September 2026 Board Meeting Handouts

5F – Bespoke Pharmaceuticals LLC

5I – Eric Lawrence

5M – Sierra Center for Foot Surgery

5O, 5P, 5Q & 5R – Empower Pharma & Empower Pharmacy

17A – Workshop – Public Comment

19 – Executive Secretary Report

5F

Agenda Item #9F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BESPOKE PHARMACEUTICALS, LLC, License No. PH04719,** **Respondent.**	**CASE NO. 25-385-PH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Bespoke Pharmaceuticals, LLC, License No. PH04719, by and through counsel, Luis J. Lanz, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about August 4, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about August 24, 2026, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that Bespoke Pharmaceuticals, LLC, when applying for licensure failed to ensure that all information regarding the managers and/or persons beneficially interested in Bespoke Pharmaceuticals, LLC, was complete and accurate.

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Bespoke Pharmaceuticals, LLC, License No. PH04719, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by November 13, 2026;

B. Pursuant to NRS 622.400, Respondent shall pay Five Thousand Dollars ($5,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs by personal, business, certified or cashier's check or money order made payable to the

"Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by November 13, 2026; and

C. Neither Yury Gampel nor Michael Tiraturian will have any involvement in the management of Bespoke Pharmaceuticals, LLC, including any future company names or DBAs, or involvement in the facility's day-to-day operations. The terms "management" shall mean "the exercise of authority designated to a manager as defined by NRS 86.071" and "day-to-day operations" shall mean "any activity or task involving the practice of pharmacy, compounding, or that is otherwise subject to the jurisdiction of the Board."

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional 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 this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 29 day of August 2026

BESPOKE PHARMACEUTICALS, LLC
License No. PH04719
IRENA GAMPEL
Authorized Representative

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 31 day of August 2026

LUIS J. LANZ, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Bespoke Pharmaceuticals, LLC, License No. PH04719, in Case No. 25-385-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Agenda Item #5F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BESPOKE PHARMACEUTICALS, LLC, License No. PH04719,** **Respondent.**	**CASE NOS. 25-385-PH-S** **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE**

Bespoke Pharmaceuticals, LLC (hereinafter, "Bespoke" or "Respondent"), in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada State Board of Pharmacy (hereinafter, the "Board"), by and through counsel, declares that Respondent's objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against them is hereby interposed on the following grounds: Respondents deny numerous factual allegations in the Accusation as detailed below and assert affirmative defenses, including Failure to State a Claim, *Ultra Vires* Enforcement, and an Administrative Procedure Act violation. In answer to the Notices of Intended Action and Accusation, Respondent admits, denies, and alleges as follows:

JURISDICTION

1. 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 Bespoke Pharmaceuticals, LLC, License No. PH04719 (Bespoke), located at 5795 North Hollywood Boulevard in North Las Vegas, Nevada, was a pharmacy licensed by the Board.

ANSWER: Respondent admits that the Board has general jurisdiction over Bespoke Pharmaceuticals, LLC as a pharmacy previously licensed by the Board. Respondent admits that Bespoke Pharmaceuticals, LLC was issued License No.

PH04719 and was a pharmacy licensed by the Board at the time of the events alleged herein. Respondent affirmatively states, however, that it voluntarily surrendered License No. PH04719 prior to the filing of this Accusation on and that no active license currently exists. Respondent reserves all arguments that the Board lacks authority to impose discipline on a license that was voluntarily surrendered outside of a contested case. Respondent further denies that the Board has authority to impose discipline based on the alleged failure to disclose individuals who do not qualify as "persons beneficially interested" within the meaning of NRS 639.231. Further, to the extent the Accusation seeks to enforce a disclosure obligation beyond what the statute requires, the Board's action exceeds its statutory authority.

FACTUAL ALLEGATIONS

2. On or about December 3, 2024, an application to operate a pharmacy in Nevada was submitted by Riccardo Roscetti (2024 Application). The 2024 Application identified Bespoke Pharmaceuticals, LLC, a Nevada limited-liability company, as the owner.

ANSWER: Respondent admits the allegations contained in this paragraph.

3. The 2024 Application identified Irina Gampel as manager, Irina Sarafyan as manager, Petr Viskovatykh as manager, and Riccardo Roscetti as CEO/President.

ANSWER: Respondent admits the allegations contained in this paragraph.

4. The 2024 Application identified Eric L. Sparks as managing pharmacist and Riccardo Roscetti as the 'designated person.'

ANSWER: Respondent admits the allegations contained in this paragraph.

5. The 2024 Application identified the following as members with an ownership interest in Bespoke Pharmaceuticals, LLC:

- Rise Equipment, LLC, a Wyoming limited-liability company, with 50.1% ownership
- PharmaX, LLC, a Nevada limited-liability company, with 29.9% ownership
- Resolve Pharmaceutical, LLC, state of formation undisclosed, with 20.0% ownership.

ANSWER: Respondent admits the allegations contained in this paragraph.

6. On March 6, 2025, the following individuals appeared before the Board and testified under oath on the 2024 Application: Eric L. Sparks, Riccardo Roscetti, Petr Viskovatykh, and Michael Tiraturian, introduced as an interpreter for Viskovatykh.

ANSWER: Respondent admits that the identified individuals appeared before the Board on March 6, 2025 in connection with the 2024 Application. Respondent admits that Michael Tiraturian was introduced as an interpreter for Petr Viskovatykh. Respondent denies any characterization that Michael Tiraturian's presence at the hearing was anything other than as an interpreter.

7. The 2024 Application was approved and Bespoke Pharmaceuticals, LLC, was issued License No. PH04719 on June 17, 2025.

ANSWER: Respondent admits the allegations contained in this paragraph.

8. The representations on the 2024 Application do not comport with Bespoke Pharmaceuticals, LLC's filings with the Nevada Secretary of State (NV SOS), which listed Irina Gampel, Irina Sarafyan, Riccardo Roscetti, Elena Rabinovich and Mark Rabinovich as officers at the time the 2024 Application was submitted.

ANSWER: Respondent denies that the allegations contained in this paragraph for a lack of sufficient information and knowledge as to what it means for an

application's representations to "not comport" with NV SOS filings, as that term is vague and undefined in this context. Respondent's position is that the 2024 Application was materially accurate and complete in all respects required by applicable Nevada pharmacy law. To the extent individuals listed in the NV SOS filings were not separately identified on the 2024 Application, NV SOS manager designations do not override the operative company agreements that govern actual membership and ownership of Bespoke and its member entities.

9. Bespoke Pharmaceuticals, LLC's filings with the NV SOS further disclose that since its formation on October 30, 2020, officer information has routinely changed, and two individuals, Yury Gampel and Michael Tiraturian, were listed as recently as February 2023.

ANSWER: Respondent admits that NV SOS filings have changed over time and that Yury Gampel and Michael Tiraturian appeared in NV SOS filings as recently as February 2023. Respondent denies that the appearance of these individuals in NV SOS filings establishes that they are or were members, owners, shareholders, or partners of Bespoke or persons beneficially interested in Bespoke within the meaning of NRS 639.231.

10. Yury Gampel and Irina Gampel are married and Michael Tiraturian and Irina Sarafyan are married.

ANSWER: Respondent admits the allegations contained in this paragraph. Respondent denies that the appearance of these individuals in NV SOS filings establishes that they are or were members, owners, shareholders, or partners of Bespoke or persons beneficially interested in Bespoke within the meaning of NRS 639.231.

11. On or about May 5, 2025, an application to operate an outsourcing facility in Nevada was submitted by Fadi Abdel (2026 Application). The 2026 Application identified Bespoke Pharmaceuticals, LLC, a Nevada limited-liability company, as the owner.

ANSWER: Respondent denies the allegations contained in this paragraph with respect to an application submitted May 5, 2025. Respondent clarifies that an application to operate an outsourcing facility was submitted in May 2026, not May 2025 as stated in the Accusation. Respondent admits that Bespoke Pharmaceuticals, LLC was identified as the applicant and owner.

12. The 2026 Application identified Irina Gampel and Irina Sarafyan as managers of Bespoke Pharmaceuticals, LLC.

ANSWER: Respondent admits the allegations contained in this paragraph.

13. The 2026 Application identified Jaymie Padero as managing pharmacist and Japheth Noah as the "designated person."

ANSWER: Respondent admits the allegations contained in this paragraph.

14. The 2026 Application identified the following as members with an ownership interest in Bespoke Pharmaceuticals, LLC:

- Rise Equipment, LLC, a Wyoming limited-liability company, with 50.1% ownership
- PharmaX, LLC, a Nevada limited-liability company, with 49.9% ownership

ANSWER: Respondent admits the allegations contained in this paragraph.

15. The representations on the 2026 Application do not comport with Bespoke Pharmaceutical, LLC's filings with the Nevada Secretary of States (NV SOS), which listed Irina Gampel, Irina Sarafyan and Elena Rabinovich as officers at the time of submission.

ANSWER: Respondent denies that the allegations contained in this paragraph for

a lack of sufficient information and knowledge as to what it means for an application's representations to "not comport" with NV SOS filings, as that term is vague and undefined in this context. Respondent's position is that the 2026 Application was materially accurate and complete in all respects required by applicable Nevada pharmacy law. To the extent individuals listed in the NV SOS filings were not separately identified on the 2026 Application, NV SOS manager designations do not override the operative company agreements that govern actual membership and ownership of Bespoke and its member entities.

16. The representations on the 2024 Application, on the 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that Yury Gampel is a person beneficially interested in Bespoke Pharmaceuticals, LLC: Riccardo Roscetti testified to the Board on March 6, 2025, that the owners of the companies listed in the 2024 Application were the owners of Bespoke Pharmaceuticals, LLC, and PharmaX, LLC's filings with the NV SOS list Yury Gampel and Irina Gampel as managers/owners for the relevant timeframe.

ANSWER: Respondent denies the allegations contained in this paragraph. Yury Gampel is not a member, owner, shareholder, or partner of Bespoke or person beneficially interested in Bespoke within the meaning of NRS 639.231. Yury Gampel's role as manager of PharmaX does not make him an owner of PharmaX or a person beneficially interested in Bespoke within the meaning of NRS 639.231. The NV SOS filings identifying Yury Gampel as a manager do not override PharmaX's operating agreement, which identifies Elena Rabinovich and Irina Gampel as the members. The testimony given on March 6, 2025 was accurate in describing Bespoke's ownership structure.

17. The representations on the 2024 Application, 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that an action brought on behalf of the United States against Yury Gampel in his ownership and operation of a chain of medical labs for violations of the False Claims Act, 31 U.S.C. § 3729, Stark Law, 42 U.S.C. § 1395nn, and Anti-Kickback Law, 42 U.S.C. § 1320a-7b(b), is pending in the United States District Court for the District of Arizona, *United States ex rel. Radhakrishnan v. Gampel*, Case No. CV-20-00176-PHX-GMS.

ANSWER: Respondent denies the allegations contained in this paragraph. Because Yury Gampel is not a member, owner, shareholder, or partner, of Bespoke or person beneficially interested in Bespoke within the meaning of NRS 639.231, Bespoke was not required to disclose litigation involving Yury Gampel on its applications.

18. The representations on the 2024 Application, 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that Michael Tiraturian is a person beneficially interested in Bespoke Pharmaceuticals, LLC, and misrepresented and/or failed to fully disclose that Michael Tiraturian has a criminal record: Riccardo Roscetti testified to the Board on March 6, 2025, that the owners of the companies listed in the 2024 Application were the owners of Bespoke Pharmaceuticals, LLC, and Rise Equipment, LLC's filings with the Wyoming Secretary of State indicate that Tiraturian is a manager/owner for the relevant timeframe.

ANSWER: Respondent denies the allegations contained in this paragraph. Michael Tiraturian is not a member, owner, shareholder, or partner of Bespoke or person beneficially interested in Bespoke within the meaning of NRS 639.231. Rise Equipment's operating agreement identifies Irina Sarafyan and Peter Viskovatykh

as its members, each with a 50% interest, and Irina Sarafyan as the initial manager. The fact that Michael Tiraturian signed certain Wyoming annual reports for Rise Equipment does not convert him into a member, owner, or manager where the operative company agreement identifies different members and managers. Furthermore, Michael Tiraturian does not have a criminal record.

19. On or about May 13, 2026, Bespoke voluntarily surrendered License No. PH04719.

ANSWER: Respondent admits the allegations contained in this paragraph.

APPLICABLE LAW

20. An applicant to operate a pharmacy or outsourcing facility must submit a complete and accurate application. NAC 639.500(2); NAC 639.6915(1).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

21. An application must disclose information as to each person beneficially interested therein. If the applicant is a partnership or other unincorporated association, "person beneficially interested" means each partner or member and the applicant must make certain disclosures. Upon the request of the Executive Secretary of the Board, the applicant shall furnish the Board with information as to partners, members or stockholders not named in the application or shall refer the Board to an appropriate source of such information. NRS 639.231.

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

22. A license to operate a pharmacy is not transferable and the holder must apply for or submit written notice as to a change of ownership when required by law. NRS 639.230(2); NAC 639.227.

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

23. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

24. Willfully making a materially false statement or falsifying records in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph. Respondent denies that NRS 197.190, a criminal statute, is applicable in this proceeding. The Board of Pharmacy is not a criminal enforcement body and lacks jurisdiction to adjudicate or enforce criminal offenses. No criminal charge has been brought against Respondent, and the inclusion of a criminal statute in an administrative accusation is improper.

25. Obtaining any registration by the filing of an application, or any record, affidavit

or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

27. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

28. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the 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. NAC 639.945(3).

ANSWER: The allegation constitutes a legal conclusion and therefore no response

is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph.

COUNT ONE
Furnishing False Material Information to Board/
Violations of State Law/Unprofessional Conduct

29. Bespoke Pharmaceuticals, LLC, its owners and/or officers misrepresented and/or failed to fully disclose all persons beneficially interested in Bespoke Pharmaceuticals, LLC, on the 2024 Application, on the 2026 Application and during testimony before the Board on March 6, 2025, as alleged in paragraphs 2-18 herein, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, NRS 639.230(2), NRS 639.231, NRS 639.281(1), NAC 639.227, NAC 639.500(2) and/or NAC 639.6915(1), were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and Bespoke Pharmaceuticals, LLC, is therefore subject to discipline pursuant to NRS 639.210(4), (9) and/or (12).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph and expressly denies any liability under Count One. The applications accurately disclosed all persons beneficially interested in Bespoke as required by NRS 639.231 and the applicable regulatory framework. The testimony given on March 6, 2025 was accurate in describing Bespoke's ownership structure. Respondent further denies that NRS 197.190 is applicable in this proceeding. The Board of Pharmacy is not a criminal enforcement body and lacks jurisdiction to adjudicate or enforce criminal offenses. No criminal charge has been brought against Respondent, and the inclusion of a criminal statute in an administrative accusation is improper.

