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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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MP00066</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: AA Medical

Physical Address: 4135 N Rancho Drive Las Vegas NV 89130
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike Suite 250

City: Phoenixville State: PA Zip Code: 19462

Telephone: 702-368-4477 Fax: 702-368-3543

E-mail: licensing@adapthealth.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 5p Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p
Fri: 8a to 5p Sat: closed to Sun: closed to Holidays: closed to

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)

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: on call services Telephone: 702-368-4477

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

Medicare 0428260001	Medicaid 1669449930	

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|---|------------------|
| <input type="checkbox"/> Practitioner | Name: <u>N/A</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Diane Siegel

8/2/19

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Medstar Surgical & Breathing Equipment Inc %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: American Ancillaries Inc

Mailing Address: 220 W Germantown Pike Suite 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

Complete personal history record 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	NY
Bennett Medical Services LLC	Yehoshua Parnes	2600 Mill Street, Suite 600	Reno	NV
Braden Partners, L.P.	Yehoshua Parnes	3101 Sillect Ave, Suite 106	Bakersfield	CA
Clearview Medical Incorporated	Yehoshua Parnes	2503 Gravel Drive	Fort Worth	TX
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	KY
Home Medical Express Inc.	Yehoshua Parnes	621 IL Route 83, Suite 101	Bensenville	IL
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	NY
Med Way Medical, Inc	Yehoshua Parnes	1837 South 4130 West, Units A&B	Salt Lake City	UT
Med-Equip, Inc	Yehoshua Parnes	7018 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	NJ
Ogles Oxygen LLC	Yehoshua Parnes	430 Woodruff Road, Suite 350	Greenville	SC
Olean General Healthcare Systems, LLC	Yehoshua Parnes	8056 Transit Road	Olean	NY
Orbit Medical Of Portland, Inc.	Yehoshua Parnes	920 West Heritage Park Blvd. Suite 200-E	Layton	UT
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	NJ
Sleep Therapy LLC	Yehoshua Parnes	2157 Troop Drive, Suite 100	Sartell	MN
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	TX
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	TN

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ 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 In State MDEG License

AA Medical 4135 N Rancho Drive, Las Vegas, NV 89130

Name and Address of Establishment for Which License Is Requested

AA Medical

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Parnes		First Name Yehoshua		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD 220 W Germantown Pike, Suite 250					
City Plymouth Meeting		State/Zip PA 19462		Dates 8/16/17 to present	
Present Business Address President					
City New York, Kings County, New York		State/Zip		Dates 8/16/17 to present	
Occupation Phone: Residence Business 775-329-0799					
Date of Birth 41					
Place of Birth (City, County, State) Male					
Age 41		Social Security Number 180		Sex Male	
Color of Eyes Green	Color of Hair Brown	Complexion Caucasian	Weight 180	Build Healthy	Height 6'3"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

Page 1

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) Shaiky Carlbach Parnes Date City, County and State
 S.S. No.

Date of Birth Place of Birth

Resident address Sean Court, Lakewood, NJ 08701
 Street City State Zip

Telephone: Residence Business

Spouse's employer Chemed Health Occupation APN

Address of employer 1771 Madison Ave, Lakewood NJ 08701
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

	Birth Date	Birth Place	Residence Address
Abraham Parnes 1	Jerusalem, Israel,	Sean Court, Lakewood NJ 08701	
Ahuba Parnes	Lakewood NJ,	Sean Court, Lakewood, NJ 08701	
Eli Parnes, 3	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
Jack Parnes	Lakewood NJ, 1	Sean Court, Lakewood NJ 08701	
Shashona Parnes, 3	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
<u>Miriam Parnes</u>	<u>Lakewood NJ</u>	<u>Sean Court, Lakewood NJ 08701</u>	

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
David Parnes		E 29th Street, Brooklyn, NY 11210 - Professor	
Mother			
Janet Parnes		E 29th Street Brooklyn NY 11210 - Lab Manager	
Father-in-Law			
Jonah Carlebach		Liberty Drive, Lakewood NJ 08901-Sales	
Mother-in-Law			
Rachel Carelbach		Liberty Drive, Lakewood, NJ 08907- Teacher	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Aaron Parnes		Brooklyn, NY	self-employed
Spouse			
Nechama Weiss	unknown		N/A
Eli Parnes		Baltimore MD	Teacher
Spouse			
Bracha Leah Cohen	unknown		Teacher
Shiffrah Garfinkle (Parnes)		Lakewood NJ	Speech Therapist
Spouse			
Yitzchock Garfinkle	unknown		Student
Avigauil Fischler		Baltimore, MD	Physical Therapist
Spouse			
Shmuel Fischler	unknown		Social Worker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Mirr Yeshiva Elementary	1791 Ocean Parkway Brooklyn NY 11223	1982-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Mirr Yeshiva High School	1791 Ocean Parkway Brooklyn NY 11223	1991-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Touro College	6th Avenue and West 23rd St, New York, NY 10010	1998-2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	Talmudic Law School -BMG	Lakewood NJ 08701	1999-2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial _____

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

- B. Have you registered for the draft? Yes ☐ No ☒

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial

up

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2003-2006	51 Lopsley Lane, Lakewood NJ		
2006-Present	Sean Court, Lakewood NJ		

Applicant's initial

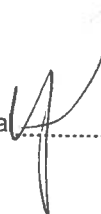
8. EMPLOYMENT:

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 11/2004	Name/Mailing Address of Employer/Business Caring Distribution 5722 18th Ave Brooklyn New York	Reason for Leaving Better Opportunity
Title Sales Manager	Description of Duties Manage sales activities	Name of Supervisor John Carlebach
Month and Year 1/2005 - Present	Name/Mailing Address of Employer/Business Ocean Home Health Supply LLC 1000 Airport Rd Lakewood NJ 08901	Reason for Leaving
Title VP Operations/MFMT	Description of Duties Operations for Durable Medical Equipment Company	Name of Supervisor Luke McGee
Month and Year April 2017-Present	Name/Mailing Address of Employer/Business Braden Partners, L.P. dba Pacific Pulmonary Services, 773 San Marin Drive, Suite 2230 Novato CA 94945	Reason for Leaving
Title President	Description of Duties Providing vision, strategic leadership for company	Name of Supervisor 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	City	State	Zip	Telephone	Years Known
Name Eli Friedman	Home	1 Chelsea Ct, Lakewood NJ			:	10
Employer Plains Capital LLC	Business	428 Clifton Ave #100 Lakewood NJ 08701			732-886-6202	
Name Danny Kagan	Home	Sean Court, Lakewood NJ 08701				5
Employer	Business					
Name Shmuel Peper	Home	Newbury Ct Lakewood NJ 08701				5
Employer	Business					
Name Moshe Shapira	Home	Spruce St Lakewood NJ 08701				10
Employer	Business					
Name Luke McGee	Home	1 Spruce Street, Philadelphia, PA 19102				
Employer Quadrant Capital Management	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	Location	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	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

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

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 ☒

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

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

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

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

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

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



Date of photograph

8/1/19

Applicant's initial

JP

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

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

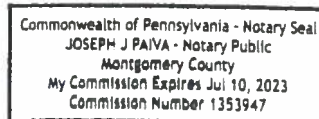
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

YR
Original Signature of Applicant

Subscribed and Sworn to before me this 15th day of

August 2019

Joseph J. Parnes
Notary Public



(seal)

Applicant's initial YR

Applicant's initial.

