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
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ 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:
Physical Address: 2585 S JONES BLVD SUITE IA LAS VEGAS NV 89164 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 2012 MILLBURN AVE
City: MAPLEWOOD State: NJ Zip Code: 07040
Telephone: 9737624400 Fax: 9737623838
E-mail: Ahiny & ideal the alth Conell (is Website: Ideal health cone 120 Com.
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: $\frac{3^{3}}{5}$ Tue: $\frac{8^{3}}{5}$ to $\frac{5}{5}$ Thu: $\frac{8^{3}}{5}$ to $\frac{5}{5}$
Fri: 8 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** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other:
☐ Life-sustaining equipment** ☐ Corthotics and Prosethics
**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: RAJURGY Telephone: 928-680-4089
Page 1 709 800 - (590

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List a	ıll Medicare and Medicaid provider num	bers registered to the business or	r its owner:
	47870001 3218601		
1)	Do any shareholders hold an interest of any type of business or facility which a or another political jurisdiction?	ownership or have management i are licensed by the State of Nevad	n da Yes □ No ত∕
2)	Are you or have you in the last year be business or health care entity in which dispensed or distributed?	een associated with any person, MDEG products were sold,	Yes □ No 🕱
3)	Are any of the owners health profession	onals? If yes, please check the bo	ox and list name.
	Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist	Name: Rakesh S 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.

Withi	n the last five (5)	years:					
1)	any interest, ev	ation, any owner, share er been charged, or co ncluding by way of a gu	nvicted of a fe	elony or gr	oss	Yes □	No X
2)	Has the corpora any interest, ever registration?	ation, any owner(s), sha er been denied a licens	areholder(s) c se, permit or c	or partner(s certificate d	s) with of	Yes □	No 🎘
3)	interest, ever be	ation, any owner(s), sha een the subject of an ad harmaceutical industry	lministrative a			Yes □	No M
4)	interest, ever be	tion, any owner(s), sha een found guilty, pled g ny offense federal or st	juilty or entere	ed a plea o	of nolo	Yes □	No D
5)	interest, ever su	tion, any owner(s), sha urrendered a license, pe nerwise (other than upo	ermit or certifi	cate of reg	gistration	Yes 🗆	No M
attach	enswer to question ed. Copies of an er disposition may	ns 1 through 5 is "yes' y documents that ident y be required.	", a signed sta ify the circum	atement of stance or	explanation contain an o	must be order, agr	eement
lunder	stand that any infr	nswers given in this appli action of the laws of the S er or wholesaler may be g	State of Nevad	la regulatin	g the operation	on of an	correct
penalty nereby any invo eputati	of perjury, that the authorize the Neva estigation(s) of the on, as it may deen	answers and statements information furnished or ada State Board of Pharmbusiness, professional, so necessary, proper or de	n this application this agent acy, its agent social and more sirable.	on are true is, servants al backgrou	, accurate and and employed and, qualifica	d correct. ees, to cor tion and	1
Origina	I Signature of Pe	rson Authorized to Sub	mit Application			S	
K⊅ Print Na	AKESH ame of Authorize	JAIN d Person		03 24 Date	18-	SSA SIA SIA SIA SIA SIA SIA SIA SIA SIA	
					& Ean P)	
3oard L	lse 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 Jan	%: <u> </u>	50
Name:		-
Name:		
Partnership Name:	-	
Mailing Address: 2062 Million Ave		
City: Maple wood State: NJ Zip Co	de: _ <u>(</u>	57040
Telephone Number: 973 762 4400 Fax Number: 973 7	(2	3838
Contact Person: Rayesh Jan h		

PARTNERSHIP

Include with the application for a partnership

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

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

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.

