

### NEVADA STATE BOARD OF PHARMACY

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

#### APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG) LICENSE – NON PUBLICLY TRADED CORPORATION

\$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 MDEG  Ownership Change  Name Change  Location Change

#### FACILITY INFORMATION

Facility Name: Global DME

Physical Address: 4440 South Eastern Ave, Las Vegas NV  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4440 South Eastern Ave, Las Vegas NV

City: Las Vegas State: NV Zip Code: 89119

Telephone Number: (702) 487-6000 Fax Number: (702) 487-6006

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

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

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

#### FACILITY ADMINISTRATOR INFORMATION

Name: Barbie Holt

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

- Medical Gases\*\*
- Respiratory Equipment\*\*
- Life-sustaining equipment\*\*
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment\*\*
- Orthotics and Prosthesis
- Other: CPAP + BiPAP Machines

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

Board Use Only  
 Received AUG 23 2011 Amount 500 Entity 57709 1

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: California

Parent Company if any: N/A

Corporation Name: Global DME, Inc.

Mailing Address: 10921 Wilshire Blvd Ste #410

City, State and Zip: Los Angeles, CA 90024

Telephone Number: (310) 208-6104 Fax Number: \_\_\_\_\_

License Contact Person: Isaac Verbukh

Professional Compliance Contact Person: Gordon Merrick

**NAME AND TITLE OF EACH OFFICER AND DIRECTOR** (Use separate sheet if necessary)

<u>Isaac Verbukh</u>	<u>CEO / Director</u>
_____	_____

For any corporation non publicly traded, disclose the following:

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

- a) N/A  
Name Address
- b) \_\_\_\_\_  
Name Address
- c) \_\_\_\_\_  
Name Address
- d) \_\_\_\_\_  
Name Address

**NOTE:** All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No  If yes, list the persons, their address and their business names.

- a) \_\_\_\_\_  

Name	Address
Business	
- b) \_\_\_\_\_  

Name	Address
Business	
- c) \_\_\_\_\_  

Name	Address
Business	
- d) \_\_\_\_\_  

Name	Address
Business	

2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes  No  If yes, list the persons, their address and their business names.

- a) \_\_\_\_\_  

Name	Address
Business	
- b) \_\_\_\_\_  

Name	Address
Business	
- c) \_\_\_\_\_  

Name	Address
Business	

3) Are any of the owners health professionals? If yes, please list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

*None*

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider 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.

*Isaac Verbukh* Date *8/18/11*  
Original Signature of Corporate Officer, no stamps or copies

*Isaac Verbukh, CEO & President*  
Type name and title

**APPLICATION TO BE THE MDEG ADMINISTRATOR**

Person who runs the facility on a daily basis

Date 8/18/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

**GENERAL INSTRUCTIONS**

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for CPAP and BiPAP machines and supplies

Nature of MDEG

Global DME Inc - 4440 S. Eastern Ave Las Vegas NV 89119

Name and Address of Business for Which MDEG Administrator is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Henion Last Name Richard First Name Joshua Middle Name

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

1440 E. Hacienda AVE APT B Present Residence Address-Street or RFD Las Vegas City NV 89119 State/Zip

N/A Present Business Address N/A Dates N/A City N/A State/Zip

N/A Present Position with the MDEG N/A Dates N/A

Phone: N/A Fax: N/A

Email address: N/A

San Diego, CA  
Place of Birth (City, County, State)

29 Age Male Sex

Blue Color of Eyes Brown Color of Hair 210 Weight 6'0 Height

Scars, tattoos or distinguishing marks and/or characteristics Yes. Tattoo of heart on chest. Eagle on arm.

Are you a citizen of the United States? Yes  No

If alien, registration No N/A

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

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

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

07/09 - 08/11	Oband Med. Group 4440 S. Eastern Ave <sup>Las Vegas</sup> <del>Las Vegas</del> NV, 89119	3600 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sleep tech	Run sleep studies	Barbie Holt
Title	Description of Duties	Name of Supervisor
04/11 - 08/11	Zeeba Sleep Center 2481 Professional Ct Las Vegas NV 89128	500 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sleep tech	Run sleep studies	John DeCorte
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	N/A	
Title	Description of Duties	Name of Supervisor

I have  I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have  I have not  been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have  I have not  been the subject of an administrative action whether completed or pending.
- 3. I have  I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:

State: N/A

b)

Date: N/A

Case Number: N/A

c) Criminal Action:

State: California

Date: 04/2002

Case Number: unknown

County: San Bernardino

Court: Victorville Courthouse

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes  No

5. Will you be employed fulltime with the MDEG? Yes  No

6. Will you be present at the site of the MDEG during its normal operating hours? Yes  No

If you answer No to questions 4, 5 or 6 please provide a written explanation:

.....  
.....  
.....  
.....  
.....