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11B

NEVADA STATE BOARD OF PHARMACY

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

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(Please provide current license number if making changes: MP or MW **MP01396**)

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
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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)

Mailing Address: 220 W Germantown Pike Suite 250

City: Phoenixville State: PA Zip Code: 19462

Telephone: 702-368-2356 Fax: 702-368-3543

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: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Karen Sanders (current MDEG administrator for the Las Vegas location)

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

☒ Medical Gases** ☐ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: Durable Medical Equipment

**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: on call services Telephone: 702-368-2356

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

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 ☐

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

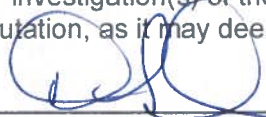
Within the last five (5) years:

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

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

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

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



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

Diane Siegel

8/2/19

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Medstar Surgical & Breathing Equipment Inc. %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: American Ancillaries IncMailing Address: 220 W Germantown Pike Suite 250City: Phoenixville State: PA Zip Code: 19462Telephone Number: 410-409-8741 Fax Number: 484-244-5488Contact Person: Diane Siegel**PARTNERSHIP****Include with the application for a partnership**

Complete personal history record 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	NY
Bennett Medical Services LLC	Yehoshua Parnes	2600 Mill Street, Suite 600	Reno	NV
Braden Partners, L.P.	Yehoshua Parnes	3101 Sillect Ave, Suite 106	Bakersfield	CA
Clearview Medical Incorporated	Yehoshua Parnes	2503 Gravel Drive	Fort Worth	TX
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	KY
Home Medical Express Inc.	Yehoshua Parnes	621 IL Route 83, Suite 101	Bensenville	IL
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	NY
Med Way Medical, Inc	Yehoshua Parnes	1837 South 4130 West, Units A&B	Salt Lake City	UT
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	NJ
Ogles Oxygen LLC	Yehoshua Parnes	430 Woodruff Road, Suite 350	Greenville	SC
Olean General Healthcare Systems, LLC	Yehoshua Parnes	8056 Transit Road	Olean	NY
Orbit Medical Of Portland, Inc.	Yehoshua Parnes	920 West Heritage Park Blvd. Suite 200-E	Layton	UT
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	NJ
Sleep Therapy LLC	Yehoshua Parnes	2157 Troop Drive, Suite 100	Sartell	MN
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	TX
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	TN

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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 In State MDEG License

AA Medical 9220 S Eastern Avenue, #100 Las Vegas, NV 89123

AA Medical Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Parnes

Yehoshua

Last Name First Name Middle Name

N/A

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

Sean Court, Lakewood, NJ 080701

Present Residence Address-Street or RFD City State/Zip

220 W Germantown Pike, Suite 250

Dates 8/16/17 to present

Plymouth Meeting

PA 19462

Present Business Address City State/Zip

President

Dates 8/16/17 to present

Occupation

Phone:
Residence

New York, Kings County, New York

Business 775-329-0799

Date of Birth Place of Birth (City, County, State)

41

Male

Age Social Security Number 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 No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

Page 1

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) Shaidey Carlbach Parnes Date City, County and State S.S. No. 1

Date of Birth Place of Birth

Resident address Sean Court, Lakewood, NJ 08701

Street City State Zip

Telephone: Residence Business

Spouse's employer Chemed Health Occupation APN

Address of employer 1771 Madison Ave, Lakewood NJ 08701

Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Abraham Parnes	Jerusalem, Israel,	Sean Court, Lakewood NJ 08701	
Ahuba Parnes	Lakewood NJ,	Sean Court Lakewood, NJ 08701	
Eli Parnes,	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
Jack Parnes	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
Shashona Parnes,	Lakewood NJ	1509 Sean Court, Lakewood NJ 08701	
<u>Miriam Parnes</u>	<u>1</u>	<u>Sean Ct Lakewood NJ 08701</u>	

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

Page 2

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
David Parnes		7 E 29th Street, Brooklyn, NY 11210 - Professor	
Mother			
Janet Parnes		7 E 29th Street Brooklyn NY 11210 - Lab Manager	
Father-in-Law			
Jonah Carlebach		Liberty Drive, Lakewood NJ 08901-Sales	
Mother-in-Law			
Rachel Carelbach		Liberty Drive, Lakewood, NJ 08907- Teacher	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Aaron Parnes		Brooklyn, NY	self-employed
Spouse			
Nechama Weiss	unknown		N/A
Eli Parnes		Baltimore MD	Teacher
Spouse			
Bracha Leah Cohen	unknown		Teacher
Shiffrah Garfinkle (Parnes)		Lakewood NJ	Speech Therapist
Spouse			
Yitzchock Garfinkle	unknown		Student
Avigauil Fischler		Baltimore, MD	Physical Therapist
Spouse			
Shmuel Fischler	unknown		Social Worker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Mirrre Yeshiva Elementary	1791 Ocean Parkway Brooklyn NY 11223	1982-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Mirrre Yeshiva High School	1791 Ocean Parkway Brooklyn NY 11223	1991-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Touro College	6th Avenue and West 23rd St, New York, NY 10010	1998-2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	Talmudic Law School -BMG	Lakewood NJ 08701	1999-2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial UP

5 MILITARY INFORMATION:

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

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

- B. Have you registered for the draft? Yes ☐ No ☒

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2003-2006	51 Lopsley Lane, Lakewood NJ		
2006-Present	Sean Court, Lakewood NJ		

Applicant's initial

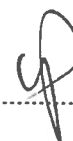
8. EMPLOYMENT:

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 11/2004	Name/Mailing Address of Employer/Business Caring Distribution 5722 18th Ave Brooklyn New York	Reason for Leaving Better Opportunity
Title Sales Manager	Description of Duties Manage sales activities	Name of Supervisor John Carlebach
Month and Year 1/2005 - Present	Name/Mailing Address of Employer/Business Ocean Home Health Supply LLC 1000 Airport Rd Lakewood NJ 08901	Reason for Leaving
Title VP Operations/MFMT	Description of Duties Operations for Durable Medical Equipment Company	Name of Supervisor Luke McGee
Month and Year April 2017-Present	Name/Mailing Address of Employer/Business Braden Partners, L.P. dba Pacific Pulmonary Services, 773 San Marin Drive, Suite 2230 Novato CA 94945	Reason for Leaving
Title President	Description of Duties Providing vision, strategic leadership for company	Name of Supervisor 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.....



Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Eli Friedman	Home	Chelsea Ct, Lakewood NJ			7	10
Employer Plains Capital LLC	Business	428 Clifton Ave #100 Lakewood NJ 08701			732-886-6202	
Name Danny Kagan	Home	Sean Court, Lakewood NJ 08701				5
Employer	Business					
Name Shmuel Peper	Home	Newbury Ct Lakewood NJ 08701				5
Employer	Business					
Name Moshe Shapira	Home	Spruce St Lakewood NJ 08701				10
Employer	Business					
Name Luke McGee	Home	Spruce Street, Philadelphia, PA 19102				
Employer Quadrant Capital Management	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	Location	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	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

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

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

WP

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

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

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

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

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

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

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

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



Date of photograph 8/1/19

Applicant's initial [Signature]

STATE OF Pennsylvania

SS.

COUNTY OF Montgomery

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 1st day ofAugust 2019

Notary Public

Commonwealth of Pennsylvania - Notary Seal
JOSEPH J PARVA - Notary Public
Montgomery County
My Commission Expires Jul 10, 2023
Commission Number 1353947

(seal)

Applicant's initial

Page 9

ADDITIONAL INFORMATION

[illegible]

Applicant's initial.

49

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: All time Health care

Physical Address: 4660 S. Eastern Ave Ste # 100 LV NV 89119
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4660 S. Eastern Ave Ste # 100

City: LV State: NV Zip Code: 89119

Telephone: 702-480-5617 Fax: _____

E-mail: alltimehealthcare@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9am to 5pm Sat: 9am to 5pm Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Angelica Gutierrez

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

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

<u>Medicare</u>	<u>in process</u>	_____
<u>Medicaid</u>	<u>in process</u>	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

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

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APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

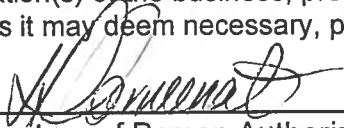
Within the last five (5) years:

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

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

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

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


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

Print Name of Authorized Person

Date

Dailin Carmenate Arias 3/27/19

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Dailin Carmenate Rivas

Business Name: all time Healthcare

Current Business Address: 4660 S Eastern Ave Ste #100

City: W State: NV Zip: 89119

Telephone: 702-480-5617 Fax: _____

SOLE OWNER**Include with the application for a sole owner**

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

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL TIME HEALTH CARE LLC

Nevada Business Identification # NV20191240010

Expiration Date: March 31, 2020

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

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



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

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

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

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

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

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



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

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20190327-1751

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/22/19

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Durable Medical Equipment
 Nature of MDEG
Alltime Health care 4000 S. Eastern ave ste 100 W NV 89119
 Name and Address of Business for Which MDEG Administrator Is Requested

.....
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gutierrez Angelica _____
 Last Name First Name Middle Name

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

Spring Rain Rd Las Vegas NV 89142
 Present Residence Address-Street or RFD City State/Zip

4660 S. Eastern Ave. Suite 100 Las Vegas NV 89119
 Present Business Address City State/Zip

Administrator 4/1/19 - Present
 Present Position with the MDEG Dates

Phone: _____ Fax: _____

Email address: All time health care 19 @ gmail . com

Las Vegas, USA, NV
 Date of Birth Place of Birth (City, County, State)

22 _____ F
 Age Social Security Number Sex

Brown Brown 120 5'0
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

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

Jan 2017-2019	Touro Health Center 874 American Pacific Dr NV. 89104	(3840)
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist		Tina Galendo
Title	Description of Duties	Name of Supervisor
Jan 2017	3115 S. Eastern Ave. LV NV 89169	3840
September 2015-	Cima Medical Center	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist		Patricia Webb
Title	Description of Duties	Name of Supervisor
March 2013 - Sep. 2015	3111 S. Maryland Pkwy 89169 LV NV	3840
March	Quick Care Las Vegas	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Front office receptionist & Billing		Mario Targuillino
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

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

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

- a) Board Administrative Action:
b)

State: _____

Date: _____

Case Number: _____

- c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

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

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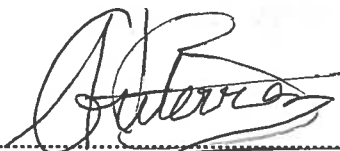
Date c



3/11/2019

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

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



Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 3/27/19

GENERAL INSTRUCTIONS

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

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

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

Application for Durable Medical Equipment
All-time Healthcare 4660 S. Eastern ave ste 60 W NV 89119
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Carmenate Rivas First Name Wailin Middle Name _____
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) n/a
 Present Residence Address-Street or RFD Rosario Cir Las Vegas, NV 89121 -1
2840 E. Flamingo Rd City Las Vegas State/Zip NV 89121
 Present Business Address _____ City _____ State/Zip _____
 Occupation Owner Dates _____ Phone: _____
 _____ Residence _____
 _____ Business _____
 Date of Birth 33 Place of Birth (City, County, State) Las Tunas, Cuba
 Age 33 Social Security Number _____ Sex Female
 Color of Eyes Black Color of Hair Brown Complexion 172 Build 5.3
 Weight Height

Scars, tattoos or distinguishing marks and/or characteristics n/a

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. 11/17/2006 n/a

If naturalized, certificate No. _____ Date 11/17/2006

Place Las Vegas, Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DCR

A. **Current Marriage** 2/20/2005 Las Vegas, NV USA
Date City, County and State
Spouse's full name (Maiden) Ofan Deivys Gutierrez -
S.S. No.
Date of Birth 1 **Place of Birth** Cardenas, Matanzas Cuba
Resident address Prosalio Cir Las Vegas, NV 89121
Street City State Zip
Telephone: Residence **Business**
Spouse's employer Self Employ **Occupation** Driver
Address of employer Amazon Delivery Las Vegas, NV
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
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3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Nilieth Gutierrez		USA	Rosario Cir LV NV
Keilyn Gutierrez		USA	Rosario Cir LV NV
Angelica Gutierrez		USA	Spring Pain Rd LV NV

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial DC12

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
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Father

Norberto Carmenate Sanchez - 6/1/11 Deceased.

Mother

Margarita Rivas Aceña - 1/1/11 Palora Ave LV NV 89111

Father-in-Law

Enrique Ramirez Pelegri - 1/1/11 Palora Ave LV NV 89169

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
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Deyher Carmenate Rivas - 1/1/11 Palora Ave LV NV Packer.

Spouse

Yailin Torres Guerra - Same Address Unemploy.

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	El Dorado High School	Las Vegas, NV	1999/2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	Valley High School	Las Vegas NV		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	Las Vegas College	Las Vegas, USA	2003/2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bookkeeping

College or university where obtained Las Vegas college.

Applicant's initial DCR.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft?

Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
12/2013-Present	Rosalio cir	Las Vegas, Nevada	USA
12/2012/12/2013-	? Aracatuba Ave	Las Vegas, Nevada	USA
2011-2013	2900 Olive St Apt 11	Las Vegas NV	USA
2009-2011	500 S. Maryland Pkwy	Las Vegas	
2005-2009	1924 Golden Arrow Dr	LV NV	89169
2000-2005	4801 Lakestream Ave	LV NV	89

Applicant's initial

DCR

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2015	Express Tax Services 2840 E. Flamingo Rd	n/A. Owner.
Title	Description of Duties	Name of Supervisor
Owner	tax preparer -	Self.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 to 04/2017	1785 E. Sahara Ave. All NO more client	
Title	Description of Duties	Name of Supervisor
Personal care	visit client help w/daily Basic.	Fernando.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014/04-17. AM/PM	Home care 820 Rancho Ln LV NV 89106	Better Salary.
Title	Description of Duties	Name of Supervisor
Personal care	visit clients help w/daily care Basic.	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2005/12/2013	The Venetian Hotel 3355 S. LV Blvd.	Looking for a better business
Title	Description of Duties	Name of Supervisor
Attendant	Restock mini Bar in Hotel Rooms.	Sebastian.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/18-Present	Allstate Ins. 3265 E. tropicana Ave	open still employed.
Title	Description of Duties	Name of Supervisor
Sales	sale ins. Policies.	Yolanda Sitto.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

DCR

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
Wynn Hotel		Las Vegas	NV	89169		10+
Name: Leandro Ramirez	Home	3131 S. Las Vegas Blvd		702-770-7000		10+
Employer: Wynn Hotel	Business					
Name: Laura Senda	Home	Bel Port Dr		89110		5 1/2+
Employer: All State Ins	Business	3265 E. Tropicana Ave E-1	LV NV			
Name: Yolanda Cito	Home	Montagna Dr	LV NV	89139		6 years
Employer: All State Ins	Business	3265 E. Tropicana Ave E-1	LV NV	702908-7450		
Name: Usimi Befarte	Home	E. Imperial Ave	LV NV	89104		10 years
Employer: Amazon Delivery	Business					
Name: Vosbol James	Home	E. Imperial Ave.				
Employer: Self Employed	Business	Self Employed				6 years

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Sales Insurance, Las Vegas, NV 1/24/2017

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

Sole proprietor - Express tax Services - Las Vegas, NV
Tax Preparation Preparer - 2015 - Present.
2840 E. Flamingo Rd Suite Las Vegas, NV 89121

Applicant's initial

DCR

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

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

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

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

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

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

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

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

A1



Date of photograph

3/11/19

Applicant's initial

DCR

STATE OF Nevada

SS.

COUNTY OF Clark

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

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

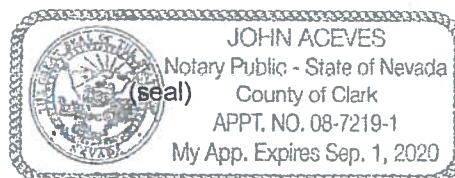
State of NEVADA
County of Clark

x [Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of March 2019

Dailin Carmenate-Rivas

[Signature]
Notary Public



Applicant's initial DCR

ADDITIONAL INFORMATION

[illegible]

Applicant's initial DCR Page 10

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: 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)

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Tyler Hess Telephone: (702) 672-1408

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

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 PI's - 624014500, 622952500, 622826800, 617577000

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

Wayne Reaves

Print Name of Authorized Person

03/04/2019

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Wayne Reaves %: 25Name: Angela Caines %: 25Name: Scott Reaves %: 25Name: Seth Clayton %: 25Partnership Name: Foothill Medical Supply, LLCMailing Address: 723 N 1890 W, Ste 38ACity: Provo State: UT Zip Code: 84601Telephone Number: 877.492.2704 ext. 405 Fax Number: (877) 492-2716Contact Person: Wayne Reaves**PARTNERSHIP****Include with the application for a partnership**

Complete personal history record 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.



Jason Sterzer
Director
Division of Corporations and Commercial Code

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

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

Nature of MDEG

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Reaves</u> Last Name	<u>Allen</u> First Name	<u>Scott</u> Middle Name
----------------------------	----------------------------	-----------------------------

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

W. Goosenest Dr	Elk Ridge	UT 84651
Present Residence Address-Street or RFD	City	State/Zip

723 N 1890 W #38A	Dates 12/01/2016- Present	Provo	UT 84601
Present Business Address	City	State/Zip	

Dates	
Present Position with the MDEG	

Phone: 801-850-7910 Fax: _____

Email address: sreaves@mmsdme.com

 Selma, Alabama
Date of Birth Place of Birth (City, County, State)

39
Age

Social Security Number

Male
Sex

<u>Blue</u> Color of Eyes	<u>Brown</u> Color of Hair	<u>195</u> Weight	<u>5' 8"</u> Height
------------------------------	-------------------------------	----------------------	------------------------

Scars, tattoos or distinguishing marks and/or characteristics None

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

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	Mountain Medical Supply - 6120 Woodside Executive Ct, Aiken, SC 29803	2013-2016
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	Delivery, set-up, & maintenance of medical equipment	Seth Clayton
Title	Description of Duties	Name of Supervisor
10/2016	Foothill 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 equipment	Seth Clayton
Title	Description of Duties	Name of Supervisor
11/2017	Foothill Medical Supply - 723 N 1890 W. #38A, Provo, UT 84601	2017- Present
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office Manager	Delivery, set-up, & maintenance of medical equipment	Seth Clayton
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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

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

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

- a) Board Administrative Action: State: _____
 b) Date: _____
 Case Number: _____
- c) Criminal Action: State: _____
 Date: _____
 Case Number: _____
 County: _____
 Court: _____

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☐ No ☒

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

As an entity owner, I am responsible for operations
 at neighboring state Utah, but I will be directly
 involved in the Nevada office day to day activities
 and conducting all personel training.



PHOTOGRAPH
 IN LAST
 YEAR

Date of photograph 4-17-19

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

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

A. Scott Reeves
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

600

Date 04/22/2019

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

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Reaves	First Name Allen	Middle Name Scott
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A		
Present Residence Address-Street or RFD W. Gooseneat Dr	City Elk Ridge	State/Zip UT 84651
Dates <u>12/2017 to Present</u>		
Present Business Address 723 N 1890 W #38A	City Provo	State/Zip UT 84601
Dates <u>12/01/2016 to Present</u>		
Occupation Owner/Manager	Phone: Residence Business <u>801-850-7910</u>	
Date of Birth	Place of Birth (City, County, State) Selma, Alabama	
Age 39	Social Security Number	Sex Male
Color of Eyes Blue	Color of Hair Brown	Complexion Fair
Weight 195	Build Muscular	Height 5' 8"

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ASR

Page 1

A. **Current Marriage** April 5, 2002 Salt Lake City, UT
Date City, County and State
 Spouse's full name (Maiden) Kimberly Ann Coombs S.S. No.
 Date of Birth _____ Place of Birth Payson, Utah
 Resident address W. Goosenest Dr Elk Ridge UT 84651
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Mountain Medical Supply Occupation Billing Manager
 Address of employer 723 N 1890 W. #38A Provo UT 84601
Street City State Zip

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

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

N/A

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Myllie Reaves		Provo, UT	W. Goosenest Dr Elk Ridge UT
Ethan Reaves		Mtn Home AFB, ID	W. Goosenest Dr Elk Rdige UT

