufacturing and supply chain areas.
- Managed a \$ 100 million portfolio contract manufacturing operations for with domestic and international CMOs, including manufacturing and packaging of clinical and marketed products. Serialization of drug products.

### Spectrum Pharmaceuticals, Inc. (Irvine, CA)

Nov 2010 – Oct 2014

*Executive Director, Pharmaceutical Technology & Manufacturing*

*Director, Pharmaceutical Technology & Manufacturing*

- Managed supply chain and technical oversight of commercial products (e.g., Zevalin®, Fusilev®, Marqibo®, Folutyn®) with annual sales of \$ 170 million for domestic and international markets.
- Responsible for a team of five managing contract manufacturing operations in US, Canada, Belgium, France, Germany and Japan; technology transfers involving partnerships with Biogen, Bayer AG.
- Led task force to implement inventory management and clinical distribution systems.
- Authored CMC sections for NDA, BLA, IND and IMPD submissions as well as responses to audit questions and supplements.



**Aseptria (Carlsbad, CA)****May 2007 – Oct 2010***Principal Consultant, CMC*

- Serviced small pharmaceutical companies providing manufacturing and quality support.
- Participated in massive consulting operation at one of the largest generic pharmaceutical companies in US.
- Hosted a successful FDA inspection at contract manufacturing firm, which resulted in only minor observations and allowed the client firm to revamp its business.

**Biogen [Idec] (San Diego, CA)****Oct 2000 – May 2007***Director, Pharmaceutical Production and Development*

- Led a team of seven with responsibility of contract manufacturing management for commercial and clinical products for company's operations with annual sales over \$ 2 billion.
- Designed a scoring system to evaluate and compare contract manufacturers.
- Member of the team that launched Zevalin® for non-Hodgkin's Lymphoma (NHL) in 2001.
- Designed and implemented a hand-fill operation for aseptic products for preclinical use.

**Roche (Buenos Aires, Argentina)****Mar 1987 – Sep 2000***Manager, Effervescent Tablets Unit**Manager, Injectables and Oral Liquids Units**Microbiologist, Quality Control Laboratory*

- Managed high-efficiency production and packaging line to supply domestic and international markets for Redoxon®, Berocca® and Cal-C-Vita®.
- Executed the complete shut down of injectable production unit, managing inventory build-up, transfer of supply to other affiliates and personnel redistribution and attrition.
- Streamlined manufacturing and packaging processes for high-volume lyophilized products for export.
- Implementation of a Lean Manufacturing program, including computerized ERP systems (SAP), JIT (Just-In-Time) and work units.
- Built the In-Process Control laboratory, a precursor of Quality-By-Design (QBD) and PAT (Process Analytical Technology).

**National Academy of Medicine (Buenos Aires, Argentina)****Mar 1985 – Feb 1987***Clinical Laboratory Analyst (Biochemist)*

- Clinical analyses including hematology, blood and urine chemistry, parasitology. Phlebotomy.

**Education****Biochemist (6-years degree)****1980-1985***Specialty Clinical Analyses**University of Buenos Aires, Faculty of Pharmacy and Biochemistry*

**Languages**

English, fluent oral and written

Spanish, native, fluent oral and written

**Computers**

Microsoft Office (Word, Excel, PowerPoint)

Microsoft Project

Visual Basic, macros for Excel programming

ERP Systems (i.e., BPCS, SAP, MS Great Plains)

**Professional Affiliations**

PDA, Parenteral Drug Association, Member since 2002

APICS, The Association for Operations Management, Member since 2010

*References available upon request*

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/30/2019

## 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 Pharmaceutical Manufacturer  
 Nature of License  
1995 Village Center Circle, Las Vegas, NV 89134  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Debra Kalman		Litwak		Leslie	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Jun oak Place		Newbury Park		CA 91320	
Present Residence Address-Street or RFD		City		State/Zip	
1995 Village Center Circle		Las Vegas		NV 89134	
Present Business Address		City		State/Zip	
Pharmacist					
Occupation		Dates		Phone:	
				Residence	
				Business	
		Los Angeles, CA		805.479.7793	
Date of Birth		Place of Birth (City, County, State)			
54		Female			
Age		Social Security Number		Sex	
Brown		Brown Fair		140lb 5'7"	
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 DL df

## MARITAL INFORMATION-Continued

**A. Current Marriage**.....

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

Date of Birth..... Place of Birth.....