COUNT TWO
Obtaining Registration by False or Fraudulent Application

30. Bespoke Pharmaceuticals, LLC, its owners and/or officers misrepresented and/or failed to fully disclose all persons beneficially interested in Bespoke Pharmaceuticals, LLC, on the 2024 Application and during testimony before the Board on March 6, 2025, when obtaining License No. PH04719, as alleged in paragraphs 2-10 and 16-18 herein, and Bespoke Pharmaceuticals, LLC, is therefore subject to discipline pursuant to NRS 639.210(10).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph and expressly denies any liability under Count Two. License No. PH04719 was not obtained by false or fraudulent application.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility

31. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Bespoke is responsible for those violations including all errors and omissions of its owners and/or officers, pursuant to NRS 639.230(5) and NAC 639.945(3).

ANSWER: The allegation constitutes a legal conclusion and therefore no response is required. To the extent a response is required, Respondent denies the allegations contained in this paragraph and expressly denies any liability under Count Three.

WHEREFORE, it is required that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

Failure to State a Claim. The Accusation should be dismissed for failure to state

a claim. Neither the factual allegations, nor authority cited, support that Respondent violated any of the charged provisions in Counts One through Three. Critically, and as applicable to Bespoke, NRS 639.231 defines a 'person beneficially interested' to mean each partner or member of the applicant. N.R.S. 639.231(2)(a)(definition relative to partnerships and unincorporated entities). Even under the more expansive definition of a 'person beneficially interested' under N.R.S. 639.231(2)(b) which is applicable to *corporations,* only officers, directors and stockholders are included. Yury Gampel and Michael Tiraturian are not members, owners, shareholders, or partners of Bespoke (which is not incorporated and is organized as an LLC) nor any of its member entities. The NV SOS filings reflecting their names as managers or annual report signers do not establish that they are "persons beneficially interested" within the meaning of NRS 639.231. The 2024 Application and 2026 Application accurately disclosed all persons beneficially interested in Bespoke as required by NRS 639.231 and the application forms. The applications identified Bespoke's members (Rise Equipment, PharmaX, and Resolve Pharmaceutical), their ownership percentages, and the officers/directors of Bespoke. This is the information required by law and form. No codified provision, duly promulgated regulation, nor Board guidance requires the disclosure of every spouse of an owner, every person ever listed in a NV SOS filing, or every person who has signed an annual report for an upstream entity. The testimony provided on March 6, 2025 accurately described Bespoke's ownership structure. Finally, the Accusation's allegation that Michael Tiraturian has a criminal record is factually incorrect.

SECOND AFFIRMATIVE DEFENSE

Lack of Jurisdiction /*Ultra Vires* Enforcement. Respondent voluntarily surrendered License No. PH04719 on May 13, 2026. The Accusation was not filed until August 4, 2026— nearly three months after the surrender. Because the surrender occurred before any contested case was initiated, there is no active license for the Board to suspend or revoke. Unlike other Nevada licensing boards, the Board of Pharmacy has no statutory authorization to initiate

disciplinary proceedings against a former licensee who voluntarily surrendered its license outside of a contested case. *See e.g.*, Nev. Rev. Stat. Ann. § 630.298 (provision expressly authorizing the Board of Medical Examiners' continued jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, a licensee notwithstanding a voluntary surrender of a license). The Legislature's decision to expressly grant continuing jurisdiction to other boards to maintain jurisdiction after voluntary surrender of a permit—but not to the Board of Pharmacy—must be given effect. Moreover, to the extent the Board seeks to impose discipline based on a reading of NRS 639.231 that reaches beyond the statutory definition of "person beneficially interested," the Board's action is *ultra vires* and exceeds its statutory authority. The Board's jurisdiction is limited to enforcing the law as written. The Board may not expand statutory disclosure requirements through litigation. Respondent reserves all rights to challenge any collateral consequences (including findings affecting Respondent's pending outsourcing facility application or future applications in other jurisdictions) as exceeding the Board's statutory authority and as violating Respondent's due process rights under the Nevada and United States Constitutions.

THIRD AFFIRMATIVE DEFENSE

Nevada Administrative Procedure Act Violation. To the extent the Board interprets NRS 639.231 to require disclosure of LLC managers of upstream member entities, spouses of members, or persons who have signed annual reports for upstream entities, that interpretation constitutes an unpromulgated rule in violation of the Nevada Administrative Procedure Act, NRS 233B.0395 *et seq*. Neither NRS Chapter 639 nor NAC Chapter 639 defines what "person beneficially interested" means for an LLC applicant, nor do they state that managers of member entities or spouses of members must be disclosed. The Board has never promulgated a regulation, issued a declaratory order, or published formal guidance establishing that these categories of individuals are "persons beneficially interested" requiring disclosure. The Board's application forms asked for "members with an ownership interest" which Bespoke accurately

provided. An agency may not enforce a standard that has not been adopted through the rulemaking procedures required by the APA. Disciplining a licensee for noncompliance with an unpublished, uncodified interpretation of a statute violates both the APA and Respondent's due process rights under the Nevada and United States Constitutions.

DECLARATION

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 24th day of August 2026.

AUTHORIZED REPRESENTATIVE FOR
Respondent Bespoke Pharmaceuticals, LLC

Dated: August 24, 2026

Respectfully Submitted,

QUARLES & BRADY LLP
/s/ Luis Lanz
Luis Lanz
QUARLES & BRADY LLP
One Renaissance Square
Phoenix, Arizona 85004
(602) 229-5331
Luis.Lanz@quarles.com

Attorneys for Respondent

CERTIFICATE OF SERVICE

I certify that I am an employee of Quarles & Brady LLP, counsel for Respondents, and that on this 24 day of August 2026, I served a true and correct copy of the foregoing document via email, to the following:

Nevada Board of Pharmacy
985 Damonte Ranch Parkway-Suite 206
Reno, Nevada 89521
TeamBC@pharmacy.nv.gov
bkandt@pharmacy.nv.gov

/s/ Luis Lanz
Luis Lanz
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Agenda Item##10A

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August 26, 2026

Via E-Mail and UPS

Mark I. Sedar
Chief Operating Officer
Email: msedar@pharmacy.nv.gov
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

RE: Bespoke Pharmaceuticals, LLC – New Outsourcing Facility Application

Dear Mark:

On behalf of Bespoke Pharmaceuticals, LLC ("Bespoke"), please find enclosed a new outsourcing facility application for submission to the Nevada Board of Pharmacy. I understand that although the application makes reference to "Out-of-State Outsourcing Facility", the Board expects resident outsourcing facilities to complete this application, but please let me know if my understanding is incorrect. This application reflects updates to the following:

1. the designated representative;
2. the managing pharmacist;
3. ownership chart and Manager/Officer Information;
4. personal history applications; and
5. a voluntary disclosure.

Without prejudice to any of Bespoke's rights, positions, or defenses, please be advised that the submission of this new application and the voluntary disclosure accompanying it is provided to facilitate the Board's review and does not constitute an admission that any statute, regulation, or Board guidance requires the disclosure of the information contained therein. Bespoke maintains its position that the individuals discussed in the voluntary disclosure are not owners or "persons beneficially interested" within the meaning of NRS 639.231.

Furthermore, nothing in this application, the accompanying voluntary disclosure, or this correspondence is intended as, or should be construed as, admission of any allegation or waiver of

any of Bespoke's arguments in Case No. 25-385-PH-S, including objections to the Board's jurisdiction to proceed with the case. Bespoke expressly preserves all defenses, rights, claims, and legal arguments available to it in Case No. 25-385-PH-S.

Should you have any questions or require additional information regarding this submission, please do not hesitate to contact me.

Sincerely,

Luis Lanz

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521
775-850-1440 - bop.nv.gov

OUT-OF-STATE
(For locations shipping to the State of Nevada)
OUTSOURCING FACILITY
(includes 503A, 503B and FDA)
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state OUTSOURCING FACILITY, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps.

Registration fee of $500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal check, business check or cash, you will be sent an email asking for the correct fee. If the corrected fee is not received within 21 days, the application and fee provided will be shredded.

Letter of good standing from the state or regulatory board in which your company is located. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. An original separate letter from the state or regulatory board also acceptable.

Copy of current registration or license for the outsourcing facility in the state of residence.

Copy of recent state inspection.

Copy of recent FDA inspection.

Copy of Current DEA Registration (if applicable)

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

An application for an out-of-state OUTSOURCING FACILITY requires Board approval. Upon receipt of the completed application, documentation and fee, your application will be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/

AN APPEARANCE AT THE BOARD MEETING WILL BE REQUIRED

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy. Please provide the name and license number of the supervising pharmacist on the application.

A license is usually issued and mailed within 20 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bespoke Pharmaceuticals, LLC

Physical Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip Code: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Toll Free Number: (877) 277-6558 (Required per NAC 639.708)

E-mail: license@bespokepharmaceutical.com Website: www.bespokepharmaceutical.com

Supervising Pharmacist: Magdalena Cybulska Nevada License #: 22437

SERVICES PROVIDED

Yes/No	
☒	☐ Parenteral
☒	☐ Sterile Compounding
☐	☒ Non Sterile Compounding
☐	☒ Mail Service Sterile Compounding
☐	☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only · Date Processed: _____ Amount: _____

FEI Number (From FDA application): 3032391393

Please provide the name of the facility as registered with the FDA and the registration number:
Bespoke Pharmaceuticals, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Bespoke Pharmaceutical, LLC

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Magdalena Cybulska Nevada License Number: 22437

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20201930582

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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Fadi Abdel
Print Name of Authorized Person

31-July-2026
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY Page 4

OWNERSHIP IS A PUBLICY TRADED COMPANY

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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: _____

Registration number issued: _____

Stock Exchange: _____

Include 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 OUTSOURCING FACILITY Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: State of Nevada

Parent Company if any: N/A

Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip: 89115

Telephone: (609) 310-0860 Fax: (888) 880-7488

Contact Person: Fadi Abdel

For any corporation non publicly traded, disclose the following:

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

a) Rise Equipment, LLC [redacted] Sherman Oaks, CA [redacted] 50.1%
Name Address

b) Pharma X, LLC [redacted] Sunny Isles, FL [redacted] 49.9%
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC membership interests

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

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include 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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY Page 6

OWNERSHIP IS A PARTNERSHIP General ___ Limited ___

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY Page 7

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

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for Bespoke Pha

CSV/Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Bespoke Pharmaceutical, LLC	3032391393	117989075	LABEL; MANUFACTURE; RELABEL; REPACK;	5795 N Hollywood Blvd, Las Vegas, Nevada (NV) 89115-1833, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Apr 12, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada 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 **Bespoke Pharmaceuticals, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/30/2020, and in good standing in this State.

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/25/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603256578901
You may verify this certificate online at https://www.nvsilverflume.gov/home

2026 Ownership Chart & Manager/Officer Information

Note: percentages reflect membership ownership interests

Rise Equipment, LLC

EIN:85-2438627
Address: [redacted] Sherman Oaks, CA 91423
Managers:
Irina Sarafyan – Manager
Peter Viskovatykh - Manager

Pharma X, LLC

EIN:85-3924668
Address: 18555 Collins Ave #5003, Sunny Isles, FL 33160
Managers:
Irina Gampel – Manager
Yury Gampel – Manager

Bespoke Pharmaceuticals, LLC

EIN: 85-4132619
Address: 5795 N. Hollywood Blvd., Las Vegas, NV 89115
Managers and Officers:
Irina Gampel – Manager
Irina Sarafyan – Manager
Fadi Abdel – Chief Development & Operations Officer

Voluntary Disclosure - Bespoke Pharmaceuticals, LLC

This statement is submitted as a voluntary attachment to the application of Bespoke Pharmaceuticals, LLC ("Bespoke"). Bespoke provides this disclosure in the interest of full transparency and for the Nevada Board of Pharmacy's consideration.

The individuals discussed below, Yury Gampel and Michael Tiraturian, are spouses of members of the entity members that own Bespoke, but hold no ownership interest of any kind in the company. They are not owners, shareholders, or partners with any interest in Bespoke, nor do they exercise any control over the company's day-to-day operations. Bespoke's corporate formation documents, including its Articles of Organization and Operating Agreement, conclusively establish that neither Mr. Gampel nor Mr. Tiraturian holds any ownership interest in Bespoke.

These individuals do not fall within the definition of a "person beneficially interested" as that term is used in Nev. Rev. Stat. Ann. § 639.231. Because they possess no ownership stake, profit-sharing arrangement, voting authority, or other beneficial interest in Bespoke, neither the application nor the relevant statutes and regulations require the disclosure of information related to them. Nevertheless, to facilitate the Nevada Board of Pharmacy's review and to address any concerns that may arise from the application process, Bespoke voluntarily provides the following information.

I. Relationship to Bespoke

Yury Gampel is the spouse of Irina Gampel (member of Pharma X, LLC, which is a member of Bespoke), and Michael Tiraturian is the spouse of Irina Sarafyan (member of Rise Equipment, LLC, which is a member in Bespoke). Neither Mr. Gampel nor Mr. Tiraturian has any role, responsibility, or interest in Bespoke apart from their marital relationships. It is solely by virtue of these spousal relationships that Bespoke addresses their backgrounds herein.

II. Michael Tiraturian

Michael Tiraturian has no criminal record.

In Miami-Dade County, Florida, Case No. F16005623, Mr. Tiraturian was arrested on March 18, 2016, and charged with fleeing or eluding a police officer, providing false information on a driver's license application, and driving under the influence (DUI). As reflected in the certified disposition issued by Harvey Ruvin, Clerk of the Circuit and County Courts for Miami-Dade County, Florida, all three charges were disposed of as "NOLLE PROS-COMP PT" on March 10, 2017. A nolle prosequi means the prosecution declined to proceed with the charges. The certified disposition therefore does not establish any criminal conviction arising from that matter.