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial ASR

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Larry Wayne Reaves Sr.		W. 15800 S. Goshen UT, 84633	Retired
Mother			
Martha Gale Reaves		W. 15800 S. Goshen, UT 84633	Retired
Father-in-Law			
Grant Morgan Coombs		S. 1400 W. Spanish Fork, UT 84660	Retired
Mother-in-Law			
JaLynn Coombs		S. 1400 W. Spanish Fork, UT 84660	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Angela Reaves		W. 760 S., Salem, UT 84653	Business Owner
Spouse N/A			
Lori Reaves		1 Chelsea Springs Dr, Columbiana, AL 35051	Homemaker
Spouse Seth Clayton 0' Chelsea Springs Dr, Columbiana, AL 35051 Business Owner			
Larry Wayne Reaves Jr.		E. Ashgrove Ln, Saratoga Springs, UT 84045	Business Owner
Spouse N/A			
Audra Reaves		S. 900 E., Santaquin, UT 84655	Homemaker
Spouse Linn Wright S. 900 E., Santaquin, UT 84655 Unemployed			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Monroe Junior High	Monroeville, AL	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Wilcox Academy	Camden, AL	1994-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Brigham Young University	Provo, UT	1998/1999 - 2001/2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Utah Valley University	Orem, UT	2009-2012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 forces? Yes ☒ No ☐

Branch Air Force Date of entry-active service 12/02/2002

Date of separation 12/02/2008 Type of discharge Honorable

Rating at separation SSGT Serial number _____

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

B. Have you registered for the draft? Yes ☒ No ☐

County Wilcox State Alabama Date registered 02/09/1998

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

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

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

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

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial ASK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	Fourth District Court, 107400777	Provo, Utah, Utah	Dismissed-10/02/2018

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply	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
12/2017-Present	W. Goosenest Dr	Elk Ridge	UT
04/2017-12/2017	1225 E. 420 S.	Payson	UT
12/2008-04/2017	334 S. 1340 W.	Spanish Fork	UT
05/2006-12/2008	5170 Cottonwood St	Mtn Home AFB	ID
05/2003-05/2006	3 Ash 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 Univeristy Ave #1	Provo	UT
07/2001-03/2002	546 E. 550 S.	Santaquin	UT
07/1999-07/2001	4945 Linclon Way	Oakland	CA
07/1994-07/1999	740 County Rd 12E	Camden	AL

Applicant's initial

ASR

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	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2001-12/2002	Rousseau Excavating & Engineering Inc	Joined Military
Title	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	Serve a 2 yr Mission
Title	Description of Duties	Name of Supervisor
Electrical Assistant	Electrical panel assembly	Kyle Reaves
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 ASR

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
Will Coxwell	3. Mt Pleasant Ave	Monroeville, AL	36460		4	33 yrs
Name	Home					
Employer	Coxwell & Coxwell	P.O. Box 625, Monroeville, AL	36461		251-575-2146	
	Business					
Ben Friend	3 Winton Way Rd	Manchester, TN	37355			33 yrs
Name	Home					
Employer	TDOT	1210 E Carroll St, Tullshoms, TN	37388		423-681-0993	
	Business					
Clinton Mower	0 S. Maple Dr	Woodland Hills, UT	84653			20 yrs
Name	Home					
Employer	Bank of America	100 N. Tryon St, Charlotte, NC	28202		801-423-1980	
	Business					
Ted Dymock	E Driftwood Dr	Spanish Fork, UT	84660			11 yrs
Name	Home					
Employer	LDS Philanthropies	1450 N. University Ave, Provo, UT	84604		801-356-5300	
	Business					
Michael Wade	W. 1380 N. Tooele, UT	84074				11 yrs
Name	Home					
Employer	Utah Air National Guard	765 N 2200 W. Salt Lake City, UT	84116		801-245-2580	
	Business					

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

State business license - Aiken, SC & Paducah, KY- Mountain Medical Supply - June 2013

State business license - Idaho Falls, ID - Foothill Medical Supply - 10/2016

State business license - Provo, UT - Foothill Medical Supply - 11/2017

Applicant's initial ASR

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

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

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

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

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

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

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

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



Date of photograph 4-17-2019

Applicant's initial ASR

STATE OF UT

SS.

COUNTY OF UT

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

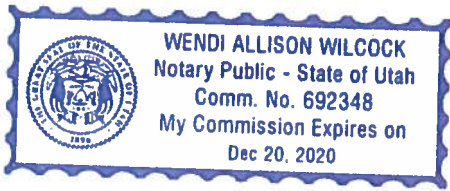
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

A. Scott Reaves
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

April 2019
Wendi Wilcock
Notary Public

(seal)



Applicant's initial ASR Page 9

Question# 12 Partners Involved in Mountain Medical Supply & Foothill Medical Supply

Seth Clayton - 1 Chelsea Springs Dr, Columbiana, AL 35051 Owner/Operator

Angela Caines - 1 W. 760 S. Salem, UT 84653 Owner/Operator

Larry Wayne Reaves Jr.- 1 E. Ashgrove Ln, Saratoga Springs, UT 84045 Owner/Operator

Applicant's initial *ASR*

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Device, Equipment and Gases
 Nature of License
 Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Caines	Angela	Kay
Last Name	First Name	Middle Name
Angela Kay Reaves		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
South 760 West	Salem	Utah, 84653
Present Residence Address-Street or RFD	City	State/Zip
723 North 1890 West, Ste 38A	Provo	Utah, 84601
Present Business Address	City	State/Zip
Insurance Authorization Manager	Dates	
Occupation		Phone:
		Residence
		Business 877-492-2716 Ext 3
Date of Birth	Selma, Dallas, Alabama	
	Place of Birth (City, County, State)	
50		Female
Age	Social Security Number	Sex
Blue	Blonde	Fair
Color of Eyes	Color of Hair	Complexion
		150
		Average
		5'5"
		Build
		Height

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

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial AC

MARITAL INFORMATION-Continued

A. Current Marriage N/A

Spouse's full name (Maiden) Date N/A City, County and State
S.S. No N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ralph Neal Caines	04/16/2009	12/03/1994	Divorced	Sandy Springs, Fulton, Georgia

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

Name	Street	City	State	Zip	Telephone
Ralph Neal Caines	13 S. Redwood Rd. #329	West Jordan	Utah	84084	

3. FAMILY INFORMATION:**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
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		Payson, Utah	South 760 West Salem, Ut 84653

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

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FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Larry Wayne Reaves Father		7 W. 15800 S. Goshen, Ut 84633	US Army Cops of Engineers (Retired)

Martha Gale Reaves (Green) Mother		W. 15800 S. Goshen, Ut 84633	Lab Technician (Retired)
--------------------------------------	--	------------------------------	--------------------------

N/A

Father-in-Law

N/A

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Lori Clayton (Reaves) Spouse Seth Clayton		Chelsea Springs Dr. Columbiana, AL 35051	Home Maker Business Owner
Wayne Reaves Spouse N/A		E. Ashgrove Ln. Saratoga Springs, UT 84045	Business Owner