Resident address.....  
Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....  
Street..... City..... State..... Zip.....

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

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

## 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

**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.....

DL

pt

**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			
Mother			
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
Spouse			
Spouse			
Spouse			
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Parkman Middle School	Woodland Hills, CA	1976-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Taft High School	Woodland Hills, CA	1979-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Southern California School of Pharmacy			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... PharmD  
College or university where obtained.....

Applicant's initial..... DL   
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.....DL *DL*.....  
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
Feb 1999 to Present	! Sunoak Place,	Newbury Park,	CA 91320

Applicant's initial..... DL .....  
 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.

March 2019-Present	Secura Bio 1995 Village center circle, Las Vegas, NV 89134	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sr. Director, Medical Affairs	Medical education, investigator-initiated trials	Bill Davis
Title	Description of Duties	Name of Supervisor
Jan 1993 - March 2019	Amgen 1 Amgen Center Drive, Thousand Oaks, CA 91320	New Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Director	Multiple responsibilities from clinical trials to reimbursement access & Value	
Title	Description of Duties	Name of Supervisor
July 1991 - Dec 1992	Bristol Meyers Squibb, Plainsboro, NJ	New Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Clinical trials	
Title	Description of Duties	Name of Supervisor
July 1989 - July 1991	UCLA Medical center, Los Angeles, CA	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacist	Clinical Pharmacist	
Title	Description of Duties	Name of Supervisor
July 1988 - July 1989	VA Long Beach Medical Center	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacist	Clinical Pharmacist	
Title	Description of Duties	Name of Supervisor
Sep 1985 - Jun 1988	Cedars-Sinai Medical Center	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Intern Pharmacist	Clinical Pharmacist	
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 DL 



**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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
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 X No ☐

If yes, state type, where and years held

RPh in California, Nevada, New Jersey, 1988 to present

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 X

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 \_\_\_\_\_ DL *Df*  
 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 5/30/2019

Applicant's initial DL DJ

STATE OF IL

SS.

COUNTY OF Cook

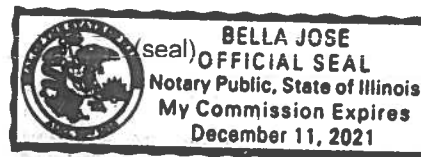
I, Debra L Litwak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Debra L Litwak  
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of May, 2019

[Signature]  
Notary Public



Applicant's initial

DL of

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NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

June 21, 2019

VIA U.S. MAIL and EMAIL TO [mdushoff@knevada.com](mailto:mdushoff@knevada.com)

Matthew T. Dushoff, Esq.  
 Kolesar & Leatham, Chtd.  
 400 South Rampart Blvd., Suite 400  
 Las Vegas, NV 89145

**Re: Notice of Involuntary Closure of Pharmacy and Right to Hearing -  
 ACRX Specialty Pharmacy, Certificate of Registration No. PH03673**

Dear Mr. Dushoff:

This will confirm that Nevada State Board of Pharmacy (Board) has taken necessary action pursuant to NAC 639.570 to effectuate an involuntary closure of your client Jerry Igbinovia's pharmacy, ACRX Specialty Pharmacy, located at 3200 Soaring Gulls Drive, Suite #101 Las Vegas, NV 89129. That involuntary closure was necessary after federal law enforcement agents arrested your client and seized ACRX Specialty Pharmacy's computer system on June 20, 2019, rendering the pharmacy unable to operate in conformance with applicable law.

