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: Henry Schein, Inc.

Physical Address: 875 E. Patriot Blvd. Suite #202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Reno State: NV Zip Code: 89511

Telephone: 775-853-1230 Fax: 775-853-1479

E-mail: mitchell.cobb@henryschein.com Website: N/A

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:closed to Sun:closed to Holidays:closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Mitchell A. Cobb

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: RX Medical Devices(non-drug only)& Podiatry to physicians

**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: N/A Telephone: __________________________
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

N/A

________________________

________________________

________________________

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. No ☐

☐ 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.
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

Mitchell Cobb
Print Name of Authorized Person

Date

Board Use Only

Received: ____________  Amount: $0.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Henry Schein, Inc.
Corporation Name: Henry Schein, Inc.
Mailing Address: 135 Duryea Road
City: Melville State: NY Zip: 11747
Telephone: 276-688-4121 Fax: 276-688-2063
License Contact Person: Lisa McKee ext. 2434590

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 corporations four largest shareholders:
(Name and percentage of ownership)

1. The Vanguard Group, Inc. %: 10.67
2. Longview Partners LLP %: 8.96
3. Generation Investment Management LLP %: 8.90
4. Fidelity Management & Research Company %: 5.59

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: 12/23/1992
Registration number issued: 2320192
Stock Exchange: NASDAQ - HSIC

Include with the application for a publicly traded corporation

✓ List of officers and directors. Please see Attached

✓ 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. Please see Attached
HENRY SCHEIN, INC  
Fein: 113136595  

Officers & Directors

Stanley M. Bergman  Chairman  
                    Chief Executive Officer  
                    Chairman of the Board

James P. Breslawski  President  
                    Vice Chairman of the Board

Steven Paladino    Executive Vice President  
                    Chief Financial Officer  
                    Board of Directors

Mark E. Mlotek  Executive Vice President  
                 Board of Directors

Michael S. Ettinger  SR Vice President  
                     Secretary  
                     Board of Directors

Gerald A. Benjamin  Board of Directors

Incorporated Delaware 1992
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date: 1/30/19

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for non drug Rx medical/pediatric devices warehouse practices

Henry Schein, Inc. 875 E. Patriot Blvd. Ste 202 Reno, NV 89511

Name and Address of Business for Which MDEG Administrator Is Requested

Henry Schein West Coast Medical Equipment

If applicable, Name Under Which It Is Now Operated
1. PERSONAL INFORMATION:

Cobb
Mitchell
Allen

Last Name
First Name
Middle Name

none

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

Falcon Ridge Ct.
Sparks
Nv.
89436

Present Residence Address-Street or RFD
City
State/Zip

875 E Patriot Blvd ste 202
Dates 9/2016-Present
Reno
Nv.
89511

Present Business Address
City
State/Zip

N/A

Present Position with the MDEG

Phone: 775 853 1230
Fax: 775-853-1479

Email address: mitchell.cobb@henryschein.com

Reno, Washoe, Nv.

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

58

M

Age
Sex

Social Security Number

blue
brown

Weight

Height

Scars, tattoos or distinguishing marks and/or characteristics

None

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

If alien, registration No

N/A

If naturalized, certificate No

N/A

Date

N/A

Place

N/A

(If naturalized, document must be verified.)
EMPELOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<tbody>
<tr>
<td>March 2006</td>
<td>Henry Schein 875 &amp; Patriot</td>
<td>~26,000</td>
</tr>
<tr>
<td>Title</td>
<td>Facility Mgr. Ship &amp; receive, inventory control</td>
<td>Mark Benson</td>
</tr>
</tbody>
</table>

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<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
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</table>
I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

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

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

a) Board Administrative Action:
   State: __________________________
   Date: _________________________
   Case Number: __________________

b) Criminal Action:
   State: __________________________
   Date: _________________________
   Case Number: __________________
   County: _________________________
   Court: __________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☑ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☑ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☑ No ☐

5 or 6 please provide a written letter of explanation. ☑

-----------------------------
ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 1/30/19

Page 4 – MDEG Administrator
I, Mitchell A. Bobb, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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

Mitchell A. Bobb

Original Signature of Applicant
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.

