**11A** 

#### **NEVADA STATE BOARD OF PHARMACY**

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

	Ownership Chang rovide current license nur		hange   Location Change  MP or MW MP00066 )			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.						
GENERAL INFORMATION to be completed by all types of ownership						
MDEG Name:	AA Medical					
Physical Address:		Las Vegas NV 89130				
	(This must be a business addr	ress, we can not issue a licens	se to a home address)			
Mailing Address:	220 W Germantowr	Pike Suite 250				
City: Phoenixville	е	State: PA	Zip Code:			
Telephone: 702-3	368-4477	Fax:702-3	368-3543			
	sing@adapthealth.com					
DAYS AND HOUR	S THAT THE FACIL	ITY WILL BE REGI	ULARLY OPERATING			
Mon: 8a to 5p	Tue: 8a to 5p	Wed: 8a to 5p	Thu: 8a to 5p			
Fri: 8a to 5p	Sat: closed	Sun: closedo	Holidays: closed <sub>to</sub>			
MDEG ADMINISTI	RATOR INFORMATION	ON (MDEG adminis	trator application required)			
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)						
Name:Billie Smith (current MDEG administrator for the Las Vegas location)						
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)						
☑ Madical Cases	**	[] Assistive	Equipment			
	☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: Durable Medical Equipment					
☐ Diabetic Suppli	es	Other: Dura	able Medical Equipment			
			ave in place a mechanism to ensure			
	he event of an emerg	gency. Provide nam	ne and telephone number of Nevada			
contact. Name: _	on call services		phone: 702-368-4477			
		Page 1				

This page must be submitted for all types of ownership.

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

Me	dicare 0428260001 M	ledicaid 16694499	30		
				-	
1)	Do any shareholders he any type of business or or another political juris	facility which a		_	
	or arrother political jurio	arotron:			100 🗀 110 🖭
2)	Are you or have you in business or health care	entity in which			
	dispensed or distributed	d?			Yes ⊠ No □
3)	Are any of the owners h	nealth professio	nals? If y	es, please check the bo	ox and list name.
	☐ Practitioner		Name:		
	Advanced Practition	9	Name:		
	☐ Physician's Assista	nt	Name:		
	☐ Physical Therapist		Name:		
	☐ Occupational Thera	pist	Name:		
	☐ Registered Nurse		Name:		
	☐ Respiratory Therap	ıst	Name:		

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

This page must be submitted for all types of ownership.

Withir	the last five (5) years:				
1)	Has the corporation, any owner, shareholder(s) any interest, ever been charged, or convicted of misdemeanor (including by way of a guilty plea	a felony or gross	Yes □ No 🛚		
2)	Has the corporation, any owner(s), shareholder(any interest, ever been denied a license, permit registration?		Yes □ No 🖄		
3)	Has the corporation, any owner(s), shareholder(interest, ever been the subject of an administrat relating to the pharmaceutical industry?		Yes □ No 🖾		
4)	Has the corporation, any owner(s), shareholder(interest, ever been found guilty, pled guilty or e contendere to any offense federal or state, relative substances?	ntered a plea of nolo	Yes □ No 🏻		
5)	Has the corporation, any owner(s), shareholder(interest, ever surrendered a license, permit or coluntarily or otherwise (other than upon voluntarily	certificate of registration	Yes □ No ⊠		
attach	answer to questions 1 through 5 is "yes", a signered. Copies of any documents that identify the cier disposition may be required.				
l unde	by certify that the answers given in this application an rstand that any infraction of the laws of the State of N rized MDEG provider or wholesaler may be grounds f	Nevada regulating the operate	tion of an		
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 (a) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.					
Origin	al Signature of Person Authorized to Submit App	lication, no copies or stan	nps		
	Diane Siegel  Name of Authorized Person	<b>8/2/19</b> Date	1		
Board	Use Only Received:	Amount: <u>500, C</u>	0		

#### **OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Medsta	ar Surgical & Breathin	g Equipme	nt Inc	%: _	100	
Name:				%:		
Name:				<u>%:</u>		
Name:				<u>%:</u>		
Partnership Name: _	American Ancillario	es Inc				
Mailing Address:	220 W Germanto	wn Pike Su	ite 250			
City: Phoenixville		_ State:	PA	Zip Code: _	19462	
Telephone Number:	410-409-8741		Fax Number:	484-244-5488		
Contact Person:	Diane Siegel					

#### **PARTNERSHIP**

## Include with the application for a partnership

<u>Complete personal history record</u> for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

ENTITY NAME	President	Address	City	State
AdaptHealth - Missouri LLC	Yehoshua Parnes	1400 SE Walton Blvd, Suite 30	Bentonville	AR
Aircare Home Respiratory LLC	Yehoshua Parnes	13311 Garden Grove Blvd, Ste D	Garden Grove	CA
Americoast Maryland LLC	Yehoshua Parnes	9321 Philadelphia Road, Suite K-L	Rosedale	MD
Associated Healthcare Systems, Inc.	Yehoshua Parnes	34 Riley Ave, Suite 3	Plattsburgh	×
Bennett Medical Services LLC	Yehoshua Parnes	2600 Mill Street, Suite 600	Reno	N
Braden Partners, L.P.	Yehoshua Parnes	3101 Sillect Ave, Suite 106	Bakersfield	S
Clearview Medical Incorporated	Yehoshua Parnes	2503 Gravel Drive	Fort Worth	Ϋ́
First Choice Home Medical Equipment, LLC	Yehoshua Parnes	259 Quigley Blvd, Suite 1	New Castle	DE
Gould's Discount Medical LLC	Yehoshua Parnes	3901 Dutchman's Lane, Suite 100	Louisville	≿
Home Medical Express Inc.	Yehoshua Parnes	621 IL Route 83, Suite 101	Bensenville	=
Home MediService LLC	Yehoshua Parnes	540 S Union Ave	Havre de Grace	MD
Hometown Home Health LLC	Yehoshua Parnes	65 Salem Church Road	Jasper	GA
Med Star Surgical & Breathing Equipment, Inc.	Yehoshua Parnes	99 Powerhouse Rd, Suite 205	Roslyn Heights	Ž
Med Way Medical, Inc	Yehoshua Parnes	1837 South 4130 West, Units A&B	Salt Lake City	T
Med-Equip, Inc	Yehoshua Parnes	701B Ashland Avenue, Ashland Center Two, Bay 6	Folcroft	PA
Ocean Home Health of PA Inc	Yehoshua Parnes	122 Mill Road, Suite A160	Phoenixville	PA
Ocean Home Health Supply LLC	Yehoshua Parnes	1000 Airport Road, Suite 101	Lakewood	Z
Ogles Oxygen LLC	Yehoshua Parnes	430 Woodruff Road, Suite 350	Greenville	SC
Olean General Healthcare Systems, LLC	Yehoshua Parnes	8056 Transit Road	Olean	Ν
Orbit Medical Of Portland, Inc.	Yehoshua Parnes	920 West Heritage Park Blvd. Suite 200-E	Layton	ь Б
Palmetto Oxygen LLC	Yehoshua Parnes	104 Corporate Blvd, Ste 402	West Columbia	SC
Roberts Home Medical LLC	Yehoshua Parnes	20465 Seneca Meadows Parkway	Germantown	MD
Royal HomeStar, LLC	Yehoshua Parnes	2710 Emrick Boulevard	Bethlehem	PA
Royal Medical Supply, Inc.	Yehoshua Parnes	1951 Old Cuthbert Road, Suite 413	Cherry Hill	Z
Sleep Therapy LLC	Yehoshua Parnes	2157 Troop Drive, Suite 100	Sartell	ΝM
Sleepeasy Therapeutics, Inc.	Yehoshua Parnes	3003 32nd Ave S, Ste 7C	Fargo	ND
Sound Oxygen Service Inc	Yehoshua Parnes	8322 S 259th Street	Kent	WA
Total Respiratory LLC	Yehoshua Parnes	4211 Medical Parkway, Ste B	Austin	X
TriCounty Medical Equipment and Supply, LLC	Yehoshua Parnes	122 Mill Road Suite A130	Phoenixville	PA
Verus Healthcare LLC	Yehoshua Parnes	1569 Mallory Lane, Building 100	Brentwood	N.

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

	08/01/2019
C	

## **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.

AA Medical  If applicable, Name Under Which It Is Now Oper  1. PERSONAL INFORMATION: Parnes  Yehoshua  Last Name N/A  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD  City  220 W Germantown Pike, Suite 250	Middle Name  State.  State.  Phone: Residence	/Zip PA 19462
If applicable, Name Under Which It Is Now Oper  1. PERSONAL INFORMATION: Parnes Yehoshua  Last Name N/A  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD City 220 W Germantown Pike, Suite 250  Present Business Address City President Dates 8/16/17 to present Occupation	Middle Name  State.  State.  Phone: Residence	PA 19462 /Zip
1. PERSONAL INFORMATION: Parnes  Yehoshua  Last Name N/A  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD  220 W Germantown Pike, Suite 250  Present Business Address  City  President  Dates  8/16/17 to present  Occupation	Middle Name  State  Ith Meeting  State  Phone: Residence	PA 19462 /Zip
Parnes  Yehoshua  Last Name N/A  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD City 220 W Germantown Pike, Suite 250 Dates 8/16/17 to present Present Business Address City President Dates 8/16/17 to present Occupation	State oth Meeting State Phone: Residence	PA 19462 /Zip
N/A  Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD  220 W Germantown Pike, Suite 250  Present Business Address  City  President  Dates  8/16/17 to present  Occupation	State oth Meeting State Phone: Residence	PA 19462 /Zip
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) iean Court, Lakewood, NJ 080701  Present Residence Address-Street or RFD 220 W Germantown Pike, Suite 250 Present Business Address City President Dates 8/16/17 to present Occupation	States  Phone: Residence	PA 19462 /Zip
Present Residence Address-Street or RFD City  220 W Germantown Pike, Suite 250 Dates 8/16/17 to present Plymou  Present Business Address City  President Dates 8/16/17 to present  Occupation	States  Phone: Residence	PA 19462 /Zip
Present Residence Address-Street or RFD  220 W Germantown Pike, Suite 250  Present Business Address  City  President  Dates  8/16/17 to present  Dates  0ccupation	States  Phone: Residence	PA 19462 /Zip
220 W Germantown Pike, Suite 250 Dates 8/16/17 to present Plymou Present Business Address City President Dates 8/16/17 to present Occupation	States  Phone: Residence	PA 19462 /Zip
Present Business Address City President Dates 8/16/17 to present Occupation	States Phone: Residence	/Zip
President Dates 8/16/17 to present Occupation	Phone: Residence	
Occupation	Residence .	
New York Kings County Naw York	D	
INCANTAGE AND A STREET AND A TOTAL	Business 77.	5-329-0799
Date of Birth Place of Birth (City, County, State)		
41	Ma	lo.
Age Social Security Number	IVIa	Sex
Green Brown Caucasian 180	Healthy	6'3"
Color of Eyes Color of Hair Complexion Weight	Build	Height
Scars, tattoos or distinguishing marks and/or characteristics None		
Are you a citizen of the United States? Yes ⊠ No □ If alien, registration i		
f naturalized, certificate NoDate		
Place(If naturalize	ed document mu	st he verified \
2. MARITAL INFORMATION:	oo, aooaman ma	st be vermed.
Single □ Married ፟ Separated □ Divorced □ Widowed □	Engaged Applicant's initial	

### MARITAL INFORMATION-Continued

A.	<b>Current Ma</b>	rriage	**			
	Spouse's fu	ll name (Maiden) Sh	Date naidy Carlbach Parnes	***************************************	City, County s S.S. No	and State
		Span Co	uirt lakowood NI 007	101		
						Zip
						·····-
	Spouse's en	nployer Chemed H	ealth	Occupation	APN	
	Address of e	employer 1771 Mad	ison Ave, Lakewood N	J 08701		Zip
B. Pr						Zip
	CVIOUS INIAITI	ages: If ever legally				
Name o	of Spouse	Date of Order or Decree	Date of Place of Marriage			y unty and State
N/A						
		300				
	List of name Name	s, current address an Street		s of previous spo State	ouses:	Telephone
	N/A					1 9/05/10/10
3. FA	MILY INFOR	MATION: d Dependents:				
		children, including ste	p-children and adopt	ted children and	give the follow	ing information:
	Parnes 1	Jerusalem, Israe	Birth Place Sean Court, La	kewood NJ 08701	Residence Add	dress
Ahuba Pa		kewood NJ, Sean	Sean Court Lakewood,	NJ 08701		
lack Parr			an Court, Lakewood NJ 0			
hashon	Parnes, {	Lakewood NJ,	Sean Court, Lakew			
			NT 08701			
B.		ort Information: se mark the appropria	ate response:			
	<b>K</b> ) 1:	am not subject to a co	ourt order for the sup	port of child.		
					children and a	m in compliance with a
	рі	an approved by the cities amount owed pu	listrict attorney or oth	ier public agency	enforcing the	order for the repayment
	th	am subject to a court e order or a plan app e repayment of the a	roved by the district	attornev or other	children and N public agency	OT in compliance with enforcing the order for
			, , p 2		Applicant's initia	Page 2
						II July 1

FAMILY INFORMATION District attorney	I-Continued or public agency responsible for enforci	ng the child are to t	
Name N/A		ng the child support order:	
Address		***************************************	••••••
Contact person			***************************************
C. Parents:			
List names, resid	dence addresses, dates of birth and mos	st recent occupations of pare	ents, step-parents,
in-law or legal gu	uardian. If retired or deceased, list last a	ddress and occupation.	
Name (Maiden)	Birth Date Address		Occupation
Father			
David Parnes	' E 29th Street, Brooklyn, NY 11210 - Pro	fessor	
Mother  Janet Parnes	E 20th Street Penaldy NV 44240		
Father-in-Law	E 29th Street Brooklyn NY 11210 - Lab M	anager ————————————————————————————————————	
Jonah Carlebach			
Mother-in-Law	Liberty Drive, Lakewood NJ 08901-Sa	iles	
Rachel Carelbach	3 Liberty Drive, Lakewood, NJ 08907-	Teacher	
D. Brothers and Si	sters:		
List names, resid their respective s	ence addresses, dates of birth and mos	t recent occupations of broth	ners and sisters and of
Name (Maiden)	Birth Date Address		Occupation
Aaron Parnes	Brooklyn, NY	self-emple	oyed
Spouse Nechama Weiss	unknown	N/A	
Eli Parnes	Baltimore MD	Teacher	
Spouse Bracha Leah Cohen	unknown	Teacher	
Shiffrah Garfunkle (Parn	es) Lakewood NJ	Speech T	herapist
Spouse Yitzchock Garfunkle	unknown	Student	THE TO DISC
Avigauil Fischler	Baltimore, MD		heranist
Spouse	addinote; mb	riysical i	nerapist
Shmuel Fischler	unknown	Social M/a	ale a a
4. EDUCATION:	CINIDWII	Social Wo	rker
Name of Sc	hool Location	Dates Attended	
Grammar			Graduate
ligh Mirrer Yeshiva High	mentary 1791 Ocean Parkway Brooklyn NY 1 n School 1791 Ocean Parkway Brooklyn NY 1	11223 1982-1991 11223 1991-1995	Yes 🛛 No 🗋
College Touro College 6th Iniversity Talmudic Law Sch	Avenue and West 23rd St, New York, NY 10	0010 1998-2000 1999-2003	Yes No No X
Other			Yes 🕅 No 🗆
ype of degree obtained,	if any		
	e obtained		
		***************************************	·····/)·····
		Applicant's initia	al Gr

#### 5 MILITARY INFORMATION:

have you ever served in any armed for	ces?	Yes □ No 🛛			
Branch	Date o	f entry-active ser	vice	**************	
While in the military service were you e special or general court martial?	ver arrested for a Yes □ No □	an offense which	resulted in sur	mmary acti	on a trial or
Have you registered for the draft?	Yes □ No 🛚				
CountyState	***************************************	Date re	gistered	~~~~~	
Have you ever been arrested, detained violation for any reason whatsoever, re-	, charged, indicte	ed or summoned	to answer for a	any crimina	l offense or
rrest Age Charge	Location-City and S	State D	eposition/Date	Arresting A	Agency
arrested or in which you were named as page 10.  Have you ever been questioned or deporation or committee? Yes \( \square \) No \( \square \)  Have you ever been subpoenaed to approximation? Yes \( \square \) No \( \square \)  Have you ever been subpoenaed to test Yes \( \square \) No \( \square \)  Have you ever had a civil or criminal red if yes, when?  Have you ever received a pardon or defit yes when?  Has any member of your family or of your	s an unindicted consect by a city, stated by a city, stated by a city, stated by a city before any civil, consecution city, cours spouse's family	o-party? Yes  ate, federal or law fore a federal, sta criminal or admini sealed by a cou unty and state n for any criminal unty and state y ever been cony	No 🖾 If yes.  v enforcement  ite or county g  strative procee  rt order? Yes  offense? Yes	agency, corand jury, beding or he	tails on ommission oard or aring?
If you answer to any of the above questi	ions (B through F	l) is yes, furnish	details on page	e 10.	NO E
Relationship		Charge	Loça	tion [	Date
		Арр	olicant's initial	y	
	Branch  Date of separation  Rating at separation  While in the military service were you e special or general court martial? regardless of where they occurred-fore  Have you registered for the draft?  County  State  RESTS, DETENTIONS, LITIGATIONS not convicted.)  Have you ever been arrested, detained violation for any reason whatsoever, regyes No 🖾 If yes, give details in spannersted or in which you were named as page 10.  Have you ever been questioned or deporate or committee? Yes Solon No Mare you ever been subpoenaed to approximate the programment of yes, when?  Have you ever received a pardon or defit yes when?  Have you ever received a pardon or defit yes when?  Has any member of your family or	Rating at separation	Branch	Branch	Branch

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever be 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:					f a corporation. ever been ant or respondent?	
	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and	State	Disposition/Date
J.	associated W	iui ii as ali uwile	business venture, so er, officer, director or p ete the following:	le proprietorship or c partner) been a party	closely held o	corporation (while you were arbitration or bankruptcy?
	Name of Entity		Type of Entity		Approximate Lawsuit/Arbi	Date(s) of tration/Bankruptcy
	residences you	ı have had for ti	ne last 25 years:			
Month ar (From-		Street	and Number	City	Sta	ate or County
2003	-2006	51	Lopsisey Lane, Lakewoo	od NJ		
2006-	-Present		Sean Court, Lakewoo	d NJ		
			<del></del>			·
						Λ

Applicant's initial.