Pursuant to NRS 233B.121, your client may request a hearing before the Board to contest ACRX Specialty Pharmacy's involuntary closure by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation, summary suspension pursuant to NRS 233B.127(3), or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

Brett Kandt  
 General Counsel  
 Nevada State Board of Pharmacy

# KOLESAR & LEATHAM

ATTORNEYS AT LAW

400 SOUTH RAMPART BLVD., SUITE 400  
LAS VEGAS, NEVADA 89145  
702.362.7800  
knevada.com

June 25, 2019

**VIA U.S. MAIL and e-mail: pedwards@pharmacy.nv.gov**

NEVADA STATE BOARD OF PHARMACY  
Attention: Paul Edwards, Esq.  
985 Damonte Ranch Parkway, Suite 206  
Reno, NV 89521

**Re: Request for a Hearing on the Involuntary Closure of Pharmacy and Right  
to a Hearing  
ACRX Specialty Pharmacy, Certificate of Registration No. PH03673**

Dear Mr. Edwards:

ACRX Specialty Pharmacy has retained the services of Kolesar & Leatham to represent them in the above referenced matter. Pursuant to NRS 233.121, my client is requesting a hearing before the Board to contest ACRX's involuntary closure. Please forward all further correspondence directly to me at: Kolesar and Leatham, 400 South Rampart Blvd., Suite 400, Las Vegas, NV 89145, or mdushoff@knevada.com. My direct line at my office is 702-889-7761. Thank you

Respectfully yours,

**KOLESAR & LEATHAM**

Matthew T. Dushoff, Esq.

MTD/mab

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To: [shunting@pharmacy.nv.org](mailto:shunting@pharmacy.nv.org)

Subject: Formal Request To Nevada Board Of Pharmacy For A Hearing In Restoring My License Status

Re: Case No. 13-053-RPH-O

Dear Ms. Hunting,

Attached is a formal letter sent to me by the California State Board Of Pharmacy. The letter specifically stated that I have successfully completed my probation initiated on August 21, 2013 and completed on August 20, 2017. My probationary period has been completed, terminated, and my license is currently fully restored to a 'clear' status.

I, hereby, request to the Nevada State Board Of Pharmacy for an appointment to a hearing so that my license can be fully restored in the State of Nevada as well.

Sincerely,

Stephanie Sun-Po Ng RPH #11023





**California State Board of Pharmacy**  
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

August 21, 2017

Sun Ng  
PO Box 865  
Susanville, CA 96130

RE: Case AC 4235  
License RPH44737

Dear Ms. Ng,

This letter is in regard to the above referenced Administrative Case and the status of your Pharmacist license.

Effective August 21, 2013, your license was placed on probation for a period of four years with certain terms and conditions.

The Board is pleased to inform you that, upon review of the terms and conditions of your probation, you have successfully completed probation, effective August 20, 2017. Therefore, the probationary period has been terminated and your license has been fully restored.

Please be advised that this disciplinary action will remain a part of your license history, which is public information.

If you have any questions, please do not hesitate to contact Jane Russell, Enforcement Analyst at (916) 574-7941.

Sincerely,

VIRGINIA K. HEROLD  
Executive Officer

By   
Jane Russell  
Enforcement Analyst

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-053-RPH-O</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STIPULATION AND ORDER</b>
<b>STEPHANIE SUN-PO NG, RPH</b>	)	
<b>Certificate of Registration No. 11023</b>	)	
	)	
<b>Respondent.</b>	)	
	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Stephanie Sun-Po Ng, RPh., Certificate of Registration No. 11023 (Ms. Ng), appearing without counsel,

**HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over these matters.
2. Ms. Ng was given the opportunity to seek the advice of counsel, and that she either obtained the advice of counsel, or voluntarily waived her right to seek the advice of counsel, prior to entering into this stipulation.
3. A Notice of Intended Action and Accusation in Case No. 13-053-RPH-O (Accusation) was sent to her on November 7, 2013, and received.
4. Ms. Ng is fully aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Ms. Ng hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to her by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Ms. Ng is not presently working as a pharmacist in Nevada, nor is she working as a pharmacist in any facility licensed by the Board, whether in or outside Nevada.