Date of photograph 8-18-11

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

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



.....  
Original Signature of Applicant

Date 8-18-11

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Devices (CPAP/BiPAP Machines)
Global DME Inc, 4440 S. Eastern Ave, Las Vegas, NV 89119
Name and Address of Establishment for Which License is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Henion First Name Richard Middle Name Joshua

Alias(es, Nicknames, maiden Name, Other Name Changes, Legal or Otherwise) Josh Henion

Present Residence Address-Street or RFD 1440 East Hacienda Ave Apt B City Las Vegas State/Zip NV 89119

Present Business Address N/A Dates N/A City N/A State/Zip N/A

Occupation N/A Dates N/A Phone:

Residence Business Fax N/A
Place of Birth (City, County, State) San Diego CA

Age 29 Sex male

Color of Eyes Blue Color of Hair Brown Complexion white Weight 210 Build N/A Height 6'0"

Scars, tattoos or distinguishing marks and/or characteristics Yes. Tattoo on chest of a heart. And an eagle on R.F.m.

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

A. **Current Marriage** N/A  
 Date N/A City, County and State N/A  
 Spouse's full name (Maiden) N/A S.S. No N/A  
 Date of Birth N/A Place of Birth N/A  
 Resident address N/A N/A N/A N/A  
 Street City State Zip  
 Telephone: Residence ( N/A ) Business ( N/A )  
 Spouse's employer N/A Occupation N/A  
 Address of employer N/A N/A N/A N/A  
 Street City State Zip

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

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

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

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

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Brianne Henion</u>	<u>7-19-02</u>		

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial: AD Page 2

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Gerald Henion</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Father

<u>Susan Tillman</u>	<u>15 arcata RD #1</u>	<u>N/A</u>
----------------------	------------------------	------------

Mother

Father-in-Law N/A

Mother-in-Law N/A

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Danielle Henion</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Spouse

Spouse N/A

Spouse N/A

Spouse N/A

Spouse N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Adelanto Elementary School</u>	<u>Adelanto, CA</u>	<u>N/A</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Mojave Youth Basin</u>	<u>Adelanto, CA</u>	<u>2001</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University <u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial [Signature]

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

Branch..... Date of entry-active service.....  
Date of separation..... Type of discharge.....  
Rating at separation..... Serial number.....

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

B. Have you registered for the draft? Yes  No

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

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
4/2002	20		Adelanto, CA	N/A	N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No


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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when?..... city, county and state.....

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial  Page 4

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

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
90-2000	18414 Jonathan St #3	Adelanto	CA
2000-2006	11603 White Ave	Adelanto	CA
2009-2011	1440 E. Hacienda Ave Apt #10	Las Vegas	NV

Applicant's initial  Page 5

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

07/09-8/11 ~~Obama~~ 4440 S. Eastern, Las Vegas NV 89119 Still employed

Sleep tech Run sleep studies Barbie Holt

04/11-8/11 Zeebus sleep center 2481 Professional Ct Las Vegas NV 89128 Still employed

Sleep tech Run sleep studies John DeCorte

10/08-2/09 Sleep nastics No Family Reasons

Sleeptech Run Sleep Studies Mark Beltran

09/06-10/08 Unemployed

Title Description of Duties Name of Supervisor

06/05-08/06 Domino's Pizza Adelanto CA moved to NU

COOK N/A Trude Fleeman

08/04-04/05 Unemployed

Title Description of Duties Name of Supervisor

03/04-08/04 City of Adelanto, CA Grounds Keeper Season over

Grounds Keeper for the local single A Baseball team Tino

2003 Unemployed

Title Description of Duties Name of Supervisor

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

Applicant's initial [Signature] Page 6

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ryan Provenzano</u>	Home	<u>Apple Valley</u>	<u>CA</u>			<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Jamal Collins</u>	Home	<u>1440 E. Hacienda</u>	<u>Las Vegas</u>	<u>NV 89119</u>		<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Dorinda Ford</u>	Home	<u>Henderson</u>	<u>NV</u>			<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Steven Christie</u>	Home	<u>Livermore</u>	<u>CA</u>	<u>94550</u>		<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Milton Reyes</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89119</u>		<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			

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

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

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

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

Yes  No

If yes, state type, where and years held

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

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

Applicant's initial



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

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

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

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

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

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

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



Date of photograph 8-18-11

Applicant's initial RD

ss.