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2004	Caring Distribution 5722 18th Ave Brooklyn New York	Better Opportunity
Title	Description of Duties	Name of Supervisor
Sales Manager	Manage sales activities	John Carlebach
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - Present	Ocean Home Health Supply LLC 1000 Airport Rd Lakewoo	
Title	Description of Duties	Name of Supervisor
VP Operations/MFMT	Operations for Durable Medical Equipment Company	Luke McGee
Month and Year April 2017-Present Bra	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	den Partners, L.P. dba Pacific Pulmonary Services, 773 San M	arin Drive, Suite 2230 Novato CA 94945
President	Description of Duties	Name of Supervisor
President	Providing vision, strategic leadership for company	Luke McGee
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 initia

## 9. CHARACTER REFERENCES:

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

	vynere Employed	Street	City	State Zip	Telephor	ne	Years K	nown
Name E	Eli Friedman	Home	) Chelsea	Ct, Lakewood NJ	•	1	.0	
Employe	<sub>er</sub> Plains Capital L	LC Business	428 Clif	fton Ave #100 Lake	ewood NJ 08701	732-886-6202		
Name	Danny Kagan	Home	Sear	n Court, Lakewood	NJ 08701		5	
Employe	er	Business						
Name	Shmuel Peper	Home	Newb	ury Ct Lakewood N	NJ 08701		5	
Employe	ər	Business						
Name	Moshe Shapira	Home	Spru	ce St Lakewood N.	08701		10	
mploye	er	Business						
lame	Luke McGee	Home	Spri	uce Street, Philade	elphia, PA 19102			
Qua	drant Capital Man	agement Business	100 P	assaic Avenue Sui	te 301 Fairfield, N	IJ 07004		
ox Num	person's deposing the service of the	te the followin	g: Location	City and S	tate	Authorized Uşers		
Safe D	eposit Box, Lakewo	ood New Jersey	- TD Bank			Michael Parnes		
	the following: Liquor Doctor Accountant Yes □ No ☒ If yes, state type	Lawyer Contractor Pilot	Race ho Real est Sports p	ional or profession rse/race dog owi ate broker or sal- romoter	ner esman	Securities deale Barber/Cosmet Trainer or mana	er ologist	Insuranc Gaming Educator
12.	ii yes, state type	applied for a cit nsed business a, when and wh	or industry here and giv	of state business, OUTSIDE the Serve names and lo	State of Nevada'	?Yes 🏻 No 🗆	ich vou	Woro
Zivies Braden	involved, the nar venture or indus Home Health Supp LLC Partners, Med Partners L.P. dba Medical Incorporati	try. Dly LLC New Jers ical Equipment I Pacific Pulmona	sey - 1000 A Business, NJ rry Services;	irport Rd, Suite 10 Division of Taxation Associated Health	)1 Lakewood NJ (	8701		••••••
					Арр	olicant's initial	4	Pag

	any reason whatsoever? Yes ☐ No ᡌ
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 箇
If yes t	o the above, state where, when and for what reason:
**********	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?
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/o 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 \[ \frac{\xi}{1/19} \]
	Applicant's initial Page 8

STATE OF Pennsylvania
SS.
COUNTY OF Montgamery
In the statement of the statement with the knowledge that the statement 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 filling of an application, or any record, affidavit or other information in support thereof, which is false of 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.
Ori <b>g</b> inal Signature of Applicant
Subscribed and Sworn to before me this day of  August 2019  Commonwealth of Pennsylvania - Notary Seal JOSEPH J PAIVA - Notary Public Montgomery Country My Commission Expires Jul 10, 2023 Commission Number 1353947
(seal)

(seal)

Applicant's initial

## ADDITIONAL INFORMATION

Applicant's initial

**11B** 

#### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

□ New MDEG □ Ownership Change □ Name Change □ Location Change (Please provide current license number if making changes: MP or MW MP01396 )
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: AA Medical
Physical Address: 9220 S Eastern Ave Suite 100 Drive Las Vegas NV 89123
(This must be a business address, we can not issue a license to a home address)  220 W Germantown Pike Suite 250  Mailing Address:
Phoenixville State: PA Zip Code: 19462
Telephone:
E-mail: licensing@adapthealth.com Website: N/A
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p
Fri: 9a to 5p Sat: closedo Sun: closedo Holidays: closedto
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)  Karen Sanders (current MDEG administrator for the Las Vegas location)
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☑ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Diabetic Supplies</li> <li>☐ Orthotics and Prosethics</li> <li>☐ Other: <u>Durable Medical Equipment</u></li> <li>**If providing these types of services you are required to have in place a mechanism to ensure</li> </ul>
continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name:  Telephone: 702-368-2356  Page 1

□ Registered Nurse

□ Respiratory Therapist

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner: Medicare 0428260002 Medicaid 1235687765 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No 🖾 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No □ Are any of the owners health professionals? If yes, please check the box and list name. 3) ☐ Practitioner Name: ☐ Advanced Practitioner of Nursing Name: ☐ Physician's Assistant Name: ☐ Physical Therapist Name: ☐ Occupational Therapist Name: \_\_\_\_\_

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

This page must be submitted for all types of ownership.

Withir	the last five (5) year	ars:			
1)	any interest, ever b	n, any owner, share been charged, or co uding by way of a g	invicted of a feld	ony or gross	Yes □ No 🗵
2)		n, any owner(s), sh been denied a licen		*	Yes □ No 🖄
3)	interest, ever been	n, any owner(s), sh the subject of an a maceutical industry	dministrative ac	1 1	Yes □ No 🖄
4)	interest, ever beer	n, any owner(s), sh n found guilty, pled offense federal or s	guilty or entered	d a plea of nolo	Yes □ No ⊠
5)	interest, ever surr	n, any owner(s), sh endered a license, l wise (other than up	permit or certific	_	Yes □ No 🛛
attach	•	documents that ide		tement of explanationstance or contain an	
l unde	rstand that any infrac	tion of the laws of the	e State of Nevad	ched documentation a a regulating the opera revocation of this per	ation of an
penalt hereby any in	y of perjury, that the i y authorize the Nevac	information furnished da State Board of Pha business, professiona	on this application armacy, its agent Il, social and mor	contents thereof. I he on are true, accurate a ts, servants and emplo al background, qualifi	and correct. I byees, to conduct
Origin	al Signature of Per	son Authorized to S	Submit Application	on, no copies or star	mps
Print I	<b>Diane Siegel</b> Name of Authorized	Person		8/2/19 Date	
Board	i Use Only	Received:		Amount: 500.0	<b>10</b>

#### **OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Medstar	Surgical & Breathing	g Equipme	ent Inc.	%: _	100
Name:				<u> </u>	
Name:				%: _	
Name:				%: _	
Partnership Name:	American Anci	llaries Inc			
Mailing Address:	220 W Germai	ntown Pik	e Suite 250		
City: Phoenixville		_ State:	PA	Zip Code: _	19462
Telephone Number: _	410-409-8741		Fax Number: _	484-244-5488	
Contact Person:Dia	ne Siegel				

#### **PARTNERSHIP**

## Include with the application for a partnership

<u>Complete personal history record</u> for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

ENTITY NAME	President	Address	City	State
AdaptHealth - Missouri LLC	Yehoshua Parnes	1400 SE Walton Blvd, Suite 30	Bentonville	AR
Aircare Home Respiratory LLC	Yehoshua Parnes	13311 Garden Grove Blvd, Ste D	Garden Grove	S
Americoast Maryland LLC	Yehoshua Parnes	9321 Philadelphia Road, Suite K-L	Rosedale	MD
Associated Healthcare Systems, Inc.	Yehoshua Parnes	34 Riley Ave, Suite 3	Plattsburgh	×
Bennett Medical Services LLC	Yehoshua Parnes	2600 Mill Street, Suite 600	Reno	<b>≥</b>
Braden Partners, L.P.	Yehoshua Parnes	3101 Sillect Ave, Suite 106	Bakersfield	CA
Clearview Medical Incorporated	Yehoshua Parnes	2503 Gravel Drive	Fort Worth	X
First Choice Home Medical Equipment, LLC	Yehoshua Parnes	259 Quigley Blvd, Suite 1	New Castle	DE
Gould's Discount Medical LLC	Yehoshua Parnes	3901 Dutchman's Lane, Suite 100	Louisville	Κ
Home Medical Express Inc.	Yehoshua Parnes	621 IL Route 83, Suite 101	Bensenville	=
Home MediService LLC	Yehoshua Parnes	540 S Union Ave	Havre de Grace	MD
Hometown Home Health LLC	Yehoshua Parnes	65 Salem Church Road	Jasper	GA
Med Star Surgical & Breathing Equipment, Inc.	Yehoshua Parnes	99 Powerhouse Rd, Suite 205	Roslyn Heights	×
Med Way Medical, Inc	Yehoshua Parnes	1837 South 4130 West, Units A&B	Salt Lake City	15
Med-Equip, Inc	Yehoshua Parnes	701B Ashland Avenue, Ashland Center Two, Bay 6	Folcroft	PA
Ocean Home Health of PA Inc	Yehoshua Parnes	122 Mill Road, Suite A160	Phoenixville	PA
Ocean Home Health Supply LLC	Yehoshua Parnes	1000 Airport Road, Suite 101	Lakewood	≥
Ogles Oxygen LLC	Yehoshua Parnes	430 Woodruff Road, Suite 350	Greenville	SC
Olean General Healthcare Systems, LLC	Yehoshua Parnes	8056 Transit Road	Olean	Ň
Orbit Medical Of Portland, Inc.	Yehoshua Parnes	920 West Heritage Park Blvd. Suite 200-E	Layton	T)
Palmetto Oxygen LLC	Yehoshua Parnes	104 Corporate Blvd, Ste 402	West Columbia	SC
Roberts Home Medical LLC	Yehoshua Parnes	20465 Seneca Meadows Parkway	Germantown	MD
Royal HomeStar, LLC	Yehoshua Parnes	2710 Emrick Boulevard	Bethlehem	PA
Royal Medical Supply, Inc.	Yehoshua Parnes	1951 Old Cuthbert Road, Suite 413	Cherry Hill	Z
Sleep Therapy LLC	Yehoshua Parnes	2157 Troop Drive, Suite 100	Sartell	NΝ
Sleepeasy Therapeutics, Inc.	Yehoshua Parnes	3003 32nd Ave S, Ste 7C	Fargo	QN
Sound Oxygen Service Inc	Yehoshua Parnes	8322 S 259th Street	Kent	WA
Total Respiratory LLC	Yehoshua Parnes	4211 Medical Parkway, Ste B	Austin	×
TriCounty Medical Equipment and Supply, LLC	Yehoshua Parnes	122 Mill Road Suite A130	Phoenixville	PA
Verus Healthcare LLC	Yehoshua Parnes	1569 Mallory Lane, Building 100	Brentwood	N L

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

St Date	08/01/2019

## **GENERAL INSTRUCTIONS**

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

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

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

Application for	n State MDEG License	!					
AA Medical	9220 S Easter	n Avenue, #100 La					
AA Medical	Name a	and Address of Establis	hment for Whic	h License Is R	equested		
	*********************	If applicable, Name Ur	nder Which It Is	Now Operated	j		
1. PERSONAL I	NEODMATION.			·			
Parnes	NFORMATION:	Yehoshua					
Last Name N/A		First Nan	ne		Middle Nan	ne	
	laiden Name, Other Nan	ne Changes I egal or C	henvise)				
	Lakewood, NJ 08070		triei wise)				
Present Residence Add			City				
	wn Pike, Suite 250	Dates 8/16/17 to p	•			tate/Zip	
Present Business Addr		Dates 8/16/1/ to p	City	Plymouth f		PA 19462	
President		Dates 8/16/17 to	•		5	tate/Zip	
Occupation		Dates 0/10/17 (c	product		Phone: Residence		
	Now Year Kin	Ct N	,		Business	.775-329-0799	••••
Date of Birth	New York, Kir	ngs County, New Yor  Place of Birth (City,					
41		Place of Birth (City,	County, State)				
	0.114	10 4 - V - 17 -				Male	
Age		Security Number				Sex	
		asian	180		Healthy	6'3"	
Color of Eyes	Color of Hair	Complexion	Weig	pht	Build	Height	
Scars, tattoos or di	stinguishing marks						
Are you a citizen of	the United States?					***************************************	
						•••••	
Place	•••••		(If r	naturalized.	document	must be verified \	
2. MARITAL INF			,	,		made 20 vormed.)	
Single 🗆 Marri	ed 🖄 Separate	d □ Divorced	□ Wido	owed $\square$	Engaged		
				Ар	plicant's in	itial (	Pa

A.	Current Ma	rriage	•••••	le			
	Spouse's fu	ll name (N	Dai Maiden) Shai	te dy Carlbach Parnes		City, County a	and State
	Date of Birth	1	0	Place	of Birth		
	Resident ad	dress	Sean Cour	t, Lakewood, NJ 08703	Į	•••••••	
			Street		City	State	Zip
	Telephone:	Residen	ce	•••••	Business	•	
	Spouse's en	nployer	Chemed Heal	th	Occupation	APN	***************************************
			1771 Madiso	on Ave, Lakewood NJ 0	18701		
B. Pi	evious Marri	ages: If e	Street ever legally se	parated, divorced, o			Zip
Name (	of Spouse		of Order Decree	Date of Place of Marriage	Nature Actio		y unty and State
N/A					7 1000		and State
	List of names	s. current		elephone numbers			
	N/A		Street	City	State	Zip	Telephone
		·					
		-					
3. FA	MILY INFORI	ΛΑΤΙΟΝ:					
	Children and	d Depend	lents:	1.11.1			
\hrahan	Parnes	nligren, ir	Birth Date usalem, Israel,	children and adopted Birth Place Sean Court, Lake	l children and gi	ve the followi Residence Add	ing information:
Ahuba Pa	arnes	, Lakewo	od NJ, → Se	Sean Court, Lake an Court Lakewood, N	wood NJ 08701 J 08701		
li Parne	s, <sup>7</sup> , La	kewood N	J, 1 Sean Co	ourt, Lakewood NJ 087	01		
ack Parr hashon	a Parnes.	Lakewood , Lake	ewood NI 1509	Court, Lakewood NJ 0 Sean Court, Lakewoo	d NI 08701		
MICIA		=		Seen Ct Lettern		8301	
B.	Child Suppo Pleas	<b>rt Inform</b> se mark th	ation: ne appropriate	response:			
	⊠ la	am not su	bject to a cou	rt order for the suppo	ort of child.		
	pia	an approv	rea by the dist	der for the support o rict attorney or other uant to the order; or	f one or more ch public agency e	nildren and ar enforcing the	m in compliance with a order for the repayment
	L/H	e oraer or	' a pian approv	der for the support oved by the district att	orney or other p o the order.	ublic agency	OT in compliance with enforcing the order for
					Ap	plicant's initia	Page :

Commi	LY INFORMATIO District attorney	y or public agency resp	onsible for enforcing the	child support order:	
	Name N/A				
	Address	***************************************			
	Contact person	l	•	***************************************	
C.	Parents:				
parent	ts-	adence addresses, date	es of birth and most rece	ent occupations of pa	arents, step-parents,
	in-law or legal of Name (Maiden)	uardian. If retired or d	eceased, list last addres	s and occupation.	
	Name (Maiden)	Birth Date	Address		Occupation
Father					
	d Parnes	<sup>7</sup> E 29th Street, Brool	klyn, NY 11210 - Professor		
Mother Tanet i	Parnes	E 20th Street Breekly	- ADV 44240		
Father-in			n NY 11210 - Lab Manage	r 	
Jonan Mother-i	n Carlebach	Liberty Drive, Lal	kewood NJ 08901-Sales		
	el Carelbach	Liberty Drive, La	kewood, NJ 08907- Teach	er	
	Name (Maiden)	spouses.  Birth Da	s of birth and most rece	The occupations of bro	Occupation
Aaro	n Parnes		Brooklyn, NY	self-em	
pouse Nech	nama Weiss	unknown		N/A	
Eli Pa	irnes		Baltimore MD	Teacher	
Spouse Brac	cha Leah Cohen	unknown		Teache	
Ch:cc		,		reache	:1
pouse	frah Garfunkle (Par	nes)	Lakewood NJ	Speech	Therapist
Yitzch	hock Garfunkle	unknown		Student	
Aviga	auil Fischler		Baltimore, MD	Physica	l Therapist
pouse					
Shmu	uel Fischler	unknown		Social V	/orker
4. ED	UCATION:				
	Name of S	ichool	Location Dates A	Attended	Graduate
rammar chool		ementary 1791 Ocean Par	kway Brooklyn NY 11223	1982-1991	
igh chool	Mirrer Yeshiva Hig	gh School 1791 Ocean Pa	rkway Brooklyn NY 11223	1991-1995	Yes 🖾 No 🗋
ollege niversity	Touro College 6t	h Avenue and West 23rd	St, New York, NY 10010 1	998-2000	Yes 🛛 No 🗌
	Talmudic Law Sc	hool -BMG Lakewood NJ	08701	1999-2003	Yes 🗆 No 🗓
ther					Yes X No 🗆
ype of	degree obtained,	, if any		********	
	-	***************************************	•		$\mathcal{A}$
				Applicant's in	
					Pa

#### 5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces?	Yes □ No 🖾	
	Branch	Date of entry-active service	
	Date of separation		
	Rating at separation		
	While in the military service were you ever arrest special or general court martial? Yes □ regardless of where they occurred-foreign or don	ed for an offense which resulted	Nin nummanu astismi s tut I
B.	Have you registered for the draft? Yes □	No 🖾	
	CountyState_	Date registered	1
6. A	RRESTS, DETENTIONS, LITIGATIONS AND ARE		
A.	not convicted.) Have you ever been arrested, detained, charged, violation for any reason whatsoever, regardless of Yes □ No ☒ If yes, give details in space provid	indicted or summoned to answ	er for any criminal offense or
Date of	Arrest Age Charge Location-C	ity and State Deposition/	Date Arresting Agency
B.  C.  D.  E.  G.  H.	Has a criminal indictment, information or complair arrested or in which you were named as an unind page 10.  Have you ever been questioned or deposed by a or committee? Yes \( \subseteq \text{No } \subseteq \)  Have you ever been subpoenaed to appear or test commission? Yes \( \subseteq \text{No } \subseteq \)  Have you ever been subpoenaed to testify for any Yes \( \subseteq \text{No } \subseteq \)  Have you ever had a civil or criminal record expuriff yes, when?  Have you ever received a pardon or deferred prostif yes when?  Has any member of your family or of your spouse' If you answer to any of the above questions (B three)	city, state, federal or law enforce stify before a federal, state or convictify civil, criminal or administrative aged or sealed by a court order stity, county and state secution for any criminal offense state, sounty and state	If yes. furnish details on ement agency, commission unty grand jury, board or proceeding or hearing?  Yes □ No ☒
Name	Relationship	Charge	Location Date
			Zoodion Date
			0

а

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

<ul> <li>Have you, as an individual, member of a partnership, or owner, director or officer of a corporant to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or research</li> <li>Yes □ No ☒ (Other than divorces)</li> </ul>					corporation. ever been respondent?
If yes, g	ive details below.	List all cases without e	xception, including b	ankruptcies:	
Plaintiff/Defendant o Claimant/Responder	r nt Date Filed	Court and Case Number	City, County and	d State	Disposition/Date
assucial	eu with it as an o	nip, business venture, s wner, officer, director or nplete the following:	ole proprietorship or partner) been a part	closely held corp y to a lawsuit, arb	oration (while you wer
Name of E	ntity	Type of Entity		Approximate Date Lawsuit/Arbitratio	e(s) of n/Bankruptcy
7. RESIDENCE		or the last 25 years:			
lonth and Year (From-To)		reet and Number	City	State or	r County
2003-2006		51 Lopsisey Lane, Lakewo			Ostmy
2006-Present		Sean Court, Lakewo			
	<u>.</u>				
			F	Applicant's initial	Page

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2004	Caring Distribution 5722 18th Ave Brooklyn New York	Better Opportunity
Title	Description of Duties	Name of Supervisor
Sales Manager	Manage sales activities	John Carlebach
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - Present	Ocean Home Health Supply LLC 1000 Airport Rd Lakewoo	
Title	Description of Duties	Name of Supervisor
VP Operations/MFMT	Operations for Durable Medical Equipment Company	Luke McGee
Month and Year April 2017-Present Bra	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	den Partners, L.P. dba Pacific Pulmonary Services, 773 San M	arin Drive, Suite 2230 Novato CA 94945
	Description of Duties	Name of Supervisor
President	Providing vision, strategic leadership for company	Luke McGee
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial..