of the	licensing agency	or suitability or	for other action may not b
Application for	1 1 F		
T-10- 11005	Thetics of License	O8Metice	
1. PERSONAL INFORMATION:	ML LL Constitute of Licens	se 2 A A L'A L)
2585 S. Jones Poli	Address of Establishment for V	Vhich License Is Requested	sim C.
If a	applicable, Name Under Which	avsvegas NV	2916U
 PERSONAL INFORMATION: 		The Now Operated	and the state of t
Last Name			
Alice/co Nicolary JAIN	First Name PADM1	Middle	
Alias(es, Nicknames, Maiden Name, Other Name C	Changes, Legal or Otherwise	N \ Middle Nam	е
Present Residence Address-Street or RFD 2062 Millhurn Ave Makley Present Business Address	o () and of Otherwise)		
Present Residence Address-Street or RFD	talson	1	00092
Present Bus Millburn Ave Mapley	Scal Wig W Marlell	Sta	ogga,
** Count Business Address	City	wood. NJ	07040.
$(J) \times J \times$	Dates October 2	Sta	ite/Zip
	C C JUPON 2		.07040.
		Residence.	1
Date of Birth	New Delhi, I ace of Birth (City, County, State	A/A/A Business	And Selection of the Control of the
FI	ace of Birth (City, County, State	NDIA.	
- Juliana		,	
Age Social Secur	ity Number		Female
Color of Even	Acia 10	ار ا	Sex
Color of Hair C	complexion , Wei	35. Medium	5/30
	V V C:	gnt Build	Height
Scars, tattoos or dieting 111			
distinguishing marks and/c	r characteristics M	000	
Scars, tattoos or distinguishing marks and/o		in the no	246
Yes	S No W If alian	n Conol.	***************************************
If naturalized, certificate No.	in allen, regis	stration No	
Diag	Date	9	
Place			***********
2. MARITAL INFORMATION:	(If n	naturalized, document mus	st be verified)
Single ☐ Married ☒ Separated ☐	Divorced III		
/	Divorced U Wido	wed 🗆 Engaged 🗆	
		Applicant	Page 1
		Applicant's initial	1 Jun
			Page 1

