

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: IDEAL HEALTH CARE LLC

Physical Address: 2585 S JONES BLVD SUITE 1A LAS VEGAS NV 89164
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2062 MILLBURN AVE

City: MAPLEWOOD State: NJ Zip Code: 07040

Telephone: 973 762 4400 Fax: 973 762 3838

E-mail: Ashley@idealhealthcarellc.com Website: Idealhealthcarellc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ AM to 5^P Tue: 8³⁰ to 5 Wed: 8³⁰ to 5 Thu: 8³⁰ to 5
Fri: 8³⁰ to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: _____

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: _____

**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: RAJURAY Telephone: 928-680-4084

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>4447870001</u>	<u>3218601</u>	_____
_____	_____	_____
_____	_____	_____

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

- ☒ Practitioner
☐ Advanced Practitioner of Nursing
☐ Physician's Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist

Name: Rakesh Jain LPO, LPO
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

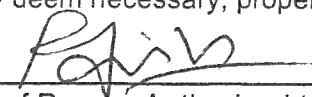
Within the last five (5) years:

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

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

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

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


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

RAKESH JAIN
Print Name of Authorized Person

03/24/18
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: Rakesh Jain %: 50
Name: Padmini Jain %: 50
Name: _____ %: _____
Name: _____ %: _____

Partnership Name: Ideal Health Care LLC

Mailing Address: 2062 Milburn Ave

City: Maplewood State: NJ Zip Code: 07040

Telephone Number: 973 762 4400 Fax Number: 973 762 3838

Contact Person: Rakesh Jain

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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-24-18

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 Prosthetics & orthotics
Ideal Health Care LLC DBA mobility clinic
2585 S. Jones Blvd. Suite A, Las Vegas, NV 89164
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name JAIN First Name PADMINI Middle Name _____
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____
 Present Residence Address-Street or RFD 6 Farmhaven Ave. City Edison State/Zip NJ 08820
 Present Business Address 2062 Millburn Ave. Maplewood, NJ City Maplewood State/Zip NJ 07040
 Occupation owner/partner Dates October 2016 State/Zip NJ 07040
 Date of Birth _____ Place of Birth (City, County, State) New Delhi, INDIA Sex Female
 Age 51 years Social Security Number _____
 Color of Eyes Black Color of Hair Black Complexion Asian Weight 183 Build medium Height 5'3"

Scars, tattoos or distinguishing marks and/or characteristics Mole on the nose

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial T Jain

A. Current Marriage

Date of Birth..

Telephone: Residence

Address of employer.

~~NA~~

Name _____

Street

City _____

State

Zip

Telephone

N A

A. Children and Dependents:

Name _____

Birth Date

Birth Place

Residence Address

Please mark the appropriate response:

- 

Applicant's initial PJ

Page 2

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of 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	Deceased		
Mother	Deceased		
Father-in-Law	Sh. Prem Chand Jain		
Mother-in-Law	Deceased		

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse Ravi Jain	9953/A ST. 4	Saxa Rohilla, N. Delhi	Retired
Spouse Mirdul Jain	"	"	Retired
Spouse Tapesht Kotia	"	"	Retired
Spouse Manju Jain	"	"	Retired
Spouse Suman Jain	"	"	Retired
Spouse Parveen Jain	"	"	Retired
Spouse Samita Jain	"	"	Retired

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
High School			
School			
College			
University			
Other			

Type of degree obtained, if any _____ High School Diploma

College or university where obtained _____ Delhi University

Applicant's initial _____ Jain

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 _____ *PJain*

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
1967 to 1993	9953/A St. 4	Saxin Rohilla	New Delhi, India.
1993 to 1997	Phnom Penh,	Cambodia.	
1997 to 2002	C-399 Palam Ex.	New Delhi	India.
2002 to 2004	55 1/2 Belgrove Drive.	Kearney.	NJ
2004 to 2007.	106 Peach Street.	Avenel.	NJ 07001
2007 to 2017 Dec 23,	107 Calvert Ave.	Edison.	NJ 08820
2017 Dec 24, to current	6 Farm Haven Ave.	Edison.	NJ 08820

Applicant's initial P Jain.