#### 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Name of Where Employed Street State Telephone Years Known Eli Friedman Chelsea Ct, Lakewood NJ Name 7 Home 10 Plains Capital LLC 428 Clifton Ave #100 Lakewood NJ 08701 **Business** 732-886-6202 Danny Kagan Sean Court, Lakewood NJ 08701 5 Home **Employer** Business Shmuel Peper Newbury Ct Lakewood NJ 08701 Name 5 Home Employer **Business** Moshe Shapira Spruce St Lakewood NJ 08701 Name Home 10 Employer <u>Business</u> Luke McGee Spruce Street, Philadelphia, PA 19102 Name Home Quadrant Capital Management Employer Business 100 Passaic Avenue Suite 301 Fairfield, NJ 07004 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 City and State Authorized Users Safe Deposit Box, Lakewood New Jersey - TD Bank Michael Parnes 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 Gamino Accountant Pilot Sports promoter Trainer or manager Educator Yes □ No 🛛 If yes, state type, where and years held 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. Ocean Home Health Supply LLC New Jersey - 1000 Airport Rd, Suite 101 Lakewood NJ 08701 QMES LLC Partners, Medical Equipment Business, NJ Division of Taxation Braden Partners L.P. dba Pacific Pulmonary Services; Associated Healthcare Systems, Clearview Medical Incorporated, Orbit Medical Incorporated dba Tibro Medical-see attached list

Applicant's initial...

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒					
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 哲					
If yes	to the above, state where, when and for what reason:					
15.	Have you ever been refused a business or industry participant in any group which has been denied a businessity?	license or related finding of suitability or boon o				
16.		a participant in any group been the subject of an harmaceutical industry? Yes □ No ☒				
17.	Have you or any person with whom you have been	a participant in any group ever been found guilty, plead fense, federal or state, related to prescription drugs and/or Yes □ No ☑				
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the phase upon voluntary close of a manufacturer	a participant in any group ever surrendered a license, armaceutical industry voluntarily or otherwise (other than Yes □ No ☒				
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	of consanguinity associated with or employed in the Yes □ No 図				
······································						
••••••						
•						
••••••						
**********	······································	Date of photograph 8/1/19				
		Applicant's initial Page 8				

STATE OF	Pennsylvania				
	***************************************	•	 SS.		
	Montgomery	••••••			
i, U	lehoshue tarner	5	hein	ng duly sworn, depose and say I have read th	L
		*****************	t the statemen	its contained herein are true and correct and	ne '
contain a full ar	nd true account of the infor	mation request	ted: that I exec	cuted this statement with the knowledge that	ı
misrepresentat	ion or failure to reveal info	rmation reques	ted may be de	emed sufficient case for denial or revocation	
a manufacturer	license: that I am voluntar	ilv suhmittina ti	his annlication	with full knowledge that Nevada Revised	ı ot
Statutes 639,21	10 (10) provides denial or i	evocation of th	e application o	of any person for a certificate, license,	
registration or p	permit if the holder or appli	cant "Has obtai	ned any certific	cate, certification, license or permit by the fil	
of an applicatio	n, or any record, affidavit of	or other informa	ition in support	thereof, which is false of fraudulent," and	ıng
further, that I ha	ave familiarized myself with	the contents of	of Nevada Stat	utes on Pharmacists and Manufacturer and	
Controlled Sub	stances Act. as amended	and the Regula	ations of the Ma	evada State Board of Manufacturer as	the
promulgated the	ereunder and agree, if lice	nsed to ahide t	thereby	evada State Board of Manufacturer as	
			-	ate of Nevada, the licensing agency and the	
agents from any	v and all manner of action	and causes of	action whateon	ever which I, my administrators or executors	ır
can, shall or ma	av have against the State of	of Nevada the I	icensing agen	cy and their agents, as a result of my applyir	
for a manufactu	rer license in the State of	Vevada	reensing agent	cy and their agents, as a result or my applying	ıg
		vovada.		$\Omega$	
			•	Uhr	
			***************************************	Original Signature of Applicant	
		, c.L		originatore or Applicant	
Subscribed and	Sworn to before me this	124	day of	Commonwealth of Pennsylvania - Notary Seal	
Avaust	2019		, ,	JOSEPH J PAIVA - Notary Public  Montgomery County	
<u>///</u> /	. 1 0 -		•	My Commission Expires Jul 10, 2023 Commission Number 1353947	
Josef	Notary Public	***************************************			
•				4	

(seal)

Applicant's initial....

## ADDITIONAL INFORMATION

***************************************

Applicant's initial

**11C** 



#### **NEVADA STATE BOARD OF PHARMACY**

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

## **APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**

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

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

Application must be printed legibly or typed

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

New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: All time Health care
Physical Address: 4660 S. Easfan Ave Ste# 100 LV NV 89119  (This must be a business address, we can not issue a license to a home address)
Mailing Address: 4660 S. Eastern Ave Ste # 100
City: State: _W Zip Code:
Telephone: 402-480-5617 Fax:
E-mail: <u>all-time healtheare@gmail.com</u> Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: <u>Pan to SPM</u> Tue: <u>Pan to SPM</u> Wed: <u>Pan to SPM</u> Thu: <u>Pan to SPM</u> Fri: <u>Pan to SPM</u> Sat: <u>Pan to SPM</u> Sun: <u>Avecl</u> Holidays: to
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Angelica Gutierrez
Name. Trigonal Strict
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Parenteral and Enteral Equipment**</li> </ul>
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
Diabetic Supplies Other: Involution of disposable supplies
**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:
Page 1

This page must be submitted for all types of ownership.

List a	all Medicare and Medicaid provider num	bers regis	tered to the business or it	s owner	7.0 10
n	Medicare Improcess				
	tedicaid In process				
1)	Do any shareholders hold an interest any type of business or facility which a or another political jurisdiction?	ownership are license	or have management in ed by the State of Nevada	Yes □	No 🕼
2)	Are you or have you in the last year be business or health care entity in which dispensed or distributed?			Yes □	No 🔯
3)	Are any of the owners health profession	onals? If y	es, please check the box	and list	name.
	<ul> <li>□ Practitioner</li> <li>□ Advanced Practitioner of Nursing</li> <li>□ Physician's Assistant</li> <li>□ Physical Therapist</li> <li>□ Occupational Therapist</li> <li>□ Registered Nurse</li> <li>□ Respiratory Therapist</li> </ul>	Name: Name: Name: Name: Name: Name:	<u>'</u> /}		

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

This page must be submitted for all types of ownership.

With	in the last five (5) years:	
1)	Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🗷
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No Z
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes □ No Ø
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 Æ
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 🗹
attad	e answer to questions 1 through 5 is "yes", a signed statement of explanation ched. Copies of any documents that identify the circumstance or contain an ther disposition may be required.	n must be order, agreement,
Lunc	eby certify that the answers given in this application and attached documentation a derstand that any infraction of the laws of the State of Nevada regulating the opera orized MDEG provider or wholesaler may be grounds for the revocation of this per	tion of an
pena	ve read all questions, answers and statements and know the contents thereof. I he alty of perjury, that the information furnished on this application are true, accurate a by authorize the Nevada State Board of Pharmacy, its agents, servants and emplo	and correct. I

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

Ocicin Original Application, no copies or stamps

Ocicin Original Application, no copies or stamps

Ocicin Original Signature of Person Authorized Person

Print Name of Authorized Person

Date

any investigation(s) of the business, professional, social and moral background, qualification and

reputation, as it may deem necessary, proper or desirable.

Board Use Only Received: \_\_\_\_\_ Amount: 550.00

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.
Owner's Name: Daily Carmonate Rivas
Business Name: all fine Health cape
Current Business Address: 4660 S Eastern Ave Ste# 100
City: State:
Telephone: 702 -480 -5617 Fax:

### **SOLE OWNER**

# Include with the application for a sole owner

<u>Complete personal history record</u> Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

SECRETARY OF STATE



# **NEVADA STATE BUSINESS LICENSE**

# ALL TIME HEALTH CARE LLC

Nevada Business Identification # NV20191240010

Expiration Date: March 31, 2020

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

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019

Barbara K. Cegavske Secretary of State

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

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

SECRETARY OF STATE



# LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that ALL TIME HEALTH CARE LLC did on March 27, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20190327-1751 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019.

Barbara K. Cegavske
Secretary of State

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

3/22/19

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

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

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

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

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for Durable Medical Equipment
Nature of MDEG  All time Health oute 4660 S. Eastern ave ste 100 W NV 89119  Name and Address of Business for Which MDEG Administrator Is Requested
Name and Address of Business for Which MDEG Administrator Is Requested
If applicable. Name Under Which It Is Now Operated

1. PERSONAL	LINFORMATION:				
_ Gutien	'eZ	Angelica			
Last Name		First Name		Middle Na	ime
	NA				
Alias(es, Nickna	mes, Maiden Name, C	ther Name Cha	nges, Legal or Ot	herwise)	
SI	Oring Rain R	20	Las Vegas	NV	89142
Present Resider	ice Address-Street or I Suite ال	RFD	City	Sta	te/Zip
Present Busines	bastem Ave. Date	s4/1/19 (a	s Vegas	NV Sta	89119 te/Zip
Administ Present Position	rator Date	s 4/1/19	- Preser	+	
Phone:	- \	Fax: _			
Email address:	All time heal-	th cave 19	@ gmail	· com	<del></del>
Date of Birth	<u>Las</u> Place	VegaS ; ()S) e of Birth (City, (	County, State)		
22			- 1	F	
Age	Socia	al Security Numl	per	Sex	
Brown Color of Eyes	Color of Hair	120 Weight		50 Height	
Scars, tattoos or	distinguishing marks a	and/or character	istics		
Are you a citizen	of the United States?	Yes X No □			<u> </u>
If alien, registrati	on No	- · · · · · · · · · · · · · · · · · · ·			2
	rtificate No				
m. I					

## **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.

<b>.</b>		89104
	19 Touro Health Center 874 Americ	an Pacific D- NV. (3840)
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front officer	2 reception of Duties	Tina Galendo Name of Supervisor
clar	12017 311S S. Eastern Ave. LUNV	
September 2015-	Cima Medica Center 89169	3840
Mohth and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office	reception of Duties	Patricia (Velb). Name of Supervisor
		ivallie of Supervisor
March 2013 - Sep-20 March	Ouck Care Los Upags	3840
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office	receptionist & Billing	Mario Taravilina
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

or treated in the last five years for a mental illness ity to perform any of the essential functions of my
rrested or convicted of a felony or misdemeanor.
of an administrative action whether completed or
spended, revoked, surrendered or otherwise professional license that was not made public.
3, please include the following information <u>and</u>
State:
Date:
Case Number:
State:
Pate:
case Number:
County:
Sourt:
e of the daily Yes ☑ No □
DEG? Yes 🗷 No 🗆
EG Yes ☑ No □
ovide a written letter of explanation.
Date c 3/11/20/

Page 4 – MDEG Administration

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

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

Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

₩ Date 3 27 19

## **GENERAL INSTRUCTIONS**

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

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

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

Application for All Hiwe -	Health care	4660 S.	ature offlice	nse ave st	2 60 W NV	29119	•••••
	Name a	nd Address of Estab	lishment for	Which License Is	Requested		********
	•	If applicable, Name	Under Whic	h It Is Now Opera	ted	***********	**********
1. PERSONAL IN	IFORMATION:						
Last Name	ate Pivas	First N	ilin		Middle Name	·	
Alias(es, Nicknames, Ma	aiden Name, Other Nam	~					
<u> </u>	4	HOSO	Rioli.	c las le	90s, NV	89121	-1
Present Residence Addr	ess-Street or RFD		City		State/	Zip	
Present Business Address	Flanungo Pa	Dates	Las	s legal	) NV	8912	<u>/</u>
QW	_		City	S	State/2	Zip	,
Occupation	1001	Dates			Phone:		
					Residence :	_	
* "	LOCITI	mas, Cu	laa		Business		
Date of Birth/	Usa S (	Place of Birth (City	y, County, S	State)			
33	V 0.50		1007	•		T	1 -
Age	Social S	ecurity Number	-			FRM:	ale_
Black	Brown			172		E 3	
Color of Eyes	Color of Hair	Complexion		Weight	Build	Height	
Scars, tattoos or dis	tinguishing marks a	ind/or characteri	stics	n/A			
Are you a citizen of t	the United States?	Yes ☑ No □	If alien,	registration No	· #/17/	1 2006	N/A
If naturalized, certific	cate No			Date	11/12/2	001-	<i>7</i> ·····
					(4/1/2	000	********
Place Las VI	gus inlu	Jaa		(If naturalized	d, document mus	st be verified	.)
2. MARITAL INFO	RMATION:						
Single   Marrie	d 🗹 Separated	☐ Divorce	d 🗆 '	Widowed 🗆	Engaged □		
				^	Applicant's initial	NO	P
				,	Abucant a unitidi	<i>V</i> .\	Page 1

Marital I	INF(	ORMA	TION-	Continued
-----------	------	------	-------	-----------

A.	Current Marris	age 2/20	/2005	Las 110	ear iv	)SA
	Spouse's full n	ame (Maiden) OH	/2005 an Deivys Gutie	City, C YY <b>&amp;Z</b> S.S	eunty and State	
	Date of Birth		Place of	Birth Colden	as Matan	eas Cubo
	Resident addre	ess Street	1050llio Cir	Las Ukous	NV 391	21
	Telephone: R	esidence,		Business		n etc
	Spouse's empl	oyer Self Ev	nploy (	Occupation Driv	er	
	Address of em	ployer Street	nploy ( Amazon S	lelivery La	s Ulgas	NV
B. Pr	evious Marriag	es: If ever legally s	eparated, divorced, or a	annulled, indicate bel	ow:	
Name o	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and Sta	te
	n/1	4				
	/					- 49
			telephone numbers of			
	Name	Street	City	State	Zip Telephon	e
3. FA A.	MILY INFORMA Children and I	Dependents:				***************************************
	Name Name	Birth Date	o-children and adopted of Birth Place		following informati nce Address	on:
villet	4 Gutierre	2	USA	Ros	palio Cin 1	-V NV
Leily	N Gutier	ez	USA	h	OSOLPIU CX	WNV
Mad	ica Goti	errez	USA	. <p< td=""><td>ring Pain 1</td><td>PG LV NV</td></p<>	ring Pain 1	PG LV NV
B.	Child Support Please	Information: mark the appropria	te response:		b	
	☑ I am	not subject to a co	urt order for the support	t of child.		
	plan	approved by the di	order for the support of estrict attorney or other presuant to the order; or	one or more children public agency enforci	and am in complia	ance with a e repayment
	the o	order or a plan appr	order for the support of coved by the district attonount owed pursuant to	rney or other public a	agency enforcing the	liance with ne order for Page 2

FAMILY INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:	`
Name	
Address	
Contact person	********************
C. Parents:  List names, residence addresses, dates of birth and most recent occupations of parent	
parents-	o, dop parento,
in-law or legal guardian. If retired or deceased, list last address and occupation.  Name (Maiden) Birth Date Address	Occupation
Morberto Carmenato Sanchez - 2/- Decea	sed
Margarita Rivas Acuna Father-in-Law	lorg Alle Lv. n
Enrique Ramisez Pelegrin , . Palosa Al	ue W NV 891
D. Brothers and Sisters:  List names, residence addresses, dates of birth and most recent occupations of brother their respective spouses.  Name (Maiden)  Birth Date  Address  Dellher Cormenale Rivas  Palo Marue W NV	rs and sisters and of  Occupation  Parker.
Spouse Joulin torres Guerra Same Address	memploy.
Spouse	
Spouse	
Spouse	
4. EDUCATION:	
Name of School Location Dates Attended  Grammar O Dates Attended	Graduate
school Co Vorado Hogh School Cos Week, NV 1999/2003	Yes 🗆 No 🗹
School VAlley High school as legas M	Yes No D
University Las Wages College Las Wigas 2003/2005	Yes ☑ No □
<u>Other</u>	Yes No
Type of degree obtained, if any BOOKKIPWA	
College or university where obtained LQS Degas College.	

Applicant's initial DCP.