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<th>☐ Ownership Change</th>
<th>☐ Name Change</th>
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☐ 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: RIDER MOBILITY INC.
Physical Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G
City: LAS VEGAS State: NV Zip Code: 89128
Telephone: 702-272-0230 Fax: 702-272-0289
E-mail: kirsten@ridermobility.com Website: www.ridermobility.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM
Fri: 9 AM to 5 PM Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: KIRSTEN WENDER

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 Prosthetics
- 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: KIRSTEN WENDER Telephone: 702-445-2675
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:

1174094163

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 Name: ___________ N/A
☐ Advanced Practitioner of Nursing Name: ___________ N/A
☐ Physician’s Assistant Name: ___________ N/A
☐ Physical Therapist Name: ___________ N/A
☐ Occupational Therapist Name: ___________ N/A
☐ Registered Nurse Name: ___________ N/A
☐ Respiratory Therapist Name: ___________ N/A

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 ☑

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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.

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

KIRSTEN WENDER
Print Name of Authorized Person

01/09/2019
Date

Board Use Only

Received:  
Amount: $000.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NV
Parent Company if any: N/A
Corporation Name: RIDER MOBILITY INC.
Mailing Address: 7320 SMOKE RANCH ROAD SUITE G
City: LAS VEGAS State: NV Zip: 89128
Telephone: 702-272-0230 Fax: 702-272-0289
Contact Person: KIRSTEN WENDER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) KIRSTEN WENDER 5516 GREEN FERRY AVE. LAS VEGAS, NV 89131
      Name Address
   b) KYLE WENDER 5516 GREEN FERRY AVE. LAS VEGAS, NV 89131
      Name Address
   c) ________________________________
      Name Address
   d) ________________________________
      Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

Page 5a
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date: 01/09/2019

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

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
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Application for NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLIERS

Nature of MDEG

RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

Page 1 □ MDEG Administrator
1. PERSONAL INFORMATION:

WENDER .......................................................... KIRSTEN .......................................................... ALLISON .........................................................
Last Name .......................................................... First Name ......................................................... Middle Name ...................................................

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

GREEN FERRY AVE. .................................................. LAS VEGAS ........................................ NV 89131
Present Residence Address-Street or RFD ........................................... City ......................................................... State/Zip ...................................................
01/01/2019 - PRESENT ........................................... Dates .........................................................
7320 SMOKE RANCH RD. SUITE G ........................................... LAS VEGAS ........................................ NV 89128
Present Business Address .......................................................... City ......................................................... State/Zip ...................................................
11/08/2018 - PRESENT ........................................... Dates .........................................................
COO .................................................................

Present Position with the MDEG

Phone: 702-445-2675 ........................................... Fax: 702-272-0289 ...................................................

Email address: KIRSTEN@RIDERMOBILITY.COM .................................................................

__________________________ ..................................................
Date of Birth .......................................................... Place of Birth (City, County, State) ...................................................
26 .................................................................
Age ................................................................. Social Security Number .............................................
FEMALE ..........................................................
Sex .................................................................

HAZEL ............................................................... BLONDE ......................................................... 145 .............................................................
Color of Eyes .......................................................... Color of Hair ....................................................... Weight ..........................................................
5‘10” .................................................................
Height .................................................................

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON LOWER RIGHT CHEEK ...................................................

Are you a citizen of the United States? Yes ☐ No ☐ .................................................................
If alien, registration No N/A .................................................................
If naturalized, certificate No N/A ..........................................................
Date N/A ..........................................................
Place N/A ..........................................................
(If naturalized, document must be verified.) .................................................................

Page 2 : MDEG Administrator

[Signature]
EMPLOYMENT:

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

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<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV 2012 - APRIL 2015</td>
<td>ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128</td>
<td>3100</td>
</tr>
<tr>
<td>DME BILLING SPECIALIST</td>
<td>BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE ENFORCED MEDICARE MEDICAID COMPLIANCE</td>
<td>MAXINE PAUL 702-303-4220</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>
I have □ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have □ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.