MARITAL	INFORMATION-Continued
---------	-----------------------

Spouse's full name (Maiden) Place of Birth Place of Birth Resident address Grammanen Ave Edison No. Delivi Street Telephone: Residence Spouse's employer Address of employer Business Spouse's employer Date of Order Of Marriage Business Address of employer Date of Place of Marriage Name of Spouse Of Decree Date of Place Of Marriage Action County and State Action Children and Dependents: List all children, including step-children and adopted children and dive the following information: Please mark the appropriate response: A iam 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. Applicant's initial Page 2 Applicant's initial Page 2 Pag	A. Current N	larriage			
Telephone: Residence Spouse's employer	Spouse's	full name (Maidon)	Date	No	un) Della Tal
Telephone: Residence Spouse's employer	Dota cm	(Maidell)	-Kalsesh -	Tair	City, County and State
Telephone: Residence Spouse's employer	Date of Bir	th.		Oant. N	S.S. No
Telephone: Residence Spouse's employer	Resident a	ddress 6 Fax	~ Place	of Birth Ne	w Delhi
Spouse's employer Address of employer Size Address of employer Size Size Size City County and State City State Zio Teleptione FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Pasc Birth Pasc Child Support Information: Please mark the appropriate response: I am not subject to a court order for the support of one or more children and am in compliance with a 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 am in compliance with a 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 am in compliance with a 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 repayment of the amount owed pursuant to the order; or	Telephone:	_		City 20XV	107
Spouse's employer Address of employer Size Address of employer Size Size Size City County and State City State Zio Teleptione FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Pasc Birth Pasc Child Support Information: Please mark the appropriate response: I am not subject to a court order for the support of one or more children and am in compliance with a 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 am in compliance with a 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 am in compliance with a 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 repayment of the amount owed pursuant to the order; or	Fightone.	Residence	The same of the sa	. D	State Zip
Address of employer 2009 Multiply Add. Mapliciand. Nite 27c 4.6 B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Name of Spouse Date of Order Date of Place Nature of City Action County and State List of names, current address and telephone numbers of previous spouses: Name Street City State Zup Telephone Name Street City State Zup Telephone PAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Child Support Information: Please mark the appropriate response: I am not subject to a court order for the support of one or more children and am in compliance with a of the amount owed pursuant to the order; or	Spouse's er	nnlovor		business /o	280.000
S. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Name of Spouse Date of Order Or Date of Place Of Marriage Nature of Action County and State List of names, current address and telephone numbers of previous spouses: Street City State Zig Telephone FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Place Birth Place Residence Address Child Support Information: Please mark the appropriate response: I am not subject to a court order for the support of one or more children and am in compliance with a 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 of the p	Address of ϵ	mployer 2069 y	nilburn Are n	Occupation	rosthetics/on
Date of Order Order Of Marriage Nature of City Action County and State List of names, current address and telephone numbers of previous spouses: Name Street City State Zio Telephone Page Birth Place Residence Address Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Place Residence Address 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 of the amount owed pursuant to the order; or	B. Previous Marri	Ott eet		City	NJ 07046
Date of Order Order Of Marriage Nature of City Action County and State List of names, current address and telephone numbers of previous spouses: Name Street City State Zio Telephone Page Birth Place Residence Address Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Place Residence Address 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 of the amount owed pursuant to the order; or		ages: If ever legally	separated, divorced		State Zip
List of names, current address and telephone numbers of previous spouses: Name Street City State Zip Telephone Children and Dependents: List all children including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address Children and Dependents: List all children including step-children and every the following information: Please mark the appropriate response: I am not subject to a court order for the support of one or more children and am in compliance with a of the amount owned to the district attorney or other public agency enforcing the order for the repayment the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owned approved by the district attorney or other public agency enforcing the order for the repayment of the amount owned to the district attorney or other public agency enforcing the order for the repayment of the amount owned to the district attorney or other public agency or other publi				annulled, indicate	below:
List of names, current address and telephone numbers of previous spouses: City State Zip Telephone Action County and State List of names, current address and telephone numbers of previous spouses: City State Zip Telephone FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 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; or	Name of Spouse	or Decree	Date of Place		
List of names, current address and telephone numbers of previous spouses: Name Sirect City State Zip Telephone FAMILY INFORMATION: List all children, including step-children and adopted children and give the following information: Name Birth Place Residence Address 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 the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment 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; or			of Marriage	Action	
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.				7,00,011	County and State
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.					
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.					
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.			11 1		
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.	list of man		, ,		
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.	Name Name	current address and	telephono numi		
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 open.	Tarrie	Street	City	previous spouses:	
FAMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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 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 word in 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; or			Oity	State	
List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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					relephone
List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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			Λ / Λ		
List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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				,	
List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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					
List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address 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	FAMILY INFORMA	TION:			
Child Support Information: Please mark the appropriate response: I am not 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 the order or a plan approved by the district attorney or other public agency enforcing the order with a the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment 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; or	., cilliaten any p	·			
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.	List all child	ren, including stop	.L.tr. i		
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.	Name	Birth Date	nildren and adopted chi	ldren and dive u	
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.			Birth Place	Boold-	following information:
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.				rveside	nce Address
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.					
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.					
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.					
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.	Child Summand				
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.	June Support In	ormation:	# 21 H		
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.	Please ma	ark the appropriate re	Penon-		
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.	V 1 am =	i propriate je	sponse:		
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.	y ram no	ιτ subject to a court c	order for the owner.		
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.	🗆 lam su	hiect to -	support of c	child.	
I am subject to a court order for the support of one or more children and NOT in compliance with	plan apı	oroyed by the	for the support of one		
I am subject to a court order for the support of one or more children and NOT in compliance with	of the ar	nount owed pursua-	attorney or other public	or more children ar	nd am in compliance with
the order or a plan approved by the district attorney or other public agents. the repayment of the amount owed pure.	M 1	. Pulsuan	it to the order; or	sacricy entorcing	the order for the renavmon
the support of one or more children and NOT in compliance with the repayment of the amount owed pursuant to the order. Applicant's initial	⊔ I am sub	ject to a court order	for the summer of		- ораутеп
Applicant's initial	the order	or a plan approved	by the district	r more children an	d NOT :
Applicant's initial Time	are repay	ment of the amount	owed pursuant to the o	or other public age	ncy enforcing the order for
Francis millar / Tich				Applicant's :	nitial ,
The state of the s				i prioditt 5	mual 17cm