7. On January 3, 2013, the Board of Pharmacy, Department of Consumer Affairs, State of California (California Board) served an accusation on Ms. Ng in California Case No. 4235 (California Accusation).

8. In May 2013, Ms. Ng settled the allegations in the California Accusation by “agree[ing] that, at a hearing, [the California Board] could establish a factual basis for the charges in the [California] Accusation.”<sup>1</sup> Accusation, *Exhibit 2, p.2, ll.26-28*.

9. At a hearing Board Counsel *here* could establish a factual basis for the allegations in *this* action, including the allegations set forth in the First Cause of Action therein.

10. Cause for disciplinary action against Ms. Ng exists pursuant to the provisions of Nevada Revised Statutes 639.210(14) and/or NRS 639.255.

11. The admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

12. Based upon the Accusation and the foregoing admissions, it is stipulated that the following penalty be imposed.

a. Ms. Ng’s Certificate of Registration No. 11023 is placed on probation according to the following terms and conditions.

i. Ms. Ng may not practice pharmacy, or work as a pharmacist in any facility licensed by the Board, unless and until she is otherwise specifically authorized to do so by the Board.

ii. During the probationary period, Ms. Ng shall continue to comply with each and every requirement set forth in the Stipulated Settlement and Disciplinary Order into which she entered in California.<sup>2</sup> Ms. Ng shall report to this Board, within 30 days of its occurrence, any failure to comply with the terms of that stipulation and order.

iii. Ms. Ng shall, before practicing pharmacy in Nevada, or working as a pharmacist in any facility licensed by the Board, (1) request, in writing, the Board's consent to allow her to engage in such practice, and (2) provide to the Board written evidence that her license is no longer on probation in California, along with any supporting documents the Board may require regarding her status and capability to practice in California.

iv. Upon receipt of such a request from Ms. Ng, the Board may condition Ms. Ng's practice in Nevada, or at a facility licensed by the Board, as it deems necessary and appropriate.

b. Ms. Ng shall pay an administrative fee of \$295.00 to the Board as costs and expenses associated with this action.

13. This stipulation is subject to approval by the Board.

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<sup>1</sup> A copy of a Stipulated Settlement and Disciplinary Order into which Ms. Ng entered with the Board of Pharmacy, Department of Consumer Affairs, State of California (California Board) in Case No. 4235, is attached to the Accusation as Exhibit 2, and incorporated therein by reference.

<sup>2</sup> See California Accusation, Exhibit 2.

14. If the Board adopts the recommendations set forth above, any failure by Ms. Ng to satisfy these obligations may result in additional discipline, up to and including suspension or revocation of her registration/license, until all terms have been complied with.

15. Ms. Ng shall pay the administrative fee ordered herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

16. Board Counsel will present this stipulation to the Board for approval at its next scheduled meeting on January 22, 2014 in Las Vegas, Nevada. Ms. Ng agrees to appear at that meeting to answer questions put to her by members of the Board and Board Staff. The Board may discuss and deliberate regarding this stipulation, even if Ms. Ng is not present. The Board, at its sole discretion, may enter a decision and order accepting this stipulation and imposing discipline as recommended by the parties, but it is under no obligation to do so.

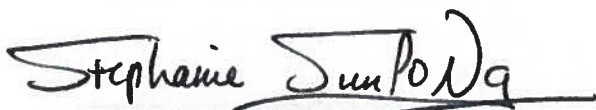
17. If the Board adopts the recommendations set forth above, the Board and Ms. Ng each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

18. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's April 16, 2014 meeting in Las Vegas, Nevada.

19. If the Board rejects any part, or all, of this stipulation, the terms and admissions herein may not be used or referred to in the full hearing on the merits of this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation. I understand my right to a hearing as well as my right to reconsideration, appeal and any and all other rights accorded to me under Nevada Administrative Procedure Act, the Nevada Pharmacy Act including my right to be represented by counsel at my own expense. I hereby freely and voluntarily waive all of the above rights and agree to the terms of the instant stipulation.