2. I have □ I have not ☒ been the subject of an administrative action whether completed or pending.

3. I have □ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action: State: N/A
   Date: N/A
   Case Number: N/A

b)                                    

   State: N/A
   Date: N/A
   Case Number: N/A
   County: N/A
   Court: N/A

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No □

5. Will you be employed fulltime with the MDEG? Yes ☒ No □

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No □

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

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Date of photograph: 01/09/2019

Page 4 MDEG Administrator

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

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

..................................................

Kirsten Wender

Original Signature of Applicant

Page 5 MDEG Administrator
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date: 01/09/2019

GENERAL INSTRUCTIONS

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

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

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

Application for NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT

Nature of License RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name: WENDER
First Name: KIRSTEN
Middle Name: ALLISON

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

Present Residence Address-Street or RFD: 3GREEN FERRY AVE.
City: LAS VEGAS
State/Zip: NV 89131

Present Business Address: 7320 SMOKE RANCH RD. SUITE G
City: LAS VEGAS
State/Zip: NV 89128

Occupation: ASSISTIVE TECHNOLOGY PROFESSIONAL

Date of Birth: PLACE OF BIRTH (City, County, State) LAS VEGAS, CLARK, NV

Age: 26
Social Security Number: 
Sex: FEMALE

Color of Eyes: HAZEL
Color of Hair: BLONDE
Complexion: WHITE
Weight: 145
Build: FIT
Height: 5'10"

Scars, tattoos or distinguishing marks and/or characteristics: MOLE ON LOWER RIGHT CHEEK

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

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

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

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial: W

Page 1
MARITAL INFORMATION-Continued

A. Current Marriage

05/17/2014

LAS VEGAS, CLARK, NV

Spouse's full name (Maiden) KYLE BEAUGUE WENDER

S.S. No. 3

Date of Birth

Place of Birth CLOVIS, CA

Resident address 3 GREEN FERRY AVE. LAS VEGAS NV 89131

Street City State Zip

Telephone: Residence Business 702-272-0230

Spouse's employer SELF

Occupation ASSISTIVE TECHNOLOGY PROFESSIONAL

Address of employer N/A

Street City State Zip

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISABELLA WENDER</td>
<td></td>
<td>CLOVIS, CA</td>
<td>3 GREEN FERRY AVE. LAS VEGAS, NV 89131</td>
</tr>
<tr>
<td>ELIJAH WENDER</td>
<td></td>
<td>LAS VEGAS, NV</td>
<td>GREEN FERRY AVE. LAS VEGAS, NV 89131</td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial

Page 2
FAMILY INFORMATION - Continued

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

Name: N/A
Address: N/A
Contact person: N/A

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIK VALAINIS</td>
<td></td>
<td>1 Gault Ct. North Las Vegas, NV 89032</td>
<td>ASSISTIVE TECHNOLOGY PROFESSIONAL</td>
</tr>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAXINE FIELD</td>
<td></td>
<td>5 N. Conquistador St. Las Vegas, NV 89149</td>
<td>DIRECTOR OF SALES @ NUMOTION</td>
</tr>
<tr>
<td><strong>Father-in-Law</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN LOUIS WENDER JR</td>
<td></td>
<td>E. Palo Alto Ave. Fresno, CA 93710</td>
<td>INSURANCE BROKER</td>
</tr>
<tr>
<td><strong>Mother-in-Law</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTINA DAVIES</td>
<td></td>
<td>FILBERT AVE. CLOVIS, CA 93611</td>
<td>SUBSTITUTE TEACHER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRANCISCO ABREGO</td>
<td></td>
<td>N. Durango Dr. #3025 Las Vegas NV 89149</td>
<td>DRIVER</td>
</tr>
<tr>
<td><strong>Skylar Post</strong></td>
<td></td>
<td>Peggotty Ave Las Vegas NV 89130</td>
<td>ASSISTIVE TECHNOLOGY PROFESSIONAL</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARAH HERRERA</td>
<td></td>
<td>Peggotty Ave Las Vegas NV 89130</td>
<td>HOMEMAKER</td>
</tr>
<tr>
<td><strong>ERIN VALAINIS</strong></td>
<td></td>
<td>N. Conquistador St. Las Vegas, NV 89143</td>
<td>RN</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teddy Concepcion</strong></td>
<td></td>
<td>6 Patrick Henry Ave. Las Vegas NV 89149</td>
<td>COSMETOLOGY STUDENT</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grammar School</strong></td>
<td>MERRYHILL ELEMENTARY SCHOOL</td>
<td>LAS VEGAS, NV</td>
<td>2002-2003</td>
</tr>
<tr>
<td><strong>High School</strong></td>
<td>FAITH LUTHERAN JR SR HIGHSCHOOL</td>
<td>LAS VEGAS, NV</td>
<td>2003-2010</td>
</tr>
<tr>
<td><strong>College University</strong></td>
<td>COLLEGE OF SOUTHERN NEVADA</td>
<td></td>
<td>2010-2011</td>
</tr>
</tbody>
</table>