In *The People v. Tiraturyan, Mikayel*, Case No. BA255311, Mr. Tiraturian was charged in 2005 in connection with an investigation into a physician whose offices had sent patient specimens to Mr. Tiraturian's now-closed California diagnostic laboratory. Investigators apparently concluded that billing associated with those tests was fraudulent based on alleged activity linked to the physician's offices. Counts 1 and 2 alleged violations of Penal Code § 487(a) and Welfare and

Institutions Code § 14107(b)(1), respectively. After counsel was retained and contemporaneous documentation of the laboratory's work and the physician's relationship was produced, the Court found "Insufficient Cause per 871 P.C." as to both counts on May 16, 2006, and neither charge proceeded.

Counts 3 and 4, brought under Revenue & Taxation Code § 19706, related to the corporation's unpaid minimum franchise tax for two years after the laboratory had ceased operations but before the entity was formally dissolved. The outstanding tax amounts and penalties were ultimately paid, and Mr. Tiraturian was acquitted of those charges. No criminal conviction resulted from any count in this case.

In summary, Mr. Tiraturian has never been convicted of any criminal offense.

III. Yury Gampel

Yury Gampel has no criminal record and has never been convicted of any criminal offense.

Mr. Gampel is a party to a pending *civil* lawsuit brought under the False Claims Act: *United States ex rel. Radhakrishnan v. Gampel*, Case No. CV-20-00176-PHX-GMS, in the United States District Court for the District of Arizona. On February 7, 2025, the court stayed the civil FCA case for 120 days because Mr. Gampel and co-defendant Ernest Tepman informed the Court that they were subjects of a Department of Justice criminal investigation. The court subsequently ordered periodic status reports from the United States regarding the continuing pendency of the criminal investigation and extended the stay on multiple occasions.

In a recent status report, filed on May 18, 2026 (Docket Entry 179), the United States informed the Court that it intends to close the criminal investigation. Mr. Gampel denies any wrongdoing and intends to vigorously defend the civil lawsuit.

IV. Conclusion

To be clear, Bespoke reiterates that neither Mr. Gampel nor Mr. Tiraturian holds any ownership interest, beneficial or otherwise, in Bespoke. No statute, regulation, or application requirement compels the disclosure of the foregoing information. This statement is provided solely as a voluntary courtesy to the Nevada Board of Pharmacy in the spirit of transparency and cooperation with the licensing process.

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: TIRATURYAN, MIKAYEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 2016 - 2016

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
F16005623	03/18/2016	FLEE/ELUDE PO	NOLLE PROS-COMP PT	03/10/2017
		DL APPL/FALSE INFO	NOLLE PROS-COMP PT	03/10/2017
		DUI	NOLLE PROS-COMP PT	03/10/2017

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (10 YEARS FOR FELONY, MISDEMEANOR AND CRIMINAL TRAFFIC VIOLATIONS IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 24 DAY OF MARCH, 2017.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____ DEPUTY CLERK

NANCY [illegible]

PAGE: 001

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

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Online Services | Self-Help | Types of Cases | General Info | Jury Duty | Attorneys | Justice Partners & Professionals

Home / Access a Case / Find Case Informatio... /

Criminal Case Access

View publicly available information about a criminal case

Open For Screen Reader

Case Information for BA253311

Print | Hide Search

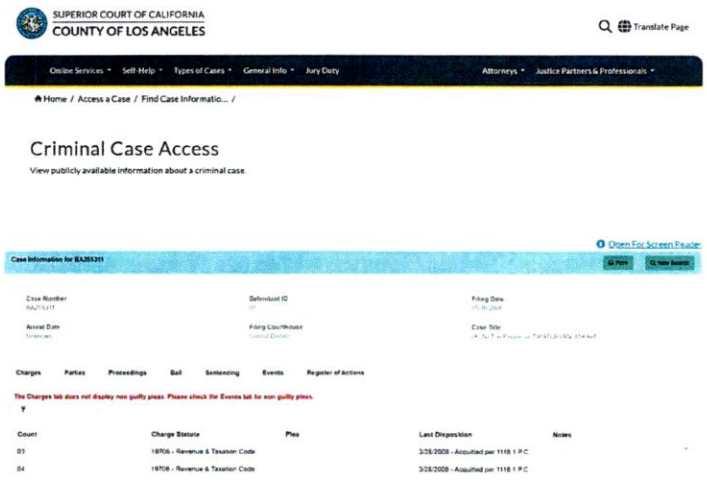
Case Number BA253311 | Defendant ID | Filing Date
Arrest Date | Filing Courthouse | Case Title

Charges | Parties | Proceedings | Bail | Sentencing | Events | Register of Actions

The Charges tab does not display non guilty pleas. Please check the Events tab for non guilty pleas

Y

Count	Charge Statute	Plea	Last Disposition	Notes
01	487(a) - Penal Code		5/16/2008 - Court Found Insufficient Cause per 871 P.C	
02	14107(B) 11 - Welfare and Institutions Code		5/16/2008 - Court Found Insufficient Cause per 871 P.C	
03	19706 - Revenue & Taxation Code		5/16/2008 - Held to Answer	
04	19706 - Revenue & Taxation Code		5/16/2008 - Held to Answer	


SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

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Online Services · Self-Help · Types of Cases · General Info · Jury Duty · Attorneys · Justice Partners & Professionals

Home / Access a Case / Find Case Informatio... /

Criminal Case Access

View publicly available information about a criminal case.

Open For Screen Reader

Case Information for BA265311

Case Number
Defendant ID
Filing Date
Arrest Date
Filing Courthouse
Case Title

Charges | Parties | Proceedings | Bail | Sentencing | Events | Register of Actions

The Charges tab does not display non guilty pleas. Please check the Events tab for non guilty pleas.

Count	Charge Statute	Plea	Last Disposition	Notes
03	19706 - Revenue & Taxation Code		3/26/2008 - Acquitted per 1118.1 P.C.	
04	19706 - Revenue & Taxation Code		3/26/2008 - Acquitted per 1118.1 P.C.	

BRETT A. SHUMATE
Assistant Attorney General

TIMOTHY COURCHAINE
United States Attorney
District of Arizona

LON R. LEAVITT (Arizona Bar No. 35825)
Assistant United States Attorney
40 North Central Avenue, Suite 1800
Phoenix, Arizona 85004-4449
Telephone: (602) 514-7500
Email: lon.leavitt@usdoj.gov

JAMIE ANN YAVELBERG
NATALIE A. WAITES
JARED S. WIESNER (D.C. Bar No. 976856)
ERICA H. MA (New York Registration No. 5880703)
U.S. Department of Justice, Civil Division
Commercial Litigation Branch, Fraud Section
175 N Street, NE
Washington, D.C. 20002
Telephone: (202) 353-1274
Fax: (202) 541-0280
Email: jared.s.wiesner2@usdoj.gov

Attorneys for the United States of America

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

United States *ex rel.* Radhakrishnan, *et al.*,

Plaintiffs,

v.

Yury Gampel, *et al.*,

Defendants.

United States *ex rel.* Terry, *et al.*,

Plaintiffs,

v.

Modern Vascular of Glendale, LLC, *et al.*,

Defendants.

No. CV-20-00176-PHX-GMS
LEAD CASE

Consolidated with:
No. CV-21-00010-PHX-SPL
No. CV-21-01206-PHX-GMS

STATUS REPORT

United States *ex rel.* Katherine Diggins, *et al.*

Plaintiffs,

v.

Modern Vascular LLC, *et al.*,

Defendants.

On February 7, 2025, the Court stayed this civil False Claims Act (FCA) case for 120 days because Yury Gampel and Ernest Tepman, who were set to be deposed soon, informed the Court that they were the subjects of a criminal investigation by the Department of Justice. (*See* Dkt. No. 161.) The Court further ordered that the United States inform the Court within 90 days – by May 8, 2025 – as to the continuing pendency of the criminal investigation (*id.*), and the United States did so (Dkt. No. 168). On June 13, 2025, the Court extended the stay for another 120 days from June 6, 2025, and ordered the United States to file a status report within 90 days (*i.e.*, by September 4, 2025) (Dkt. No. 170), which the United States did on August 28, 2025 (Dkt. No. 173). The Court has since ordered periodic status reports, which the United States has filed (Dkts. 175, 177), each time resulting in the stay being extended, most recently to May 22, 2026 (Dkts. 174, 176, 178). In compliance with the Court's order (Dkt. 178), the United States hereby informs the Court that the United States intends to close the criminal investigation.

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RESPECTFULLY SUBMITTED May 18, 2026.

BRETT A. SHUMATE
Assistant Attorney General

TIMOTHY COURCHAINE
United States Attorney
District of Arizona

/s/ Lon R. Leavitt

LON R. LEAVITT
Assistant United States Attorney

JAMIE ANN YAVELBERG
NATALIE A. WAITES
JARED S. WIESNER
ERICA H. MA
Attorneys, Civil Division
U.S. Department of Justice
Attorneys for the United States of America

CERTIFICATE OF SERVICE

I hereby certify that on May 18, 2026, I caused the within and foregoing **STATUS REPORT** to be electronically transmitted to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to all CM/ECF registrants listed as counsel in this case.

/s/ Lon R. Leavitt
Office of the United States Attorney

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire
Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Bespoke Pharmaceuticals, LLC
NV Pharmacy or Outsourcing facility license # (if applicable):
Physical Address: 5795 N Hollywood Blvd
City: Las Vegas State: NV Zip: 89115
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: (725) 529-3930 Toll Free # (NAC 639.708, NRS 639.23286): (877) 277-6558
Fax: (725) 529-3572 Contact Email: license@bespokepharmaceutical.com
Website: www.bespokepharmaceutical.com
Nevada Business License # (if applicable) NV20201930582
Supervising/Managing Pharmacist Name (NRS 639.220): Magdalena Cybulska
Supervising/Managing Pharmacist NV Pharmacist Registration #: 22437
Name of Designated Person(s) as defined by revised USP-797 guidelines: Fadi Abdel
Email of Designated Person(s): fadi@bespokepharmaceutical.com
Telephone of Designated Person(s): (609) 310-0860

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? February 2026

6. What is the frequency of the recertification for the ISO classified areas? Annually

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Per environmental monitoring schedule & after significant events, maintenance, excursion

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Sterile compounded preparations containing methylcobalamin, sermorelin, NAD+, glutathione, gonadorelin, MIC.

12. What laboratory performs your sterility or endotoxin testing?

Name: Nelson Laboratories, LLC

Address: 6280 S. Redwood Road

City: Salt Lake City State: Utah Zip: 84123

Telephone: 801-290-7625

13. What is your procedure for visual inspection of compounded sterile products?

Each finished compounded sterile product is visually inspected by trained and qualified personnel using manual, semi automated, or automated inspection, as applicable, before release. Inspection includes solution clarity, color, visible particulate matter, container closure integrity, fill volume, stopper and seal integrity, cracks, leaks, cosmetic defects, and labeling accuracy, including lot identification and beyond use date or expiry information. Any unit that does not meet acceptance criteria is rejected and investigated in accordance with written procedures.

14. How often do you perform glove fingertip and medial fill testing?

Glove fingertip and thumb sampling and media fill qualification are completed initially, requalified per procedure, and repeated after failures, major changes, extended absence, or retraining.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel involved in sterile compounding complete initial training before performing any sterile compounding duties independently and complete ongoing requalification thereafter. Training includes personnel hygiene and garbing, aseptic technique, cleanroom behavior, material staging and transfer, equipment operation, environmental monitoring awareness, cleaning and disinfection practices, batch record documentation, deviation reporting, visual inspection, labeling controls, and applicable requirements under USP 797 and the facility quality system. Personnel must successfully complete required practical and written qualification activities, including gowning qualification, glove fingertip and thumb sampling, media fill qualification, and role specific competency assessments.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Primary and secondary engineering controls are cleaned and disinfected in accordance with written procedures and established schedules. Cleaning is performed using qualified cleaning and disinfecting agents before operations begin, at defined intervals during operations as applicable, after compounding is completed, and after any spill, contamination event, or maintenance activity requiring additional cleaning. Disinfecting and sporicidal agents are used at defined routine frequencies under the environmental cleaning program. All cleaning activities are documented in facility logs and reviewed under the quality system. The specific agents used are listed below and are as approved in current procedures: Different types of Liquidnox cleaning agents, isopropyl alcohol (70%) Ready to use (RTU) Peridox, Tex-Q, Sporkenz and ionized hydrogen peroxide.

17. Who performs the sterile compounding process at your facility?

Licensed pharmacists and certified pharm. techs perform sterile compounding after training, qualification, & authorization.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Responsibility for sterile compounding rests with the supervising pharmacist, designated person under USP 797, and Quality Assurance, including oversight of personnel qualification, environmental monitoring, deviations, cleaning, disinfection, and procedural compliance.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped under labeled storage conditions using qualified packaging, temperature controls, and cold chain packaging and temperature monitoring devices when required. Shipping conditions are documented and reviewed, and any temperature excursion is assessed under written procedures before product disposition.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)		
1. List the specific Category 3 sterile products that your facility compounds:		
2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?		
3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines?	Yes	No
4. What is the frequency for completing volumetric active air sampling?		