COUNTY OF Clark

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 19<sup>th</sup> day of

August, 2011.

Martha Palomera  
Notary Public



(seal)

Applicant's initial 

pg 10 cont. 2002 03-09 maurice stadium Adelanto, CA  
cashier, season over  
2000-2002 unemployed  
98-99 Dairy Queen Adelanto CA

Blank

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)  
LICENSE – SOLE OWNER**

\$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 MDEG  Ownership Change  Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: Mobility Sales

Physical Address: 101 Hot Springs Rd #5E  
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 101 Hot Springs Rd #5E

City: Carson City State: NV Zip Code: 89706

Telephone Number: 775-884-9024 Fax Number: 775-884-9024

E-mail: N/A Website: N/A

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

Mon: 10a to 4p Tue: 10a to 4p Wed: 10a to 4p Thu: 10a to 4p

Fri: 10a to 4p Sat: — to — Sun: — to — Holidays: — to —

**FACILITY ADMINISTRATOR INFORMATION**

Name: Charles Owens

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

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthesis
- Other: power chair + scooters

Board Use Only  
Received AUG 09 2011 Amount 500.00 Entity: 57596 1

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

Owner's Name: Sue A. Councilman

List all previous names: Sue Linnecke

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: City: Reno State: NV Country: USA

Citizenship: USA  other N/A

If applicable, list Naturalization Number: N/A Passport Number: N/A

Current residence address: 905 Brenda Way

City: Washoe Valle. State: NV Zip Code: 89704

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Previous address (last 5 years): N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Business Name: mobility sales

Current Business Address: 101 Hot Springs Rd #5E

City: Carson City State: NV Zip Code: 89706

Telephone Number: 775-884-9024 Fax Number: 775-884-9024

Previous Employment (last 5 years):

Name: City of Carson City Address: 885 E. Musser #2080

City: Carson City State: NV Zip Code: 89701

Name: Keller Williams Realty Address: 1810 Sierra Rose Dr

City: Reno State: NV Zip Code: 89511

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

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

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

1) Do you hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No  If yes, list the persons, their address and their business names.

a) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

b) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

c) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

d) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

2) Have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes  No  If yes, list the persons, their address and their business names.

a) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

b) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

c) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

3) Are any of the owners health professionals? If yes, please list name.

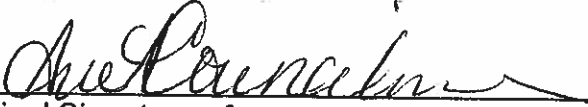
___ Practitioner	Name: <u>N/A</u>
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 5) Have you ever been denied a license, permit or certificate of registration? Yes  No
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 7) Have you, 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
- 8) Have you 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 any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
Original Signature of owner

7-30-11  
Date

Sue A. Councilman  
Type name

# APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 7-14-11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

## GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for DME + MDEG

Nature of MDEG  
Mobility Sales 101 Hot Springs Carson City Nv 89706

Name and Address of Business for Which MDEG Administrator Is Requested  
same as above (ownership change)

If applicable, Name Under Which It Is Now Operated

*[Handwritten signature]*  
7/14/11

1. PERSONAL INFORMATION:

Owens Charles Gary  
Last Name First Name Middle Name

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

1000 Blue Ridge ct. Carson City Nv. 89705  
Present Residence Address-Street or RFD City State/Zip

101 Hot Springs #5E 06/2011 to present  
Present Business Address Dates present City State/Zip

owner 12/04 to present  
Present Position with the MDEG Dates present

Fe

Email address: charliegowens@gmail.com

60 Date of Birth Fowler, Fresno, Ca. U.S. Place of Birth (City, County, State)

60 Age M Sex

green Color of Eyes brown/grey Color of Hair 205 Weight 72" Height

Scars, tattoos or distinguishing marks and/or characteristics tattoo L shoulder  
Capricorn goat