Other: TOBLER ELEMENTARY SCHOOL 1997-2002 Yes ☑ No ☐

Type of degree obtained, if any: N/A

College or university where obtained: N/A

Applicant's initial: KW
5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A, Serial number N/A

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

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

County N/A, State N/A, Date registered N/A

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.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Applicant’s initial Y/N

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:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV 1992 - MAY 2010</td>
<td>6412 STORMY CREEK RD.</td>
<td>LAS VEGAS, NV 89108</td>
<td></td>
</tr>
<tr>
<td>FEB 2000 - OCT 2011</td>
<td>9041 EAGLE HILLS DR.</td>
<td>LAS VEGAS NV 89131</td>
<td></td>
</tr>
<tr>
<td>OCT 2011 - APRIL 2012</td>
<td>2470 C ST. APT #5</td>
<td>SAN DIEGO, CA 92102</td>
<td></td>
</tr>
<tr>
<td>APRIL 2012 - JAN 2015</td>
<td>436 W ALAMOS AVE. UNIT #1</td>
<td>CLOVIS, CA 93612</td>
<td></td>
</tr>
<tr>
<td>JAN 2015 - JULY 2016</td>
<td>2559 SAMPLE AVE.</td>
<td>CLOVIS, CA 93611</td>
<td></td>
</tr>
<tr>
<td>JULY 2016 - PRESENT</td>
<td>GREEN FERRY AVE.</td>
<td>LAS VEGAS, NV 89131</td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s initial: YN
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV 2012 - APRIL 2015</td>
<td>ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128</td>
<td>PREGNANCY</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>BILLING SPECIALIST</td>
<td>BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE</td>
<td>MAXINE PAUL</td>
</tr>
</tbody>
</table>

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| APR 2012 - NOV 2012 | G7 MEDICAL SUPPLY 230 W Fallbrook Ave #107, Fresno, CA 93711 | COMPANY WAS ACQUIRED |
| Title | Description of Duties | Name of Supervisor |
| BILLING SPECIALIST | BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE | TRAVIS GODDEN |

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| APR 2009 - NOV 2010 | GYRO TIME RESTAURANT 7660 W Cheyenne Ave, Las Vegas, NV 89129 | SCHOOL |
| Title | Description of Duties | Name of Supervisor |
| MANAGER | REPORT CASH, SUPERVISE EMPLOYEES, COOK, CLOSE RESTAURANT | MIKE PISTONE |

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

Applicant's initial...........................................
9. CHARACTER REFERENCES:

<table>
<thead>
<tr>
<th>Name</th>
<th>Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIANA ESCALERA</td>
<td>Home</td>
<td>MARSH CT. LAS VEGAS, NV 89128</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>10 YEARS</td>
</tr>
<tr>
<td>ERANDI ACALA</td>
<td>Home</td>
<td>PINO DR. LAKESIDE CA 92040</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 YEARS</td>
</tr>
<tr>
<td>COLE JOHNSON</td>
<td>Home</td>
<td>SAMPLE AVE. CLOVIS CA, 93611</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 YEARS</td>
</tr>
<tr>
<td>TIM STOCKTON</td>
<td>Home</td>
<td>CORD WAY SACRAMENTO CA 95828</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 YEARS</td>
</tr>
<tr>
<td>JACOB CONNELL</td>
<td>Home</td>
<td>THOR MOUNTAIN LN. LAS VEGAS, NV 89166</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14 YEARS</td>
</tr>
</tbody>
</table>

Employer: ATLAS SOFTWARE, Business: 2400 N TENAYA SUITE 150 LAS VEGAS NV 89128 (855) 22-4860

Employer: NUMOTION, Business: 8195 Mercury Ct #120, San Diego, CA 92111 (858) 571-6544

Employer: NUMOTION, Business: 4010 N Chestnut Diagonal suite #106, Fresno, CA 93726

Employer: NUMOTION, Business: 1650 Tribute Rd, Sacramento, CA 95815 (916) 489-3651

Employer: AMR, Business: 7201 W Post Rd, Las Vegas, NV 89113 (702) 384-3400

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

N/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.