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents? N/A 4 07.31.2026		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Fadi Abdel

Name of Person who Completed the Form

Chief Development & Operations Officer

Title

Signature (copies or stamps not accepted)

July 31, 2026

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Bespoke Pharmaceuticals, LLC
Pharmacy/Wholesaler License # (if applicable):
Physical Address: 5795 N Hollywood Blvd
City: Las Vegas State: NV Zip: 89115
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: (725) 529-3930 Website: www.bespokepharmaceutical.com
Licensing Company Email: license@bespokepharmaceutical.com

Section 2: Personal Information

First: Fadi Middle: M Last: Abdel
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: 5795 N. Hollywood Blvd.
City: Las Vegas State: NV Zip: 89115
Telephone: [redacted] Email: fadi@bespokepharmaceutical.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Vanderbilt University			08/98 - 05/00
Address	City	State	Zip
2201 West End Ave	Nashville	TN	37235
Diploma/Degree obtained, if any			
Pursued Medical Doctor Degree			
School Name			From - To (MM/YY – MM/YY)
David Lipscomb University			08/95 - 05/98
Address	City	State	Zip
1 University Park Dr	Nashville	TN	37204
Diploma/Degree obtained, if any			
Bachelor's of Science			
School Name			From - To (MM/YY – MM/YY)
Beech High School			08/91 - 05/95
Address	City	State	Zip
3126 Long Hollow Pike	Hendersonville	TN	37075
Diploma/Degree obtained, if any			
High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - present	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
06/20 - 08/20		Las Vegas	NV	
From - To (MM/YY – MM/YY)		City	State	
07/15 - 10/20		Princeton	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Bespoke Pharmaceuticals, LLC			01/26 - present	
Business Address		**City**	**State**	**Zip**
5795 N Hollywood Blvd		Las Vegas	NV	89115
Phone	**Title**		**Number of Employed Hours**	
(725) 529-3930	Chief Development & Operations Officer		480 hours	
Description of Duties				
Executive responsible for everything from proper staff, facility, API, and sales to the proper states.				
Business Name			**From - To (MM/YY – MM/YY)**	
Speratum Biopharma, Inc.			10/24 - 01/26	
Business Address		**City**	**State**	**Zip**
9 East Loockerman Street, suite 311		Dover	DE	19901
Phone	**Title**		**Number of Employed Hours**	
(281) 299-7092	Chief Development & Operations Officer /Consultant		2,792 hours	
Description of Duties				
Executive responsible for the Research and Development (R&D) and the Operations of the facility along with the employees.				
Business Name			**From - To (MM/YY – MM/YY)**	
Alto Neuroscience, Inc.			08/21 - 10/24	
Business Address		**City**	**State**	**Zip**
650 Castro Street, Suite 450		Mountain View	CA	94022
Phone	**Title**		**Number of Employed Hours**	
(650) 200-0412	Sr. Vice President, Clinical Innovation		6,783 hours	
Description of Duties				
End-to-End product lifecycle management within the R&D and global operations department with responsibility of four therapeutics and two diagnostic platforms.				
Business Name			**From - To (MM/YY – MM/YY)**	
Janssen Pharmaceutical (Johnson & Johnson)			01/16 -08/21	
Business Address		**City**	**State**	**Zip**
1125 Trenton Harbourton Rd		Titusville	NJ	08560
Phone	**Title**		**Number of Employed Hours**	
(609) 737-2699	Sr. Director, Global Program Leader		11,829	
Description of Duties				
Senior, strategic role responsible for defining the asset strategy and driving development from discovery to market launch within the Neuroscience J&J portfolio				
Business Name			**From - To (MM/YY – MM/YY)**	
Novartis Pharmaceuticals			04/02 - 01/16	
Business Address		**City**	**State**	**Zip**
1 Health Plaza		East Hanover	NJ	07936
Phone	**Title**		**Number of Employed Hours**	
(862) 778-8300	Director, Global Trial Management		28,874	
Description of Duties				
Drives end-to-end operational planning and execution for clinical trials within Global Clinical Operations				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				
Business Name			**From - To (MM/YY – MM/YY)**	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				
Business Name			**From - To (MM/YY – MM/YY)**	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				
Business Name			**From - To (MM/YY – MM/YY)**	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				
Business Name			**From - To (MM/YY – MM/YY)**	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you 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?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

NA FA 31-Jul-2026

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

31-Jul-2026
Date

I, Fadi M. Abdel, certify that as the designated representative for

Bespoke Pharmaceutical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FMA I am at least 21 years of age;
3. FMA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. FMA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FMA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FMA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. FMA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Fadi Abdel
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

31-Jul-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FADI ABDEL
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.3.2026
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Adrain Hingleton, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/3/2026
Date

Subscribed and Sworn to before me this 3rd day of August.

Notary Public Signature

ADRAIN HINGLETON
Notary Public-State of Nevada
APPT. NO. 26-0862-01
My Appt. Expires 01-05-2030

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)	Address	City	State	Zip	Diploma/Degree obtained, if any
SAN DIEGO STATE UNIVERSITY	09/95 - 05/99	5500 CAMPANILE DR	SAN DIEGO	CA	92182	BS OF SCIENCE MANAGEMENT
RESEDA HIGH SCHOOL	09/92 - 05/95	18230 KITTRIDGE ST	RESEDA	CA	91335	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - PRESENT	[redacted]	SUNNY ISLES BEACH	FL	[redacted]
08/12 - 07/20	[redacted]	GLENDALE	AZ	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
NORTHERN LIGHT MEDICAL MANAGEMENT, LLC		05/23 - PRESENT	
Business Address	**City**	**State**	**Zip**
1895 TYLER ST # 207	HOLLYWOOD	FL	33020
Phone	**Title**		
754 900 5014	ACCOUNT MANAGER		
Description of Duties			
DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING			

Business Name		From - To (MM/YY – MM/YY)	
ACE MANAGEMENT, LLC		05/19 - PRESENT	
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGING MEMBER		
Description of Duties			
MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW.			

Business Name		From - To (MM/YY – MM/YY)	
NOBILITY MANAGEMENT, LLC		02/15 - 08/22	
Business Address	**City**	**State**	**Zip**
26025 MUREAU RD SUITE 110	CALABASAS	CA	91302
Phone	**Title**		
	ACCOUNT MANAGER		
Description of Duties			
OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION			

Business Name		From - To (MM/YY – MM/YY)	
IG INVESTMENTS, INC		04/05 - 09/23	
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
	SHAREHOLDER		
Description of Duties			
OVERSEEING INVESTMENT PORTFOLIO			

Business Name		From - To (MM/YY – MM/YY)	
EMBRACE FOUNDATION, CHARITABLE FOUNDATION		05/18 - PRESENT	
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	PRESIDENT		
Description of Duties			
MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY.			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
PHARMA X, LLC		10/20 - PRESENT	
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGER		
Description of Duties			
OVERSEES INVESTEMENT *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name		From - To (MM/YY – MM/YY)	
BESPOKE PHARMACEUTICALS, LLC		10/20 - PRESENT	
Business Address	**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you 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?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA GAMPEL
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/2026
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/24/26
Date

Subscribed and Sworn to before me this 24th day of August 2026.

Please See Attached
Notary Public Signature

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

MATTHEW MIKHAEL
Notary Public - California
Los Angeles County
Commission # 2483953
My Comm. Expires Mar 5, 2028

Subscribed and sworn to (or affirmed) before me on this 24th day of August, 2026, by
(1) Irina Gampel
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Notary Seal and/or Stamp Above

Signature M. Mikhael
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application (NV State Board of Pharm)
Document Date: 08/24/2026 Number of Pages: 8
Signer(s) Other Than Named Above: —

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: BESPOKE PHARMACEUTICALS, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):
Physical Address: 5795 N. HOLLYWOOD BLVD
City: NORTH LAS VEGAS State: NV Zip: 89115
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 877 277 6558 Website: BESPOKEPHARMACEUTICAL.COM
Licensing Company Email: LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First: IRINA Middle: Last: SARAFYAN
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X
Mailing Address: [redacted]
City: SHERMAN OAKS State: CA Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
YEREVAN STATE MEDICAL UNIVERSITY			09/91 - 05/96
Address	City	State	Zip
2 KORYUN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
DOCTOR OF STOMATOLOGY			
School Name			From - To (MM/YY – MM/YY)
#8 SCHOOL NAMED AFTRER A.S. PUSHKIN			09/81 - 05/91
Address	City	State	Zip
17 MOSKOVYAN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - PRESENT	[redacted]	SHERMAN OAKS	CA	[redacted]
08/01 - 03/22		BURBANK	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
AMERIDENT HEALTH PRO, INC			09/18 - PRESENT	
Business Address		**City**	**State**	**Zip**
310 S SEPULVEDA BLVD		LOS ANGELES	CA	90034
Phone	**Title**			
310 268 0646	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
SARAFYAN DENTAL PROFESSIONAL CORPORATION			05/15 - PRESENT	
Business Address		**City**	**State**	**Zip**
3130 S SEPULVEDA BLVD		LOS ANGELES	CA	90034
Phone	**Title**			
310 767 6199	PRESIDENT			
Description of Duties				
DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA. CA LICENSE NUMBER 57323)				

Business Name			From - To (MM/YY – MM/YY)	
ANSALIGY USA, LLC			07/19 - 09/22	
Business Address		**City**	**State**	**Zip**
16850 COLLINS AVE # 113		SUNNY ISLES BEACH	FL	33160
Phone	**Title**			
305 903 2226	PRESIDENT			
Description of Duties				
EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address		**City**	**State**	**Zip**
3679 BENEDICT CANYON LANE		SHERMAN OAKS	CA	91423
Phone	**Title**			
310 767 6199	VICE PRESIDENT			
Description of Duties				
EXECUTIVE *this entity is the member of BESPOKE PHARMACEUTICALS, LLC				

Business Name			From - To (MM/YY – MM/YY)	
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT	
Business Address		**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD		NORTH LAS VEGAS	NV	89115
Phone	**Title**			
877 277 6558	MANAGER			
Description of Duties				
BOARD MEMBER				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

08
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA SARAFYAN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08.21.2026
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, _____, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08.21.2026
Date

Subscribed and Sworn to before me this 21st day of August, 2026.

Notary Public Signature

BRABION ALLAHVERDI
Notary Public - California
Los Angeles County
Commission # 2427852
My Comm. Expires Nov 23, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: BESPOKE PHARAMCEUTICALS, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):
Physical Address: 5795 N. HOLLYWOOD BLVD
City: NORTH LAS VEGAS State: NV Zip: 89115
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 877 277 6558 Website: BESPOKEPHARMACEUTICAL.COM
Licensing Company Email: LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First: PETR Middle: Last: VISKOVATYKH
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: SUNNY ISLES BEACH State: FL Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FAR EASTERN STATE INSTITUTE OF FISHING AND BUSINESS		09/87 - 06/89	
Address	**City**	**State**	**Zip**
52B LUGOVAYA ST	VLADIVOSTOK	RUSSIA	
Diploma/Degree obtained, if any			
SENIOR MARINE ENGINEER			

School Name		From - To (MM/YY – MM/YY)	
FAR EASTERN MARITIME UNIVERSIY		09/81 - 05/86	
Address	**City**	**State**	**Zip**
50A VERKHNEPORTOVAYA ST	VLADIVOSTOKQ	RUSSIA	
Diploma/Degree obtained, if any			
MARINE ENGINEER			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13 - PRESENT	[redacted]	SUNNY ISLES BEACH	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
ME TECHNOLOGY, INC		08/16 - PRESENT	
Business Address	**City**	**State**	**Zip**
1704 PARK CENTRAL BLVD	POMPANO BEACH	FL	33064
Phone	**Title**		
800 222 4357	PRESIDENT		
Description of Duties			
EXECUTIVE, OVERSEEING DAILY OPERATIONS			

Business Name		From - To (MM/YY – MM/YY)	
GP FLORIDA INVESTMENTS GROUP, LLC		09/13 - PRESENT	
Business Address	**City**	**State**	**Zip**
16850 COLLOINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE, HOLDING COMPANY FOR INVESTMENTS			

Business Name		From - To (MM/YY – MM/YY)	
SOLOMON ASSETS MANAGEMENT, LLC		09/13 - 12/21	
Business Address	**City**	**State**	**Zip**
3901 NE 12TH AVE #400	POMPANO BEACH	FL	33064
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name		From - To (MM/YY – MM/YY)	
PGV HOLDINGS, LLC		11/17 - PRESENT	
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name		From - To (MM/YY – MM/YY)	
AMERICAN TRUST HOLDINGS, LLC		12/17 - PRESENT	
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RWC GROUP, LLC			01/15 - 2024	
Business Address		City	State	Zip
3901 NE 12TH AVE #400		POMPANO BEACH	FL	33160
Phone	Title			
754 222 1407	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
NEXTECH INDUSTRIES, INC			07/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE @259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	VICE PRESIDENT			
Description of Duties				
INVESTOR				

Business Name			From - To (MM/YY – MM/YY)	
DENIL HOLDINGS, LLC			05/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE #259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	PRESIDENT			
Description of Duties				
EXECUTIVE/MANAGING INVESTMENT PORTFOLIO				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address		City	State	Zip
3676 BENEDICT CANYON LANE		SHERMAN OAKS	CA	91423
Phone	Title			
310 767 6199	MNGR/MBR			
Description of Duties				
EXECUTIVE				
*this entity is a memebr of BESPOKE PHARMACEUTICALS, LLC				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/07/2019	12/04/2020	FL	FORT LAUDERDATE	BROWARD
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
CACE19016492	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD			
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy			
PLAINTIFF	LAWSUIT			
Name of Business/Industry/Entity				
RWC GROUP, LLC VS CAA INDUSTRIES				

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic/ copies or stamps not accepted)

08.22.26.
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/30/2023	10/15/2024	FL	FORT LAUDERDATE	BROWARD
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
CACE23015277	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD			
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy			
DEFENDANT	LAWSUIT			
Name of Business/Industry/Entity				
EXHIBIT CRAFT, INC vs RWC GROUP, LLC				

Provide explanation below:

FOLLOWING COVID PANDEMIC, INFLATION AND
THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted)

08.22.26.
Date

Personal History Application (Applicant's Initials P.V.) 6 of 7

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/07/2019	12/04/2020	FL	FORT LAUDERDATE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CACE19016492	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD

Reason/Charge
BREACH OF CONTRACT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PLAINTIFF	LAWSUIT

Name of Business/Industry/Entity
RWC GROUP, LLC VS CAA INDUSTRIES

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted) Date 08.22.26

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/04/2020	11/01/2021	FL	FORT LAUDERDATE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CACE20007534	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD

Reason/Charge
ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PLAINTIFF	LAWSUIT

Name of Business/Industry/Entity
RWC GROUP, LLC and ME TEchnology, INC vs Lloyds of London

Provide explanation below:

ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT, RESOLUTION REACHED, CLAIM PAID, LAWSUIT DISMISSED

Original Signature (electronic, copies or stamps not accepted) Date 08.22.26

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/13/2019	02/25/2021	FL	FORT LAUDERDATE	BROWARD
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
CACE19019096		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
DEFENDANT		LAWSUIT		
Name of Business/Industry/Entity				
MODERN GLOBAL INTERNATIONAL COMPANY LTD vs RWC GROUP, LLC				