Signed this 17<sup>th</sup> day of January, 2014



Stephanie Sun-Po Ng, RPh.  
Certificate of Registration No. 13699

Signed this 21<sup>st</sup> day of January, 2014



S. Paul Edwards, Esq.  
General Counsel  
Nevada State Board of Pharmacy

### **DECISION AND ORDER**

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Stephanie Sun-Po Ng, RPh., Certificate of Registration No. 1123, in case number 13-053-RPH-O, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

1/22/2014  
DATED



Kamlesh Gandhi, President  
Nevada State Board of Pharmacy

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**19**



**20**

## **EXECUTIVE SECRETARY REPORT – JULY 17th, 2019**

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with other health care boards
  - Presentation to UNLV School of Medicine - Dave
  - Grant Presentation - Washington DC - Darla and Dave Jones
  - Walgreen's Order update
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
  - Legislative Update
- **ACTIVITIES REPORT**
  - PMP Integration
  - Inspection update
  - Online CE activity - Darla and Yenh

TEMPORARY LICENSES  
(Issued since last board meeting)

Banner Churchill Community Hospital Pharmacy

Kristen Carroll

CVS/pharmacy #9891

Richard Carroll

CVS/pharmacy #9843

Tyler Naginewicz

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio (Non-dispensing)	09/05/18 10/11/18 12/05/18	01/30/19	R002-19					
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18	12/26/18	01/31/19	03/07/19	03/15/19	
453.520 – Schedule II – Dronabinol Oral Solution	01/17/19	01/30/19	R001-19					
639.NEW – FQHC Off-Site Dispensing	01/17/19	02/19/19	R004-19					
639.250 – Technician Ratio (Dispensing)	03/07/19 04/11/19 06/06/19 07/18/19							
639.NEW – Costs for Inspections	04/11/19	04/15/19	R005-19					
639.NEW – Transfer of new prescriptions.	06/06/19	06/11/19	R008-19					
453.NEW PMP Regulations	07/18/19							
639.NEW & 453.190 – Payment of Fees	07/18/19							
639.220 – Payment of Fees	07/18/19							



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: [bop.nv.gov](http://bop.nv.gov)

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JUNE 5-6, 2019, BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the June 2019 Board meeting.

#### Licensing Activity:

- 29 licenses were granted for Out-of-State pharmacies.
- 15 licenses was granted for Out-of-State wholesalers.
- 14 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 1 license was granted for Out-of-State Outsourcing Facilities.
- 2 licenses were granted for Nevada MDEG companies.
- 2 licenses were granted for Nevada pharmacies.
- 2 licenses were granted for Nevada Ambulatory Surgery Centers.
- 1 license was granted for a Nevada wholesaler.
- 1 pharmacist was approved to practice pharmacy outside of a licensed pharmacy.
- 1 pharmacist license was reinstated with conditions.

#### Disciplinary Actions:

- Pharmacist SD voluntarily surrendered his Nevada Pharmacist License as disciplinary action for violations related to false manual adjustments to the pharmacy's Tramadol inventory. He shall pay a \$600 administrative fee and may not reapply for licensure for a minimum of 1 year.
- Pharmacist MK was the pharmacy manager responsible for the actions committed by her employees (Pharmacist SD.) MK did not regularly review the weekly inventory reports and allowed SD to review and sign the inventory adjustment reports on her behalf. MK shall receive a Letter of Reprimand, complete two additional CEU on the topic of managing pharmacist responsibility and she pay a \$250.00 fine.

#### Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.

#### Workshop:

**Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

**Amendment of Nevada Administrative Code (NAC) 639. NEW LANGUAGE. Forwarding of information between pharmacies: New prescriptions.** The proposed amendment to NAC 639 will allow for the forwarding of information between pharmacies regarding new prescriptions that have not been filled by any pharmacy.