Are you a citizen of the United States? Yes  No

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

12/04 to  
present

Mobility Sales  
101 Hot Springs Carson City 89706 13,000

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
owner	administrative/sales	self
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

*[Handwritten signature]*  
7-14-11

I have  I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have  I have not  been charged, arrested or convicted of a felony or misdemeanor.
2. I have  I have not  been the subject of an administrative action whether completed or pending.
3. I have  I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: \_\_\_\_\_

b) Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

c) Criminal Action: State: Calif.

Date: 08/1995 or 1996

Case Number: CR S 95-237-LKK

County: Sacramento

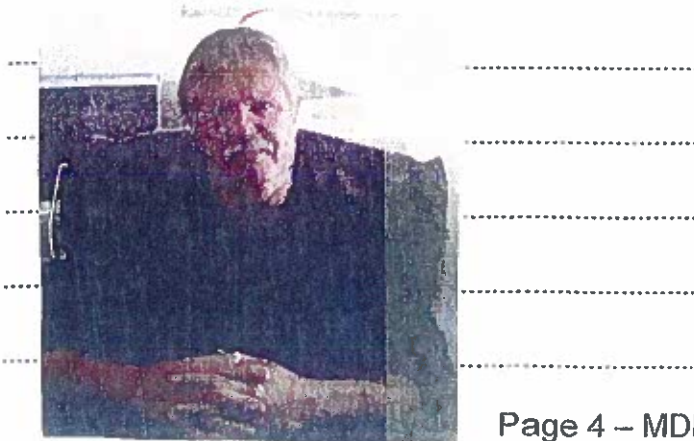
Court: Federal

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes  No

5 .Will you be employed fulltime with the MDEG? Yes  No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes  No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 07/14/2011

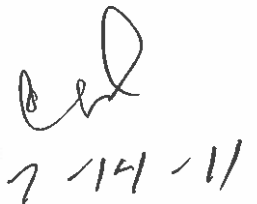
I, Charles G. Owens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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

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



.....  
Original Signature of Applicant

Charles Owens

  
7-14-11

## Statement

In March of 1995 I, Charles Owens, was charged with mail fraud, a class D felony, in Sacramento, Ca. U.S. district court.

Through a plea agreement, I was convicted of afore mentioned crime. As a result of this conviction I served 8 months in a Federal Prison camp and 8 months in a federal half way house. In 2001 I successfully completed 3 years of probation. There have been no legal encumbrances since then.

All of this was disclosed in 2004 when I applied for a MDEG license.

Mobility Sales has been a thriving business since then and I appreciate you giving me a "second chance" then and wish the new owners of Mobility Sales all the best.



Charles Owens  
July 14, 2011

PERSONAL HISTORY RECORD

Date 8-1-11

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Devices Equipment + Gases
mobility Sales 101 Hot Springs Rd #5 E Carson City NV 89706
mobility Sales
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Councilman First Name Sue Middle Name Ann

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

Sue A Linnecke

Present Residence Address-Street or RFD 497 - current City Washoe Valley State/Zip NV 89704

Present Business Address 101 Hot Springs Rd #5E City Carson City State/Zip NV 89706

Occupation DUI Case Manager Phone: Residence Business Fax

Date of Birth Place of Birth (City, County, State) Reno, Washoe, NV

Age 48 Sex Female

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

Scars, tattoos or distinguishing marks and/or characteristics None

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial DL

A. **Current Marriage** 11-25-95 Reno, Washoe NV  
Date City, County and State  
 Spouse's full name (Maiden) Daniel Louis Councilman S.S. No.  
 Date of Birth                      Place of Birth Westwood, CA  
 Resident address 905 Brenda Way Washoe Valley, NV 89704  
Street City State Zip  
 Telephone: Residence (775) 849-2334 Business (775) 722-1897  
 Spouse's employer Nelson Electric Occupation Electrician  
 Address of employer 1410 Freepoint Blvd Sparks NV 89431  
Street City State Zip

