8
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$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
(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 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: US EXPEDITERS INC. dba CPAP.com

Physical Address: 13235 N Promenade Blvd. Stafford TX 77479
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 13235 N Promenade Blvd.

City: Stafford State: TX Zip Code: 77479

Telephone: 71-351-3419 Fax: 832-342-9715

E-mail: accounting@cpap.com Website: www.cpap.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: 8am to 5pm Sun: _______ to _______ Holidays: _______ to _______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John W Goodman

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 Prosthetics
☐ Diabetic Supplies Other: CPAP Machines and Masks

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

Page 1
APPLICATION FOR OUT-OF-STATE 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:

Not Applicable

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 ☒

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

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

☐ Practitioner Name: _____________________
☐ Advanced Practitioner of Nursing Name: _____________________
☐ Physician’s Assistant Name: _____________________
☐ Physical Therapist Name: _____________________
☐ Occupational Therapist Name: _____________________
☐ Registered Nurse Name: _____________________
☐ Respiratory Therapist Name: _____________________

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

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners 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 ☒
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 question 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

Carolyn Goodman 12/11/2018
Print Name of Authorized Person Date

Board Use Only Received: _______________ Amount: $000.00

Page 3
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Not Applicable
Parent Company if any: 
Corporation Name: 
Mailing Address: 
City: State: Zip: 
Telephone: Fax: 
License Contact Person: 

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporation's four largest shareholders:
(Name and percentage of ownership)

1. %: 
2. %: 
3. %: 
4. %: 

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 
Registration number issued: 
Stock Exchange: 

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: State of Texas
Parent Company if any: None
Corporation Name: US Expediters, Inc. dba CPAP.com
Mailing Address: 13235 N Promenade Blvd
City: Stafford State: TX Zip: 77477
Telephone: 713-351-3419 Fax: 832-342-9715
Contact Person: Sunita Desai

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) John W Goodman 5911 Abercrombie Ln Sugar Land TX 77479  
      Name Address
   b) John C Goodman 2715 Peninsulas Dr Missouri City TX 77459  
      Name Address
   c) Zachary Goodman 18545 University Blvd. Apt.1234 Sugar Land TX 77479  
      Name Address
   d) Not Applicable  
      Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 11/27/1996

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

<table>
<thead>
<tr>
<th>General</th>
<th>Limited</th>
</tr>
</thead>
</table>

Partnership Name:  

Mailing Address:  

City:  State:  Zip:  

Telephone:  Fax:  

Contact Person:  

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership. Use separate sheet if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>G or L</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

List names of 4 largest partners and percentage of ownership:

<table>
<thead>
<tr>
<th>Name</th>
<th>%</th>
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<tbody>
<tr>
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</table>
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Not Applicable

List all previous names: ____________________________

Social Security Number: ____________________________

Date of Birth: ____________________________

Place of Birth: City: ____________________________ State: _______ Country: ____________

Citizenship: USA ____________________________ other ____________________________

If applicable, list Naturalization Number: ____________________________ Passport Number: ____________________________

Current residence address: ____________________________

City: ____________________________ State: _____ Zip Code: ____________

Telephone Number: ____________________________ Fax Number: ____________________________

Previous address (last 5 years):

Address: ____________________________ City: _______ State: _____ Zip Code: ____________

Address: ____________________________ City: _______ State: _____ Zip Code: ____________

Address: ____________________________ City: _______ State: _____ Zip Code: ____________

Business Name: ____________________________

Current Business Address: ____________________________

City: ____________________________ State: _______ Zip Code: ____________

Telephone Number: ____________________________ Fax Number: ____________________________

Previous Employment (last 5 years):

Name: ____________________________ Address: ____________________________

City: ____________________________ State: _______ Zip Code: ____________

Name: ____________________________ Address: ____________________________

City: ____________________________ State: _______ Zip Code: ____________

Name: ____________________________ Address: ____________________________

City: ____________________________ State: _______ Zip Code: ____________

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Franchise Tax Account Status
As of: 12/11/2018 16:17:25

This Page is Not Sufficient for Filings with the Secretary of State

<table>
<thead>
<tr>
<th>U.S. EXPEDITERS, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Texas Taxpayer Number</strong></td>
</tr>
<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td><strong>Right to Transact Business in Texas</strong></td>
</tr>
<tr>
<td><strong>State of Formation</strong></td>
</tr>
<tr>
<td><strong>Effective SOS Registration Date</strong></td>
</tr>
<tr>
<td><strong>Texas SOS File Number</strong></td>
</tr>
<tr>
<td><strong>Registered Agent Name</strong></td>
</tr>
<tr>
<td><strong>Registered Office Street Address</strong></td>
</tr>
<tr>
<td>Name and Address Of Shareholder</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>A. John C. Goodman</td>
</tr>
<tr>
<td>4023 Greenbriar Drive</td>
</tr>
<tr>
<td>Missouri City, Texas 77459</td>
</tr>
<tr>
<td>B. Johnny W. Goodman</td>
</tr>
<tr>
<td>4023 Greenbriar Drive</td>
</tr>
<tr>
<td>Missouri City, Texas 77459</td>
</tr>
<tr>
<td>C. Zachary J. Goodman</td>
</tr>
<tr>
<td>4023 Greenbriar Drive</td>
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<tr>
<td>Missouri City, Texas 77459</td>
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<tr>
<td>D. John C. Goodman</td>
</tr>
<tr>
<td>4023 Greenbriar Drive</td>
</tr>
<tr>
<td>Missouri City, Texas 77459</td>
</tr>
</tbody>
</table>
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Millward Agency, Inc.
11142 N Highland Blvd #300
Highland, UT 84003

CONTACT
NAME: The Millward Agency, Inc.
PHONE: 801.216.4545
FAX: 801.216.4275
EMAIL: certa@millwardagency.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Great American
NAIC #: 16691

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/SUB/ EXCESS</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>GLTBD8706811</td>
<td>11/15/2018</td>
<td>11/15/2019</td>
<td>EACH OCCURRENCE: $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (EA occurrence) $500,000</td>
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<td>MED EXP (Any one person) $20,000</td>
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<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
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<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
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<tr>
<td></td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>GLTBD8706811</td>
<td>11/15/2018</td>
<td>11/15/2019</td>
<td>EACH OCCURRENCE: $1,000,000</td>
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<td></td>
<td></td>
<td>HIRED AUTOS</td>
<td></td>
<td></td>
<td></td>
<td>COMBINED SINGLE LIMIT (EA accident) $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>EXCESS LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>UMTBD8706811</td>
<td>11/15/2018</td>
<td>11/15/2019</td>
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<td>AGGREGATE $3,000,000</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured-Owners, Lessees and Contractors with Primary & Non-Contributory; Blanket Additional Vendors with Primary & Non-Contributory; Waiver of Subrogation - per attached Specialty Plus Endorsement - ESG3206 (01/16)
Certificate holder is Additional Insured per above mentioned form(s).

CERTIFICATE HOLDER
G & V VII Freeport Business, LP
C/O Stream Realty Partners-Houston, LP
3040 Post Oak Blvd STE 600
Houston TX 77056

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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December 13, 2018

Nevada State Board of Pharmacy  
1050 E Flamingo Rd  
Suite E217  
Las Vegas, Nevada 89119-7524

Dear Nevada State Board of Pharmacy,

Please find attached our Out of State MDEG application. We have completed this in regards to a notification letter we received from the board dated 11/28/2018. We are working on a formal response to the letter.

Please let us know if there are any questions on the application.

Regards,

[Signature]

Carolyn Goodman  
Chief Financial Officer  
US Expediters, Inc. dba CPAP.com