Page 3

## 5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces	s? 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	r arrested for an offense which resulted in summary action, a trial of es □ No □ If yes, furnish details on page 10. (List all incidents
B.	Have you registered for the draft?	
	CountyState	Date registered
6. AI		ND ARBITRATIONS: (Include those arrests in which you were
A.	violation for any reason whatsoever, regar	harged, indicted or summoned to answer for any criminal offense or rdless of the disposition of the event? (Except minor traffic citation provided below. List all cases without exception.
ate of	Arrest Age Charge L	ocation-City and State Deposition/Date Arresting Agency
B.	arrested or in which you were named as a	complaint ever been returned against you, but for which you were an unindicted co-party? Yes □ No ☑ If yes. furnish details on
C.	page 10. Have you ever been questioned or depose or committee? Yes □ No ☑	ed by a city, state, federal or law enforcement agency, commission
D.		ar or testify before a federal, state or county grand jury, board or
E.		y for any civil, criminal or administrative proceeding or hearing?
F.		rd expunged or sealed by a court order? Yes  No  rd expunged or sealed by a court order?
G.	Have you ever received a pardon or defer	rred prosecution for any criminal offense? Yes 🛛 No 🗹
Н.	Has any member of your family or of your	city, county and statespouse's family ever been convicted of a felony? Yes □ No া No (B through H) is yes, furnish details on page 10.
lame	Relationship	Charge Location Date
	· · · · · · · · · · · · · · · · · · ·	
		Applicant's initialPag
		,

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

		ils below. Lis	st all cases without ex	ception, including b	pankruptcies:	
aintiff/Defend aimant/Respo		Date Filed	Court and Case Number	City, County an	nd State	Disposition/Date
4330	Cialed Willi	il as all owne	business venture, so r, officer, director or p ete the following:	le proprietorship or artner) been a part	closely held co	orporation (while you varbitration or bankrup
Name	of Entity		Type of Entity		Approximate l Lawsuit/Arbitr	Date(s) of ation/Bankruptcy
. RESIDE		ave had for th	e last 25 years:			
t all reside	nces you ha	Street	e last 25 years: and Number	City	Stat	e or County
t all reside		Street	and Number ROSALIO C	ir Los Ve	State	1 11 0
t all reside  onth and Year  From-To)  2013-  2012/12	Presen /2013-	Street ?	Avacatuba	ir Loss Ve	igos, Neu	1 4
t all reside  th and Year  From-To)  2013-  2012/12  4-201	Presen /2013-	Street	Aracatuba Olève St H	AVU LAS U	egas, Neu Legas, Ne Llegas	uada USA wada USA W USH
t all reside  onth and Year  From-To)  2013- 2012/12  \$-20!  \$-20!	Presenting 1	? 2900 500	Aracatuba Olive St H	ir Loss le All las le pt 11 fas d Prwy	egas, Neu Legas, Ne Legas	uada USA uada USA W USA
t all reside  onth and Year  From-To)  2013- 2012/12  2012/12  201-201  09-20	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H S. Marylan I Golden Ar	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189
t all reside  th and Year  From-To)  2013-  2012/12	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189
t all reside  oth and Year  From-To)  2013-  2012/12  2012/12  201-201  09-20	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H S. Marylan I Golden Ar	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189
t all reside  oth and Year  From-To)  2013-  2012/12  2012/12  201-201  09-20	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H S. Marylan I Golden Ar	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189
t all reside  oth and Year  From-To)  2013-  2012/12  2012/12  201-201  09-20	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H S. Marylan I Golden Ar	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189
t all reside  th and Year  From-To)  2013-  2012/12  2012/12  9-201  09-20	7,48em /2013- 3 11	7 2900 500	Aracatuba Olive St H S. Marylan I Golden Ar	AM Las We pt 11 fas de Prwy row Dr L	egas, Neu Legas, Ne Legas Las Cus	uada USA wada USA W USA Bas 89189

### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2015	Express Tax Sentices 2840 B. Flanning Re	1 Owner.
Title	Description of Duties	Name of Supervisor
Owner	tax preparer -	CelF.
Month and Year + 01/20	DIG. Name/Mailing Address of Employer/Business 1785 F. Saho	YOReason for Leaving
CH 2005 2017	At YOUR Services Home Cove . I'm Description of Duties	NO MORE Cleant
Personal con		Name of Supervisor Fex Nando.
	0	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014/04-17. A	Description of Duties 320 Kancho LN LVI	Name of Supervisor
Personal Com	Visit clients help whoily come Bosic.	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2005/12/201	3 The venetuan Hotel 3355 S. LV Bir	d. Looking for a bett
Title /	Description of Duties	Name of Supervisor
Henden t	hostack mini Bar in Hotel Rooms.	Se Bastlan.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/18-Present	All state Ins. 3265 f. tropicouna Aug	Name of Supervisor
Title	Description of Duties	
Sales	Sale ins. Policys.	Yolanda Sitto.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Tiue	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

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

Applicant's initial

Page 6

# 9. CHARACTER REFERENCES:

Street Street Street City State Zip Telephone Years Known  2 Struction Rowselffine Rows No 39169 - Wt.  2 Struction Rowselffine Rows No 39169 - Wt.  2 Struction Rowselfine Rows No 39169 - Wt.  2 Struction Rowselfine Rows
over Wynn Holed Business 3131 S. Les Lugar Blvd 702-770-7000 10t stavra Senda Home 2 Bel Port Dr. 39110 55 t topicano Aug E-1 LV NV 29134 6 Years over All State Tros Business 3265 E. Tropicano Aug E-1 LV NV 70290 Aug Simi Belar Chiome E. Purperior Aug E. 1 LV NV 70290 Aug Simi Belar Chiome E. Purperior Aug LV NV 8-9104 10 Year Aug Aug De Business Score Aug LV NV 8-9104 10 Year Aug Aug De Business Score E. Tropicano Aug LV NV 8-9104 10 Year Aug Aug De Business Score E. Purperior Aug.  Do you have any safe deposit box or other such depository, access to any depository or do you use any of If yes, complete the following:  Umber or Type of Depository Location City and State Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor Lawyer Race horse/race dog owner Barber/Cosmetologist Gaming Accountant Pilot Sports promoter Trainer or manager Fluerator Contractor Real estate broker or salesman Accountant Pilot Sports promoter Trainer or manager Fluerator Gaming
Play of Depository  Bel Rift Di 39110  State  Dover All State This Business 3265 E. Tropicano Aug E-J LV W  Proportion of Depository  Location  City and State  Authorized Users  Doctor  Contractor  Real estate broker or salesman  Accountant Pilot  Sports promoter  Play Susiness 3265 E. Tropicano Aug E-J LV NV 70290  April State Thomas  Location  Location  State  Location  State  Location  Sports promoter  Location  Sports promoter  Location  Sports promoter  Securities dealer  Insurance  Barber/Cosmetologist  Gamingo  Accountant  Pilot  Sports promoter  Sports
Doyou have any safe deposit box or other such depository, access to any depository or do you use any of if yes, complete the following:  Liquor  Lawyer  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Doctor  Contractor  Real estate broker or salesman  Doctor  City and State  Dry LV NV 8-9104  LV N
Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor Lawyer Race horse/race dog owner Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Trainer or manager Flustore power Pilot Sports promoter  Mendagna Dr Lvnv 39139 (6 1/24 5)  Mendagna Dr Lvnv 39139 (6 1/24 5)  To your Self Propositions 3265 E. Troptically Aur Lv inv 8-9104 10 years  E. Tropically Aur Lv inv 8-9104 10 years  E. Troptically Aur Lv inv 8-9104 10 years  E. Troptically Aur Lv inv 8-9104 10 years  E. Tropically Aur Lv inv 8-9104 10 years  E. Troptically Aur Lv inv 8-9104 10 years  E. Troptically Aur Lv inv 8-9104 10 years  E. Tropically Aur Lv inv 8-9104 10 years  E. Troptically Aur Lv inv 8-9104 10 years  E. Tropically Aur Lv inv 8-9104 10 years  E. Tr
Do you have any safe deposit box or other such depository, access to any depository or do you use any of lifyes, complete the following:  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Accountant  Pilot  Sports promoter  Trainer or manager  Trainer or manager  E. Twp provide E. I V NV 89104 10 year  Full Sales I V NV 89104
A WSIMI PSEFAL Frome  E. PMPESION AND LV INV 8-9104 10 years  Over AMARON DEBISINESS  E. PMPESION AND LV INV 8-9104 10 years  Do you have any safe deposit box or other such depository, access to any depository or do you use any of person's depository? Yes   No        If yes, complete the following:  Umber or Type of Depository  Location  City and State  Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Barber/Cosmetologist  Gaming Accountant  Pilot  Sports promoter  Trainer or manager  Educator
Do you have any safe deposit box or other such depository, access to any depository or do you use any of person's depository? Yes \( \sigma \) No \( \sigma \) If yes, complete the following:  umber or Type of Depository  Location  Location  City and State  Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Barber/Cosmetologist  Gaming  Accountant  Pilot  Sports promoter  Trainer or manager  E. Type in all full.  Liquor  E. Type in all full.  Liquor  Barber/Cosmetologist  Gaming  Trainer or manager  E. Type in all full.
Do you have any safe deposit box or other such depository, access to any depository or do you use any of person's depository? Yes \( \) No \( \) If yes, complete the following:  Umber or Type of Depository  Location  Location  City and State  Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Barber/Cosmetologist  Accountant  Pilot  Sports promoter  Trainer or manager  E. Type 10 Authorized  Liquor  Barber/Cosmetologist  Trainer or manager  E. Type 10 Authorized  Authorized Users  Insurance  Gaming  Trainer or manager  Educator  Trainer or manager  Educator  Trainer or manager  Educator
Do you have any safe deposit box or other such depository, access to any depository or do you use any of person's depository? Yes \( \subseteq \text{No V} \)  If yes, complete the following:  umber or Type of Depository  Location  City and State  Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Barber/Cosmetologist  Gaming  Accountant  Pilot  Sports promoter  Trainer or manager  Felurator
Do you have any safe deposit box or other such depository, access to any depository or do you use any ot person's depository? Yes \( \) No \( \) If yes, complete the following:  umber or Type of Depository Location City and State Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited 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
If yes, complete the following:  umber or Type of Depository  Location  City and State  Authorized Users  Have you ever held a privileged, occupational or professional license in any state, including but not limited the following:  Liquor  Lawyer  Race horse/race dog owner  Doctor  Contractor  Real estate broker or salesman  Barber/Cosmetologist  Gaming  Accountant  Pilot  Sports promoter  Trainer or manager  Educator
Have you ever held a privileged, occupational or professional license in any state, including but not limited 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
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
res va No □ If yes, state type, where and years held
Insurance Las Illega NV 1/24/2017
insurance, las Ulgas, NV 1/24/2017
Have you ever applied for a city, county of state business, venture or industry license based a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ID No ID 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.  POPLY-  EXPRESS TOX Securus - Las Ugas, NV  OX PREPARATION (Reparty - 2015 - Present.)  40 E. Flammago Pd Suita Las Ugas, NV 39121
Applicant's initial Pag

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑		
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☑		
If yes	to the above, state where, when and for what reason:		
15.	Have you ever been refused a business or industry lice participant in any group which has been denied a business suitability?		
16.	Have you or any person with whom you have been a padministrative action or proceeding relating to the pha		
17.		participant in any group ever been found guilty, plead nse, federal or state, related to prescription drugs and/or	
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 pharmaceutical or drug related industry?	consanguinity associated with or employed in the Yes □ No ☑	
*********		A7	
*********			
		Date of photograph 3/11/19	
		Applicant's initial Page	

the

JOHN ACEVES
Notary Public - State of Nevada
(seal) County of Clark
APPT. NO. 08-7219-1
My App. Expires Sep. 1, 2020

Applicant's initial

Page 9

'
STATE OF NEVADA
COUNTY OF COUNTY OF
I, Dailin Cameral Rives, 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 of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
State of NEVADA XXXIIII
State of NEVADA  County of Clark  Original Signature of Applicant
Subscribed and Sworn to before me this 25th day of march 2019

Notary Public

## ADDITIONAL INFORMATION

Applicant's initial\_\_\_

Page 10

**11D** 

## **NEVADA STATE BOARD OF PHARMACY**

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

## **APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**

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

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

Application must be printed legibly or typed

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

New MDEG			
(Flease provide current neerise humber in making changes. 1911 St. 1979			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
GENERAL INFORMATION to be completed by all types of ownership			
MDEG Name: Foothill Medical Supply, LLC			
Physical Address: 6295 McLeod Dr, #22, Las Vegas, NV 89120  (This must be a business address, we can not issue a license to a home address)			
Mailing Address: 723 N 1890 W, Suite 38A			
City: Provo State: UT Zip Code: 84601			
Telephone: (877) 492-2704 ext 405 Fax: (877) 492-2716			
E-mail: wreaves@mmsmde.com Website: www.mmsdme.com			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm			
Fri: 8 am to 5 pm Sat: to Sun: to Holidays: to			
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)			
Name: Scott Reaves (877) 464-5846 ext. 1			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
Medical Gases**  Respiratory Equipment**  □ Life-sustaining equipment** □ Diabetic Supplies  **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: Tyler Hess    Assistive Equipment   Parenteral and Enteral Equipment**   Orthotics and Prosethics   Other: General Supplies  **The 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: Tyler Hess    Telephone: (702) 672-1408			
Pogo 1			

Page 1

This page must be submitted for all types of ownership.

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

None - We provide services exclusively to patients enrolled in the Division of Energy Employees Occupational Illness Compensation Program (DEEOIC), which is managed by the Department of Labor Office of Workers' Compensation Programs. Our provider numbers are listed below: NPI - 1558887927; Department of Labor Pl's - 624014500, 622952500. 622826800, 617577000 Do any shareholders hold an interest ownership or have management in 1) any type of business or facility which are licensed by the State of Nevada Yes □ No 🔯 or another political jurisdiction? Are you or have you in the last year been associated with any person, 2) business or health care entity in which MDEG products were sold, Yes □ No 🖾 dispensed or distributed? Are any of the owners health professionals? If yes, please check the box and list name. 3) Name: \_\_\_\_\_\_ ☐ Practitioner ☐ Advanced Practitioner of Nursing Name: ☐ Physician's Assistant Name: \_\_\_\_\_ □ Physical Therapist □ Occupational Therapist Name: ☐ Registered Nurse Name: □ Respiratory Therapist Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

This page must be submitted for all types of ownership.

Within	the last five (5) yea	ars:		
1)	any interest, ever b	een charged, or convid	der(s) or partner(s) with cted of a felony or gross plea or no contest plea)?	Yes □ No 🛛
2)		n, any owner(s), sharet been denied a license,	nolder(s) or partner(s) with permit or certificate of	Yes □ No 🗵
3)	interest, ever been	n, any owner(s), sharel the subject of an admi maceutical industry?	nolder(s) or partner(s) with any nistrative action or proceeding	Yes □ No 🔀
4)	interest, ever beer		nolder(s) or partner(s) with any ty or entered a plea of nolo e, related to controlled	Yes □ No 🔯
5)	interest, ever surre	endered a license, perr	nolder(s) or partner(s) with any mit or certificate of registration voluntary close of a facility)?	Yes □ No 🕱
If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition may be required.				
I hereby certify that the answers given in this application and attached documentation are true and correct understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.				
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.				
Origin	al Signature of Pers	son Authorized to Subn	nit Application, no copies or stan	nps
	ne Reaves		03/04/2019	
Print I	Name of Authorized	Person	Date	
Board	l Use Only	Received:	Amount: 600.0	0

## **OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name:	Wayne Reaves		%:	25
Name:	Angela Caines		%:	25
Name:				25
Name:	Name: Seth Clayton %			25
Partnership Name: Foothill Medical Supply, LLC				
Mailing Address: 723 N 1890 W, Ste 38A				
City: F	rovo	State: UT Zip	Code:	84601
Telephone Number: 877.492.2704 ext. 405 Fax Number: (877) 492-2716				
Contac	t Person: Wayne Reaves			

### **PARTNERSHIP**

# Include with the application for a partnership

<u>Complete personal history record</u> for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



#### **Utah Department of Commerce**

**Division of Corporations & Commercial Code** 

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/20/2019 9095805-016005202019-286672

## CERTIFICATE OF EXISTENCE

Registration Number:

9095805-0160

**Business Name:** 

FOOTHILL MEDICAL SUPPLY, LLC

Registered Date:

July 11, 2014

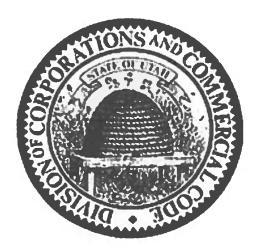
**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Engen Strup

Jason Sterzer
Director
Division of Corporations and Commercial Code

# APPLICATION TO BE THE MDEG ADMINISTRATOR

## Person who runs the facility on a daily basis

7 Date 04/22/2019

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

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

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

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

## **GENERAL INSTRUCTIONS**

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

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

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

Application for	Medical Device, Equipment and Gases
PT 44 411 0 0	Nature of MDEG
Foothill Medi	cal Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120
Name a	and Address of Business for Which MDEG Administrator Is Requested
vil i	If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Allen		Scott
First Name		Middle Name
ame, Other Name Changes,	Legal or Oth	erwise)
EI	Ridae	UT 84651
eet or RFD	City	State/Zip
Dates 12/01/2016- Present	Provo	UT 84601
City		State/Zip
Dates		
3		
Fax:		
dme.com	<u>.                                    </u>	
Selma, Alabama Place of Birth (City, Count	y, State)	
		Male
Social Security Number	<del></del>	Sex
195		5' 8"
r Weight	-	Height
narks and/or characteristics	None	
tates? Yes⊠No □		
	First Name  ame, Other Name Changes, Elkeet or RFD  Dates 12/01/2016- Present City  Dates  Fax:  dme.com  Selma, Alabama Place of Birth (City, Count  Social Security Number  195 r 195 r Weight  marks and/or characteristics  tates? Yes No  Date	First Name  ame, Other Name Changes, Legal or Oth  Elk Ridge eet or RFD City  Dates 12/01/2016- Present Provo City  Dates  Fax:  dme.com  Selma, Alabama Place of Birth (City, County, State)  Social Security Number  195 Weight  marks and/or characteristics None

### **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.

06/2013 Moun	tain Madical County 0400 M	
Month and Year	tain Medical Supply - 6120 Woodside Executive Ct, Aiken, SC 298	
Month and Teal	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	Delivery, set-up, & maintenance of medical equipmen	t Seth Clayton
Title	Description of Duties	Name of Supervisor
		•
10/2016 Foot	hill Medical Supply - 6230 S. Heritage Ln, Idaho Falls, ID83402	2016- Present
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	Delivery, set-up, & maintenance of medical equipmen	
Title	Description of Duties	
	Bescription of Buties	Name of Supervisor
11/2017 Foot	shill AA-di-al O	
Month and Year	hill Medical Supply - 723 N 1890 W. #38A, Provo, UT 84601	2017- Present
wonth and rear	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	Delivery, set-up, & maintenance of medical equipmen	nt Seth Clayton
Title	Description of Duties	Name of Supervisor
		.,
Month and Year	Nome / Address of Early 12	
Wonth and Teal	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
	, , , , , , , , , , , , , , , , , , , ,	The or Employed Flours
Title	Description of Duti-	
1100	Description of Duties	Name of Supervisor
Month or d V-	N	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
	•	. Taille of Oupervisor

or a physical condition that would impair m license, including alcohol or substance abu	losed or treated in the last five years for a mental illness by ability to perform any of the essential functions of my use,		
1. I have □ I have not X been charg	ged, arrested or convicted of a felony or misdemeanor.		
	been the subject of an administrative action whether completed o		
3. I have □ I have not⊠ had a licen disciplined, including any action aga	nse suspended, revoked, surrendered or otherwise ainst a professional license that was not made public.		
If you checked "I have" to questions 1, 2 ar provide a written explanation and/or docum	nd/or 3, please include the following information and nents.		
<ul><li>a) Board Administrative Action:</li><li>b)</li></ul>	State:		
b)	Date:		
	Case Number:		
c) Criminal Action:	State:		
	Date:		
	Case Number:		
	County:		
	Court:		
4. Will you be actively involved in and			
operation of the MDEĞ?	Yes 🕱 No □		
5 .Will you be employed fulltime with the	he MDEG? Yes X No □		
6 .Will you be present at the site of the during its normal operating hours?	e MDEG Yes □ No 💢		
f you answer No to questions 4, 5 or 6 plea	se provide a written letter of explanation.		
As an entity owner, I am responsible for op			
at neighboring state Utah, but I will be direc	*******		
nvolved in the Nevada office day to day activities			
and conducting all personel training.	ERE		
	Date of photograph 4-17-19		