Audra Wright (Reaves) Spouse Linn Wright		South 900 East Santaquin, Ut 84655	Home Maker Unemployed
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Scott Reaves Spouse Kim Reaves		W. Goosenest Dr. Elk Ridge, UT 84651	Business Owner Medical Biller
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4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Wilcox Academy	Camden, Alabama	1974-1979
High School	Monroe County High	Monroeville, Alabama	1979-1986
College University	Brigham Young University	Provo, Utah	1986-1991
Other			

Type of degree obtained, if any Bachelor of ScienceCollege or university where obtained Brigham Young University

Applicant's initial

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5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial AC

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed- 10/02/2018

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

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply	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
07/2017- Present	South 760 West	Salem	Utah
07/2015-07/2017	516 South 1200 East	Payson	Utah
06/2012- 07/2015	969 East 100 South	Payson	Utah
07/2008-06/2012	9237 West 15800 South	Goshen	Utah
10/2004- 07/2008	1270 West Park Meadows Drive	Mapleton	Utah
08/1998-10/2004	546 East East 550 South	Santaquin	Utah
03/1994-08/1998	5282 North Canyon Rd	Provo	Utah

Applicant's initial

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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
Title	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 Giatres

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	Offered Advanced Employment
Title	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	Offered 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
Title	Description of Duties	Name of Supervisor
Sales Clerk	Cash Register	Mr. White

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

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

Applicant's initial

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9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jason Giatras	Home	Springville	UT	84663		10
Employer Parkway Health Center	Business	Payson	UT	84651	same	
Name Louise Knapp	Home	Provo	UT	84604		24
Employer Foothill Treatment Center	Business	Provo	UT	84604	same	
Name Dr. Laura Maw	Home	Lehi	UT	84043		7
Employer Self Employed	Business	Provo	UT	84604	same	
Name Jeanette Kennedy	Home	Mesa	AZ	85213		25
Employer Herd Health Management	Business	Mesa	AZ	85213	same	
Name Suzanne Dawson Bateman	Home	Springville	UT	84663		5
Employer Artopia Interiors	Business	Springville	UT	84663	same	

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

HME/DME License 2016-2019 Mountain Medical Supply, Aiken, SC & Paducah, KY 2016- 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT

Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051, Scott Reaves, 644 Goosenest Dr, Elk Ridge, Ut 84651, Wayne Reaves, 64 E Ashgrove Ln Saratoga Springs, Ut 84045
Mountain 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

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

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

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

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

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

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

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

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



Date of photograph

4/2/2019

Applicant's initial

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STATE OF Utah

ss.

COUNTY OF Utah

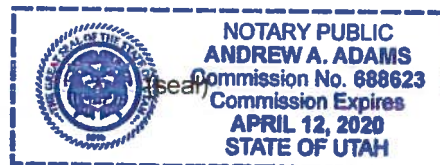
I, Angela Caines, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

Angela Caines
Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of April, 2014

[Signature]
Notary Public



Applicant's initial ac

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.

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

Application for Medical Device, Equipment and Gases
 Nature of License
Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Reaves Wayne
 Last Name First Name Middle Name
Larry Wayne Reaves Jr
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
E Ashgrove Ln Saratoga Springs UT, 84045
 Present Residence Address-Street or RFD City State/Zip
723 N 1890 W, Ste 38A Provo UT, 84601
 Present Business Address City State/Zip
Accountant Dates
 Occupation Phone:
 Residence _____
 Business (877) 492-2704 ext 405
Selma, Dallas, Alabama
 Date of Birth Place of Birth (City, County, State)
45 Male
 Age Social Security Number Sex
Blue Bald White 200 Average 5'10"
 Color of Eyes Color of Hair Complexion Weight Build Height

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

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

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

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

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial [Signature] Page 1

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street N/A City N/A State N/A Zip N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street N/A City N/A State N/A Zip N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Taryn Reaves	06/19/2018	07/10/1999	N/A	Ephraim, Sanpete, Utah

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

Name	Street	City	State	Zip	Telephone
Taryn Reaves	N Cedar Crest Rd	Eagle Mountain	Utah	84045	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Megan Reaves		Provo, UT	E Ashgrove Ln, Saratoga Springs, UT 84045
Kaitlyn Reaves		Provo, UT	1 N Cedar Crest Rd, Eagle Mountain, UT 84005
Tyson Reaves		Cedar City, UT	N Cedar Crest Rd, Eagle Mountain, UT 84005

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial TR

FAMILY INFORMATION-Continued

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

Name Utah Department of Human ServicesAddress 195 N 1950 W, Salt Lake City, UT 84116Contact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Larry Reaves		7 W 15800 S, Goshen, UT 84633	US Army Corps of Engineers
Father			

Gale Reaves (Green)		N 15800 S, Goshen, UT 84633	Lab Technician
Mother			

N/A

Father-in-Law

N/A

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Angela Caines (Reaves)		West 760 South, Salem, UT 84653	Business Owner
Spouse			
N/A			

Lori Clayton (Reaves)		1 Chelsea Springs Dr, Columbiana, AL 35051	Home Maker
Spouse			
Seth Clayton		Chelsea Springs Dr, Columbiana, AL 35051	Business Owner

Audra Wright (Reaves)		South 900 East, Santaquin, UT 84655	Home Maker
Spouse			
Linn Wright		South 900 East, Santaquin, UT 84655	Unemployed

Scott Reaves		W Goosenest Dr, Elk Ridge, UT 84651	Business Owner
Spouse			
Kim Reaves		W Goosenest Dr, Elk Ridge, UT 84651	Medical Biller

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Monroe County School	Monroeville, AL	1979 - 1987
High School	Monroe County High School	Monroeville, AL	1988 - 1991
College University	Utah Valley University	Provo, UT	1999 - 2003
Other			

Type of degree obtained, if any Bachelor of Science in AccountingCollege or university where obtained Utah Valley University

Applicant's initial



5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes ☒ No ☐

County Monroe County State Alabama Date registered July 1989

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

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

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

N/A

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial  Page 4

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

Yes ☒ No ☐ (Other than divorces)

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

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

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

Yes ☒ No ☐ If yes, complete the following:

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



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 Opportunity
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	Rousseau Excavation, Santaquin, 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:

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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	Home	Mesquite	TX	75150	3852226459	5
Employer Fielding Law	Business	Mesquite	TX	75150	same	
Name James Croxford	Home	Great Falls	MT	59401	4067502699	6
Employer JM Grain	Business	Great Falls	MT	59401	same	

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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 for any reason whatsoever? Yes ☐ No ☒

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

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

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

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

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

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

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



Date of photograph 04/12/19

Applicant's initial

[Signature]

STATE OF UTAH

627

ss.