N/A

Applicant's initial: W

Page 7
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

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

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

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

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

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

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

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

Date of photograph: 01/09/2019

Applicant’s initial: [Signature]
STATE OF NEVADA

COUNTY OF CLARK

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 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 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.

Subscribed and Sworn to before me this 10th day of January, 2019, By, Kirsten Wender

Notary Public

Applicant's Initial: KW

Page 9
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date: 01/08/2019

GENERAL INSTRUCTIONS

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

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

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

Application for NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLIER

Nature of License

RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: WENDER
First Name: KYLE
Middle Name: BEAUGUE

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD: GREEN FERRY AVE.
City: LAS VEGAS
State/Zip: NV 89131

Present Residence Address: 7320 SMOKE RANCH RD. SUITE G
City: LAS VEGAS
State/Zip: NV 89128

Dates: 12/28/2018 - PRESENT

Dates: 7/1/2016 - PRESENT

Occupation: ASSISTIVE TECHNOLOGY PROFESSIONAL

Date of Birth: CLOVIS, CA

Place of Birth (City, County, State): N/A

Age: 32
Social Security Number: N/A

Sex: MALE

Color of Eyes: BROWN
Color of Hair: BROWN
Complexion: WHITE
Weight: 200
Build: FIT
Height: 6'0

Scars, tattoos or distinguishing marks and/or characteristics: CAULIFLOWER EAR, LONG HAIR

Are you a citizen of the United States? Yes ☑ No ☐
If alien, registration No. N/A
If naturalized, certificate No. N/A
Date N/A
Place N/A

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initials: [Signature]
A. Current Marriage

Date: 05/17/2014
City, County and State: LAS VEGAS, CLARK, NV

Spouse's full name (Maiden): KIRSTEN ALLISON VALAINIS
S.S. No.: 

Date of Birth: Place of Birth: LAS VEGAS, NV

Resident address: GREEN FERRY AVE. LAS VEGAS NV 89131

Street: City: State: Zip: 

Telephone: Residence: Business: 702-272-0230

Spouse's employer: SELF
Occupation: DME SUPPLIER / PART TIME PHOTOGRAPHER

Address of employer: N/A

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order of Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISABELLA WENDER</td>
<td></td>
<td>CLOVIS, CA</td>
<td>GREEN FERRY AVE. LAS VEGAS, NV 89131</td>
</tr>
<tr>
<td>ELIJAH WENDER</td>
<td>f</td>
<td>LAS VEGAS, NV</td>
<td>GREEN FERRY AVE. LAS VEGAS, NV 89131</td>
</tr>
</tbody>
</table>

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: [Signature]
FAMILY INFORMATION—Continued