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

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

Original Signature of Applicant

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

S'Date	04/2	22/2	01	S

### **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 Device,	<b>Equipment and Gas</b>	es	************	
Eastbill Mad	lical Supply LLC 62	Nature of Dr. #22	f License		
Footiiii wed	lical Supply, LLC, 62	95 IVICLEOG Dr. #22, and Address of Establishme	Las Vegas, NV 89	n Poguested	
************************			THE TOT VALUE LICENSE I	·	
		lf applicable, Name Under	Which It Is Now Oper	ated	***************************************
1. PERSONAL I	INFORMATION:				
I ENOUTAL	in Oldination.				
Last Name		First Name		Middle Name	
Reaves	Asidon Nomo Other Nom	Allen		Sco	ett
	Maiden Name, Other Name	e Changes, Legal or Othe	rwise)		
N/A					
Present Residence Add	dress-Street or RFD	Cit	y Elk Bidge	State/Zip	
W. Goosene	st Dr	Dates 12/2017 to Pre-	´Elk Ridge sent		UT 84651
Present Business Addr		Cit	V	State/Zip	UT 84601
723 N 1890 W	/#38A	Dates 12/01/2016 to	Provo		01 04001
Occupation				Phone:	
Owner/Manager				Residence	
				Business	801-850-7910
Date of Birth		Place of Birth (City, Cor	unty, State)		
2 <del></del>		Selma, A	,		
Age	Social S				
39	Social S	Security Number			Sex
		1			Male
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown	Fair	195	Muscular	5' 8"
Coore tottees as d	iatin avriation are also		None		
Scars, tattoos or d	istinguishing marks a	and/or characteristics	попе		******************
A				***************************************	***************************************
Are you a citizen o	of the United States?	Yes⊠ No □ If a	alien, registration I	Vo	***************************************
If naturalized, certi	ficate No		Date	•••••	
Place			(If naturalize	ed, document must	be verified.)
2. MARITAL INF					,
Single □ Marr	ied 🛛 Separated	d Divorced [	☐ Widowed □	l Engaged □	
				Annilonati 1 to 1	ACP
				Applicant's initial	Page 1
					rayei

A.	Current M	Current Marriage April 5, 2002				Salt Lake City, UT			
	Spouse's f	ull name (Ma	Date mberly Ann Co	ombs	City, County and State  Obs S.S. No			-	
	Date of Bir	th	***********	Pia	ce of Birth Pays	son, Utah			_
				enest Dr					
					•		-	<b>.</b> r	
	Telephone	: Residence	e		Business	N/A			•
				Medical Supply	Occupation	Billing N	/lanage	er	-
	Address of	employer	723 N 1 Street	1890 W. #38A	Provo	UT State			
B. Pr	evious Mar	riages: If e		separated, divorced				Zip	
Name	of Spouse		Order			ture of	City		=
N/A	or opouse	01 <i>D</i>	ecree	Oi Mamage	<u> </u>	ction	Count	y and State	-
14//							·		-
									-
						·			=
		es, current a	ddress a	nd telephone numbe	ers of previous s		Zip	Telephone	=
			- Oli OOI	Oity	Otali	<u> </u>	_210	reconone	-
									-
									-
									=
3. FA A.	MILY INFO	RMATION: nd Depende	ents:						
	List al	Lchildren, inc	cludina st	ep-children and ado Birth Place	oted children an			information:	4
Myllie	Reaves		Ditti Dato	Provo, UT				Dr Elk Ridge U	JT
	Reaves	-		Mtn Home	AFB, ID			t Dr Elk Rdige	
		·					-		
В.		oort Informa		iate response:					;
	×	I am not sub	ject to a	court order for the su	pport of child.				
		l am subject plan approve	to a cour	t order for the suppo district attorney or o ursuant to the order	ort of one or mor ther public agen	e children a cy enforcing	nd am i g the ore	n compliance with der for the repaym	ı a ıent
	1	the order or	a plan ap	t order for the suppo proved by the distric amount owed pursua	t attorney or oth	er public ag	ency er	nforcing the order	th for
						Applicant's	initial	<i>//.&gt;</i> /Pa	age 2

	INFORMATION-Continued District attorney or public a		onsible for enfo	rcing the child support order:	
	Address				
	Contact person				
C.	Parents:			nost recent occupations of pare	
parents	S-				ents, step-parents,
	in-law or legal guardian. If I	etired or de Birth Date	eceased, list las Addre	t address and occupation.	
Father			Addi c.	10	Occupation
	Wayna Baaysa Ca		· ·	V. 15800 S. Goshen UT, 84633	Dada I
Mother	Wayne Reaves Sr.		· · · · · · · · · · · · · · · · · · ·	4. 10000 3. Coshell 01, 64655	Retired
Marth	na Gale Reaves		V	V. 15800 S. Goshen, UT 84633	Retired
Father-in					Deficed
	Morgan Coombs		S.	1400 W. Spanish Fork, UT 84660	Retired
Mother-ir	1-Law		c	1400 W. Spenish Fad. UT 04000	Defined
JaLyr	n Coombs		3.	1400 W. Spanish Fork, UT 84660	Retired
	List names, residence addre their respective spouses. Name (Maiden)	sses, date		ost recent occupations of broth	ners and sisters and
Angel	a Reaves		W. 70	60 S., Salem, UT 84653	Business Owner
Spouse	N/A				
Lori R	leaves		1 Cheis	sea Springs Dr, Columbiana, AL 3	5051 Homemaker
Spouse	Seth Clayton	01	Chels	ea Springs Dr, Columbiana, AL 35	5051 Business Owne
	Wayne Reaves Jr.		, E. Ashg	rove Ln, Saratoga Springs, UT 84	045 Business Owne
Spouse	N/A				
Audra Spouse	Reaves		S. 90	D E., Santaquin, UT 84655	Homemaker
opouse	Linn Wright		S. 900	E., Santaquin, UT 84655	Unemployed
4. ED	UCATION:				
	Name of School		Location	Dates Attended	Graduate
Grammar School	Monroe Junior High	M	onroeville, Al		Yes X No 🗆
High School	Wilcox Academy		Camden, AL	1994-1998	
College University	Brigham Young Univ		Provo, UT	1998/1999 - 2001/2002	Yes ⊠ No □
•	Utah Valley Universi		·	2009-2012	Yes 🗆 No 🛛
Other	Clair valley Universi	ıy	Orem, UT	2003-2012	Yes ☐ No 🛛
Type of	degree obtained, if any N/	A	***************************************		*******************************
College	or university where obtained	N/A			

Applicant's initial ASR

## **5 MILITARY INFORMATION:**

A.	Have you ever served in any armed force	ces? Yes 🔀 No 🗆
	Branch Air Force	Date of entry-active service 12/02/2002
		Type of discharge Honorable
		Serial number
	While in the military service were you ex	/er arrested for an offense which resulted in summary action, a trial or Yes □ No ☒ If yes, furnish details on page 10. (List all incidents
B.	Have you registered for the draft?	Yes X No □
	County Wilcox State	Alabama Date registered 02/09/1998
6. Al	RRESTS, DETENTIONS, LITIGATIONS A	AND ARBITRATIONS: (Include those arrests in which you were
A.	Have you ever been arrested, detained, violation for any reason whatsoever, required.	charged, indicted or summoned to answer for any criminal offense or pardless of the disposition of the event? (Except minor traffic citations.) ce provided below. List all cases without exception.
Date of	Arrest Age Charge	Location-City and State Deposition/Date Arresting Agency
B. C. D. E. G.	arrested or in which you were named as page 10.  Have you ever been questioned or depo or committee? Yes  No  Have you ever been subpoenaed to app commission? Yes  No  Have you ever been subpoenaed to test Yes  No  Have you ever had a civil or criminal reciff yes, when?  Have you ever received a pardon or defe if yes when?  Has any member of your family or of you	r complaint ever been returned against you, but for which you were not an unindicted co-party? Yes  No X If yes. furnish details on seed by a city, state, federal or law enforcement agency, commission ear or testify before a federal, state or county grand jury, board or lify for any civil, criminal or administrative proceeding or hearing?  ord expunged or sealed by a court order? Yes  No X city, county and state erred prosecution for any criminal offense? Yes  No X city, county and state erred prosecution for any criminal offense? Yes  No X county and state erred prosecution for any criminal offense? Yes  No X county and state erred prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense? Yes  No X county and state error of the prosecution for any criminal offense of the prosecution for any criminal offe
Name	Relationship	Charge Location Date
	-	Egodion Daic
		Applicant's initial
		Applicant's initial/7.5/\text{.} Page 4
		-

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

740 County Rd 12E

07/1994-07/1999

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	Fourth District Court, 10740		
associated w	ith it as an c	ship, business venture, sole powner, officer, director or partimplete the following:	proprietorship or closely he ner) been a party to a law	eld corporation (while you were suit, arbitration or bankruptcy?
Name of Entity		Type of Entity	Approxi	mate Date(s) of /Arbitration/Bankruptcy
Mountain Medical	l Supply	Partnership		2017-10/02/2018
7. RESIDENCES:	u have had t	for the last 25 years:		
fonth and Year (From-To)		Street and Number	City	State or County
12/2017-Present V		W. Goosenest Dr	Elk Ridge	UT
04/2017-12/2017 1225 E		5 E. 420 S.	Payson	UT
12/2008-04/2017 334 S.		S. 1340 W.	Spanish Fork	UT
05/2006-12/2008 5170 Cotton		0 Cottonwood St	Mtn Home AFB	ID
05/2003-05/2006 3 Ash Close		sh Close	RAF Lakenheath	United Kingdom
01/2003-05/2003	710	E. Ave #14788	Sheppard AFB	TX
12/2002-01/2003	1500	Shaw Dr Unit 369549	Lackland AFB	TX
03/2002-12/2002 663 N Un		3 N Univeristy Ave #1	Provo	UT
07/2001-03/2002	540	6 E. 550 S.	Santaquin	UT
07/1999-07/2001 4945 Linc		5 Linclon Way	Oakland	CA

Camden

Applicant's initial #\$\infty\$Page 5

AL

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2013-Present	Mountain Medical Supply/Foothill Medical Supply	N/A
Title	Description of Duties	Name of Supervisor
Owner/Manager	Manage day to day operations for the Western United States	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2008- Present	Utah Air National Guard	N/A
Title	Description of Duties	Name of Supervisor
TSGT	Communications	David Fernelius
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2002-12/2008	United States Air Force	Honorably Discharged
Title	Description of Duties	Name of Supervisor
SSGT	Munitions Systems Technician	
Month and Year 07/2001-12/2002	Name/Mailing Address of Employer/Business Rousseau Excavating & Engineering Inc	Reason for Leaving Joined Military
Γitle	Description of Duties	Name of Supervisor
Laborer	Home construction	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 07/2001	Missionary for The Church of Jesus Christ of Latter-day Saints	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1994 - 07/1999	Mobile Home Electric	_
itle	Description of Duties	Serve a 2 yr Mission  Name of Supervisor
Electrical Assistant	Electrical panel assembly	Kyle Reaves
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor

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

Applicant's initial ASK

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#### 9. CHARACTER REFERENCES:

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

Name of Where Employed Street

	Vallete Ettibloyed		City State Zip	_ I elephone		Years K	nown
Will Name	Coxwell	3. Mt Pl	easant Ave Monroeville, AL 36460		4	33 y	rs
Employe	Coxwell & Coxwell	P.O. Box	625, Monroeville, AL 36461	251-5	75-2146		
Ben Name	Friend	3 Winton Home	Way Rd Manchester, TN 37355	_		33 y	/rs
Employe	TDOT		Carroll St, Tullshoms, TN 37388	423-	81-0993		
	on Mower		le Dr Woodland Hills, UT 84653	<del></del>		20 y	/rs
Employe	Bank of America		ryon St, Charlotte, NC 28202	801-	423-1980		
Ted Name	Dymock	∃ E Drift	twood Dr Spanish Fork, UT 84660			11 )	yrs
Employe	LDS Philanthropies	1450 N. Business	University Ave, Provo, UT 84604	801-	356-5300		
Mich Name	ael Wade	: W. 138 ноте	0 N. Tooele, UT 84074			11 )	/rs
Uta	h Air National Guar		200 W. Salt Lake City, UT 84116	801-24	5-2580		
Box Nun	person's depositor  If yes, complete to  the property of Depositor	he following			uthorized Users		
DOX HUIT	ibe; or Type or Deposito	ı y	Location City and State	A	utnorized Users		
11.	the following: Liquor La Doctor Co	awyer ontractor lot	d, occupational or professional lice Race horse/race dog owner Real estate broker or salesman Sports promoter ears held	S	y state, inclu ecurities des arber/Cosmo rainer or ma	aler etologist	not limited to Insurance Gaming Educator
**********							
12. State	If yes, state type, v involved, the name venture or industry	ed business when and wh es and addre	y, county of state business, ventur or industry OUTSIDE the State of ere and give names and locations ss of all partners and the agency of Paducah, KY- Mountain Medical S	Nevada? s of the bus responsibl	Yes X No sinesses in w e for licensin	□ /hich vou	were
			D - Foothill Medical Supply - 10/20			***********	***************
			Foothill Medical Supply - 10/2017			***********	***********

Applicant's initial ASR Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No 🕱
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 🕱
If yes t	o 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    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  X
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  X
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?
	A A Date of photograph 4-/1-20/9 Applicant's initial ASK
	Page 8

STATE OF UT
SS.
COUNTY OF UT
I, Mlen Scott Reaves , being duly sworn, depose and say I have read the
forgoing application and leave the section of the section and leave the section and leav
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 of 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 this2 $\frac{2}{5}$ day of

(seal)

WENDI ALLISON WILCOCK Notary Public - State of Utah Comm. No. 692348 My Commission Expires on Dec 20, 2020

Applicant's initial ASK

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Notary Public

## ADDITIONAL INFORMATION

••	Question# 12 Partners Involved in Mountain Medical Supply & Foothill Medic	cal Supply
••	Seth Clayton - 1 Chelsea Springs Dr, Columbiana, AL 35051	Owner/Operator
	Angela Caines - W. 760 S. Salem, UT 84653	Owner/Operator
	Larry Wayne Reaves Jr ↓ E. Ashgrove Ln, Saratoga Springs, UT 84045	Owner/Operator
• • •		
		***************************************
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Applicant's initial #SP Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3 Date	
9	

#### **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 Device,	Equipment and G	ases				
	Supply, LLC, 62		re of Lice 2, Las \	<sup>nse</sup> Vegas, NV 8912	20		•••••••••••••••••••••••••••••••••••••••
		f applicable, Name Un	*********	***************************************		••••••••	*******
1. PERSONAL INFO					-		
Caines	DRIVIATION:	Angela			Kay		
Last Name Angela Kay Reaves		First Nam	ne		Middle Nan	ne	
Alias(es, Nicknames, Maide	en Name, Other Name	Changes, Legal or O	therwise				
South 760 West		S.	alem			linh BACES	
Present Residence Address	s-Street or RFD		City			Jtah, 84653 tate/Zip	
723 North 1890 West, Ste 38A		Dates	Provo			Jtah, 84601	
Present Business Address		Dates	City			tate/Zip	
Insurance Authorization Manager		Dates				•	
Occupation					Phone: Residence		
9		Selma, Dallas, Alabama			Business	B77-492-2716.	Ext3
Date of Birth		Place of Birth (City,	County,	State)			
50							
Age	Social S	ecurity Number				Female Sex	
Blue	Blonde	Fair					
Color of Eyes	Color of Hair	Fair Complexion		150 Weight	Average Build	5'5"	
•		Complexion		vveigni	Bulla	Heigh	τ
Scars, tattoos or distin	guishing marks a		ticsN	I/A			
Are you a citizen of the	e United States?	Yes ⊠ No □	If alien	, registration No	)	•••••••	
If naturalized, certifica	te No		•••••	_Date	•••••	****************	•••••
Place			• • • • • • • • • • • • • • • • • • • •	(If naturalized	, document	must be ve	rified.)
2. MARITAL INFOR	MATION:						
Single   Married	☐ Separated	☐ Divorced	X	Widowed 🗀	Engaged		
				А	pplicant's ir	nitial 🖯	

A. Current Marr	iage N/A			ty County and State
				ty, County and State S.S. No <u>N/A</u>
Date of Birth_	N/A	Place of B	irthN/A	•••••
Resident addr	ess N/A			State 7in
			,	2.10
				N/A
Address of en	nployer N/A Street		City	State Zip
B. Previous Marria	ges: If ever legally se	parated, divorced, or ar	nulled, indicate	below:
Name of Chause	Date of Order	Date of Place	Nature of	City
Name of Spouse	or Decree	of Marriage	Action	County and State
Ralph Neal Caines	04/16/2009	12/03/1994	Divorced	Sandy Springs, Fulton, Georgia
	Dependents:	vicerosidan		the following information:
Name	Birth Date	Birth Place		esidence Address
Courtney Gale Caines		Orem, Utah		South 760 West Salem, Ut 84653
Carson Neal Caines		Provo, Utah		South 760 West Salem, Ut 84653
Lyndsey Caroline Caines	38	Payson, Utah		South 760 West Salem, Ut 84653
	t Information: e mark the appropriate	e response:		
⊠la	m not subject to a cou	rt order for the support	of child.	
pla	m subject to a court on approved by the disthet the amount owed purs	trict attorney or other pu	ne or more chilo ublic agency enf	lren and am in compliance with a orcing the order for the repaymen
the	eorder or a plan appro	rder for the support of o wed by the district attor ount owed pursuant to t	ney or other pub the order.	lren and NOT in compliance with plic agency enforcing the order for cant's initial

FAMIL	Y INFORMATION-Continued	nou roomanaihta fa	an antiquation the call the	
	A.1. A.1.4A		or enforcing the child support order:	
	***************************************			
	Contest person N/A	***************************************		
C.		**********************		
C.	Parents: List names, residence addres	ses dates of birth	and most recent occupations of pa	rents ston naronta
parent	S- *			rents, step-parents,
	in-law or legal guardian. If ret Name (Maiden)	<u>tired or deceased.</u> Birth Date	list last address and occupation.  Address	
Larry Wa	yne Reaves	Ditti Date		Occupation  Army Cops of Engineers (Retired)
Father		-	33	rumy cops of Endineers (IVegred)
Martha G	ale Reaves (Green)		W. 15800 S. Goshen, Ut 84633 La	b Technician (Retired)
Mother				
N/A				
Father-in	n-Law			
N/A				
Mother-i	n-Law			
D.	Brothers and Sisters:			
	List names, residence address their respective spouses.	ses, dates of birth	and most recent occupations of bro	others and sisters and of
	Name (Maiden)	Birth Date	Address	Occupation
Lori Clavi	ton (Reaves)		Chelsea Springs Dr. Columbiana, AL 35051	
Spouse	(1102700)		Chelota Opinigo Di. Columbiana, AL 33031	Home Maker
Seth Clay	/ton		Chelsea Springs Dr. Columbiana, AL 35051	Business Owner
Wayne R	eaves		E. Ashgrove Ln. Saratoga Springs, UT 84045	Business Owner
Spouse N/A				
1077				
	ight (Reaves)	<u> </u>	South 900 East Santaquin, Ut 84655	Home Maker
Spouse Linn Wrig	ht		South 900 East Santaguin, Ut 84655	Unemployed
				опетрюуец
Scott Rea	eves		W. Goosenest Dr. Elk Ridge, UT 84651	Business Owner
Kim Reav	res		W. Goosenest Dr. Elk Ridge, UT 84651	Medical Biller
4. ED	DUCATION:			
	Name of School	Location	Dates Attended	Graduate
Gramma School	r Wilcox Acadamy	Camden,		
High		Camuen, A	Transing 1017-1019	Yes 🛛 No 🗌
School College	Monroe County High		le, Alabama 1979-1986	Yes 🛛 No 🗌
Universit	Brigham Young University y	Provo, Ut	ah 1986-1991	Yes ☒ No ☐
Other				Yes □ No ☒
				I GO L.I. INU LA
ı ype of	f degree obtained, if any Bac	helor of Science		
College	or university where obtained	Brigham Young Unive	ersity	
	, , , , , , , , , , , , , , , , , , , ,			
				0.6