	District attorney	or public -				
	Name	n-Continued or public agency respons	sible for enfor	cing the child sup	port order	
	Address	Λ,	/ ^		*****	
	Contact person	/\/			*******	
C.	ratents'			****		
parer	List names, resid	dence addresses, dates o lardian. If retired or dece	f birth and me	oot		
The same of the sa	in-law or legal gu	lardian. If retired or de-	· what and me	ist recent occupa	tions of parents,	step-parents,
	Name (Maiden)	Jardian. If retired or dece Birth Date	ased, list last Address	address and occu	ipation.	
Father	:					Occupation
Mother		De ceased				
womer						
Father-i	n I ew	Decensed				
, aditer-	n-caw		Chand.	4		
Mother-i	n-Law	- TORM	-namon	Jain		
		Deceased				
Plant State of the		o ((cast of	•			
D.	Brothers and Sist	ers:				
	List names, resider	ers: nce addresses, dates of b Duses. Birth Date	irth and mass			The state of the s
	Name (Maiden)	JUSES.		recent occupatio	ns of brothers a	nd sisters and of
			11111003		The state of the s	ccupation
Spouse	10001	ain	999	/ - 1	0	ccupation
	2 4 1	0	Sara	in Robilla.	N. Delhis	thred
Spouse	MIROLU	I dain	. 1	Ind	ica	
	Tabeei	n Kotia			1/ P	etized.
	Mari	1		Pamman	TP T	Perlian
pouse	T. Olyay C	1 Jan		Dilly ob	b Ross Maril	is Himour
	Suma		Dece	Jonph	Roy Inda	S. H. Mayle
pouse	Panvee	n Join		Α		
0000	<i>C</i> '.			H-105	shivalik.	Banko
	_ Dan de	- Jann.		1000	belm-	<u>Banice</u> H·mak
. EDUC	CATION:				///,	H. male
ammar hool	Name of School	Location) Date	es Attended		
h	W)			y atonded	Grad	duate
nool lege	Nowthind	Girls 5 Sec. 1	1007	19871	Yes	□ No □
versity	Dellin Uni	reacity Door	·	1104	Yes [X No 🗆
er		. Girds S sec. 1 Vensity Dell	N	1987		No 🗆
	gree obtained, if any					
- 406			rool Di	blance	168	No 🗆
		O		しんんのひろつっ		
	iniversity where obta	High Sch	() \	versity	*.	******

Applicant's initial TJ ... Page 3

5 MILITARY INFORMATION:

Branch		A.	Have you ever served in any armed forces?
Date of separation			Branch Yes No V
Rating at separation Serial number While in the military service were you ever arrested for an offense which resulted in summary action, a tespecial or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides the you ever been arrested, charged, indicted or summoned to answer for any criminal offens you have you ever been arrested, charged, indicted or summoned to answer for any criminal offens you list you were page 10. If yes, give details in space provided below. List all cases without exception. By Has a criminal indictment, information or complaint ever been returned against you, but for which you were page 10. The page 10. T			Del
Rating at separation Serial number While in the military service were you ever arrested for an offense which resulted in summary action, a tespecial or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides special or general court martial? Yes No If yes, furnish details on page 10. (List all incides the you ever been arrested, charged, indicted or summoned to answer for any criminal offens you have you ever been arrested, charged, indicted or summoned to answer for any criminal offens you list you were page 10. If yes, give details in space provided below. List all cases without exception. By Has a criminal indictment, information or complaint ever been returned against you, but for which you were page 10. The page 10. T			Date of separation
While in the military service were you ever arrested for an offense which resulted in summary action, a testing decides of where they occurred-foreign or domestic.) B. Have you registered for the draft? Yes No Testing Date registered County State Date registered 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you we not convicted.) A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense 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 arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on committee? Yes No Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or committee? Yes No No Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No Yes No Yes No No Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No			Rating at separation
B. Have you registered for the draft? Yes □ No ★ CountyState		;	While in the military service were you ever arrested for any state.
County County State Date registered 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (include those arrests in which you we have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense yes INO 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 Age State Location-City and State Deposition/Date Arresting Agency Age State Location-City and State Deposition/Date Arresting Agency Age 10. Has a criminal indictment, information or complaint ever been returned against you, but for which you were arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission? Yes No	E	3. _F	Have you registered for the
A. Have you ever been arrested, detained, charged, indicided or summoned to answer for any criminal offense yes No If yes, give details in space provided below. List all cases without exception. Date of Arrest		C	County Yes I No No
A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense yes No If yes, give details in space provided below. List all cases without exception. Date of Arrest	c		State
A. Have you ever been arrested, detained, charged, indicided or summoned to answer for any criminal offense yes No If yes, give details in space provided below. List all cases without exception. Date of Arrest	ъ.	AKR	ESTS, DETENTIONS, LITIGATIONS AND ADDITIONS OF THE PROPERTY OF
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 narrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on or committee? Yes No Modern No No Modern No No No No No No No N	A.	. Н	ave you give those arrests in a fine to the second
B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No		Vi Ye	es No If yes, give details in space provided below. List all cases without exception
B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were narrested 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 X D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No X E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No X Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No X Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No X Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No X Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No X Relationship Charge Location Date			Escation-City and State
or committee? Yes \(\) No \(\) 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? F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \(\) No \(\) F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes \(\) No \(\) F. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes \(\) No \(\) Has any member of your family or of your spouse's family ever been convicted of a felony? Yes \(\) No \(\) Has any member of your family or of your spouse's family ever been convicted of a felony? Yes \(\) No \(\) Relationship \(\) Relationship \(\) Charge \(\) Location \(\) Date			Beposition/Date Arresting Agency
Relationship Charge Location Date Output Date	E. F. G.	Have come Have Yes Have If yes Has a	e you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? No N
Relationship Charge Location Date	me		No Ves, rurnish details on page 10.
Charge Location Date Location Date			Relationship
Date			Charge
Applicant's initial			Date
Applicant's initial			
1 Jan 1			
Page 4			Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/			0	ception, including bankrup	,
Claiman	Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
J.	Has any generassociated with	al partnership, n it as an owne of yes, comple	business venture, soler, officer, director or parties the following:	e proprietorship or closely artner) been a party to a la	held corporation (while you waw wasuit, arbitration or bankrupto
	Name of Entity		Type of Entity	Appr	oximate Date(s) of suit/Arbitration/Bankruptcy
	3.1				
204	1993 to 1997 to 2001 to 2001	9953, Phy C- 1 5	om Penh, Go 399 Palerm 51/2 Belgru 106 Peach	ve Drive. Kear In Street. Ave	State or County New Delhi, Ind in India. ney. NJ enel. NJ 0 700, son. NJ 0 8820 ve. Edison NJ 088