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

Name: N/A
Address: N/A
Contact person: N/A

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,
parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN LOUIS WENDER JR</td>
<td></td>
<td>E. PALO ALTO AVE. FRESNO, CA 93710</td>
<td>INSURANCE BROKER</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTINA DAVIES</td>
<td></td>
<td>2 FILBERT AVE. CLOVIS, CA 93611</td>
<td>SUBSTITUTE TEACHER</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIK VALAINIS</td>
<td></td>
<td>2 GAULT CT. NORTH LAS VEGAS, NV 89102</td>
<td>ASSISTIVE TECHNOLOGY PROFESSIONAL</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAXINE FIELD</td>
<td></td>
<td>N. CONQUISTADOR ST. LAS VEGAS, NV 89119</td>
<td>DIRECTOR OF SALES @ NUMOTION</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIELLE WENDER</td>
<td>9</td>
<td>FILBERT AVE. CLOVIS, CA 93611</td>
<td>OFFICE MANAGER</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRED EDWARDS</td>
<td></td>
<td>FILBERT AVE. CLOVIS, CA 93611</td>
<td>FIREMAN</td>
</tr>
<tr>
<td>Charitable</td>
<td>1</td>
<td>FILBERT AVE. CLOVIS, CA 93611</td>
<td>ESTHETICIAN</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAVIS GODDEN</td>
<td></td>
<td>2 FILBERT AVE. CLOVIS, CA 93611</td>
<td>BUSINESS OWNER</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHANNA WENDER</td>
<td></td>
<td>2 LOS ALTOS AVE. CLOVIS, CA 93611</td>
<td>MEDICAL RECORDS DIRECTOR</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIC DAVIES</td>
<td></td>
<td>1 LOS ALTOS AVE. CLOVIS, CA 93611</td>
<td>EMT</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KARIN WENDER</td>
<td></td>
<td>1 ATHENS AVE. CLOVIS, 93611</td>
<td>HOMEMAKER</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRETT PRIETO</td>
<td></td>
<td>1 ATHENS AVE. CLOVIS, 93611</td>
<td>LANDSCAPE CONTRACTING</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td>Yes ❑ No ❑</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>CLOVIS EAST HIGH SCHOOL</td>
<td>CLOVIS, CA</td>
<td>Yes ❑ No ❑</td>
</tr>
<tr>
<td>College University</td>
<td>FRESNO CITY COLLEGE</td>
<td>FRESNO, CA</td>
<td>Yes ❑ No ❑</td>
</tr>
<tr>
<td>Other N/A</td>
<td></td>
<td>Yes ❑ No ❑</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any N/A
College or university where obtained N/A

Applicant's initial
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No ☑
   Branch: N/A Date of entry-active service: N/A
   Date of separation: N/A Type of discharge: N/A
   Rating at separation: N/A Serial number: N/A
   While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes □ No ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes □ No ☑
   County: N/A State: N/A Date registered: N/A

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.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/07/2008</td>
<td>22</td>
<td>Disorderly Conduct: Under Influence of Alcohol</td>
<td>FRESNO, CA</td>
<td>05/07/2008</td>
<td>Fresno County Jail</td>
</tr>
</tbody>
</table>

I was leaving a bar after celebrating my birthday, a man made some obscene remarks to my sister, so I pushed him, and a police officer witnessed it. I was immediately arrested.

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? Location-city, county and state.

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☑ If yes when? Location-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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Applicant's Initial: 

Page 4
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 1986 - MAR 2003</td>
<td>8313 E. HEDGES AVE. CLOVIS, CA 93727</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAR 2003 - AUG 2009</td>
<td>2042 FIBERT AVE. CLOVIS, CA 93611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUG 2009 - APRIL 2012</td>
<td>2470 C ST. APT #5 SAN DIEGO, CA 92102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRIL 2012 - JAN 2015</td>
<td>436 W ALAMOS AVE. UNIT #1 CLOVIS, CA 93612</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAN 2015 - JULY 2016</td>
<td>2559 SAMPLE AVE. CLOVIS, CA 93611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULY 2016 - PRESENT</td>
<td>GREEN FERRY AVE. LAS VEGAS, NV 89131</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Applicant's initial: ___________________________
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUG 2016 - DEC 2016</td>
<td>INVACARE</td>
<td>STARTING MY OWN DME COMPANY</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>SALES REP</td>
<td></td>
<td>JOE BLUM</td>
</tr>
<tr>
<td>SEP 2017 - MAY 2018</td>
<td>NUMOTION</td>
<td>PERSONAL</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>ATP</td>
<td>EVALUATE PATIENTS FOR WHEELCHAIRS</td>
<td>MAXINE PAUL</td>
</tr>
<tr>
<td>NOV 2012 - AUG 2017</td>
<td>ACADEMY MEDICAL EQUIPMENT, INC. FRESNO &amp; LAS VEGAS</td>
<td>COMPANY WAS ACQUIRED</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>ATP</td>
<td>EVALUATE PATIENTS FOR WHEELCHAIRS</td>
<td>TRAVIS GODDEN</td>
</tr>
<tr>
<td>APR 2012 - NOV 2012</td>
<td>G7 MEDICAL SUPPLY</td>
<td>COMPANY WAS ACQUIRED</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>SERVICE MANAGER</td>
<td>MANAGE SERVICE DEPARTMENT AND REPAIR OF WHEELCHAIRS</td>
<td>TRAVIS GODDEN</td>
</tr>
<tr>
<td>AUG 2009 - APRIL 2012</td>
<td>ACADEMY MEDICAL EQUIPMENT, INC. SAN DIEGO</td>
<td>MOVED TO NEW CITY</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>TECHNICIAN</td>
<td>REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES</td>
<td>STEVE PZISKIN</td>
</tr>
<tr>
<td>JUN 2008 - JUL 2009</td>
<td>G7 MEDICAL SUPPLY</td>
<td>MOVED TO NEW CITY</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>TECHNICIAN</td>
<td>REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES</td>
<td>COLE JOHNSON</td>
</tr>
<tr>
<td>MAR 2006 - JUN 2008</td>
<td>TAHOE JOE'S RESTAURANT</td>
<td>G7 WAS HIRING</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>WAITER</td>
<td>TAKE ORDERS &amp; SERVE PATRONS</td>
<td>CLINT CROUCH</td>
</tr>
</tbody>
</table>