Applicant's initial QC Page 3

#### **5 MILITARY INFORMATION:**

ntry-active service N/A
schargeN/A
erial number <u></u> N/A
offense which resulted in summary action, a trial o yes, furnish details on page 10. (List all incidents
Date registered
NS: (Include those arrests in which you were or summoned to answer for any criminal offense of osition of the event? (Except minor traffic citations List all cases without exception.
Deposition/Date Arresting Agency
en returned against you, but for which you were n earty? Yes □ No 図 If yes. furnish details on
, federal or law enforcement agency, commission
e a federal, state or county grand jury, board or
o a reactar, state or county granta jury, board or
ninal or administrative proceeding or hearing?
ninal or administrative proceeding or hearing?
ealed by a court order? Yes  y and state
ninal or administrative proceeding or hearing? ealed by a court order? Yes □ No ☒
ealed by a court order? Yes \( \subseteq \text{No } \text{\subseteq} \) y and state \( \text{or any criminal offense? Yes } \subseteq \text{No } \text{\subseteq} \) y and state \( \text{over been convicted of a felony? Yes } \subseteq \text{No } \text{\subseteq} \) s yes, furnish details on page 10.
ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \t
ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{No } \text{No } \text{No } \text{Solution} \text
ealed by a court order? Yes \( \subseteq \text{No } \text{\overline} \) y and state \( \text{or any criminal offense? Yes } \( \subseteq \text{No } \text{\overline} \) y and state \( \text{over been convicted of a felony? Yes } \( \subseteq \text{No } \text{\overline} \) s yes, furnish details on page 10.
ealed by a court order? Yes \( \subseteq \text{No } \text{\overline} \) y and state \( \text{or any criminal offense? Yes } \( \subseteq \text{No } \text{\overline} \) y and state \( \text{over been convicted of a felony? Yes } \( \subseteq \text{No } \text{\overline} \) s yes, furnish details on page 10.
ealed by a court order? Yes \( \subseteq \text{No } \text{\subseteq} \) y and state \( \text{or any criminal offense? Yes } \( \subseteq \text{No } \text{\subseteq} \) y and state \( \text{over been convicted of a felony? Yes } \( \subseteq \text{No } \text{\subseteq} \) s yes, furnish details on page 10.
ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{No } \text{No } \text{No } \text{Solution} \text

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

If yes	No ☐ (Other than	plaintiff or defendant or a divorces) st all cases without exce			poration. ever be espondent?
laintiff/Defendant			eption, including ban	Kruptcies:	
laimant/Responde		Court and Case Number	City, County and St	ate	Disposition/Date
Defendant	12/08/2017	107400777	Fourth Distruct Court, Utah Co	ounty, State of Utah	Dismissed- 10/02/2018
associa	y general partnership ited with it as an own No □ If yes, comp	, business venture, sole er, officer, director or pa lete the following:	e proprietorship or clo	sely held corpor o a lawsuit, arbitr	ation (while you v
Name of	Entity	Type of Entity		Approximate Date(s	
Mountain Medical S		Partnership		07/25/2017- 10/02	
lonth and Year	es you have had for				
onth and Year (From-To)	Stree	the last 25 years: et and Number South 760 West	City	State or C	County
onth and Year (From-To) 07/2017- Present	Stree	et and Number	Salem	Utah	County
onth and Year (From-To) 07/2017- Present	Stree 5	et and Number  South 760 West	Salem Payson	Utah Utah	County
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015	Stree 5 516 Sc 969 E	et and Number South 760 West outh 1200 East	Salem Payson Payson	Utah Utah Utah	
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923	et and Number South 760 West outh 1200 East ast 100 South	Salem Payson	Utah Utah	
Onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  outh 1200 East  ast 100 South  7 West 15800 South	Salem Payson Payson Goshen	Utah Utah Utah Utah	1
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  Puth 1200 East  ast 100 South  7 West 15800 South  West Park Meadows Drive	Salem Payson Payson Goshen Mapleton	Utah Utah Utah Utah Utah	n
fonth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012 10/2004- 07/2008 08/1998-10/2004	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  Puth 1200 East  ast 100 South  7 West 15800 South  West Park Meadows Drive  East East 550 South	Salem Payson Payson Goshen Mapleton Santaquin	Utah Utah Utah Utah Utah Utah	n

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2013- Present	Mountain Medical Supply, 723 N. 1890 W., Ste 38A, Provo, Ut 84601	Current
Title	Description of Duties	Name of Supervisor
Owner	Insurance Authorization Manager	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2012- 06/2013	Seasons of Santaquin 785 150 S. Santaquin, Ut 84658	Ownership Opportunity
Γitle	Description of Duties	Name of Supervisor
Administrative Assistant	Management of Assistant Living Facility	Linn Wright
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2009- 10/2012	Parkway Health Center, 55 Professional Way Payson, Utah 84651	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Office Manager	Accounts Payable, Payroll, New Hires, Patient Admissions Coordinator	Jason Giatras
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1993-08/1999	Foothill Treatment Center, 3281 N. Main St. Spanish Fork, Ut 84660	Ended employment to be full time Home Maker
Title	Description of Duties	Name of Supervisor
Drug Counselor		Bruce Chandler
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/1991 -08/1993	Western Youth, Orem Utah	Offerred Advanced Employment
Γitle ,	Description of Duties	Name of Supervisor
Patient Coordinator	Managed Foster Childrens Home, School, Medical, Therapeutic Care	John Gallop
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1988 -06/1991	Mervyns Department Store, 575 E. University Pkwy Orem Ut 84097	Offerred Advanced Employment
Title	Description of Duties	Name of Supervisor
Sales Clerk	Cash Register, Organized Inventory in Men's Department	Mr. Hirsch
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/1984 - 08/1986	McDonald's Resuraunt, 1511 S. Alabama Ave., Monroeville, Al 36460	Moved to attend college at BYU
itle	Description of Duties	Name of Supervisor
Sales Clerk	Cash Register	Mr. White
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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

Applicant's initial....

## 9. CHARACTER REFERENCES:

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

Name of	Employer or employed Where Employed	ovees. Street	City	State	Zip	Telephon		
	Jason Giatras		Springville	UT	84663	Telephor	ne Years K	nown
		<u>Home</u>						
	Parkway Health Center	Business	Payson	UT	84651	same		
Name	Louise Knapp	Home	Provo	UT	84604		24	
Employe	Foothill Treatment Center	Business	Provo	UT	84604	same		
Name	Dr. Laura Maw	Home	Lehi	UT	84043		7	
Employe	Self Employed	Business	Provo	UT	84604	same		
Name	Jeanette Kennedy	Home	Mesa	AZ	85213		25	
Employe	Herd Health Management	Business	Mesa	AZ	85213	same		
Name	Suzanne Dawson Bateman	Home	Springville	UT	84663		5	
Employe	Artopia Interiors	Business	Springville	UT	84663	same		
Box Nun	person's deposito  If yes, complete  There or Type of Deposito	the following			City and Stat	re	Authorized Users	
11.	Have you ever he	ld a privileged	occupa	tional	or profession	al license is		
• • •	the following:	id a privileged	, occupa	ilional C	n profession	iai licerise iii a	any state, including but	not limited to
	Doctor C	awyer ontractor ilot where and yea	Real es Sports (	tate bro	ce dog owne oker or sales er	er sman	Securities dealer Barber/Cosmetologist Trainer or manager	Insurance Gaming Educator
•••••••								
12.	Interest in a licens	ed business owhen and whe es and addres	or industr ere and g	y OUT: jive nar	SIDE the Sta mes and loca	ate of Nevada ations of the b	ustry license or held a fi ? Yes ☑ No ☐ pusinesses in which you ible for licensing said bu	ı were
HME/DME L	icense 2016-2019 Mountain M		C & Paducah	KY 2016-	2019 Foothill Medica	al Supply, Idaho Fall, I	D & Provo, UT	******
Seth Claytor Mountain M	n, 801 Chelsea Springs Dr, Colu edical Supply, South Caolina De	mbiana, AL 35051, Scr epartment of Labor, Lic	ntt Reaves, 64 ensing and Re	4 Goosenes	at Dr., Elk Ridge, Ut 8	14651, Wayne Reaves harmacy	64 E Ashgrove Ln Saratoga Springs, t	Jt 84045
	dical Supply, Idaho State Board					*		
							^	

Applicant's initial

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes $\ \square$ No $\ \boxtimes$
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ⊠
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ☒
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes □ No ☑
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer  Yes  No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes □ No ☑
************	Date of photograph 4/2/20/9  Applicant's initial
	Page 8

STATE OF UTUL
SS.
COUNTY OF UNA
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 filling of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,  I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 25th day of April, 2014
Notary Public  NOTARY PUBLIC  ANDREW A. ADAMS  Commission No. 688623  Commission Expires  APRIL 12, 2020  STATE OF UTAH

Applicant's initial

Page 1

## PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

g Date 4/22/19

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	Medical Device,	Equipment and	Gases		***************************************	
Foothill Medical	Supply, LLC, 629 Name an	Na 95 McLeod Dr, # d Address of Establ		egas, NV 8912		
•••••	]	applicable, Name l	Under Which	It Is Now Operate	d	
1. PERSONAL INFO	ORMATION:					
Reaves	MATION.	Wayne	е			
Last Name Larry Wayne Reaves Jr		First N	ame		Middle Name	
Alias(es, Nicknames, Maide	n Name, Other Name	Changes, Legal or	Otherwise)			
E Ashgrove Ln			Saratoga	Springs	UT	, 84045
Present Residence Address	-Street or RFD		City			te/Zip
723 N 1890 W, Ste 38A		Dates	Provo		UT	, 84601
Present Business Address		Daity	City			te/Zip
Accountant		Dates				
Occupation					Phone: Residence	
					Business	(877) 492-2704 ext 405
vate of Birth		Selma, Dallas, A Place of Birth (Cit		itate)		
			,, ooa.k,, c	nato,		
45						Male
Age	Social S	ecurity Number				Sex
Blue	Bald	White		200	Average	5'10"
Color of Eyes	Color of Hair	Complexion		Weight	Build	Height
Scars, tattoos or distin	guishing marks a	nd/or character	istics N	/A		
Are you a citizen of the	e United States?	Yes ⊠ No □	If alien,	registration No	N/A	
If naturalized, certifica	te No N/A			Date N/A	***************************************	
Place N/A				(If naturalized	i, document r	nust be verified.)
2. MARITAL INFOR	MATION:					
Single   Married	□ Separated	d □ Divorce	ed 🗵	Widowed	Engaged	
				A	Applicant's ini	tial

A.	Current N	Marriage			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Spouse's	full nam	Date e ( <b>Maide</b> n) <u>N/A</u>		Ci S	ty, County a S.S. No	nd State N/A
	Date of Bi	rth_N/A	***************************************	Place of	Birth N/A		
	Resident a	address	N/A Street		City	State	Zip
	Telephone	e: Resi	dence N/A		Business N/A		· 
	Address o						
			Street		City	State	Zip
B. Pr	evious Ma	rriages:	If ever legally sep	parated, divorced, or a	annulled, indicate	below:	
Name o	of Spouse	D	ate of Order or Decree	Date of Place of Marriage	Nature of Action	City	y unty and State
Taryn F			06/19/2018	07/10/1999	N/A		aim, Sanpete, Utah
	-	30780		27/41			
				elephone numbers o			
Ta	Na Bryn Reaves	ame	Street  N Cedar Crest Ro	City  d Eagle Mountain	State  1 Utah	Zip 84045	Telephone
						0.0.0	<del></del>
2 54	MILY INFO	DMATI	on.				
3. FA A.	Children	and Dep	endents				
	List a	all childre ame	en, including step-o Birth Date	children and adopted Birth Place		the follow esidence Ad	
М	egan Reaves		<u> </u>	Provo, UT	E Ashgrove	Ln, Saratoç	ga Springs, UT 84045
K	aitlyn Reaves			Provo, UT	‡ N Cedar	Crest Rd, Ea	agle Mountain, UT 84005
Ту	son Reaves			Cedar City, UT	N Cedar	Crest Rd, E	agle Mountain, UT 84005
В.	Child Sur	port Inf	ormation:				
			ark the appropriate	response:			
		I am no	ot subject to a cour	rt order for the suppor	t of child.		
	×	plan ap	proved by the dist	der for the support of rict attorney or other uant to the order; or	one or more chilo public agency enf	Iren and a forcing the	am in compliance with a corder for the repayment
		the ord	er or a plan approv	der for the support of ved by the district atto ount owed pursuant to	orney or other pub the order.	olic agency	NOT in compliance with y enforcing the order for
					Appli	cant's init	idi /

N	lame Utah Department of Hur	Hall Octalogs	***************************************			
A	ddress 195 N 1950 W, Salt Lak	e City, UT 84116	***************************************			
C	Contact person N/A	•••••	***************************************			
	C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step					
L Darents-	ist names, residence address	ses, dates of birth	and most recent occupations of pa	arents, step-parents,		
ir	n-law or legal guardian. If reti	red or deceased.	ist last address and occupation.			
N Larry Reaves		irth Date	Address W 15800 S, Goshen, UT 84633	Occupation US Army Corps of Engineer		
ather			77 73000 O, GOSHEII, OT 04033	OS Army Corps of Engineer		
Gale Reaves	(Green)		N 15800 S, Goshen, UT 84633	Lab Technician		
Nother	(Crossily		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lab reclinician		
N/A						
ather-in-La	ıw					
N/A						
Nother-in-L	aw					
	<u> </u>					
D. E	rothers and Sisters:					
1		عالمانا كم معلمات				
	ist names, residence address	es, dates of birth	and most recent occupations of bi	others and sisters and		
tt		es, dates of birth	and most recent occupations of be	others and sisters and		
<u>tł</u> N	ist names, residence address nei <u>r respective spouses.</u> ame (Maiden)		Address	Occupation		
th N Angela Caine Spouse	ist names, residence address nei <u>r respective spouses.</u> ame (Maiden)					
th N Angela Caine	ist names, residence address nei <u>r respective spouses.</u> ame (Maiden)		Address	Occupation		
th N Angela Caine Spouse N/A ori Clayton (	ist names, residence address neir respective spouses. ame (Maiden) es (Reaves)	Birth Date	Address	Occupation		
NAngela Caine Spouse N/A ori Clayton ( Spouse	ist names, residence address neir respective spouses. ame (Maiden) es (Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051	Occupation  Business Owner  Home Maker		
th N Angela Caine Spouse N/A ori Clayton (	ist names, residence address neir respective spouses. ame (Maiden) es (Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653	Occupation  Business Owner		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton	ist names, residence address neir respective spouses, ame (Maiden) es (Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051	Occupation  Business Owner  Home Maker		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton	ist names, residence address neir respective spouses, ame (Maiden) es (Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051	Occupation  Business Owner  Home Maker  Business Owner		
Angela Caine Spouse N/A on Clayton ( Spouse Seth Clayton Audra Wright Spouse	ist names, residence address neir respective spouses. ame (Maiden) as (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright	ist names, residence address neir respective spouses. ame (Maiden) as (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655	Occupation  Business Owner  Home Maker  Business Owner  Home Maker		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright	ist names, residence address neir respective spouses. ame (Maiden) as (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed		
Angela Caines Spouse N/A ori Clayton ( Spouse Seth Clayton Spouse Sipouse Linn Wright Scott Reaves Spouse Linn Reaves	ist names, residence address neir respective spouses. ame (Maiden) is (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright Scott Reaves Spouse Kim Reaves	ist names, residence address neir respective spouses. ame (Maiden) as (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright Scott Reaves Spouse Kim Reaves	ist names, residence address neir respective spouses. ame (Maiden) is (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright Scott Reaves Spouse Kim Reaves	ist names, residence address neir respective spouses, ame (Maiden)  is (Reaves)  Reaves)	Birth Date	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651  W Goosenest Dr, Elk Ridge, UT 84651  Dates Attended	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller		
Angela Caine Spouse N/A  ori Clayton ( Spouse Seth Clayton  Audra Wright  Spouse Linn Wright  Scott Reaves  Grammar  School  Lingh	ist names, residence address neir respective spouses. ame (Maiden) is (Reaves)  Reaves)  CATION:  Name of School  Monroe County School	Location  Monroeville, A	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651  W Goosenest Dr, Elk Ridge, UT 84651  Dates Attended  L 1979 - 1987	Occupation Business Owner  Home Maker Business Owner  Home Maker Unemployed Business Owner  Medical Biller  Graduate Yes No		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright Spouse Linn Wright Spouse Linn Wright Character Control Cont	ist names, residence address neir respective spouses. ame (Maiden)  is (Reaves)  Reaves)  CATION:  Name of School  Monroe County High School	Location  Monroeville, A	Address  West 760 South, Salern, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651  W Goosenest Dr, Elk Ridge, UT 84651  Dates Attended  L 1979 - 1987  L 1988 - 1991	Occupation  Business Owner  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller  Graduate  Yes No  Yes No  Yes No		
Angela Caine Spouse N/A ori Clayton ( Spouse Seth Clayton Audra Wright Spouse Linn Wright Spouse Linn Reaves AL EDU Grammar Ichool Ligh Chool	ist names, residence address neir respective spouses. ame (Maiden) is (Reaves)  Reaves)  CATION:  Name of School  Monroe County School	Location  Monroeville, A	Address  West 760 South, Salem, UT 84653  Chelsea Springs Dr, Columbiana, AL 35051  Chelsea Springs Dr, Columbiana, AL 35051  South 900 East, Santaquin, UT 84655  South 900 East, Santaquin, UT 84655  W Goosenest Dr, Elk Ridge, UT 84651  W Goosenest Dr, Elk Ridge, UT 84651  Dates Attended  L 1979 - 1987	Occupation Business Owner  Home Maker Business Owner  Home Maker Unemployed Business Owner  Medical Biller  Graduate Yes No		