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
President 2013 to present	44 Lincoln Highway Edison, NJ 08820	
Title	Description of Duties	Name of Supervisor
	President Mobility Clinic	None
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 T Jain

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Himanshu</u>	Home	<u>33 Grand St. Iselin NJ</u>				<u>5 plus years</u>
Employer	Business					
Name <u>Supriya Bhatia</u>	Home	<u>181 Ramser Ave. Avenel NJ</u>				<u>10 years</u>
Employer	Business					
Name <u>Minal Jain</u>	Home	<u>3 Barkow CT. Toms River NJ</u>				<u>10 years</u>
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>153 Bank Safe</u>	<u>BOA</u>	<u>Iselin NJ</u>	<u>Spouse & I</u>

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

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

Yes ☐ No ☒
If yes, state type, where and years held

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

Mobility Clinic Inc. State of NJ.
Ideal Health Care LLC Partner Husband. Rakesh Jain
State of NJ.

Applicant's initial T Jain
Page 7

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX

SS.

I, C. Padmini Jain,

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.

Padmini Jain

Original Signature of Applicant

Subscribed and Sworn to before me this

10th

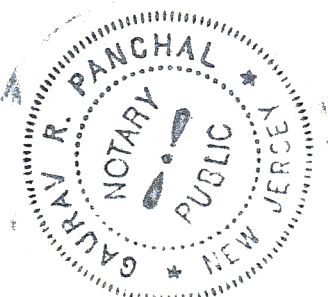
day of

January 2018

Gaurav R. Panchal
Notary Public

GAURAV R. PANCHAL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/10/2018

(seal)



Applicant's initial

Padmini J

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒
14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒
19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN
30 DAYS HERE



Date of photograph 3-17-18

Applicant's initial TJain

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-24-18

GENERAL INSTRUCTIONS

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

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

Application for Prosthetics & Orthotics
 Nature of License
Eden Health Care LLC DBA Mobility Clinic
 Name and Address of Establishment for Which License Is Requested
2585 S. Jones Blvd. Suite 101A Mobility Clinic
Las Vegas, NV 89164
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name JAIN First Name RAKESH Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) JAME
 Present Residence Address-Street or RFD 107 CALVERT AVE EAST City EDISON State/Zip NJ 08820
 Present Business Address Prosthetics & Orthotics City 11-14-17 State/Zip
 Occupation Prosthetics & Orthotics Dates 11-14-17
 Phone: Residence Business
 Date of Birth 7 New Delhi, INDIA Place of Birth (City, County, State)
 Age 53 years Social Security Number M Sex M
 Color of Eyes Black Color of Hair Black Complexion Asian Weight 157 Build M Height 5'7"

Scars, tattoos or distinguishing marks and/or characteristics Scar on the left cheek

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial RJ Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Date.....
 Spouse's full name (Maiden).....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....

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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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
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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

Address NA

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

<u>Prem Chand Jain</u>		<u>C-399 Palam Ext. New Delhi, 75 India</u>	<u>Retired.</u>
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Mother

<u>Pushpa Devi Jain</u>		<u>C-399 Palam Ext. New Delhi-75</u>	<u>Retired</u>
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Father-in-Law

<u>R L. Jain</u>	<u>Deceased.</u>		
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Mother-in-Law

<u>Kailash Jain</u>	<u>Deceased.</u>		
---------------------	------------------	--	--

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

<u>Sunil Jain</u>		<u>C-399 Palam Ext. New Delhi.</u>	<u>PT.</u>
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Spouse

<u>Sarita Jain.</u>		<u>" " " "</u>	<u>H.W</u>
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<u>Ranjesh Jain.</u>		<u>" " " "</u>	<u>Administrator.</u>
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Spouse