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

Applicant's initial: [Signature]
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DIANA ESCALERA</td>
<td>Home</td>
<td>1 MARSH CT. LAS VEGAS, NV 89128</td>
<td>( )</td>
<td>1</td>
<td>10 YEARS</td>
<td></td>
</tr>
<tr>
<td>Employer: ATLAS SOFTWARE</td>
<td>Business</td>
<td>2400 N TENAYA SUITE 150 LAS VEGAS NV 89128</td>
<td>(855) 221-4860</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: ERANDI ACALA</td>
<td>Home</td>
<td>4 PINO DR. LAKESIDE CA 92040</td>
<td>( )</td>
<td>2</td>
<td>10 YEARS</td>
<td></td>
</tr>
<tr>
<td>Employer: NUMOTION</td>
<td>Business</td>
<td>8195 Mercury Ct #120, San Diego, CA 92111</td>
<td>(858) 571-6544</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: COLE JOHNSON</td>
<td>Home</td>
<td>SAMPLE AVE. CLOVIS CA, 93611</td>
<td>( )</td>
<td>7</td>
<td>15 YEARS</td>
<td></td>
</tr>
<tr>
<td>Employer: NUMOTION</td>
<td>Business</td>
<td>4010 N Chestnut Diagonal suite #106, Fresno, CA 93726</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: TIM STOCKTON</td>
<td>Home</td>
<td>3 CORD WAY SACRAMENTO CA 95828</td>
<td>( )</td>
<td></td>
<td>5 YEARS</td>
<td></td>
</tr>
<tr>
<td>Employer: NUMOTION</td>
<td>Business</td>
<td>1650 Tribune Rd, Sacramento, CA 95815</td>
<td>(916) 489-3651</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name: CHRIS MOYLE</td>
<td>Home</td>
<td>E TENAYA FRESNO CA 93710</td>
<td>( )</td>
<td>20</td>
<td>20 YEARS</td>
<td></td>
</tr>
<tr>
<td>Employer: FRFNO FIRE DEPT</td>
<td>Business</td>
<td>911 H. Street Fresno, CA 93721</td>
<td>(559) 621-4199</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Liquor</th>
<th>Lawyer</th>
<th>Race horse/race dog owner</th>
<th>Securities dealer</th>
<th>Insurance</th>
<th>Barber/Cosmetologist</th>
<th>Gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Contractor</td>
<td>Real estate broker or salesman</td>
<td>Trainer or manager</td>
<td>Educator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
<td>Sports promoter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ☐ No ☑

If yes, state type, where and years held

N/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.

N/A

Applicant's initial: [Signature]
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: N/A

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 ☑
STATE OF ________________________________

NEVADA

ss.

COUNTY OF ________________________________

CLARK

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of
January 2019, By Kyle Wender

Notary Public

CHAY PADILLA
Notary Public - State of Nevada
County of Clark
APPT. NO. 17-3715-1
My App. Expires Oct. 15, 2021

(seal)

Applicant's initial