COUNTY OF Utah

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

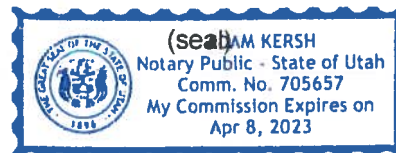
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 22 day of April, 2019
Hoban Kersh Exp Apr 8, 2023

Notary Public



Applicant's initial



07/1997 - 07/1999	L&T Construction, 215 Orem Blvd, Orem, UT 84058	Irreconcilable differences
Estimator	Estimated commercial and residential projects	Low 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, Livingston, AL	

[Signature]

§ 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

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Clayton Jr.</u>	<u>Billy</u>	<u>Seth</u>
Last Name	First Name	Middle Name
<u>NA</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>NA</u>		

<u>Chelsea Springs Dr.</u>	<u>Columbiana</u>	<u>AL 35051</u>
Present Residence Address-Street or RFD	City	State/Zip

<u>6120 Woodside Executive Court</u>	<u>Dates</u>	<u>Aiken</u>	<u>SC 29803</u>
Present Business Address		City	State/Zip

<u>Manager</u>	<u>Dates July 2013-Present</u>	
Occupation		Phone:
		Residence
		Business <u>803-641-7417</u>

<u>50</u>	<u>Columbus, Muscogee County, GA</u>
Date of Birth	Place of Birth (City, County, State)

<u>50</u>	<u></u>	<u></u>
Age	Social Security Number	Sex

<u>Brown</u>	<u>Brown</u>	<u>White</u>	<u>185</u>	<u>Average</u>	<u>5'-9"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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

If naturalized, certificate No NA Date

Place NA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Applicant's initial BSU

Applicant's initial BSU

A. Current Marriage Nov 11, 2000 Birmingham, Jefferson County, AL

Date City, County and State

Spouse's full name (Maiden) Lori Lanae Reaves S.S. No. _____

Date of Birth _____ Place of Birth Selma, AL

Resident address 1 Chelsea Springs Dr. Columbiana AL 35051

Street City State Zip

Telephone: Residence 5 Business NA

Spouse's employer NA Occupation Stay at home mother

Address of employer NA

Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
NA					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Laurel Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051
Savannah Clayton		Payson, UT	1 Chelsea Springs Dr., Columbiana, AL 35051
Landon Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051
Sawyer Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051

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 initial RLR

Applicant's initial BSU

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

Name _____

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Billy Clayton	5	10 One Nineteen Blvd., Apart 2124, Hoover, AL 35242	Retired
Mother			
Peggie Clayton		Mitchell Creek Rd., Wetumpka, AL 36092	Retired
Father-in-Law			
Larry Reaves		P. O. Box 412, Goshen, UT 84633	Retired
Mother-in-Law			
Gale Reaves		P. O. Box 412, Goshen, UT 84633	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Roger Clayton		Deatsville, AL	IT Project Manager
Spouse			
Jennifer Clayton		Deatsville, AL	Accountant
Karsten Clayton		Colorado Springs, CO	Training Manager
Spouse: NA			
Loria Becker		Oak Ridge Rd. Williamstown, KY 41097	Stay at home mother
Spouse			
Dave Becker		Oak Ridge Rd. Williamstown, KY 41097	IT Project Manager
Galen Clayton		Chicago, IL	Preauthorization manager
Spouse: NA			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School: Flowers Elementary	Montgomery, AL	1976-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School: Wetumpka High School	Wetumpka, AL	1982-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University: Auburn University	Auburn, AL	1987-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other: NA			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Building Construction

College or university where obtained Auburn University

Applicant's initial BSL

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

- B. Have you registered for the draft? Yes ☒ No ☐

County: Elmore County State: AL Date registered May 1987

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

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

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

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

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial BSU

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
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
Oct 2007-Present	Chelsea Springs Dr.	Columbiana	AL
Sept 2006-Oct 2007	218 Narrows Point Dr.	Birmingham	AL
April 2005-Sept 2006		Santaquin	UT
May 1999-April 2005	4100 North Cahaba Dr.	Birmingham	AL
Sept 1997-May 1999	658 Idlewild Circle	Birmingham	AL
June 1996-Sept 1997	2704 Mitchell Creek Rd.	Wetumpka	AL
Mar 1993-June 1996		Alpharetta	GA

Applicant's initial BSU

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
June 2013	Mountain Medical Supply, 6120 Woodside Executive Court, Aiken, SC 29803	Currently employed
Title: Manager	Description of Duties: Manage delivery of supplies/dme	Name of Supervisor: NA-I am a principal
Dec 2008-June 2013	Doster Construction Company, 2100 International Park Dr., Birmingham, 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	Calvin 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	Stone 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	Capstone 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	Central 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	Centex 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	Student	
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 BSU

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
Retired Name Clem Muck	Home: Waterford Cove Dr. Calera, AL 35040					11
Employer ACIPCO	Business	Birmingham, AL				
Name Barry Sadler Jr.	Home County Rd. 151, Calera, AL 35040					11
Employer University of Montevallo	Business	Montevallo, AL				
Name Scott Kenny	Home	Birmingham, AL				29
Self Employed Employer	Business	Birmingham, AL				
Name Matt Lewis	Home:	P. O. Box 242, Chelsea, AL 35043				6
Employer Binkerd Enterprises	Business	Calera, AL				
Name Roy Binkerd	Home	7 Port Dr., Shelby, AL 35143				20
Employer	Business					

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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

Home Medical Equipment License, 2014, Kentucky. Mountain Medical Supply, 704 Jefferson St., Paducah, KY 42001.
Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Kentucky Board of Pharmacy

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

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

Applicant's initial WRU

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

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

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

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

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

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

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



Date of photograph APRIL 1, 2019

Applicant's initial BSU

COUNTY OF Shelby County

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

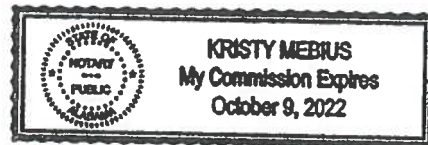
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

B. Seth Clayton Jr.
Original Signature of Applicant

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

Kristy Mebius
Kristy Mebius
Notary Public

(seal)

Applicant's initial BSU

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Optima Prosthetics + Orthotics, LLC

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: Same

City: Reno State: NV Zip Code: 89509

Telephone: 775-229-2503 Fax: 775-499-2707

E-mail: Cindy@OPTIMAPO.COM Website: www.optimapo.com - in progress

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)

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>Medicare</u>	<u>In Process</u>	_____
<u>Medicaid</u>	<u>In Process</u>	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Cynthia Wilson

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

Cynthia Wilson

Print Name of Authorized Person

7-25-19

Date

Board Use Only

Received: _____

Amount: *See. 00*

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Cynthia Wilson
Business Name: OPTIMA Prosthetics + Orthotics, LLC
Current Business Address: 255 West Moana LN, Ste. 110
City: Reno State: NV Zip: 89509
Telephone: 775-229-2503 Fax: 775-499-2707

SOLE OWNER**Include with the application for a sole owner**

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

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 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 MDEG
OPTIMA Prosthetics + Orthotics, LLC, 255 W. Moana LN,
Ste. 110, Reno NV 89509
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated NA