Applicant's initial

#### **5 MILITARY INFORMATION:**

A.	Have you ever served in any armed forces?	Yes ∐ No ⊠		
	Branch_N/A	Date of entry-active ser	/iceN/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 arrospecial or general court martial? Yes regardless of where they occurred-foreign or content of the service were you ever arrospecial or content of the service were you ever arrospecial or content of the service were you ever arrospecial or content of the service were you ever arrospecial or content or co	□ No □ If yes, furnish denoted in the latest term of the latest te	resulted in summary etails on page 10. (L	action, a trial or ist all incidents
B.	Have you registered for the draft? Yes	⊠ No □		
	County Monroe County State Alaba	a <u>ma</u> Date re	gistered July 1989	
6. Ai	RRESTS, DETENTIONS, LITIGATIONS AND A not convicted.)	ARBITRATIONS: (Include	those arrests in wh	ich you were
A.	Have you ever been arrested, detained, charg violation for any reason whatsoever, regardles Yes □ No ☒ If yes, give details in space pro	ss of the disposition of the	event? (Except minor	
Date of	Arrest Age Charge Location	on-City and State E	eposition/Date Arres	ting Agency
N/A				
В.	Has a criminal indictment, information or comparrested or in which you were named as an ur page 10.	plaint ever been returned a nindicted co-party? Yes □	gainst you, but for wh No ⊠ If yes. furnis	ich you were no h details on
C.	Have you ever been questioned or deposed by or committee? Yes ☒ No ☐	y a city, state, federal or la	w enforcement agend	y, commission
D.	Have you ever been subpoenaed to appear or commission? Yes □ No ☒	r testify before a federal, sta	ate or county grand ju	ıry, board or
E.	Have you ever been subpoenaed to testify for Yes □ No ☒	any civil, criminal or admir	istrative proceeding	or hearing?
F.	Have you ever had a civil or criminal record ex If yes, when?			×
G.	Have you ever received a pardon or deferred	prosecution for any crimina	l offense? Yes 🛚 N	
Н.	If yes when? Has any member of your family or of your spool f you answer to any of the above questions (E	use's family ever been con 3 through H) is yes, furnish	victed of a felony? Ye details on page 10.	es □ No 🗵
lame	Relationship	Charge	Location	Date
N/A				
		· · · · · · · · · · · · · · · · · · ·		

Applicant's initial Page 4

1.	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:

Date Filed	Court and Case Number	City, County and State	Disposition/Date
12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed-10/02/18
		Date Filed Number	

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
Mountain Medical Supply, LLC	Partnership	07/25/2017 - 10/02/2018
		* ************************************

#### 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
08/2017 - Present	E Ashgrove Ln	Saratoga Springs	UT
04/2012 - 08/2017	7854 N Cedar Crest Rd	Eagle Mountain	UT
08/2010 - 04/2012	123 W Springview Dr	Saratoga Springs	UT
08/2006 - 08/2010	1954 N Ashdown Forest Rd	Cedar City	= UT
04/2005 - 08/2006	851 E 450 S	Santaquin	UT
07/2001 - 04/2005	PO Box 418	Goshen	UT
07/2000 - 07/2001	400 N 609 E #1	Spanish Fork	UT
07/1999 - 07/2000	1200 Terrace Dr	Provo	UT
07/1997 - 07/1999	425 W 1720 N Apt 2105	Provo	UT
05/1996 - 07/1997		Santaquin	UT
12/1995 - 05/1996		Rexburg	ID

Applicant's initial Page 5

#### 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2016 - Current	Foothill Medical Supply, 723 N 1890 W, Ste 38A, Provo, UT 84601	Current
Title	Description of Duties	Name of Supervisor
Owner	Accounting	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014 - 04/2016	JF Capital, 1148 Legacy Crossing Blvd, Centerville, UT 84014	Ownership Oportunity
Title	Description of Duties	Name of Supervisor
Manager	Real Estate Development project manager	Chad Bessinger
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 - 09/2014	Air Medical Resource Group, 10888 S 300 W, South Jordan, UT 84095	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Staff Accountant	General accounting duties	Zandra
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2010 - 01/2014	Ferrari Color, 1550 Gladiola St, Salt Lake City, UT 84104	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Cost Accountant	Estimate project and product costs	Marty McGhie
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2006 - 08/2010	Festival Development, 1954 N Ashdown Forest Rd, Cedar City UT 84720	Company Dissolved
Title	Description of Duties	Name of Supervisor
Director	Land Development	John Ames
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2004 - 08/2006	NAC Development, Payson, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Project Manager	Land Development	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2001 - 09/2004	RAM Constructors, 165 1330 W # B1, Orem, UT 84057	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Estimator	Estimated heavy highway construction projects	Steve Young
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 05/2001	Rouseau Excavation, Santaguin, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Equipment Operator	Residential home excavation	Larry Reaves

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

Applicant's initial

#### 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees Name of Where Employed Street City State Zip Telephone Years Known Name Don Lyster Home Provo UT 84604 8013622900 24 Employer Lyster Engineering **Business** Provo UT 84604 same Name John Ames Home St George UT 84765 4352290707 13 **Employer ReMax Realty Business** St George UT 84765 same Name Chad Bessinger Home Kaysville UT 84037 8015186550 5 Employer JF Capital **Business** Centerville UT 84014 same Name Mitchell Fielding Mesquite TX 75150 3852226459 Home 5 Employer Fielding Law Mesquite 75150 **Business** TX same Name James Croxford Great Falls MT 59401 4067502699 Home 6 Employer JM Grain Business **Great Falls** 59401 same 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 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 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. HME/DME License; 2016 - 2019 Mountain Medical Supply, Aiken, SC & Paducah, KY; 2016 - 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT Angela Caines, 232 W 760 S, Salem, UT 84653; Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051; Scott Reaves, 644 W Goosenest Dr, Elk Ridge, UT 84651; Moutain Medical Supply, South Carolina Department of Labor, Licensing and Regulation & Kentucky Board of Pharmacy Foothill Medical Supply, Idaho State Board of Pharmacy & Utah Board of Pharmacy

Applicant's initial

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada any reason whatsoever? Yes □ No ☒	for
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupatio or professional activity? Yes □ No ⊠	nal
If yes t	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 an controlled substances?  Yes □ No ☒	l d/or
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 the upon voluntary close of a manufacturer Yes □ No ☒	ın
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 04/12/19	

Applicant's initial

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SS

COUNTY OF LLAND

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

..... day of April, 201

Notary Public

(Se2bAM KERSH
Notary Public - State of Utah
Comm. No. 705657
My Commission Expires on
Apr 8, 2023

Applicant's initial

### ADDITIONAL INFORMATION

O. EIVIPLOTIVIENT.		
07/1997 - 07/1999	L&T Construction, 215 Orem Blvd, Orem, UT 84058	Irreconcilable differences
Estimator	Estimated commercial and residential projects	Lew Bankhead
05/1996 - 07/1997	CAC Development, Santaquin, UT	Company Dissolved
Principal	Construction Management	N/A, Principal
	······	
12/1995 - 05/1996	Enrolled full time at Ricks College, ID	
10/1993 - 12/1995	Unemployed, Church Mission	
05/1991 - 10/1993	Employed part time at 2 unknown drywall companies	while attending college at Patrick Henry, Monroeville, AL,
	Southern Union, Auburn, AL; and University of West	Alabama, Livingstion, AL
	***************************************	
*************************		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Applicant's initial\_\_\_\_\_ Page 10

\$ Date April 1, 2019

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	Medical Device,	Equipment and	Gases ture of License		
Foothill Medi	cal Supply, LLC, 62		#22, Las Vegas, NV89	9120	
			lishment for Which License		
		If applicable, Name	Under Which It Is Now Ope	rated	***************************************
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1. PERSONAL II	NFORMATION:	Dill.		0-46	
layton Jr. ast Name		Billy First N	lame	Seth Middle Name	
VA		( ii gi ( i	ante	Wildule Hairle	
Alias(es, Nicknames, M	aiden Name, Other Nam	e Changes, Legal o	r Otherwise) NA	, , , , , , , , , , , , , , , , , , , ,	
Chelsea Springs Dr			Columbiana	AL 35	051
resent Residence Add	ress-Street or RFD		City	State	Zip
6120 Woodside Execut	ive Court	Dates	Aiken	SC 29	9803
Present Business Addre			City	State	
Manager		Dates July 2013	-Present		
Occupation				Phone:	
				Residence	
				Business 803	641-7417
) Date of Birth		Columbus, Musco Place of Birth (Ci	ogee County, GA ty, County, State)		<u> </u>
60					
.ge	Social S	Security Number			Sex
rown	Brown	White	185	Average	5'-9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
-	•		istics NA		
			If alien, registration I		
f naturalized, certi	ficate No NA		Date		
Place NA			(If naturaliz	zed, document mu	et he verified )

BSU Applicant's initial

Applicant's initial PSU Page 2

A.	Current mari	riage <u>Nov 11, 2000</u>		Birmingham, Jefferson County, AL			
	Spouse's full		Date ri Lanae Reaves	City, County and State S.S. No			
	Date of Birth	_	Place	of Birth Selma, AL			
	Resident add	ress 1 Chelsea S	Springs Dr.	Columbiana	AL	35051	
		Street	13	City	State	Zip	
	Telephone:	Residence	5	_Business NA			
	Spouse's emp	ployer NA		_Occupation_Stay	at home i	mother	
	Address of en						
		Street		City	State	Zip	
B. Pr	evious Marria	ges: If ever legally	separated, divorced, o	r annulled, indicate	below:		
ame o	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action		ty ounty and State	
		4.0	1 · · · · · · · · · · · · · · · · · · ·	NP-72			
VA							
					127		
	List of names	current address or	ad talanhana numbara	of provious spaces			
	List of names Name	, current address ar Street	nd telephone numbers City	of previous spouse: State	s: Ziņ	o Telephone	
NA .						) Telephone	
NA .						o Telephone	
NA .						o Telephone	
NA .						) Telephone	
A	Name  Name	Street				o Telephone	
A 3. FA	MILY INFORM Children and List all ch	Street  IATION: Dependents: nildren, including sto	City ep-children and adopte	State	Zip	wing information:	
A 3. FA	MILY INFORM Children and List all ch	Street  IATiON: Dependents:	City ep-children and adopte	State	Zip	wing information:	
A  3. FA A.	MILY INFORM Children and List all ch	Street  IATION: Dependents: nildren, including sto	ep-children and adopte Birth Place  Birmingham, AL	State ed children and give	Zip  the follow Residence A  Springs Dr.	wing information: ddress , Columbiana, AL 3505	
JA  3. FA A.	MILY INFORM Children and List all ch	Street  IATION: Dependents: nildren, including sto	City ep-children and adopte Birth Place	State ed children and give	Zip  the follow Residence A  Springs Dr.	wing information: ddress	

#### 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

Applicant's ir	ııtıaı_	5870	

Applicant's initial Page 4

	Name				
	Contact person				
C.	Parents:				
parent		resses, dates of	birth and mo	est recent occupations of pare	ents, step-parents,
parem	in-law or legal guardian. If Name (Maiden)	retired or deceas Birth Date	sed, list last : Address		Occupation
Father					
Billy Clay Mother	yton	5	10 One	Nineteen Blvd., Apart 2124, Hoover,	AL 35242 Retired
eggie C			Mito	hell Creek Rd., Wetumpka, AL 3609	2 Retired
	·,·				
Mother-			P. O. Box	412, Goshen, UT 84633	Retired
Sale Rea	ves	-	P. O. Box	412, Goshen, UT 84633	Retired
D.	Brothers and Sisters:			,	roured
D.	List names, residence adda	resses, dates of	birth and mo	st recent occupations of broth	ners and sisters and of
	their respective spouses.  Name (Maiden)	Birth Date	Address		Occupation
Roger Cla	avton		Deatsville	ΔΙ	
Spouse					IT Project Manager
ennifer (	Jayton		Deatsville	, AL	Accountant
(arsten C Spouse:			Colorado	Springs, CO	Training Manager
orria Bed	alea				
Spouse		2 9		Ridge Rd. Williamstown, KY 41097	,
ave Bec	ker		Oak	Ridge Rd. Williamstown, KY 41097	IT Project Manager
Salen Cla Spouse:				Chicago, IL	Preauthorization manage
4. E	DUCATION:				
	Name of School	Loc	ation	Dates Attended	Graduate
Gramma School:	r Flowers Elementary	Mo	ntgomery, AL	1976-1982	Yes = No =
	Wetumpka High School		etumpka, AL	1982-1987	Yes = No =
College Univers	ity: Auburn University	Au	ıbum, AL	1987-1992	Yes No
Other: N	NA				Yes ■ No ■
Туре о	f degree obtained, if an <u>y Buil</u>	ding Construction	on		
College	e or university where obtained	d Auburn Univer	sitv		
			<del></del>	Applicant's init	
					Page

Have you ever served in any armed forces?

	Branch				Date of entry-a	ctive service			_
	Date of separation				Type of dischar	rge			
	Rating at separation				Serial r	number			
	While in the mi special or gene regardless of	eral cour	t martial?	Yes ■	No If yes, fur	e which resulted in rnish details on pa	summary ge 10. (L	action, a tr ist all inciden	rial or 1s
B.	Have you regis	stered fo	r the draft?	Yes	■ No ■				
	County: Elmo	re Count	yStat	e: AL		_Date registered M	lay 1987		
6. AR	not convicted Have you ever violation for an	l.) been ari yreason	rested, detain whatsoever,	ed, charge regardles	ed, indicted or sur s of the dispositio	Include those arre mmoned to answer n of the event? (Exc all cases without e	for any cr	iminal offer traffic citat	nse or
Date of A	Arrest	Age	Charge	Locatio	n-City and State	Deposition/Da	ite Arri	esting Agency	
					10.001				
B.	arrested or in page 10.	which yo	ou were name	ed as an u	unindicted co-par	eturned against you rty? Yes ■ No ■ I	f yes. furr	nish details	on
C.	Have you ever or committee?			eposed by	a city, state, fede	ral or law enforcem	entagen	cy, commis	sion
D.	Have you ever commission?	beensu Yes = N	bpoenaed to	appearor	testify before a fe	deral, state or cour	nty grand j	ury, board	or
E.	Have you ever	beensu	bpoenaed to t	testify for a	ny civil, criminal c	or administrative pr	oceeding	or hearing?	?
F.	and the late of th				xpunged or seale	ed by a court order	?Yes =	No =	
G.	Have you eve If yes when?	rreceive	ed a pardon c	or deferred	d prosecution for city, county and	any criminal offer	nse? Yes	= No =	_
H.	Has any mem				use's family ever	been convicted of s, furnish details on		Yes - No	<b>=</b>
Name			Relations	hip	Charge		Location	Date	
			<del></del>		****				
		722							_

Yes = No =

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:

Claimant/Responder	nt Date Filed	Number	City, Cou	inty and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court,	Utah County, State of Utah	Dismissed-10/02
associai	general partnersh ted with it as an ow o ■ If yes, comp	ner, officer, direc	ctor or partner) been a	hip or closely held corpo a party to a lawsuit, arbit	ration (while you w ration or bankrupt
Name of E	ntity	Type of Entity		Approximate Date Lawsuit/Arbitration	s) of /Bankruptcy
Mountain Medical	Supply, LLC	Partnership		07/25/2017 - 10	/02/2018
		2	9	E <sup>O</sup>	
lonth and Year	s you have had for				
(From-To)	Str	eet and Number	City	State or	County
ct 2007-Present		Chelsea Springs Dr.	Columbia	ana	AL
ept 2006-Oct 2007	218	Narrows Point Dr.	Birminghar	n	AL
			39		
pril 2005-Sept 2006			Santaquin		UT
ay 1999-April 2005	4100	North Cahaba Dr.	Birminghar	n	AL
pt 1997-May 1999	658	dlewilde Circle	Birminghar	n	AL
ne 1996-Sept 1997	2704	Mitchell Creek Rd.	Wetumpka		AL
ar 1993-June 1996			Alpharetta		GA

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.

June 2013 Mountain Medical Supply, 6120 Woodside Executive Court, Aiken, SC 29803 Currently employed Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

June 2013	Mountain Medical Supply, 6120 Woodside Executive Cour	rt, Aiken, SC 29803 Currently employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Manager	Description of Duties: Manage delivery of supplies/dme	Name of Supervisor: NA-I am a principal
Dec 2008-June 2013 Do Bir	ster Construction Company, 2100 International Park Dr., mingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Sr. Project Manager	Description of Duties: Manage construction of multi- family construction projects	Name of Supervisor: Tom Reynolds
Sept 2007-Dec 2008 Ca	Ivin Reid Construction Company, Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single- family construction	Name of Supervisor: Dennis Reid
April 2005-Sept 2007 Sto	one Mountain Homes, Santaquin, UT	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Neal Caines
Sept 1997-April 2005 Ca	pstone Building Corp, Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of student housing construction	Name of Supervisor: Lawrence Whatley
June 1996-Sept 1997 Ce	ntral Fastener and Supply, Montgomery, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Concrete cutting technician	Description of Duties: Perform concrete cutting and core drilling	Name of Supervisor: Dennis Stinson
Mar 1993-June 1996 Ce	ntex Homes, Roswell, GA	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Superintendent	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Dale Bercher
Sept 1987-June 1992 S	tudent	
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 850

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

Name of	Where Employed	Street	City	State	Zip	Teleph	one Years h	nown
Retired Name Cl	em Muck	Home: Waterford Cove Dr. Calera, AL 35040					11	
Employe	r ACIPCO	Business	Birminghar	n, AL				
Name B	arry Sadler Jr.	Home County Rd.151, Calera, AL 35040					11	
Employe Monteval	r University of lo	Business	Montevallo	, AL				
	cott Kenny	Home	Birmingha	m, AL			29	
Self Emp Employe	loved	Business	Birmingha	m, AL				
	att Lewis	Home:	P. O. Box 2	242, Chel	sea, AL 3504	3	6	SE ES MANUEL FOR
	r Binkerd Enterprises		Calera, AL					
\ \	oy Binkerd	Home	<sup>7</sup> Port Dr.	, Shelby,	AL 35143		20	0
Employe		Business						
10.	Do you have an person's depos if yes, complet	itory? Yes	No m	nersucl	n depositor	y, access to a	any depository or do you i	use any oth
Box Num	ber or Type of Depos	sitory	Location		City and St	ate	Authorized Users	
11.	Have you ever the following:	neld a privilege	ed, occupa	ational o	or profession	nal license in	any state, including but	not limited
	Liquor Doctor Accountant	Lawyer Contractor Pilot	Reales		ice dog owi oker or sald ier		Securities dealer Barber/Cosmetologist Trainer or manager	Insuranc Gaming Educato

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial

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.