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

08.22.26
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/06/2024	09/05/2024	FL	FORT LAUDERDALE	BROWARD
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
2414464		SOUTHER FLORIDA/FT LAUDERDALE/BROWARD COURT		
Reason/Charge				
BANKRUPTCY CHAPTER 11				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
PETITIONER RWC GROUP, LLC		BANKRUPTCY		
Name of Business/Industry/Entity				
RWC GROUP, LLC				

Provide explanation below:

PETER VISKOVATYKH IS AN OFFICER OF RWC GROUP, LLC. IN MAY 2024 RWC GROUP, LLC ENTERED INTO THE ASSET PURCHASE AGREEMENT AND PROSPECTED BUYER REQUESTED RWC GROUP, LLC FILE FOR BANKRUPTCY CHAPTER 11 PROTECTION TO REORGONIZE THE DEBT. AFTERT BUYER FAILED TO PERFORM ON THE PURCHASE AGREEMENT TERMS IT WAS TERMINATED AND MOTION TO DISSMIS WAS FILED BY RWC GROUP, LLC. CASE WAS DISSMISED ON 09/05/2024

Original Signature (electronic, copies or stamps not accepted)

08.22.26
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/17/2023	03/23/2023	FL	FORT LAUDERDALE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
23000660	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD COURT

Reason/Charge
CIVIL JUDGEMENT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDANT	LAWSUIT

Name of Business/Industry/Entity
RWC GROUP, LLC

Provide explanation below:

INDO MIM, INC WAS A VENDOR FOR RWC GROUP, LLC. INDO MIM, INC SUED RWC GROUP, LLC FOR OUTSTANDING BALANCE AND GOT JUDGEMENT AWARDED. FOLLOWING COVID PANDEMIC, INFLATION AND THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted) Date 08.22.26.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/13/2019	12/16/2020	FL	FORT LAUDERDATE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CACE19019089	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD

Reason/Charge
BREACH OF CONTRACT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDANT	LAWSUIT

Name of Business/Industry/Entity
OZ ASSET MANAGEMENT, LLC vs RWC GROUP, LLC

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted) Date 08.22.26.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PETR VISKOVATYKH
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08.22.26.
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Petr Viskovatykh, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08.22.26.
Date

Subscribed and Sworn to before me this 23 day of August 2026

Notary Public Signature

FRANCISCO SCOTT
Commission # HH176019S
Expires December 17, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Bespoke Pharmaceuticals, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):
Physical Address: 5795 N. Hollywood Blvd.
City: North Las Vegas State: NV Zip: 89115
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 877-277-6558 Website: www.bespokepharmaceutical.com
Licensing Company Email: License@bespokepharmaceutical.com

Section 2: Personal Information

First: Elena Middle: Nikolayevna Last: Rabinovich
Alias(es, nicknames, name changes, etc.): Elena Nikolayevna Protasenko
Date of Birth: [redacted] SSN or ITN: [redacted] Sex: ☐ M ☒ F ☐ X
Mailing Address: [redacted]
City: Sunny Isles Beach State: FL Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Kemerovo State University			09/93-04/97
Address	**City**	**State**	**Zip**
6 Krasnaya Street	Kemerovo	Russia	650043
Diploma/Degree obtained, if any			
Linquistics Program			
School Name			**From - To (MM/YY – MM/YY)**
School No. 20			09/82-06/92
Address	**City**	**State**	**Zip**
Lenin Street, 46	Leninsk-Kuznetsky	Russia	652507
Diploma/Degree obtained, if any			
High School Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/24-present	[redacted]	Sunny Isles Beach	FL	[redacted]
06/23-06/24		Sunny Isles Beach	FL	
02/21-06/23		Aventura	FL	
08/10-02/21		Porter Ranch	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Northern Light Radiology Associates, Inc.			12/23-present
Business Address	**City**	**State**	**Zip**
1895 Tyler Street, Suite 207	Hollywood	FL	33020
Phone	**Title**		
818-235-6243	VP of Treasury		
Description of Duties			
Supervising accounting department, including cash management, accounts payable, accounts receivables, payroll, and budgeting.			
Business Name			**From - To (MM/YY – MM/YY)**
Bespoke Pharmaceuticals, LLC			10/20-03/25
Business Address	**City**	**State**	**Zip**
795 N. Hollywood Blvd.	North Las Vegas	NV	89115
Phone	**Title**		
877-277-6558	Co-Manager		
Description of Duties			
Acted as co-manager through late 2024 (the term ended in early 2025). Not associated as an employee.			
Business Name			**From - To (MM/YY – MM/YY)**
Nobility Management, LLC			09/17-11/23
Business Address	**City**	**State**	**Zip**
23801 Calabasas Road	Calabasas	CA	91302
Phone	**Title**		
818-880-8605	Controller		
Description of Duties			
Supervised payroll and maintained books.			
Business Name			**From - To (MM/YY – MM/YY)**
RMI International, Inc.			10/03-09/17
Business Address	**City**	**State**	**Zip**
8125 Somerset Blvd.	Paramount	CA	90723
Phone	**Title**		
562-806-9098	Controller		
Description of Duties			
Supervised payroll and maintained books.			
Business Name			**From - To (MM/YY – MM/YY)**
EJR Holdings, Inc.			07/19-present
Business Address	**City**	**State**	**Zip**
1895 Tyler Street, Suite 207	Hollywood	FL	33020
Phone	**Title**		
818-235-6243	Director/President		
Description of Duties			
General supervision of family asset holding company. No commercial business activities.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you 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?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:
Not applicable

Original Signature (electronic, copies or stamps not accepted)

8/24/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Elena Rabinovich
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/24/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Elena Rabinovich, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/24/2026
Date

Subscribed and Sworn to before me this 24 day of August.

Notary Public Signature

DOMINIQUE WALDEN
Notary Public
State of Florida
Comm# HH824466
Expires 7/15/2030

(Seal)

5I

Agenda Item #5I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC A. LAWRENCE, RPH** **Certificate of Registration No. 20626** **Respondent.**	**Case Nos. 26-255-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent Eric A. Lawrence, RPH, hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on August 5, 2026.

ANSWER TO ACCUSATION

Jurisdiction

Mr. Lawrence agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation. Mr. Lawrence further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Mr. Lawrence admits the factual allegations contained in Paragraph 2.

Paragraph 3: Mr. Lawrence is without sufficient personal knowledge to respond to Paragraph 3 regarding the initiation of the investigation by CVS Pharmacy #16854 but believes the facts set forth in Paragraph 3 are accurate.

Paragraph 4: Mr. Lawrence admits the factual allegations contained in Paragraph 4.

Paragraph 5: Mr. Lawrence admits the factual allegations contained in Paragraph 5.

Applicable Law: Paragraphs 6-12

Paragraph 6: Mr. Lawrence disagrees with applicability of the state and federal laws set forth in Paragraph 6 as discussed below.

NRS 453.331(1)(d) provides that it is unlawful for a person to knowingly or intentionally "[a]cquire 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." While Mr. Lawrence acknowledges that he did divert the substances, he asserts that the Board is without jurisdiction to enforce a criminal statue.

NRS 453.391(1) states that a person shall not:

> *Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, dentist, advanced practice registered nurse, certified registered nurse anesthetist, veterinarian or any other person authorized to administer, dispense or possess controlled substances.*

Mr. Lawrence did not unlawfully obtain a controlled substance from any of the entities, individuals set forth in the above referenced statute. Further, the statute does not state that such conduct is a felony.

21 U.S.C. § 841(a) provides that it is unlawful for any person to knowingly or intentionally "manufacture, distribute, or dispense, or possesses with intent to distribute or dispense, a controlled substance. Mr. Lawrence did not manufacture, distribute, or dispense a controlled substance in this matter.

21 U.S.C.§ 843(a)(3) provides that it is unlawful for a person to knowingly or intentionally "acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery,

deception, or subterfuge". Mr. Lawrence agrees that this provision of federal law is applicable to him but disagrees that this makes the conduct a felony.

21 U.S.C. § 846 provides that "[a]ny person who attempts or conspires to commit any offense defined in this subchapter shall be subject to the same penalties as those prescribed for the offense, the commission of which was the object of the attempt or conspiracy." Mr. Lawrence denies that this provision of federal law is applicable here as there was no attempt or conspiracy in this matter.

Paragraph 7: Mr. Lawrence disagrees with applicability of the state and federal laws set forth in Paragraph 7 as discussed below.

NRS 453.336(1) states in relevant part that a person may not intentionally possess a controlled substance not obtained through a prescription. Again Mr. Lawrence asserts that the Board does not have jurisdiction to enforce criminal statutes.

NRS 453.381(8) provides that "[a] person shall not dispense a controlled substance in violation of a regulation adopted by the Board." First, this is not a criminal statute and does not make the conduct described a crime. While this statute is enforceable by the Board, Mr. Lawrence asserts that no dispensing occurred as defined in NRS 453.056.

21 U.S.C. § 844 sets forth penalties for simple possession of a controlled substance; again the Board does not have jurisdiction to enforce criminal statutes/

21 U.S.C. § 841(a) and 21 § 846 have been addressed in Paragraph 6.

Paragraph 8: Mr. Lawrence contends that 42 U.S.C. § 12210 as cited in Paragraph 8 is unapplicable to this matter. The cited statute provides that the term "individual with a disability" does not include an individual engaging in the illegal use of drugs. It is not a criminal statute, which is not enforceable by the Board, and is not appliable to this matter.

NRS 453.411(1) provides that it is unlawful for a person to knowingly use or be under the influence of a controlled substance except in accordance with a valid prescription. Mr. Lawrence again asserts that the Board does not have jurisdiction to enforce criminal statutes.

Paragraph 9: Mr. Lawrence agrees that NAC 639.9445(1)(g) as set forth in Paragraph 9 defines unprofessional conduct in part as supplying or diverting drugs which are legally sold in pharmacies and is grounds for the Board to take disciplinary action against his registration as a pharmacist.

Paragraph 10: Mr. Lawrence agrees that NAC 639.9445(1)(h) as set forth in Paragraph 10 defines unprofessional conduct in part as performing or in any way being a party to any fraudulent or deceitful practice or transaction and is applicable in this matter, allowing the Board to take disciplinary action against Mr. Lawrence's registration as a pharmacist.

Paragraph 11: Mr. Lawrence agrees that NRS 639.210(11) as set forth in Paragraph 11 allows the Board to take disciplinary action against his registration as a pharmacist for violation of any federal law or regulation relation to prescription drugs.

Paragraph 12: Mr. Lawrence agrees that NRS 639.210(12) as set forth in Paragraph 12 allows the Board to take disciplinary action against his registration as a pharmacist for violation of any law or regulation relating to drugs.

Counts: Paragraphs 13-17

Count One (Paragraph 13): Mr. Lawrence denies the allegations contained in Count One, other than 21 U.S.C.§ 843(a)(3) allowing the Board to take action against him pursuant to NRS 639.210(11).

Count Two (Paragraph 14): Mr. Lawrence denies the allegations contained in Count Two, other than NRS 453.336(1) allowing the Board to take action against him pursuant to NRS

639.210(12) as an administrative action, but again notes the Board does not have jurisdiction to enforce criminal statutes.

Count Three (Paragraph 15): Mr. Lawrence denies the allegations contained in Paragraph Three as to 42 U.S.C. § 12210 but does not contest a violation of NRS 453.411(1) allowing the Board to take action against pursuant to NRS 639.210(12).

Count Four (Paragraph 16): Mr. Lawrence does not contest the allegations contained in Count Four.

Count Five (Paragraph 17): Mr. Lawrence does not contest the allegations contained in Count Five

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mr. Lawrence holds an active registration as a pharmacist in Nevada. At the time of the events in this matter, Mr. Lawrence was employed as a staff pharmacist with CVS Pharmacy #16854.

In 2017, Mr. Lawrence was diagnosed with ADHD, depression, and anxiety. He was placed on a stimulant and an anti-anxiety/anti-depressant medication by his treating provider. In 2018, Mr. Lawrence ceased taking his prescribed stimulant without consultation with his provider as further testing had revealed that ADHD was possibly not the correct diagnosis for him and he found that his symptoms were manageable without the stimulant.

In October 2025 Mr. Lawrence was dealing with multiple personal and home issues which began to exacerbate his symptoms. Mr. Lawrence stepped down from his position as a managing pharmacist to reduce stress and began seeing a therapist; while he was coping, he was not experiencing symptom relief.

Mr. Lawrence attempted to make an appointment with a physician but was not able to be seen until January 2026. As he was still experiencing significant symptoms, Mr. Lawrence began to self-medicate with stimulants, taking one to two pills on occasion as he felt he needed. Mr. Lawrence obtained the stimulants, primarily Adderall and Vyvanse, by removing the medication from patient prescriptions he was filling, typically one to two tablets per shift.

Mr. Lawrence saw his provider in January 2026 and was prescribed a stimulant. However, he felt the dosage was not high enough and continued to self-medicate with pills removed from patient prescriptions as he was filling them.

On June 1, 2026, Mr. Lawrence was asked to participate in a meeting with asset protection at the pharmacy and admitted to diverting the stimulants in the amounts discussed above. Mr. Lawrence was suspended the same day and terminated from his position on June 4, 2026. Mr. Lawrence paid restitution to CVS Pharmacy for the medication he diverted for personal use.

Subsequent to his termination, Mr. Lawrence spoke with Mr. Wuest, Executive Secretary for the Board on June 11, 2026, and agreed to voluntarily cease practicing pending the Board's investigation and resolution of the matter on June 12, 2026.

Mr. Lawrence contacted Mark Chase of the Nevada Professionals' Health Program (NVPHP) and submitted to an evaluation on June 4, 2026. Additionally, Mr. Lawrence completed an intake assessment at Virtue Recovery Center on June 16, 2026, and entered into Virtue's Partial Hospitalization Program (PHP). The PHP program was six hours a day, Monday through Friday, and included psychotherapy, including individual and group therapy, and psychiatric treatment. On June 19, 2026, during his participation in the PHP, Mr. Lawrence ceased taking all stimulants under the supervision of a physician and therapist and continues to fully abstain from stimulants.

Upon completion on the PHP, Mr. Lawrence began participation in Virtue's Intensive Outpatient Program (IOP) on July 6, 2026. Mr. Lawrence was discharged from the IOP program on August 17, 2026, and began outpatient therapy with one of the licensed therapists from Virtue. Mr. Lawrence will also be entering into a monitoring agreement with the NVPHP now that he has completed the Virtue IOP.