<u>Anjali Jain.</u>		<u>" " " "</u>	
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Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Ss. Sec. High school.</u>	<u>Palam.</u>	<u>upto 1982.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College		<u>N. Delhi</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	<u>Safdarjung Hospital</u>	<u>New Delhi</u>	<u>1983-1986.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>Prosthetics / cosmetics.</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Diploma in Prosthetics / cosmetics.College or university where obtained Delhi University 1983-87
Bachelor of Arts.Applicant's initial P Jain

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 fgj 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
1964 to 1991	WZ 796 Palam	New Delhi	INDIA.
1991 to 1997	Phnom Penh	Cambodia	Cambodia
1997 to 2002	C-399 Palam Ext. Palam. New Delhi	New Delhi	India.
2002 to 2004	55 1/2 Belgrove Drive Kennerly	New Jersey	USA.
2004 to 2007	106 Peach Street Avenel	Avenel NJ.	USA. 07001.
2007 to Current	107 Calvert Ave East	Edison NJ	USA. 08820
2017 Dec 24, 2018 -	6 Farm Haven Ave.	Edison NJ	08820

Applicant's initial *gjh*

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.

2016 Oct.	Ideal Health Care LLC	2012 Millburn Ave. Maplewood, NJ 07040	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Partner	Clinical/Admin.	No body	
Title	Description of Duties	Name of Supervisor	
2013 Jan to Sept 2016	Mobilicity Clinic	44 Lincoln Ave, Edison, NJ	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
C.O.O	Clinical/Admin.	None	
Title	Description of Duties	Name of Supervisor	
2002 June to 2012 Dec.	Hanger Ato	59 Main St. West Orange, NJ	Brad Deudne
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	Better option
1997 to 2002	Ortho Prosthetics Care of Rehab.	None	Self employed
Title	Description of Duties	Name of Supervisor	
1991 to 1997	Vietnam Vet. of America Foundation	Page it was over	
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 fg

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	Himanshu	Home	33 Grand St.	Iselin	NJ.	5+
Employer		Business				
Name	Sumil Bohra	Home	181 Ramson Ave	Avenel	NJ.	5+
Employer		Business				
Name	Maxe Sonzo	Home	1 Willow Drive,	Verona	N	5 Plus.
Employer		Business				
Name	M. Kamal	Home	106 Peach St.	Avenel		5+
Employer		Business				
Name	Mohan	Home	102 Peach St.	Avenel	NJ.	5+
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
153 Bank safe.	BOA.	Iselin, NJ.	Wife & I.

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

Prosthetics / orthotics Since 2004 State of NJ.
Prosthetics / orthotics Since 2013 P.A.

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.

Mobility clinic Inc. / Padmini Jain State of NJ.
Ideal Health Care LLC. Partner wife Padmini Jain.
State of New Jersey

Applicant's initial PJ

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

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

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

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

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

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

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

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

ATTACH PHOTO

TAKEN WITHIN

30 DAYS H



Date of photograph 3. 17. 18

Applicant's initial

Ran

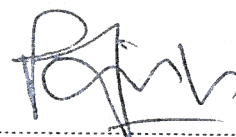
STATE OF NEW JERSEY

ss.

COUNTY OF MIDDLESEX

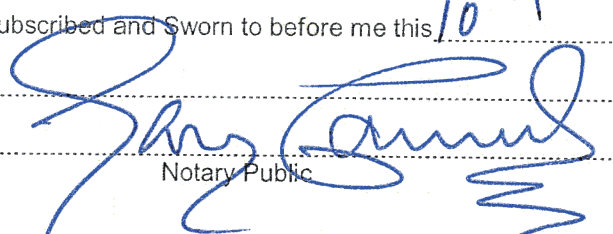
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 10th day of January 2018



Notary Public

GAURAV R. PANCHAL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/10/2018

(seal)



Applicant's initial