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 Employ	dire	ctor, stockholder or related capacity
President a	Name/Mailing Address of Employ 2013 to Current Ly U Lin Description of Duties	er/Business	Reason for Leaving
litle	Description of Duties	ASOVI NJ ESENCE	,
	President Mob	ility (P:	Name of Supervisor
Month and Year	Name/Mailing Address of Employe	mi pen c.	None.
T-111	- Address of Employe	r/Business	Reason for Leaving
Title	Description of Duties		
			Name of Supervisor
Month and Year	Name/Mailing Address - 65		
	Name/Mailing Address of Employer	/Business	Reason for Leaving
Title	Description of Duties		
			Name of Supervisor
Month and Year	Name/Mailing Address of Employer/		
	/ Address of Employer/	Business	Reason for Leaving
itle	Description of Duties		
			Name of Supervisor
lonth and Year	Name/Mailing Address of Employer/E		
itle		Business	Reason for Leaving
ne	Description of Duties		
		/	Name of Supervisor
onth and Year	Name/Mailing Address of Employer B		
le		usiness	Reason for Leaving
ie ,	Description of Duties		· · · · · · · · · · · · · · · · · · ·
			Name of Supervisor
nth and Year	Name/Mailing Address of Employer/Bu		
e		siness	Reason for Leaving
.	Description of Duties		
			Name of Supervisor
nth and Year	Name/Mailing Address of Employer/Bus	inoco	
		111.022	Reason for Leaving
	Description of Duties		N. Control of the con
		•	Name of Supervisor

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

Applicant's initial

9. CHARACTER REFERENCES:

Sancara de Caración de Caració	List five employ	e char	acter i	eference	e who	have kn	ow you	u five	years (or more	e. Do	not incl	ude rel	atives	present	
	TOTO LI	ipioyeu		Street	C		State	Zip			elepho					
Name	Himo	WSV	щ	Home	33	Gran	nd 5+		coli.	2 . 4 .	epno	ne		Year	s Known	
Emplo	yer			Business					JC PVI	7.10	1.			-5	plus year.	
Name	Sup	iya	bothy		181	Ray	~ C21	~ A	.10	Λ.)				
Employ	/er			Business	10							2. NJ		10	years.	
Name	Minor ver	l Jo	<u>rviv</u>	Home	31	Banlo	no (CT.	Tow	12 D:	1/6) n . N	17			
Employ	/er			Business					_1011	-3 P1	VE	31.1	77		10 years.	
Name				Home												
Employ	er			Business												
Name				Home												
Employ	er			Business												
10.	Do you he person's lf yes, c	nave a depos omple	ny sat sitory? ete the	fe depos Yes X followi	it box o No [ng:	or other	such (depos	itory, a	access f	to an	y deposi	tory or	do you	use any other	
Box Nur	nber or Type	of Depo	ository		Loc	ation	(City and	1 State							
1	53	Ray	Mζ	Soil	> . 0	30A						Authorized				
				3.	1	2017		15	Phi	n · N	J_	Spor	usea	<u>+I.</u>		
11.	Have you the follow Liquor Doctor Accounta Yes \(\sqrt{N} \) If yes, sta	nt Io <table-cell></table-cell>	Conti Pilot	er actor	Rad Red Spo	ce horse al estate orts pron	e/race of broke	doa o	Wner		E	ny state, Securitie Barber/C Frainer o	s deale	er Oloaist	not limited to Insurance Gaming Educator	
	Have you interest in If yes, stat involved, t venture or	e type he nar indust	where and try.	n and wh nd addre	ess of a	nd give in all partnership.	names ers an	and I	ocation	ns of the	e bu	sinesses	no ⊔ in whic	ch you		n Ly
										A	Appli	cant's in	itial	TI	Page 7	