Mr. Lawrence takes full responsibility for his actions and is proactively addressing his issues with stimulants and the underlying issues which gave rise to his diversion of stimulants for self-medication.

Respectfully submitted this 26th day of August, 2026

Lyn E. Beggs, Esq.
Attorney for Respondent, Eric A. Lawrence RPH

Agenda Item # 5I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC A. LAWRENCE, RPH,** **Certificate of Registration No. 20626,** **Respondent.**	**CASE NO. 26-255-RPH-S** **MEMORANDUM OF ATTORNEY'S FEES AND COSTS**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time – Investigator Pat Conmay				
Date(s)	Description	Hours	Rate	Amount
7/8/26	Investigate complaint	3.75	$53.00/hr	198.75
Subtotal (Investigation): 198.75				
Attorney Time - Brett Kandt				
Date(s)	Description	Hours	Rate	Amount
8/5/26	Confer with staff and review investigative case file in case 26-255-RPH-S; draft Notice of Intended Action and Accusation.	2.50	$104.00/hr	$260.00
8/10/26	Confer w/ client and opposing counsel re: hearing and resolution.	0.50	$104.00/hr	$52.00

Exhibit 1

8/11/26	Confer w/ client and opposing counsel re: hearing and resolution.	0.50	$104.00/hr	$52.00
8/27/26	Review Answer and Notice of Defense; prepare Memo of Atty Fees & Costs for hearing.	1.50	$104.00/hr	$156.00
9/2/26	Hearing in case 26-255-RPH-S; finalize order.	1.00	$104.00/hr	$104.00
Subtotal (Attorney Time): $624.00				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
8/5/26	Erin Miller finalized, filed and served and Accusation.	0.50	$25.00/hr	$12.50
8/14/26	Jessette Phaynarikone served Notice of Hearing for September 2, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $25.00				
Additional Recoverable Costs: Postage/Mailing Costs: $21.82				
Total Attorney's Fees and Recoverable Costs: $869.57				

I, Brett Kandt, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of reasonable attorney's fees and recoverable costs incurred by the Board in the above-entitled action.

DATED this 2nd day of September 2026.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

5M

Agenda Item # 5M

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIERRA CENTER FOR FOOT SURGERY, LICENSE NO. ASC02426, AND** **MICHAEL HAUTEKEET, CERTIFICATE OF REGISTRATION NO. 10777,** **Respondents.**	**CASE NO. 25-181-PH-N** **25-181-RPH-N** **STIPULATION AND ORDER** **[Sierra Center for Foot Surgery Only]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Senior General Counsel Laura M. Tucker, Esq., and Respondent Sierra Center for Foot Surgery (Respondent), License No. ASC02426, by and through counsel, ALLISON MacKENZIE, LTD., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 15, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about August 4, 2026, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and Nevada Pharmacy Act.

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. At all times relevant, Respondent contracted with pharmacist Michael Hautekeet, whose job duties included visiting the surgery center at least once month for evaluation and compliance duties, as required by NAC 639.4996.

B. On or about April 29, 2025, a Board Inspector discovered during a site visit at Respondent's center that Hautekeet had not performed a site visit of Sierra Center since February 2025. On a later date, the Board Inspector spoke to Hautekeet and found out that he was on a 180-day cruise and would not be returning until July 2025. As a result of his absence, Hautekeet missed a total of four monthly site visits in 2025.

C. In a follow-up email conversation with Respondent's employee and Hautekeet, the Board Inspector found that Hautekeet had missed some of his required site visits in 2023 for a vacation cruise.

D. Hautekeet's conduct was unprofessional because he failed to perform his duties as required pursuant to NAC 639.4998(1). *See* NAC 639.945(1)(i). Furthermore, Hautekeet is subject to professional discipline for having failed to perform monthly site visits as required pursuant to NAC 639.4998(1). *See* NRS 639.210(12).

E. As the owner licensee that contracted with Hautekeet, Respondent is responsible for his violations, including all errors and omissions of Hautekeet and any other

pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.702 and/or NAC 639.945(3).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall pay a fine of **Two Thousand Five Hundred Dollars** ($2,500.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order;

B. Pursuant to NRS 622.400, Respondent shall pay **Five Hundred Dollars** ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order;

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the

Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional 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 this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 20 **day of** August **2026**

SIERRA CENTER FOR FOOT SURGERY
License No. ASC02426

Signed this ___ **day of** _____ **2026**

LAURA M. TUCKER, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 21 **day of** August **2026**

KEITH KETOLA, ESQ.
ALLISON MacKENZIE, LTD.
402 N. Division St.
P.O. Box 646
Carson City, NV 89702
(775) 687-0202
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Sierra Center for Foot Surgery, License No. ASC02426, in Case No. 25-181-PH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

4928-1102-9193, v. 1

5O, 5P, 5Q & 5R

Agenda 50, 5P, 5Q, and 5R

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EMPOWER PHARMA,
Certificate of Registration No. WH02264, and

EMPOWER PHARMA,
Certificate of Registration No. OU00033,

Respondents.

Case Nos. 25-230-WH-S
25-230-OU-A-S

STIPULATION AND ORDER
(All Respondents)

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EMPOWER PHARMACY,
License No. PH03016, and

EMPOWER PHARMA,
Certificate of Registration No. OU00033,

Respondents.

Case Nos. 25-292-PH-O
25-292-OU-O

STIPULATION AND ORDER
(All Respondents)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through Senior General Counsel Laura M. Tucker, Esq., and Empower Clinic Services, LLC, dba Respondent Empower Pharma, Certificate of Registration No. WH02264 and Certificate of Registration No. OU00033, and Respondent Empower Pharmacy, License No. PH03016, (collectively, "Empower" or "Respondents"), by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board and Empower have entered into this Stipulation and Order ("Stipulation") for the purpose of settling the allegations against Empower as stated in the above-captioned matters, *to wit*: *Nevada State Board of Pharmacy v. Empower Pharma, et al.*, Case Nos. 25-230-WH-S and 25-

230-OU-O, and *Nevada State Board of Pharmacy v. Empower Pharmacy, et al.*, Case Nos. 25-292-PH-O and 25-292-OU-O.

2. On or about April 7, 2026 and April 14, 2026, the Board's staff properly served each of the Empower Respondents with the Notice of Intended Action and Accusation (Accusations) on file in the applicable cases referenced above, together with the corresponding Statement to Respondent and Notice of Hearing.

3. By agreement with counsel for the Board, Respondents did not file an answer in response to the Accusations.

4. Respondents do not admit the allegations contained in the Accusations.

5. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

6. Respondents are aware of the right to a hearing on the matters alleged in the Accusations, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and Nevada Pharmacy Act.

8. Respondents contest the allegations in the Accusations on file in the cases referenced above, but acknowledge that Board staff prosecuting this case may present such evidence at an administrative hearing to establish a factual basis for some of the allegations asserted. This Stipulation shall not be construed as an admission of liability by Respondent nor a concession by the Board that the Accusation is not based upon sufficient evidence.

A. As to Case Nos. 25-230-WH-A-S and 25-230-OU-A-S, the Board alleges Empower shipped dangerous drugs to persons without authority to store or possess those drugs, and they did so under circumstances where they knew or should have known that said persons had no authority to store or possess dangerous drugs. In doing so, Empower violated NRS 639.100 and assisted or abetted in violations of 454.316, and are subject to discipline pursuant to NRS 639.210(12) and NRS 639.255; and

B. The Board alleges Empower, as a wholesaler, shipped dangerous drugs that were not bona fide transactions pursuant to NRS 639.595 because Empower breached its duty to exercise reasonable care to prevent shipments to persons without authority to store or possess dangerous drugs. Respondent therefore performed its duties in an incompetent, unskillful, or negligent manner and is subject to discipline pursuant to NRS 639.210(4); NRS 639.210(12); NAC 639.945(1)(i).

C. As to Case Nos. 25-292-PH-O and 25-292-OU-O, the Board alleges Empower produced and dispensed compounded drugs that were essentially copies of commercially available drug products and failed to document a shortage of said commercially available products and/or failed to document a specific patient need for some compounded variation thereof. In so doing, the Board alleges that Empower performed its duties in an incompetent, unskillful or negligent manner and may be disciplined by the Board pursuant to unprofessional conduct pursuant to NRS 639.210(4); NAC 639.945(1)(i).

D. Without admitting any violation of state law or regulation relating to the practice of pharmacy, Respondent acknowledges that the Board may impose discipline against Respondent pursuant to NRS 639.210(12) if a violation is established.

9. Those violations are pled with particularity in the Accusations and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

10. To resolve these matters without incurring any further costs or the expenses associated with a hearing and to avoid the uncertainty of a contested hearing, the Board and Empower agree to the imposition of the following penalties:

A. Empower shall pay an aggregate fine of **Twenty Thousand Dollars ($20,000.00)** for the alleged violations, payable by *cashier's check* or *check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Empower shall pay an aggregate amount of **Two Thousand Dollars ($2,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

11. Any failure by Empower to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Empower to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Empower, the Board may impose additional discipline upon Empower not inconsistent with the provisions of NRS Chapters 453 and 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026. Empower will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall

be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusations on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in both matters, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 27 day of Aug, 2026

Edgar Gonzalez

EDGAR GONZALEZ
General Counsel
On behalf of Empower Clinic Services, LLC, dba Empower Pharma and Empower Pharmacy
Certificate of Registration No. WH02264
Certificate of Registration No. OU00033
License No. PH03016

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 27 day of August, 2026

LYN E. BEGGS, ESQ.
Attorney for Respondents

DECISION AND ORDER

As to Empower Pharma, Empower Pharma, and Empower Pharmacy, in Case Nos. 25-230-WH-S, 25-230-OU-O, 25-292-PH-O, and 25-292-OU-O, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of September 2026.

Helen Park, President
Nevada State Board of Pharmacy

17A

NEVADA
PHARMACY ALLIANCE

08/24/26

Nevada Pharmacy Alliance
Public Comment Regarding Proposed Regulation – PMP Integration Fee
Nevada State Board of Pharmacy
September 3, 2026 Workshop

President Park and Members of the Board:

On behalf of the Nevada Pharmacy Alliance (NPA), thank you for the opportunity to comment on the proposed regulation establishing a fee to support integration of Nevada's Prescription Monitoring Program (PMP) with electronic health records and pharmacy dispensing systems.

NPA recognizes that PMP integration can improve workflow by allowing healthcare professionals to access PMP information directly through their existing software. However, **NPA does not support maintaining this integration if the cost is passed on to individual pharmacists through registration or renewal fees.**

PMP integration provides convenience and workflow efficiencies, but it is not necessary for pharmacists to access or utilize the PMP. Pharmacists will continue to have access to the PMP through the existing website and will continue to use the PMP as required and appropriate to promote patient and public safety, regardless of whether their dispensing software is integrated with the PMP.

If a pharmacy, health system, or other healthcare organization determines that direct integration provides sufficient workflow or operational benefits, that organization could choose to purchase the integration rather than requiring individual pharmacists and practitioners to subsidize it through their licensing or registration fees.

At the same time, NPA recognizes the value of making PMP integration broadly available and would prefer that it be **funded through state funds, grants, businesses that benefit from the integration, or a combination of these sources rather than through fees assessed to individual practitioners.** Before shifting this expense to individual healthcare professionals, we respectfully ask the Board to fully explore alternative funding sources, including:

- State General Fund appropriations;
- The Fund for a Resilient Nevada and other opioid-related funding;

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Henderson, NV 89012
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info@nevadapharmacyalliance.com

NEVADA
PHARMACY ALLIANCE

- Federal or state grants, settlement funds, or other public-health funding;
- Funding from pharmacies, health systems, insurers, or other businesses that benefit from PMP integration; and
- The cost and feasibility of assessing the expense at the pharmacy, health system, or business level rather than the individual practitioner level, including what the actual cost per pharmacy or organization would be.

NPA therefore **opposes the proposed regulation as currently written** and respectfully asks the Board to explore all available funding alternatives before imposing an additional fee on individual pharmacists and other practitioners.

Our preference is to identify a sustainable funding mechanism through **state funds, grants, businesses, or other appropriate source**s that allows PMP integration to remain broadly available throughout Nevada. If such funding cannot be identified, organizations that determine integration provides value to their operations should have the option to purchase that service, while pharmacists and other practitioners retain access to the PMP through the existing system.

Thank you for considering our comments and for your continued efforts to support patient and public safety in Nevada.

Respectfully submitted,

Zach Rosko, PharmD
President
Nevada Pharmacy Alliance

1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
702-714-1931
info@nevadapharmacyalliance.com

From: Kyle Yoder
To: Board Coordination
Subject: Pmp fee
Date: Tuesday, August 25, 2026 10:09:31 AM

You don't often get email from [redacted]@gmail.com. Learn why this is important

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

I am unable to attend the meeting 9/3 so I am writing you in my opinion. The proposed fee is preposterous. There is absolutely zero reason this is being pushed onto pharmacists and is nothing more than an unethical cash grab by the board. The board mandated the requirement to access the pmp and my company integrates that system. I am still able to access the pmp regardless of the software the company uses. I have absolutely zero say in any of these requirements and then the board wants to pass the fee onto us. If the board sees the requirement necessary it is their responsibility to find the funding and not pass it down the road to pharmacist. Just the thought is asinine alone.

Kyle Yoder, Pharm.D

Thanks, Kyle

Agenda Item # 17A

Nevada Prescription Monitoring Program History

The Nevada Prescription Monitoring Program was passed in the 1995 Legislative Session and became operational in 1997. The Nevada Prescription Controlled Substance Abuse Prevention Task Force, now known as the Nevada Prescription Monitoring Program Advisory Board (PMP Advisory Board) is co-administered by the Nevada State Board of Pharmacy and Nevada Division of Investigation (NDI).

The Prescription Monitoring Program (PMP) is a database that contains information regarding controlled substances in Schedule II, III, IV and V that are dispensed to patients in Nevada.

How does it work and who is required to use it?

- Pharmacies and dispensing practitioners must report their controlled substance dispensations by the end of next business day to the PMP database.
- A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient PMP report regarding the patient. The practitioner must review the report prior to prescribing the controlled substance to the patient.
- Access to the PMP database is also given to dispensers, Department of Public Safety Investigation Division, occupational licensing boards investigators, and other selected law enforcement officials.
- PMP staff reviews PMP data to identify any suspected fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of controlled substances. The PMP will notify to the appropriate law enforcement agency or occupation licensing board of such activities.