**21**

**21 (1)**

# Proposed Regulation of the Nevada State Board of Pharmacy

## Workshop

July 18, 2019

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to increasing the number of pharmaceutical technicians that a pharmacist may supervise; requiring personnel handling prescription drugs to be licensed by the Board; and providing other matters properly relating thereto.**

**Section 1. NAC 639.250 is hereby amended as follows:** Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital,

(a) *A pharmacist who is dispensing prescriptions may not supervise more than a total of **eight** ~~three~~ pharmaceutical technicians **or pharmaceutical technicians in training** at one time **and no more than one of those persons may be a pharmaceutical technician in training.** ~~[A pharmacist who is supervising distributive functions may not supervise more than a total of **four** ~~[two]~~ pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on the job training.]~~*

(b) *When there are two or more pharmacists on duty, a pharmacist who is performing non-chart order dispensing may not supervise more than one pharmaceutical technician or pharmaceutical technician in training. That pharmacist's presence in the facility cannot be included in calculating the ratio described in subsection 1(a) above.*

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of **eight** ~~[three]~~ pharmaceutical technicians or **five** ~~[one]~~ pharmaceutical **technicians** ~~[technician]~~ and **three** ~~[two]~~ pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

~~[4. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:~~



~~—(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and~~

~~—(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.]~~

*4. Except as otherwise provided in NAC 639.520(4), no person may perform any task in a pharmacy where they come into contact with any prescription drug that is not packaged for final sale and verified by a pharmacist unless that person is registered with the Board as a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training.*

*5. Subject to the limitations above, each holder of a pharmacy license issued by the Board shall establish the ratio of pharmacists to pharmaceutical technicians for its pharmacy. The managing pharmacist or pharmacist in charge of the pharmacy has discretion to reduce that ratio as necessary to promote patient safety and for the protection of the public. No other person, registrant or licensee may interfere with the exercise of the managing pharmacist or pharmacist in charge's independent professional judgment as to staffing and pharmacist to pharmaceutical technician ratios for that pharmacy.*

**Sec. 2. NAC 639.701 is hereby repealed. ~~The following acts are not required to be performed by a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training:~~**

~~—1. Entering information into the pharmacy's computer other than information contained in a new prescription concerning the prescription drug and the directions for its use.~~

~~—2. Processing sales, including the operation of a cash register.~~

~~—3. Stocking shelves.]~~

~~—4. Delivering medication to a patient or to areas of a hospital where patients are cared for.]~~

**21 (2)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 18, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.162; NRS 453.163; NRS 639.070; NRS 639.1371; NRS 639.23507; NRS 639.23916

**A REGULATION relating to access to the database of the program established pursuant to NRS 453.162; and providing other matters properly relating thereto.**

**Section. 1.** Chapter 453 of NAC is hereby amended by adding thereto the following provisions:

- 1. A managing pharmacist under NRS 639.220 shall designate any intern pharmacist, pharmaceutical technician, or pharmaceutical technician in training employed by the pharmacy that will be responsible for accessing the database of the computerized program established pursuant to NRS 453.162 on behalf of the pharmacy.*
- 2. A intern pharmacist, pharmaceutical technician, or pharmaceutical technician in training designated pursuant to subsection 1 must complete the course of training required pursuant to subsection 6 of NRS 453.164 before he or she is provided with Internet access to the database.*
- 3. The managing pharmacist shall be liable for any action of any person designated pursuant to subsection 1 relating to accessing the database.*
- 4. The managing pharmacist shall immediately notify the Board whenever any person designated pursuant to subsection 1 ceases to be employed by the pharmacy and shall cooperate with the Board to take any action necessary to terminate access to the database by that person.*

**Sec. 2.** NAC 453.070 is hereby amended as follows:

1. Except as otherwise provided in NAC 453.074, a practitioner other than a veterinarian may designate not more than two members of his or her staff to act as delegates for the purpose of accessing the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report pursuant to NRS 639.23507 on behalf of the practitioner.
2. A delegate designated pursuant to subsection 1 must complete the course of training required pursuant to subsection ~~5~~6 of NRS 453.164 before the delegate is provided with Internet access to the database.
3. The practitioner shall be liable for any action of the delegate relating to accessing the database.
- 4. The practitioner shall immediately notify the Board whenever a delegate designated pursuant to subsection 1 ceases to be a member of his or her staff and shall cooperate with the Board to take any action necessary to terminate access to the database by that person.*