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby, I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying Original Signature of Applicant Subscribed and Sworn to before me this day of GAURAV R. PANCHAL NOTARY PUBLIC OF NEW JERSEY My Commission Expires 1/10/2018

Applicant's initial

13	. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for
	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational
If yes	to the above, state where, when and for what reason:
15.	
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?
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead controlled substances?
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, upon voluntary close of a manufacturer
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 Y
	ATTACH PHOTOGRAPH
	TAKEN WITHIN
	30 DAYS HER

	Date of photograph 3 · 17 - 18
	Applicant's initial T3 ~~~
	Page 8

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 Parks	Collada.	1 -0 - 12	, ,		
Application for Pro	ンナルビサムS Nature c	T C 3 IVIC	#CS		
I deal Heal Name and 2585 S: Jones Blvd. Shitle Las Vegas, NV 89164. If	th Cons LLC	D.BA	Mobility	din	
2585 S. Jones Blvd. Switch	Address of Establishme	ent for Which License Is	Requested	·· (***********************************	·······
Las vegas, NV 89164. If	applicable, Name Under	Which It Is Now Operate	ed		
1. PERSONAL INFORMATION:					
Last Name JAIN	First Name	n	Middle Name		
		RAKESH	Middle Name		
Alias(es, Nicknames, Maiden Name, Other Name (Changes, Legal or Other	rwise) JAME			
Process Process					
Present Residence Address-Street or RFD 107 CALVERT AVE EAST	City	EPISON	State/Zi	NJ	08820
Present Business Address	<u>Dates</u> <u>City</u>		State /7:		
Prosthetics toshotics			State/Zip	0	
Occupation	Dates 11	1-1-1-1	Phone:		
<i>(</i>			Residence	-	
	New DECh.	TAIN	Business		
Date of Birth	Place of Birth (City, Cou	nty, State)			
53 years				20/1	
Age Social Sec	urity Number	,			
Black Black	<u>FSian</u>	167	no.	5/3/	,
Color of Eyes Color of Hair	Complexion	Weight	N)	D /	
		o.g.i.c	Dana	Height	
Scars tattons or distinguishing modes are	d/		1.1		
Scars, tattoos or distinguishing marks and				بد ^	7
Are you a citizen of the United States?	6	vernland.	***************************************		•
Are you a citizen of the United States?	∕es⊡ NoʻpT lfal	lien, registration No			~
If naturalized, certificate No	·	Date		-	- r
Place		(If naturalized,	document must l	be verified	d.)
2. MARITAL INFORMATION:					
Single □ Married ⊠ Separated	☐ Divorced ☐	Widowed □	Engaged 🗆		
		Ar	plicant's initial	Erin	_

	AL INFORMATION-Continued
A.	Spouse's full name (Maiden) Date Date Date City, County and State S.S. No
	Spouse's full name (Maiden) Date City, County and State Spouse's full name (Maiden) Spouse's full name (Maiden)
	Date of Birth New Delin
	Resident address 137 E Calvert AVR Edison NJ 08830 Street City State Zip
	Telephone: Residence Business 702 800 6520
	Telephone: Residence Business 702 800 6520 Spouse's employer Ideal Health Care Occupation Alminstrates
	Address of employer 2062 Milburn Ave Malelwood NJ 07040 Street City State Zip
B. P	revious Marriages: If ever legally separated, divorced, or annulled, indicate below:
Name	Date of Order Date of Place Nature of City of Spouse or Decree of Marriage Action County and State
And the first of the control designation	List of names, current address and telephone numbers of previous spouses; Name Street City State Zip Telephone
-	
3. FA	MILY INFORMATION:
Α.	Children and Dependents: List all children, including step-children and adopted children and give the following information:
	Name Birth Date Birth Place Residence Address
В.	Child Support Information: Please mark the appropriate response:
B.	
В.	Please mark the appropriate response:
B.	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