Legislative Changes to Address the Opioid Epidemic

- Senate Bill 459 – 2015 Legislative Session (Effective October 1, 2015)
  - Good Samaritan Drug Overdose Act
  - Mandatory use of the PMP
  - Continuing education requirements
  - PMP reporting requirement changes for pharmacies/dispensers (daily reporting)
- Senate Bill 288 – 2015 Legislative Session (Effective January 1, 2016)
  - MyRx Report - requires each practitioner who is authorized to write prescriptions for controlled substances to review their prescription information in the database to ensure it is correct.
- Assembly Bill 474 – 2017 Legislative Session (Effective January 1, 2018)
  - The Controlled Substance Abuse Prevention Act
  - Omnibus Bill
- Senate Bill 59 – 2017 Legislative Session (Effective July 2017)
  - Requires pharmacies to report scheduled V controlled substances to the PMP.
- Assembly Bill 239 – 2019 Legislative Session (Effective July 1, 2019)
  - Exceptions for cancer or sickle cell disease prescriptions
- Assembly Bill 310 – 2019 Legislative Session - Eprescribing (Effective January 1, 2021)

PMP NARXCARE and Integration

December 17, 2018 the PMP launched NARXCARE. NARXCARE aggregates and analyzes prescription information from providers and pharmacies and presents interactive, visual representations of that information, as well as advanced analytic insights, complex risk scores and more to help physicians, pharmacists and care teams to provide better patient safety and better patient outcomes. NarxCare is a tool and is not intended to replace a practitioner's professional judgement in making prescribing decisions.

State-wide integration launched February 11, 2019. Integrates access to the PMP into each practitioner's/clinic's internal electronic medical record (EMR) system. PMP data will present as a tab within each practitioner's internal EHR system which eliminates the need for separate log-ins. PMP integration is available to all Nevada practitioners but it is not mandatory to integrate the PMP into the EHR. Providers are still able to sign into the PMP Awarxe portal to review patient PMP reports.

PMP Integration provides efficient access to a patient's PMP report within the workflow of the EHR. Integration provides significant time savings to providers, with an average of 4.2 minutes every single time they access the PMP.

Bamboo Health

PMP Gateway®

MANAGED SERVICE FOR INTEGRATING PRESCRIPTION DRUG MONITORING PROGRAM DATA, ANALYTICS, INSIGHTS, AND RESOURCES INTO YOUR ELECTRONIC HEALTH RECORDS

With Bamboo Health's PMP Gateway solution, you can now access multi-state prescription drug monitoring program (PDMP) information within the prescriber's and dispenser's daily workflows. Gateway increases utilization of PDMP information at the point of care through integration with various electronic health record (EHR) and pharmacy management systems.

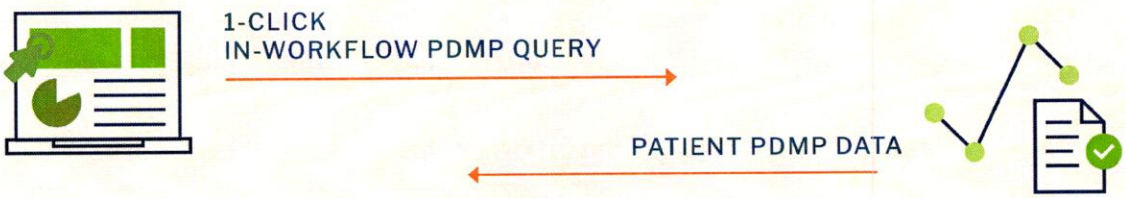
The Solution

Gateway enables efficient access to a patient's prescription information and more within the workflow of the EHR. Previously, prescribers and pharmacists needed to log into state websites to retrieve a patient's controlled substance dispensations from the state database. Gateway has proven to show a significant time savings to providers, thus making them more efficient in their daily activities. It also provides information, advanced insights, and patient support tools directly within the EHR workflow, to help providers effectively improve patient care.

By the Numbers:

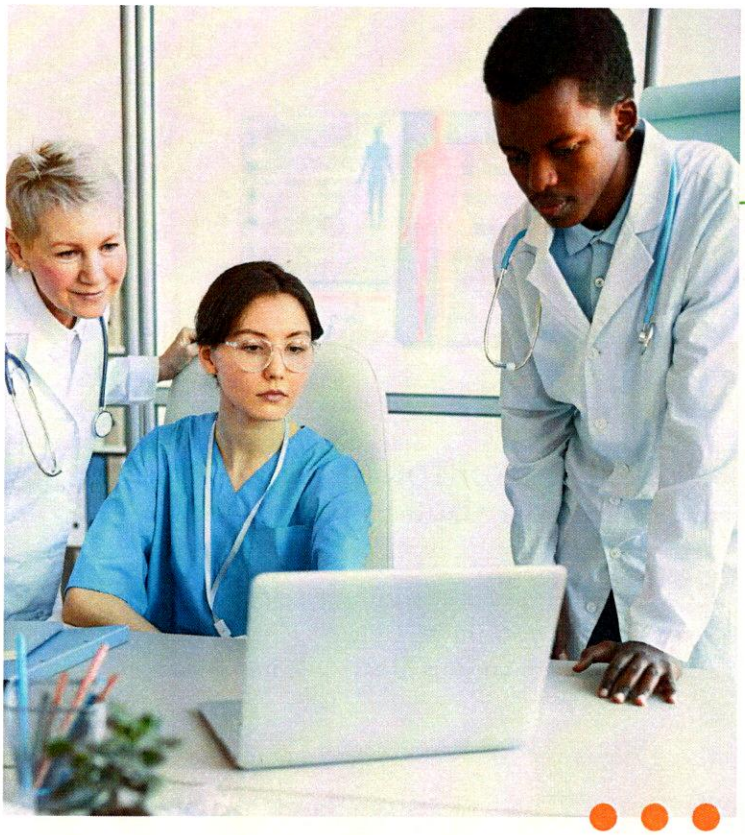
- Provides a single point of access to 43 state PDMPs
- More than 102 million transactions processed per month
- Over 132,000 facilities with PMP Gateway integrated access
- 1 million integrated physicians and pharmacists

For health systems and physician practices, Gateway simplifies integration of controlled substance prescription information into health IT systems. It saves healthcare providers the effort of building and sustaining individual integrations with each state PDMP by providing a single access point with existing integration into most EHRs. With Gateway, systems gain the benefit of a rules-driven data-integration service and platform that supports multiple protocols and multiple states with just one interface. The service is fully supported 24/7/365, and any future changes required by the health system are managed by Bamboo Health for all connected states.



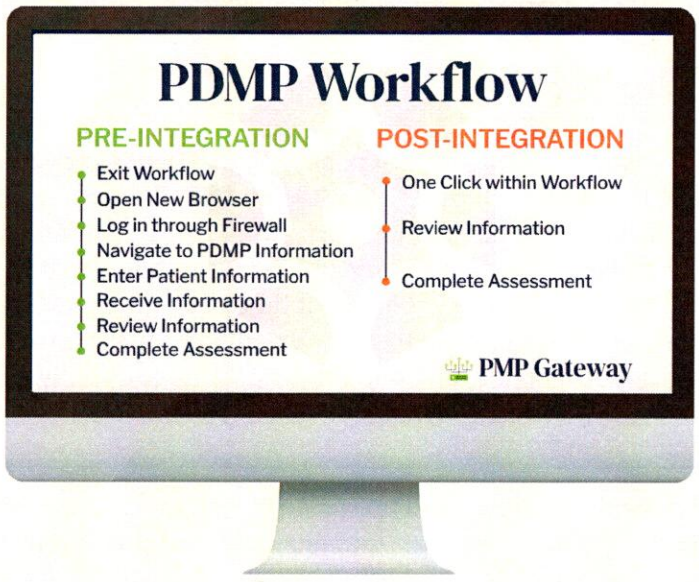
HITRUST CSF Certified

Bamboo Health operates entirely within the privacy and security requirements set forth with HIPAA, including the encryption of all data in transit and at rest. Gateway is also HITRUST CSF® Certified, meeting industry-defined standards when it comes to managing risk.



Benefits

Our Gateway solution enables access to data, analytics, tools, and resources from PDMPs within care team workflows in real time, at the point of care, to save time and help improve patient safety and outcomes. It is a managed service with comprehensive connectivity and clinical decision support that interoperates seamlessly via native integrations with all leading EHR and pharmacy management platforms; PMP InterConnect, which facilitates access to multi-state data; as well as NarxCare, the premier platform for addressing substance use disorder.



Features

- Verification of user registration with PMP
- Single point of access for systems management
- 24/7/365 technical support
- Standards-based platform approach

Customer Testimonials

"Leveraging this technology is a true testament to Connecticut Children's commitment to excellent healthcare as the prevention of prescription drug misuse is a matter of enormous personal and public health significance that demands collaboration across all settings. Connecticut Children's and our providers are excited to lead the way for others across the state to make use of available information to protect patients and families from overdose and drug diversion. The benefits of EHR integration into state PDMPs have been widely recognized as beneficial to improving patient safety, mitigating drug diversion, and ensuring compliance."

– **Dr. Richelle deMayo** *Chief Medical Information Officer at Connecticut Children's*

How can we help?
Tell us your needs.

BAMBOOHEALTH.COM/CONTACT/

Bamboo Health

Statewide Gateway Integration – August 2026

Gateway Statistics:

Calculating Prescriber Usage

(in 6 steps)

As of Month: August 2026

This data is refreshed on the first Saturday of every month.

1. NV has had **22.80M** ↓↑ Successful Requests over the past 18 months

2. from **14,770** Unique RequesterIDs

3. of which **11,348** identified as a PractionerID and actively licensed in selected state

As a single user could request through multiple types of ID (DEA, NPI, etc.), we must consolidate PractitionerIDs down to the unique Practitioner.

Consolidation Process

4. Consolidation reveals that **8,496** Practitioners searched in the past 18 months

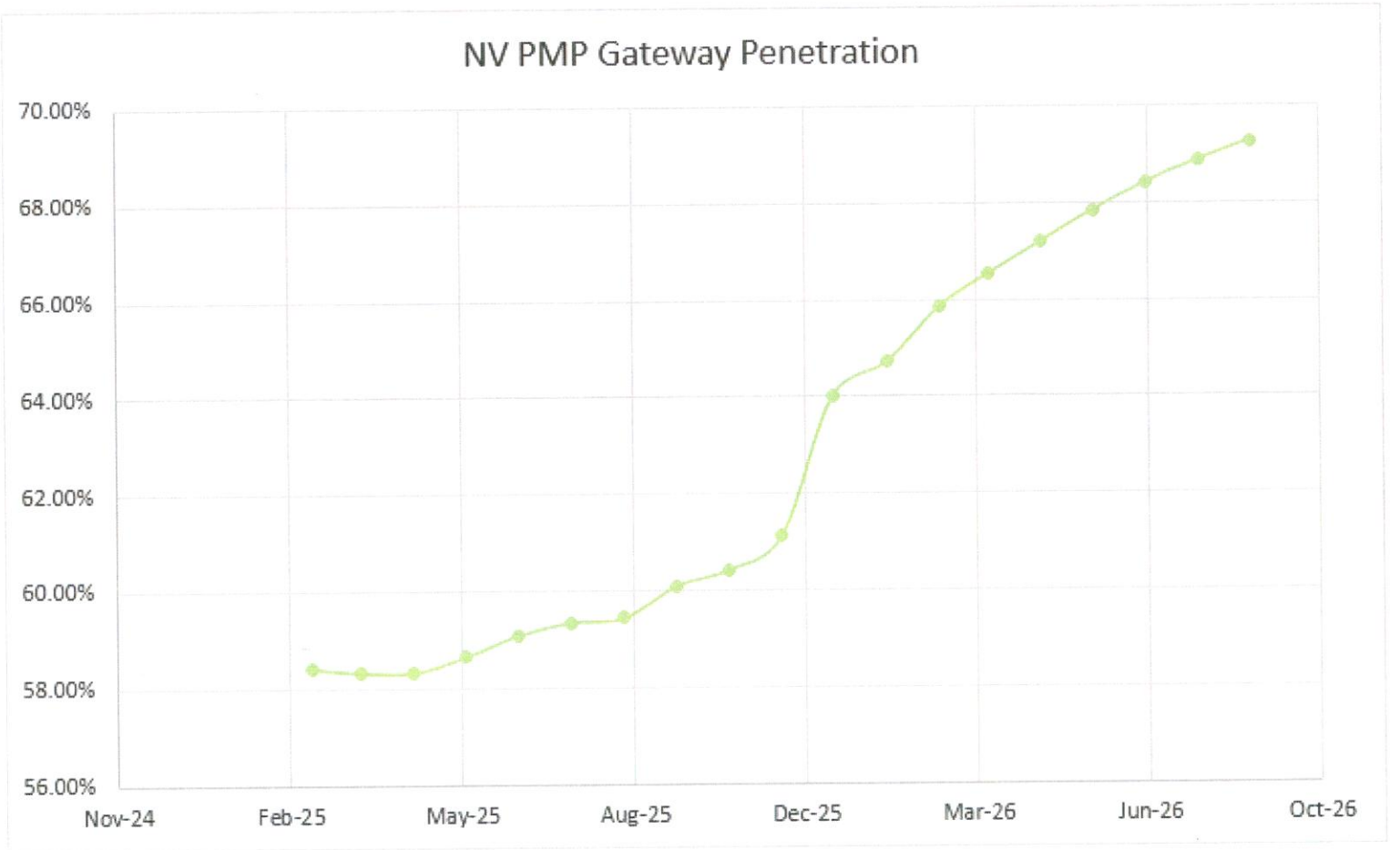
5. Filtering those down to Practitioners with an active DEA gives us: **8,105** Prescribers in your state have succesfully searched in the past 18 months