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

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

<u>N/A</u>				
------------	--	--	--	--

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

<u>N/A</u>					
------------	--	--	--	--	--

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Kyle Councilman</u>	<u>8-3-92</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>
<u>Dakota Councilman</u>	<u>4-24-97</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>
<u>Nicholas Councilman</u>	<u>11-27-99</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial DL

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

Name N/A  
Address N/A  
Contact person N/A

**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Harry Kinnecke</u>		<u>Summit Ridge Dr Reno, NV 89523</u>	<u>Electrician</u>
Mother <u>Norma Kinnecke</u>		<u>2 Summit Ridge Dr Reno, NV 89523</u>	<u>Nurse</u>
Father-in-Law <u>Samuel Councilman</u>		<u>738 McNab Ave Long Beach CA 90808</u>	<u>University teacher</u>
Mother-in-Law <u>Ettie Councilman</u>		<u>738 McNab Ave Long Beach, CA 90808</u>	<u>Nurse</u>

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Judy O'Neil</u>		<u>1220 Mineral Flat Rd, Reno, NV 89506</u>	<u>Checker</u>
Spouse <u>Carl Kinnecke</u>		<u>215 S. Monarch</u>	<u>CPA/money manager Aspen Co 81611</u>
Spouse <u>Donna Kinnecke</u>		<u>215 S. Monarch</u>	<u>Home maker Aspen Co 81611</u>

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Huffman</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Woodster</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Tmcc</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>Pittsburg State University</u>	<u>Pittsburg, KS</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any AA in Criminal Justice BA Poli Sci

College or university where obtained Tmcc | Pittsburg State University

Applicant's initial AC

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes  No

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

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

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

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

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

Name	Relationship	Charge	Location	Date

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

Yes  No  (Other than divorces)

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

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

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

Yes  No  If yes, complete the following:

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

**7. RESIDENCES:**

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

Month and Year (From-To)	Street and Number	City	State or County
6/99 - Current	905 Brenda Way	Carshoe Valley	NV
8/95 - 6/99	3095 Holly Ln	Washoe Valley	NV
11/91 - 8/95	7646 Platt Crde	Reno	NV
1/80 - 11/91	3310 Davis Ln	Reno	NV

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<i>See Attached</i>		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial *AC* ..... Page 6

Present	Mar-10	Current	City of Carson City	885 E. Musser St. #2080, Carson City, NV 89701
Seasonal	Nov-10	DUI Case Manager	Manage DUI 3rd Offenders and probationers	Rory Planeta
Full time position	Sep-08	Sales associate	Mt. Rose Ski Resort	Mt Rose Ski Resort, Reno, NV 89511
Down sizing	Mar-08	On-Call Youth Advisor	Ticket Sales	Griselda
Temporary position	Mar-08	Sales associate	City of Carson City	1545 E. 5th St., Carson City, NV 89701
Graduated	Sep-06	Substitute Teacher	Supervise in custody youth	June James
Change Company	Aug-06	Student	Coldwater Creek	Summit Mall, Reno, NV 89521
Out of Business	Feb-06	Realtor	Merchandise sales	Terry
Closing lab	Feb-04	Office Manager	Washoe County School District	9th Street, Reno, NV 89509
Temporary position	Feb-03	Photo Lab Processor	Substitute teacher in class	Reno, NV
Lack of work	Oct-02	Mom	Student	Self
Seasonal	Aug-02	Office Assistant	Real Estate School	Self
Full time position	Dec-01	Digital photo processor	Keller Williams Group One Realty	690 Sierra Rose Dr., Reno, NV 89511
Wanted back at Washoe	Oct-01	Volunteer Forensic Technician	Buy and Sell homes for clients	Self
Seasonal	Dec-00	Sales	Patriot Plumbing	5635 Riggins Ct. #12, Reno, NV 89502
Eliminated position		Office Assistant	Purchasing, bookkeeper, office manager	Gary Houk
			Target	6845 Sierra Center Parkway, Reno, NV 89511
			Process photos for customers	Jacque Landry
			Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
			New Horizons	Self
			Phone calls, paper work	9390 Gateway Dr., Reno, NV 89511
			Lifetouch Portrait Studio	Mike Parsley
			Process photos for the holidays	7955 Security Circle, Reno, NV 89506
			Washoe County Crime Lab	Steve Wahls
			Compare fingerprints	911 Parr Blvd., Reno, NV 89526
			Carson City Sheriff's Office	Ronald Young
			Evidence tech and crime scene investigator	901 E. Musser St., Carson City, NV 89701
			Sears	Dean Higman
			Merchandise sales	5400 Meadowood Mall, Reno, NV 89511
			Reno Radio Representatives	Mike
			Bookkeeping, phones, filing	300 E. 2nd St., 14th Floor, Reno, NV 89501
				Tracy White