1. PERSONAL INFORMATION:

Last Name Wilson First Name Cynthia Middle Name Ann
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Cynthia Malyuk
 Present Residence Address-Street or RFD 5118 to Present City SPARKS State/Zip NV 89434
Laguna Way Dates
 Present Business Address 255 W. Moana LN, Ste. 110 City RENO State/Zip NV 89509
7/1/19 to present Dates
 Occupation Paralegal Phone: Residence 775-229-2503 Business
 Date of Birth 48 Place of Birth (City, County, State) Duluth, St. Louis County, Minnesota
 Age 48 Social Security Number --- Sex ---
 Color of Eyes Blue Color of Hair BROWN Complexion White Weight 110 lbs Build average Height 5'1"
 Scars, tattoos or distinguishing marks and/or characteristics NONE
 Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. NA
 If naturalized, certificate No. NA Date ---
 Place NA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CW

A. **Current Marriage** 11-5-05 Anthem, Maricopa County, Arizona
 Spouse's full name (Maiden) Stephen K. Wilson Date City, County and State S.S. No.
 Date of Birth 11-5-05 Place of Birth Visalia, CA
 Resident address 555 Laguna Way Sparks NV 89434
Street City State Zip
 Telephone: Residence NA Business NA
 Spouse's employer unemployed Occupation Orthotist
 Address of employer NA
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
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NA

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Kaylene Wilson		Phoenix, AZ	Laguna Way, Sparks, NV 89434
Alex Wilson		Phoenix, AZ	Laguna Way, Sparks, NV 89434

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial CW

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

Name NAAddress NAContact person NA**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Emil G. Malyuk		1 Minnesota Ave Duluth, MN 55802	Retired Dredge Operator
Mother Jacqueline Klups		Minnesota Ave Duluth, MN 55802	Deceased Homemaker
Father-in-Law George Wilson		S. Burke St Visalia, CA 93292	Deceased Farm Worker
Mother-in-Law ERNESTENE NEAL		S. Burke St Visalia, CA 93292	Retired Farm Worker

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Kathy Malyuk		Seven Oaks Rd Tusup, GA 31546	JOB COST Administrator
Spouse David Olson		" "	TRUCK DRIVER
George Malyuk		Minnesota Ave Duluth MN 55802	Disabled
Spouse none			
Peter Malyuk		Tonto St Ramsey, MN 55303	Supply Sgt.
Spouse Lisa Sutton		" "	Dental Hygentist
Rebecca Malyuk		St Helio Dr Las Vegas, NV 89121	Homemaker
Spouse Joseph Krouse		" "	Bartender

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Washington Jr. High	Duluth, MN	1983-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Central High School	Duluth, MN	1986-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of Minnesota - Duluth		1989-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of ArtsCollege or university where obtained University of Minnesota - DuluthApplicant's initial CW

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NA Date of entry-active service NADate of separation NA Type of discharge NARating at separation NA Serial number NA

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

B. Have you registered for the draft?

Yes ☐ No ☐County NA State NA Date registered NA

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

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

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

NA

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Stephen Wilson	Spouse	Disorderly Conduct	Phoenix, ARIZONA	2010
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Applicant's initial cew

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☐ (Other than divorces)

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

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

See Attached

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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See attached

Applicant's initial cw

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

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

Applicant's initial cu Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>LISA KOBZA</u> US District COURT	Home <u>401 W. Washington</u> Business	<u>! E. Jacaranda, MESA, AZ</u>	<u>85213</u>			<u>(23 yrs.)</u>
Name <u>Ginger Roszak</u> Nava J & Co. SUPERIOR COURT	Home <u>100 Code Talkers Dr</u> Business	<u>! Robinhood LN, Lakeside, AZ</u>	<u>85929</u>		<u>928-524-4217</u>	<u>(23)</u>
Name <u>Cathy Egan</u> EGAN LAW FIRM	Home <u>13711 W. Camino Del Sol #4</u> Business	<u>Legends Way, Anthem, AZ</u>	<u>85086</u>			<u>(23)</u>
Name <u>ROBERT EGAN</u> Southwest Airlines	Home <u>3702 Love Field DR.</u> Business	<u>Legends Way, Anthem, AZ</u>	<u>85086</u>			<u>(23)</u>
Name <u>KIRBY MILLER</u> Townsend Design	Home <u>4615 Shepard ST</u> Business	<u>1 Topanga Peak LN, BAKERSFIELD, CA</u>	<u>93313</u>		<u>800-432-3466</u>	<u>(20)</u>

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

NA

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

Applicant's initial CW
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 ☒ 653

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

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

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

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

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

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

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



Date of photograph 7-25-19

Applicant's initial CW

ss.

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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

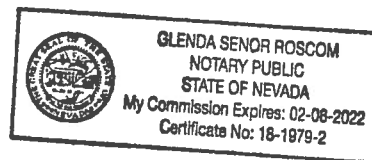
Cynthia Wilson 7-25-19

Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of

JULY 2019

GLEND A SENOR ROSCOM
Notary Public



(seal)

Applicant's initial ew

G.C. ON April 14, 2015, I was the victim of an assault + Robbery and was questioned by police in an effort to identify the perpetrators.

G.H. In May, 2010, my spouse plead 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 one year.

Applicant's initial

CW

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 County, 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

CW

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 th Street	Phoenix	Arizona
04/2009-12/2010	17416 N. 21 st 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 th Drive	Phoenix	Arizona
1995-1996 months unknown	2210 E. Harmony Lane	Mesa	Arizona
1994 months unknown	1915 E. Broadway Road	Mesa	Arizona

cw

Cynthia Wilson - Employment History

<u>Month and Year</u>	<u>Name/Mailing Address of Employer/ Business</u>	<u>Reason for Leaving</u>
11/2016-04/2019	The Stone Law Firm, PC 6900 S. McCarran Blvd., #2400 Reno, Nevada 89509	Unable to work full-time and overtime
<u>Title</u>	<u>Description of Duties</u>	<u>Name of Supervisor</u>
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

<u>Month and Year</u>	<u>Name/Mailing Address of Employer/ Business</u>	<u>Reason for Leaving</u>
04/1996-06/2015	Crowe & Scott, P.A. 1100 E. Washington Street, #200 Phoenix, AZ 85034	Moved from state/firm closed.
<u>Title</u>	<u>Description of Duties</u>	<u>Name of Supervisor</u>
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

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

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

CW

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 Prosthetics

Nature of MDEG

Optima Prosthetics & Orthotics, LLC 255 W. Morgan Ln #110 Reno NV 89509
Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Norell Susan /
 Last Name First Name Middle Name

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

Menlo Dr. #43 Carson City NV 89701
 Present Residence Address-Street or RFD City State/Zip

255 W. Moana Ln #110 Reno NV 89509
 Present Business Address City State/Zip

Administrator 7-1-2019
 Present Position with the MDEG Dates

Phone: 775-229-2503 Fax: 775-499-2707

Email address: _____

Los Angeles, CA
 Date of Birth Place of Birth (City, County, State)

63 / F
 Age Social Security Number Sex

Green Blk 165 5'6"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

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

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Feb 2017-Aug 17	Preferred Prosthetics	24 week
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Marketing/Contracting	marketed & obtained contracts.	Steve Vera
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Sept 1995	Norell Prosthetics	40 plus
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Corp Officer / Owner	Patient care, marketing AP/AR-Billing, Contracts,	Mike Norell
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

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

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

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

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

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Date of



7-25-19

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

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


Original Signature of Applicant