**Sec. 3. NAC 453.074 is hereby amended as follows:**

1. A hospital may designate members of the staff of the hospital to act as delegates for the purpose of accessing the database of the computerized program established pursuant to [NRS 453.162](#) to obtain a patient utilization report pursuant to [NRS 639.23507](#) on behalf of a physician providing service in a hospital emergency department.
2. A delegate designated pursuant to subsection 1 must complete the course of training required pursuant to subsection ~~56~~ of [NRS 453.164](#) before the delegate is provided with Internet access to the database.
3. The hospital shall be liable for any action of the delegate relating to accessing the database.
4. *The hospital shall immediately notify the Board whenever a delegate designated pursuant to subsection 1 ceases to be a member of the staff and shall cooperate with the Board to take any action necessary to terminate access to the database by that person.*

**Section. 4. Chapter 453 of NAC is hereby amended by adding thereto the following provisions:**

1. *A practitioner who is not licensed to practice in this State, but is authorized by the laws of another state or by federal law to prescribe a controlled substance in conformance with 21 CFR § 1306.03 may enroll with the Board pursuant to this section for Internet access to the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report pursuant to NRS 453.162(1)(a)(1).*
2. *To enroll pursuant to this section for Internet access to the database, the practitioner must apply to the Board on an application provided by the Board. The practitioner must complete the course of training required pursuant to subsection 6 of NRS 453.164 before he or she is provided with Internet access to the database.*
3. *A practitioner acting pursuant to subsection 1:*
  - (a) *May not designate any delegates pursuant to NAC 453.070; and*
  - (b) *Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by the Board, relating to accessing the database.*

**Section. 5. Chapter 453 of NAC is hereby amended by adding thereto the following provisions:**

1. *A pharmacist who is not registered in this State, but is a registered pharmacist authorized by the laws of another state or by federal law to dispense a controlled substance in conformance with 21 CFR § 1306.06, may enroll with the Board pursuant to this section for Internet access to the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report pursuant to NRS 453.162(1)(a)(1).*
2. *To enroll pursuant to this section for Internet access to the database, the pharmacist must apply to the Board on an application provided by the Board. The pharmacist must complete the course of training required pursuant to subsection 6 of NRS 453.164 before he or she is provided with Internet access to the database.*
3. *A pharmacist acting pursuant to subsection 1 is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by the Board, relating to accessing the database.*

**21 (3)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 18, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.221; NRS 639.070; NRS 639.170

### Section. 1. NAC 639.220 is hereby amended as follows:

#### 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	<del>\$180</del> <i>200</i>
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	<del>180</del> <i>200</i>
For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist.....	<del>180</del> <i>200</i>
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	<del>40</del> <i>50</i>
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	<del>40</del> <i>50</i>
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80



For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	<del>80</del> 200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	<del>80</del> 200
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of [NRS 639.170](#), is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to [NAC 639.870](#).

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in [NRS 449.0151](#),  
 Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in [NRS 449.0151](#),  
 Ê is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.



**21 (4)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 18, 2019

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 353.1466; NRS 453.221; NRS 639.070; NRS 639.170

### Section. 1. NAC 453.190 is hereby amended as follows:

The fee for registration or reregistration must be paid when the application for registration or reregistration is submitted for filing. The payment must be made by *credit card, debit card or electronic transfer of money, or by* ~~a~~ personal, certified or cashier's check or ~~a~~ money order payable to the State Board of Pharmacy. Any attempted payment made in the form of stamps, foreign currency or an endorsed check of a third person will not be accepted. ~~If the Board refuses to register an applicant, the payment will be refunded.~~

### Section. 2. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

*Payment of any fee charged by the Board must be made by credit card, debit card or electronic transfer of money, or by personal, certified or cashier's check or money order payable to the State Board of Pharmacy.*

**22**

**23**