6. Comparing that (5) to the **11,728** Prescribers prescribing controlled substances in NV

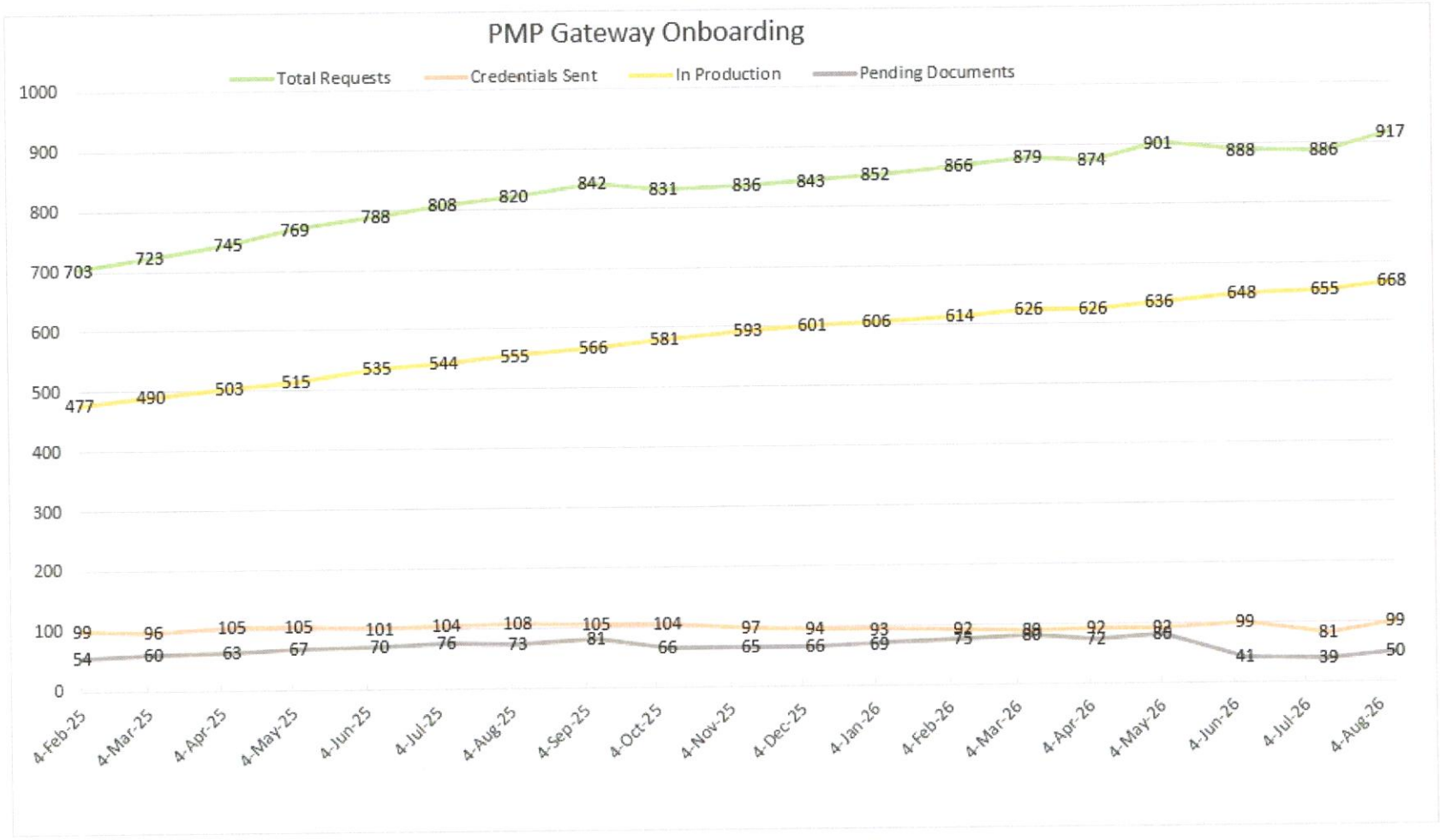
Prescriber Searching to Prescribing Ratio
AKA Prescriber Usage (5) / (6):

Showing us that **69.11%** of NV prescribers who have prescribed have searched via Gateway

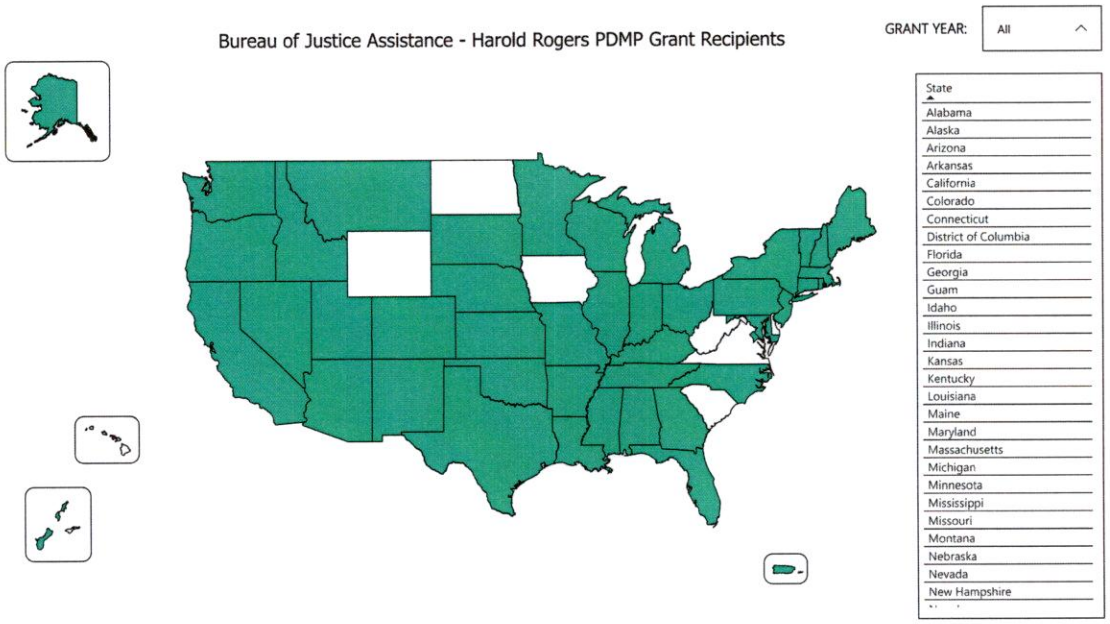
Statewide Gateway Integration – August 2026



Statewide Gateway Integration – August 2026



BJA HAROLD ROGERS PDMP GRANT RECIPIENTS



Microsoft Power BI

*Do not solely rely on the summaries for a complete understanding of the item under review. Links to the bill or rule are provided and the complete version should be reviewed to place changes in context. While providing these summaries may provide the user with legal information, nothing herein is intended to be, nor should be considered, the provision of legal advice. Questions regarding the laws and regulations of a specific state should be referred to the PDMP administrator for that state.

SUBSCRIBE TO THE PDMP COMPREHENSIVE MAILING LIST SUBSCRIBE

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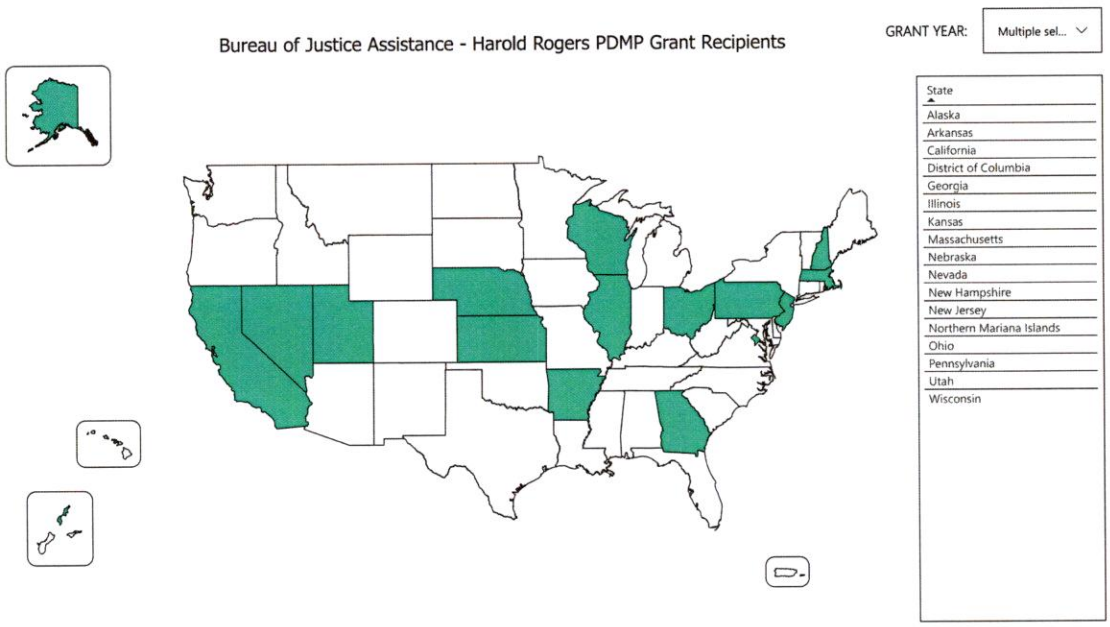
BJA HAROLD ROGERS PDMP GRANT RECIPIENTS



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SFY26 BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: 06/30/2026

REVENUES	APPROVED BUDGET	BUDGET AMMENDMENTS	REVISED BUDGET	CURRNET MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2026	TOTAL REVENUE/EXPENSE SFY26	DIFFERENCE
Beginning Balance	$ 7,680,671		$ 7,680,671	$ -	$ -	$ 7,680,671	$ 7,680,671	$ -
Renewal Fees	$ 1,800,000		$ 1,800,000	$ -	$ 1,845,920	$ -	$ 1,845,920	$ 45,920
Registration Fees	$ 1,209,020		$ 1,209,020	$ 117,410	$ 1,249,620	$ -	$ 1,367,030	$ 158,010
Recovered Costs	$ 30,000		$ 30,000	$ 7,368	$ 73,477	$ -	$ 80,845	$ 50,845
CC Processing Fees	$ 155,000		$ 155,000	$ 3,101	$ 124,981	$ -	$ 128,082	$ (26,918)
Change MGR RPh	$ 22,800		$ 22,800	$ 1,800	$ 18,300	$ -	$ 20,100	$ (2,700)
Inspections	$ 5,000		$ 5,000	$ 2,759	$ 9,200	$ -	$ 11,959	$ 6,959
Interest Income	$ 20,000		$ 20,000	$ 13,084	$ 184,603	$ -	$ 197,687	$ 177,687
Late Fees	$ 15,000		$ 15,000	$ 1,200	$ 18,826	$ -	$ 20,026	$ 5,026
Total Revenues	**$ 10,937,491**	$ -	**$ 10,937,491**	**$ 146,722**	**$ 3,524,926**	**$ 7,680,671**	**$ 11,352,319**	**$ 414,828**

EXPENSES								
Payroll	$ 4,299,317		$ 4,299,317	$ 336,059	$ 3,799,975	$ -	$ 4,136,033	**$ (163,283)**
Operating	$ 1,442,170		$ 1,442,170	$ 173,979	$ 1,443,121	$ -	$ 1,617,099	**$ 174,929**
Equipment	$ 25,000		$ 25,000	$ -	$ 12,228	$ -	$ 12,228	**$ (12,772)**
In-State Travel	$ 110,000		$ 110,000	$ 23,319	$ 72,056	$ -	$ 95,375	**$ (14,625)**
Out-of-State Travel	$ 65,000		$ 65,000	$ 3,073	$ 6,164	$ -	$ 9,236	**$ (55,764)**
DAG Cost	$ 40,000		$ 40,000	$ 10,199	$ 27,195	$ -	$ 37,395	**$ (2,605)**
Reserve	$ 4,956,004		$ 4,956,004	$ -	$ -	$ -	$ 5,444,952	**$ 488,948**
Total Expenses	**$ 10,937,491**	$ -	**$ 10,937,491**	**$ 546,628**	**$ 5,360,739**	$ -	**$ 11,352,319**	**$ 414,828**
Balance	$ -	$ -	$ -				$ -	$ -

agenda item #19

SFY27 BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: 07/31/2026

REVENUES	APPROVED BUDGET	BUDGET AMMENDMENTS	REVISED BUDGET	CURRNET MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2027	TOTAL REVENUE/EXPENSE SFY27	DIFFERENCE
Beginning Balance	$ 5,706,031		$ 5,706,031	$ -	$ -	$ 5,706,031	$ 5,706,031	$ -
Renewal Fees	$ 6,762,165		$ 6,762,165	$ -	$ -	$ 6,762,165	$ 6,762,165	$ -
Registration Fees	$ 1,270,880		$ 1,270,880	$ 117,410	$ -	$ 1,153,470	$ 1,270,880	$ -
Recovered Costs	$ 50,000		$ 50,000	$ 7,368	$ -	$ 42,632	$ 50,000	$ -
CC Processing Fees	$ 300,000		$ 300,000	$ 3,101	$ -	$ 296,899	$ 300,000	$ -
Change MGR RPh	$ 22,800		$ 22,800	$ 1,800	$ -	$ 21,000	$ 22,800	$ -
Inspections	$ 5,000		$ 5,000	$ 2,759	$ -	$ 2,241	$ 5,000	$ -
Interest Income	$ 40,000		$ 40,000	$ 13,084	$ -	$ 26,916	$ 40,000	$ -
Late Fees	$ 15,000		$ 15,000	$ 1,200	$ -	$ 13,800	$ 15,000	$ -
Total Revenues	**$ 14,171,876**	$ -	**$ 14,171,876**	**$ 146,722**	$ -	**$ 14,025,154**	**$ 14,171,876**	$ -

EXPENSES								
Payroll	$ 4,486,157		$ 4,486,157	$ 336,059	$ -	$ 4,150,098	$ 4,486,157	$ -
Operating	$ 1,994,432		$ 1,994,432	$ 173,979	$ -	$ 1,820,453	$ 1,994,432	$ -
Equipment	$ 50,000		$ 50,000	$ -	$ -	$ 50,000	$ 50,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ 23,319	$ -	$ 86,681	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000	$ 3,073	$ -	$ 61,927	$ 65,000	$ -
DAG Cost	$ 40,000		$ 40,000	$ 10,199	$ -	$ 29,801	$ 40,000	$ -
Reserve	$ 7,426,287		$ 7,426,287	$ -	$ -	$ 7,426,287	$ 7,426,287	$ -
Total Expenses	**$ 14,171,876**	$ -	**$ 14,171,876**	**$ 546,629**	$ -	**$ 13,625,247**	**$ 14,171,876**	$ -
Balance	$ -	$ -	$ -				$ -	$ -

Agenda Item #19