Oct-00	Dec-00	Essentials	4792 Caughlin Parkway, Reno, NV 89511
Temporary position	Nail technician	Manicure, pedicure, and acrylic nails	Self
Nov-99	Nov-00	Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Mom		Self
Oct-99	Oct-00	Home Daycare	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Daycare provider	Babysat	Self
Mar-99	Oct-99	DaVinci's	329 Flint St., Reno, NV 89502
Having a baby	Nail technician	Manicure, pedicure, and acrylic nails	Self
Jul-98	Dec-98	Washoe County Crime Lab	911 Parr Blvd., Reno, NV 89526
Position Ended	Forensic Science Intern	Processed evidence	Willie Stevenson
Jan-98	Apr-98	Meridian Electronics	West Plumb Lane, Reno, NV 89509
Temporary position	Data Entry	Update data base	Sunny Newman
Apr-97	Jan-98	Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Mom		Self
Jan-97	Apr-97	Tax Account Pros	653 E. Moana Lane, Reno, NV 89502
Seasonal	Tax preparer	Prepare taxes	Eileen Jacobs
Jun-95	Dec-96	RafSCO	1555 Industrial Way, Sparks, NV 89431
Wrongfully Terminated	Office Manager	Bookkeeping, phones, filing	Vince Roggero
Dec-93	Jun-95	Quality Air Services	5301 Longley Lane, Reno, NV 89511
Advancement	Director of Administration	Purchasing, bookkeeper, office manager	Robert McSkimming
Nov-92	Dec-93	Just A Buck	Parklane Mall, Reno, NV 89502
Out of Business	Manager	Managed two stores	Mike Snedeker
Jan-92	Aug-92	Modern Woman	Parklane Mall, Reno, NV 89502
Having a baby	Assitant Manager	Merchandise sales	Li Morales
Jan-87	Dec-91	Norwegian Cruise Line	2 Alhambra Plaza, Miami, FL 33134
Live on land	Manager	Managed gift shops	Diane Lingle
May-86	Jan-87	Unemployed	Reno, NV
Sep-81	May-86	Student	Pittsburg, KS
Graduated	Student	College	Self

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: Laura Flynn Home		Reno, NV		895		7
Employer: Renewa	1495 Mill Street	Reno, NV		89502		
Name: Gary Houk Home		Carson City, NV		89704		13
Employer: Patriot Plumbing	Same					
Name: Andie Swanson Home		17 Canary Ct Sparks NV		89431		36
Employer: Chiropractic Works	595 Mt Rose Ct	Reno, NV		89509		
Name: Jacquie Surratt Home		2380 White Pine		Carson City NV		11
Employer: Summit Brokerage	475 Sierra Rose Dr	Reno, NV		89511		
Name: Lari Wilson Home		4380 Rocky Road		Reno, NV		7
Employer: Renewa	1495 Mill St	Reno, NV		89502		20

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

Box Number or Type of Depository	Location	City and State	Authorized Users
Safe Deposit Box	Bank of America	Reno, NV	Sue Councilman Daniel Councilman

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

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

Yes  No

If yes, state type, where and years held

Real Estate Salesman Reno, NV 5 years  
 Nail Technician Reno, NV 15 years

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

Applicant's initial *AL*

any reason whatsoever? Yes  No

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

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

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

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

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

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

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



Date of photograph 7-18-11

Applicant's initial GC

COUNTY OF Carson

I, Sue Councilman, being duly sworn, depose and say I have read the

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

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

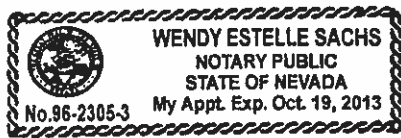
Sue Councilman

Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of

August, 2011

Wendy Estelle Sachs  
Notary Public



(seal)

Applicant's initial SC

Will provide a copy of my insurance  
once close of escrow occurs and insurance  
is in place.

Applicant's initial

AC