FAMIL	ILY INFORMATION-Continued District attorney or public agoney responsible for enfancing the state.
	District attorney or public agency responsible for enforcing the child support order: Name
	Address
	Contact person
C.	Parents:
parent	
	<u>in-law or legal guardian. If retired or deceased, list last address and occupation.</u> Name (Maiden) Birth Date Address Occupation
Father	Name (Margerr) Birth Date Address Occupation
P ₂ Mother	Ushpa Devictain "C-399 Palam Ext. Retired. C-399 Palam Ext. New Retired. Retired.
P Father-in	Oshpa Devi Jain (-399 Palam Ext. News. Retired
Mother-in	RL. Jain Decensed.
1	Kailash Jain 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
	Occupation Occupation
Spouse	Can't T'
	Santa Jain 11 11 11 11 11 11 H.W
Spouse	Nayesh Jan. 11 11 11 / Administer
	Anjah Jain. 11 11 11 11
Spouse	
Spouse	
Spouse	
4. ED	DUCATION:
	Name of School Location Dates Attended Graduate
Grammar School	Yes X No 🗆
High School	St. Sec. High school. Palam. Upto 1982.
College University	Safdanjang Mospital New Delhi 1983-1986, Yes No Prove thatics/osmotics.
Other	Yes No I
ype of	degree obtained, if any Diploma in low thetics Joshotics
College	Bachelos of Asts.
	Applicant's initial Page 3
	Page 3

5 MILITARY INFORMATION: Yes □ No 💆 Have you ever served in any armed forces? Α. 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.) В. 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.) 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. Charge Location-City and State Deposition/Date Date of Arrest Arresting Agency 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 Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No 🎾 Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No 👿 Have you ever been subpoenned to testify for any civil, criminal or administrative proceeding or hearing? E. Yes □ No 🕱 F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No No If yes, when? city, county and state Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No No G. If yes when? _____ city, county and state _____ Has any member of your family or of your spouse's family ever been convicted of a felony? Yes _ No \(\mathbb{Z}' \) H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Name Relationship Location Date

Applicant's initial Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/Defendant or	Court and Case		
Claimant/Respondent	Date Filed Number	City, County and State	Disposition/Date
	Il partnership, business venture, sole it as an owner, officer, director or pa If yes, complete the following:	e proprietorship or closely h artner) been a party to a lav	eld corporation (while you vsuit, arbitration or bankru
Name of Entity	Type of Entity	Approx Lawsui	imate Date(s) of t/Arbitration/Bankruptcy
7. RESIDENCES: ist all residences you ha	ave had for the last 25 years:		
	ave had for the last 25 years: Street and Number	City	State and Outside
ist all residences you ha	ave had for the last 25 years: Street and Number WZ 796 Palam	City New Delhi	State or County
ist all residences you ha	Street and Number	City New Delhi Cambadia	TNDIA.
ist all residences you ha	Street and Number WZ 796 Palam Phnom Penh C-399 Palam Fx	Ven Delhi Cambadia.	TNDIA:
ist all residences you ha	Street and Number WZ 796 Palam Phnom Penh C-399 Palam FX Palam. New 55 / Belgson	Ven Delhi Cambadia. A. Den De Delhi	TNDIA:
ist all residences you ha onth and Year (From-To) U to 1991 191 to 1997 17 to 2002	Street and Number WZ 796 Palam Phnom Penh C-399 Palam Ex Palam. New	Ven Delhi Combodia Hen Delhi Delhi Osive Nen	TNDIA: Combalia