Home Medical Equipment License, 2013, South Carolina. Mountain Medical Supply, 6120 Woodside Executive Court,
Applicant's initial

Pharmacy		
Home Medical Equipment License, 2014, Kentucky. Partners: Wayne Reaves, Scott Reaves and Angela		

Home Medical Equipment License, 2016, Idaho. Foothill Medical Supply, 6230 S. Heritage Lane # 5, Idaho Falls, ID 83402. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Idaho Board of Pharmacy

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Home Medical Equipment License, 2017, Utah. Foothill Medical Supply, 723 North 1890 West #38A, Provo, UT 84601. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Utah Board of Pharmacy

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	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 ■
yes t	o 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/o 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   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 APRIL 1, 2019
	Applicant's initial Box
	Page

Shelby County

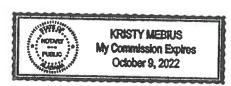
CAUTON JE.\_\_\_, being duly swom, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 of 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.

B Dith Clayta G.
Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of April 2019

(seal)



**11E** 

### **NEVADA STATE BOARD OF PHARMACY**

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

# **APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**

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

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

Application must be printed legibly or typed

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

laws of the state of Nevada.
New MDEG   Ownership Change   Name Change   Location Change   (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: Optima Prosthetics + Orthotics, LCC
Physical Address: 255 West Moana Lane #110
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 5 Ame
City: Reno State: NV Zip Code: 89509
Telephone: 775-229-2503 Fax: 775-499-2707
E-mail: CINCLE OPTIMAPO. COM Website: Wivw. Optimapo. Com - IN
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3
Fri: 9 to 3 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: SUSAN NORELL
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> </ul>
□ Diabetic Supplies Other:  **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name:  □ Diabetic Supplies  Telephone:

Page 1

### **APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

List a	all Medicare and Medic	aid provider numb	ers regist	ered to t	he busine	ess or its o	wner:	
Me	dicare	In Process	2					
Me	dicaice	In Proces	20					
1)	Do any shareholders any type of business or another political ju	or facility which a	•		-	Vevada	es 🗆	No 💢
2)	Are you or have you business or health c dispensed or distribu	are entity in which					es 🗆	No 🕇
3)	Are any of the owner  Practitioner Advanced Practi Physician's Assis Physical Therapi Occupational Th Registered Nurs Respiratory Ther	tioner of Nursing stant ist erapist se	Name: Name: Name: Name: Name: Name: Name:	NA NA NA NA NA	se check t	the box an	d list	name.

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

1)	Has the corporation, any owner, shareholder(s) or pa any interest, ever been charged, or convicted of a fel misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No 🗹
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or corregistration?	. , ,	Yes □ No 🏿
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative acrelating to the pharmaceutical industry?		Yes □ No 🔀
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entere contendere to any offense federal or state, related to substances?	ed a plea of nolo	Yes □ No 🌠
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary cl	cate of registration	Yes □ No 🍇
attach	enswer to questions 1 through 5 is "yes", a signed stated. Copies of any documents that identify the circumser disposition may be required.		
l under	by certify that the answers given in this application and attacts and that any infraction of the laws of the State of Nevad zed MDEG provider or wholesaler may be grounds for the	la regulating the operati	on of an
penalty hereby any inv	read all questions, answers and statements and know the of perjury, that the information furnished on this application authorize the Nevada State Board of Pharmacy, its agent restigation(s) of the business, professional, social and motion, as it may deem necessary, proper or desirable.	on are true, accurate ar ts, servants and employ	nd correct. I rees, to conduct
	Cynthia Wilson al Signature of Person Authorized to Submit Application		
Origin	al Signature of Person Authorized to Submit Applicati	on, no copies or stam	ps
C	ynthia Wilson	7-25-19 Date	
Print N	lame of Authorized Person	Date	
Board	Use Only Received:	Amount: 500.00	

#### **APPLICATION FOR NEVADA MDEG LICENSE**

	The state of the s			
Owner's Name: _	Cynthia	Wilson	)	
				Orthotics, LLC
				LN, Ste. 110
city: Renc		State:	NV	zip: 89509
Telephone: 77	5-229-2	503	Fax:	775-499-2707

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

#### **SOLE OWNER**

## Include with the application for a sole owner

<u>Complete personal history record</u> Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Date 7-25-19

### **GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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	n for	Mc	)EG				
OPTIN	na Prosth	etics + 1	Orthotics	re of License	155 W. A	loana LN	,
Stello	Reno NI	Name and	d Address of Establis	hment for Which Licen	se Is Requested		. <i>l</i>
<u> </u>			applicable, Name U	nder Which It Is Now O	perated - NA		
1. PERS	SONAL INFORMA	ATION:					
Last Name	WILSON		First Nar	ne Cynthia	Middle Nam	• Ann	
Alias(es, Nic	knames, Maiden Nam		Changes, Legal or C	Otherwise)		15/101	
Cyr	1thia Mo	lyuk					
L	dence Address-Stree	tor RFD 5/1	B to Present Dates	City Spark		ate/Zip 894,34	
Present Hile	Moana Li		Dates 7/1/19 to Dates Pulsent	0.1	Si	ate/Zip 89509	
Occupation		<u> </u>	Datos j		Phone:		
Paral	egal				Residence	15-220-2	150
-					Business	15-229 <i>-</i> 2	*50 <u>-</u>
Date of Birth		Dul. 41	Place of Birth (City,		0.4		
	• • •	יוטועט	o, St. Lou	115 Counti	Y, MINNE	SOTA	
Age 48		Social Se	ecurity Number	_		Sex	
Color of Eyes	Col	or of Hair	Complexion	Weight	Build	Height	
Blue	BRO	NW C	White	110 16:	s avera	se 5'1"	
Scars, tatto	oos or distinguish	ing marks a	nd/or characteris	tics None			••••
Are you a	citizen of the Unit	ed States?	Yes X No □	If alien, registration	on No NA		
If naturalize	ed, certificate No	NA		Date	***************************************		
Place^	)H			(If natura	lized, document	must be verified.)	••••
2. MARIT	TAL INFORMATI	ON:					
Single	Married 🕱	Separated	□ Divorced	l □ Widowed	□ Engaged		
					Applicant's in	itial (J)	Page 1

I am not subject to a court order for the support of child.

- $\ \square$  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

District attorney or public agency responsible	for onforcing the shild aumout a	648
Name NA	tor enforcing the child support of	rder:
Address NA		
Contact person NA	······	
C. Parents:		•••••••••••••••••••••••••••••••••••••••
List names, residence addresses, dates of bi	rth and most recent occupations	of parents, step-parents,
parents- in-law or legal guardian. If retired or decease	ed list last address and occupation	on.
Name (Maiden) Birth Date	Address	Occupation
Father	1 MINNESOTA AVE	Retired
Emil 6. Malyuk Dui	uth, MN 55802	Dredge Operator
Mother	Minne SOTA AVE	De ceased
Jacqueline Klups _ Dul	th, MN 55802	Homemaken
Father-in-Law	S. BURKE ST	Deceased
George Wilson U	salia, CA 93292	Farm worker
Mother-in-Law	S. BURKE ST	Retired
ERNESTENE NEal 'U	<u>15alia, CA 93298</u>	Farm Worker
Brothers and Sisters:     List names, residence addresses, dates of bit their respective spouses.  Name (Maiden)  Birth Date  Name (Maiden)		
V	Seven oaks R	Q JOB COST
Kathy Malyuk	ESUP. GA 31546	
David Olson	<u> </u>	IZUCK DIIVER
George Malyuk .	DUIGH MN 5580	e Disabled
Spouse none		<i>A S</i> -5000
Peter Malyuk -	Rankly MN 55305	3 Supply Sat:
Spouse Lisa Sutton	u 11	
Rebecca Malyuk	othello DR	Dental Hygentiss
Spouse	Las vegAS, NV 8912	
Joseph Krouse	U "	Bartender
4. EDUCATION:		
Name of School Locati		Graduate
Grammar Washington JR. High Duluth High Openhar & Migh State & Duluth		6 Yes ⊠ No □
school Centrul High J Chaol Dulut		9 Yes ⊠ No □
College University of Minnesona	1- 1989 - 199	
Other Duluth		Yes No D
Type of degree obtained, if any Bachelor	of Arts	4 1 M Juni
College or university where obtained Univers		7- Dulution
		<u> </u>
		(11)

Applicant's initial Page 3

Steplen Wilson	Spoose	Disorderly	Conduct	Phoenix, Arizona	201
					·

Applicant's initial Coul

	Yes ፟፟፟፟፟X No □ ( If yes, give detai	is below. Lis	t all cases without ex	ception, including bankru	uptcies:	
aintiff/ aimar	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and State	Dienositi - /D - A	
	e Attache			Oity, County and State	Disposition/Date	<u>e</u>
J.	Has any general associated with i Yes □ No 🕱 I	t as an owne	r. officer. director or i	le proprietorship or close partner) been a party to a	ely held corporation (while y lawsuit, arbitration or bank	ou w
	Name of Entity		Type of Entity		oproximate Date(s) of awsuit/Arbitration/Bankruptcy	
. RE	ESIDENCES:					
t all	residences you ha	ve had for th	e last 25 years:			
t all	residences you ha	-	e last 25 years:	City	State or County	
t all oth ar	residences you ha	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all oth ar	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all	residences you ha nd Year -To)	Street	-	City	State or County	
t all th ar	residences you ha nd Year -To)	Street	-	City	State or County	

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.

Month and Year	Managh Andrews A. J. J. Commission of the Commis	
	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	No. 10. 12	
wonth 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
14 11 137		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial Page 6

	List five charac	cter reference v	vho have know y	ou five years or	more. Do r	not include relat	ives, pre	esent	
	Where Employed	Street	City State	Zip	Telephone		Years Kr	nown	
Name L	159 KOBZI	A Home	! E. Jacara	nda, mesa.	AZ 850	213		(	23 yrs.)
Employe	smict Court	HOIW.	Washington	, Phoenix, 1	92 850	٥3			
Namo	INGOR ROST	OK Home	RobinHood L	N, Lakeside	2,AZ 85	929			(23)
Employe	Superior C	OURILIOU	Come larkers	DK, Holbu	OOK, AZ!	36025 928	-524	1-421	7
Name (	Cathy Egan	J Home	egends way	, Anthem,	AZ 850	286			(23)
Employe	Law FIRI	M 13711 W	egends way	USOL #4,	Sun City	WCST, AZ	623-	546-1	600
Name F	ROBERT Eq	AN Home	egends way	Anthem,	AZ 850	86 2			(53)
Sout	pwest AIRI	1025Business	Love Field	DR., Dallas	5, TX 7	5235		-	
Name k	KIRBY MIL	LeRHome	1 Topanga F	eak LN, B	aKeRSFI	eld, CA 93	313		් (20)
TOUN Employe	send Desig	N 4615	Stepard St	, Bakers	Field, C	A 93313	800-	422-	3466
10.	if yes, comple	sitory? Yes Lite the followir	box or other suc No X ig:	h depository, a	ccess to any	depository or o	do you u	se any ot	her
	nber or Type of Depo	ository	Location	City and State		Authorized Users			
NA	4						<u>.</u>		
11.	Have you ever the following: Liquor Doctor Accountant Yes □ No 🌣 If yes, state typ	Lawyer Contractor Pilot	Sports promot	ce dog owner oker or salesma	an l	ny state, includio Securities deale Barber/Cosmeto Trainer or mana	er ologist	ot limited Insuranc Gaming Educator	e
NA									
12.	Interest in a lice	ensed business e, when and wl ames and addre	ty, county of state or industry OUT nere and give na ess of all partners	SIDE the State mes and location	of Nevada?	'Yes □ No 🕱 ≀sinesses in whi	ch vou v	were	
					Арр	licant's initial	Cu		 ge 7

10.	any reason whatsoever? Yes $\square$ No $X$
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 💢
If yes t	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 X
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 X
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 7-25-19
	Applicant's initial Page 8

COUNTY OF Washoe

I, Cynthia Wilson , 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 of 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.

Cyntruck Wulson 7-25-19
Original Signature of Applicant

Subscribed and Sworn to before me this 25th

/ Roscom

**GLENDA SENOR ROSCOM** NOTARY PUBLIC STATE OF NEVADA Commission Expires: 02-08-2022 Certificate No: 18-1979-2

(seal)

Applicant's initial

6.C.	ON april 14, 2015, I was the victim
	OF an assault + Kobbery and was
	questioned by police in an effort
**************************	of an assault + Robbery and was questioned by police in an effort to identify the perpetratoes.
***************************************	, , , , , , , , , , , , , , , , , , , ,
6. H.	In May, 2010, my spouse plead
	guilty to disorderly Conduct arising
	out of A dispute with a Neighbor
	Guilty to disorderly Conduct arising out of A dispute with a neighbor. He was sentenced to two years of Probation which was terminated early after our year
	Probation which was terminated early
***************************************	after one year.
***************************************	
***************************************	
•••••	
•••••	
***************************************	
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***************************************	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

# Cynthia Wilson- List of Lawsuits

Plaintiff/Defendant	Date Filed	Court/Case #	City, County and State	Disposition Date
Bank of America, Plaintiff v. Cynthia Malyuk, Defendant (Collections)	12/12/2007	Downtown Justice Court, Maricopa County CV2007-021494	Phoenix, Maricopa Couty, Arizona	Included in bankruptcy filed 10/16/2008
ICUL Service Corporation, Plaintiff, v. Cynthia Malyuk, Defendant (Collections)	05/27/2007	Downtown Justice Court, Maricopa County TJ2007-004257	Phoenix, Maricopa County, Arizona	Included in bankruptcy filed 10/16/2008
Arizona Federal Credit Union, Plaintiff v. Cynthia Malyuk, Defendant (Collections)	06/03/2008	Downtown Justice Court, Maricopa County TJ2008-007981	Phoenix, Maricopa County, Arizona	Included in bankruptcy in filed 10/16/2008
Cynthia Malyuk Wilson, Debtor (Bankruptcy)	10/16/2008	United States District Court for the District of Arizona 2:08-bk-14409-SSC	Phoenix, Maricopa County, Arizona	Closed 10/03/2011
Cynthia Wilson, Plaintiff v. Circle K Stores, Inc. (Personal Injury)	03/28/2017	Maricopa County Superior Court CV2017-004805	Phoenix, Maricopa County, Arizona	Dismissed 12/04/2017



## Cynthia Wilson - 25 year residential history

05/2018-present	Laguna Way	Sparks	Nevada
04/2016-05/2018	5200 S. Los Altos Pkwy, #197	Sparks	Nevada
06/2015-04/2016	2929 Floyd Avenue, #179	Modesto	California
02/2015-06/2015	3914 West Lane Avenue	Phoenix	Arizona
11/2011-01/2015	15808 N. 8 <sup>th</sup> Street	Phoenix	Arizona
04/2009-12/2010	17416 N. 21 <sup>st</sup> Street	Phoenix	Arizona
11/2002-03/2009	907 W. Topeka Dr	Phoenix	Arizona
1999-2001 months unknown	1640 E. Kelton Lane	Phoenix	Arizona
1997-1998 months unknown	6508 N. 24 <sup>th</sup> Drive	Phoenix	Arizona
1995-1996 months unknown	2210 E. Harmony Lane	Mesa	Arizona
1994 months unknown	1915 E. Broadway Road	Mesa	Arizona



# Cynthia Wilson - Employment History

Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
11/2016-04/2019	The Stone Law Firm, PC 6900 S. McCarran Blvd., #2400 Reno, Nevada 89509	Unable to work full-time and overtime
Title	Description of Duties	Name of Supervisor
Certified Paralegal	Draft legal documents and maintain electronic files. Inventory and review discovery documents for compliance with rules. Legal research. Prepare client invoices, collect fees and general office management.	Phillip M. Stone

Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
04/1996-06/2015	Crowe & Scott, P.A. 1100 E. Washington Street, #200 Phoenix, AZ 85034	Moved from state/firm closed.
Title	Description of Duties	Name of Supervisor
Certified Paralegal	Draft correspondence, demand letters, business formation documents and corporate documents.  Legal research and preparation of legal memoranda. Attend court hearings. General office management.	Tom Crowe, retired

Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
09/1994-04/1994	Richard E. Clark, Esq. (Retired) Scottsdale, Arizona	New position at Crowe & Scott
Title	Description of Duties	Name of Supervisor
Paralegal	Answer telephone and draft legal documents.	Richard E. Clark, retired

Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
01/1991-05/1994	Rolf Ulleberg, Deceased Duluth, Minnesota	Moved from state
<u>Title</u>	Description of Duties	Name of Supervisor
Legal Secretary	Answer telephone and draft legal documents.	Rolf Ulleberg



## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 7-25-19

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

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

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

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

#### GENERAL INSTRUCTIONS

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

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

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

Application for Orthotics and Prostfotics
Optima Prostlotics 90 thotics, LLC 255 W. Moong Ln# 110 Rong Name and Address of Business for Which MDEG Administrator Is Requested NV 8950
If applicable, Name Under Which It Is Now Operated

I. PERSONAL INFORMATIO	N:	
Norell Last Name	Susan First Name	Middle Name
Alias(es, Nicknames, Maiden N	ame, Other Name Changes, Legal or	
Present Residence Address-Str	reet or RFD City #110 Reno NV 89509	V 89701 State/Zip
Present Business Address Present Position with the MDE	Dates City Dates 7-/- 20/	State/Zip
Phone: 775-229-25	63 Fax: 775-4°	79-2707
Email address:  Date of Birth	Place of Birth (City, County, State)	7
Age  Green Color of Eyes  Color of Ha	Social Security Number    165   Weight	Sex Height
Scars, tattoos or distinguishing	marks and/or characteristics	ore
Are you a citizen of the United S	States? Yes <b>X</b> No □	
If alien, registration No		
If naturalized, certificate No	Date	
Place		. document must be verified.

ENTLUTIVIENT:

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.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Feb 2017-Aur 17 Month and Year	Preferred Prostletics Name/ Address of Employer/Business	No of Employed Hours
00 1 1 10	Description of Duties Contracts.	Steve Vora Name of Supervisor
Sept 1995 Month and Year	Name/ Address of Employer/Business	No of Employed Hours
orp Officer Ow Title	Description of Duties Description	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

or a p licens	I have □ I have not 🌠 been diagnose hysical condition that would impair my at e, including alcohol or substance abuse,	pility to perform any of the essentia	or a mental illness al functions of my
1.	I have □ I have not  been charged,	arrested or convicted of a felony of	or misdemeanor.
2.	I have □ I have not p been the subjection pending.	ect of an administrative action whe	ther completed or
3.	I have $\square$ I have not had a license so disciplined, including any action against	suspended, revoked, surrendered a professional license that was no	or otherwise ot made public.
lf you provic	checked "I have" to questions 1, 2 and/o le a written explanation and/or document	r 3, please include the following in s.	formation <u>and</u>
a) b)	Board Administrative Action:	State:	
D)		Date:	
		Case Number:	
c)	Criminal Action:	State:	
		Date:	
		Case Number:	
		County:	
		Court:	
4 0	. Will you be actively involved in and aw peration of the MDEG?	are of the daily	Yes ⋈ No □
5	.Will you be employed fulltime with the	MDEG?	Yes ⋈ No □
	.Will you be present at the site of the Muring its normal operating hours?	DEG	Yes ⋈ No □
lf you	answer No to questions 4, 5 or 6 please	provide a written letter of explanat	ion.
		Date of u	7-25-1

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