Applicant's initial Page 5

. 8. EMPLOYMENT:

and/or all periods of unbusiness ventures with	unemployment since 18 years of age. Also, list all corporate which you have been associated as an officer, director	ations, partnerships or any other stockholder or related capacity.
2016 OG+ Month and Year	Takal Health Gov LLC: 2013 mill brown Ave Name/Mailing Address of Employer/Business	Reason for Leaving
Partner.	Clinical Admin. Description of Duties	No body.
17 In to Sept	Pell Mobilitything 44 Lincoln Har	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
C. 0.0		None:
Title	Description of Duties	Name of Supervisor
002 June to 2012	Dec. Hargen Peto 59 mainst. Wes Name/Mailing Address of Employer/Business	storange, NJ, 13 xad Deudine
	Name/Mailing Address of Employer/Business	
97+02002. Title	Description of Duties Climical / Adminy	Name of Supervisor Parie of Was over
91 to 1997	Vietnam Vet. q America Foundation	Project 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
	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Hame, Maining Address of Employer/business	

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

Applicant's initial FAV
Page 6

9. CHARACTER REFERENCES:

	List five character employer or emplo	reference	who have	know y	ou five	years	or more. Do	not include r	elatives, pr	esent
Name o	of Where Employed	Street	City	State	Zip		Telepho	ne	Years k	ínown
Name	Himanshy	Home Z	3 Grz	sand	I.12	seli	n: NJ.		54	
Employ	/er	Business								
<u>Name</u>	Sumil Bothsa	Home	181	Ram	sen A	he	Avenes	- N7	5+	
Employ		Business								
Name	Marc Sconzo	Home	1 Wi	Dow	Driv	e, -	Venono	x · N	5 Bh	ke.
Employ		Business								
Name 1	M. Kamal	Home	106	Pec	ach	st.	AVEN	rel	57	
Employ	er	Business								
Name	Mohan.	Home	102	Pear	ch S	34.	Aven	EN. Jo	. 5+	
Employ	er	Business								The state of the s
10.	Do you have any sa person's depository If yes, complete th	r res x	NO \square	ther suc	h depo	sitory,	access to ar	ny depository	or do you	use any other
Box Nur	mber or Type of Depository		Locatio	<u>n</u>	City ar	nd State		Authorized User	rs	
53	Bank Safe	·	B01	} .	IS	eliz	~ NT.	مكذاما	· Tho	
11.	_ ` .	vyer ntractor ot nere and v	Race I Real e Sports	norse/ra state br promot	ce dog oker or er	owner salesr	nan	Securities de Barber/Cosm Trainer or ma	ealer netologist anager	Insurance Gaming Educator
1 C	- all 11.	•						_		
	so sheris	-/05M	700-}, 65	5	~ <u>~</u>	~!-		P.A	!:	••••••
12. S.Fa	Have you ever appli interest in a licensed If yes, state type, wh involved, the names venture or industry. The Lal	ed for a ci d business en and wi and addre	ty, county or indust here and ess of all	of state try OUT give nar partners	busine SIDE the mes and	ess, ve e Stat d locat e ager	nture or indue of Nevada ions of the b	ustry license o ? Yes X No usinesses in vole for licensir	or held a fir which you ag said bus	were siness.
		_					App	olicant's initial	gin	 Page 7

	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada tany reason whatsoever? Yes ☐ No ★
	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes □ No ♥
yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and 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 that upon voluntary close of a manufacturer Yes No
18.	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other tha
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other tha upon voluntary close of a manufacturer Yes No No Do you have any relatives within the fourth degree of consanguinity associated with or employed in the
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other that upon voluntary close of a manufacturer No Yes No No Do you have any relatives within the fourth degree of consanguinity associated with or employed in the
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other that upon voluntary close of a manufacturer No Do you have any relatives within the fourth degree of consanguinity associated with or employed in the
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other that upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No Ye
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other that upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No Yes
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other tha upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? ATTACH PHO TAKEN WITH
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other tha upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? ATTACH PHO TAKEN WITH
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other tha upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? ATTACH PHO TAKEN WITH
	permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other that upon voluntary close of a manufacturer Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? ATTACH PHO TAKEN WITH

Applicant's initial Page 8

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 of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
toph
Original Signature of Applicant
Subscribed and Sworn to before me this 10 day of January 2018
() CHAI
The Course
Notary Public & Communication of the Communication
(seal)
My Commission Expires 1/10/2018 (seal)
My Commission Expires 1/10/2018
OAURAV R. PANCHAL HOTARY PUBLIC OF NEW JERSEY My Commission Expires 1/10/2018

Applicant's initial_____

Page 9