

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: HDG Medical LLC, A Nevada limited Liability Company

Physical Address: 3900 S Hualapai Way, Suite 105, Las Vegas, NV 89147
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 371893

City: Las Vegas State: NV Zip Code: 89137

Telephone: 702-952-1705 Fax: 702-952-1706

E-mail: na@3ecp.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: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christine Thorsten

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosethics
- Other: _____

**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: _____

93729

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.

- 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.

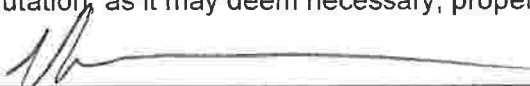
Within the last five (5) years:

- 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

Jeff Brouwer

Print Name of Authorized Person

7/15/16
Date

Board Use Only	Received: 8/9/16	Amount: \$500.00
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Jeff Brouwer, Manager of CA Medical Solutions LLC %: 50

Name: Devin Thornton, Manager of Ohana Medical Consultants LLC %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: HDG Medical LLC, A Nevada limited Liability Company

Mailing Address: PO BOX 371893

City: Las Vegas State: NV Zip Code: 89137

Telephone Number: 702-952-1705 Fax Number: 702-952-1706

Contact Person: Nizar Alikhan

PARTNERSHIP

Include with the application for a partnership

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/16

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Device Equipment and Gases

Nature of License
 HDG Medical LLC, A Nevada limited Liability 3900 S. Hualapai Way, Suite 105, Las Vegas, NV 89147
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Thornton First Name Devin Middle Name

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

Present Residence Address-Street or RFD 3931 115th Ave SE City Snohomish State/Zip WA 98290

Present Business Address 3900 S. Hualapai Way Ste 105 City Las Vegas State/Zip NV 89147

Occupation _____ Phone: _____
 Residence _____
 Business _____

Date of Birth 37 Place of Birth (City, County, State) Kansas City, Missouri

Age 37 Sex Male

Color of Eyes Brown Color of Hair Red Complexion Fair Weight 220 Build Athletic Height 5'11"

Scars, tattoos or distinguishing marks and/or characteristics Angel on back, skull and cross on left shoulder, clover on right ankle

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial DT

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) ^{Date} Shawna Wergin ^{City, County and State} Las Vegas, NV
 S.S. No. _____
 Date of Birth _____ Place of Birth Las Vegas, NV
 Resident address 3931 115th Ave SE Spokane WA 98290
Street City State Zip
 Telephone: Residence 21 Business _____
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

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 DT

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch.....Date of entry-active service.....
 Date of separation.....Type of discharge.....
 Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No
 County.....State.....Date registered.....

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

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

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

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

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
11/2014-16	3931 115 th Ave SE	Snohomish	WA 98290
2011-14	12808 Robinhood LN	Snohomish	WA 98290
2009-11	15740 1 st Ave NW	Shoreline	WA 98177
2008-09	17600 134 th Ave	Benton	WA
2006-08	12956 N. 154 th LN	Surprise	AZ
2004-06	Unknown	Phoenix	AZ
2000-04	Unknown	Las Vegas	NV
1996-00	Unknown	Hawaii Kai	Hi
1992-96	Unknown	Waimanalo	Hi

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.

DA Medical Group

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/08	3900 S. Hualapai Way Ste 105	still employed
Title	Description of Duties	Name of Supervisor
CEO PFIZER	Manager	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2006-2008	235 E. 42nd St. NY, NY 10017	Restructuring
Title	Description of Duties	Name of Supervisor
Sales Rep Scherising-Plough	Sales	Bob Cook

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2003-2006	2000 Galloping Hill Road Kenilworth NJ 07033	
Title	Description of Duties	Name of Supervisor
Intern/Sales Rep Albertsons	Sales	David Boyd / Tristah Schaub

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000-2003	10250 W. Charleston Blvd	School / Internship w/ Schering
Title	Description of Duties	Name of Supervisor
Stacker	Stacker Night Crew	Chris Haros

~~2000-2003~~
~~Albertsons~~
~~Stacker~~
~~Stacker Night Crew~~
~~Chris Haros~~

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
96-98 (est)	1234 S. Beretania Honolulu HI 96822	College
Title	Description of Duties	Name of Supervisor
CSR Safeway	Stacker / Customer Service Rep	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
94-96 (est)	2560 McCarthy Mall	Moved
Title	Description of Duties	Name of Supervisor
Dominos Pizza	Pizza Maker	—

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

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Matt Peters</u>	Home	<u>33512</u>	<u>CONSIDES DR</u>	<u>Dave Center</u>		<u>5</u>
Employer <u>SELF</u>	Business	<u>10000 SE Main St</u>	<u>Stz 118</u>	<u>Portland OR</u>		
Name <u>Jeff Brower</u>	Home	<u>3139</u>	<u>Anthem Court</u>	<u>Anthem AZ</u>	<u>85015</u>	<u>16</u>
Employer <u>SELF / DA</u>	Business	<u>Same</u>				
Name <u>Pat Finley</u>	Home	<u>2211 N. 85th St</u>	<u>Seattle</u>	<u>WA</u>	<u>98103</u>	<u>5</u>
Employer <u>SELF / DA</u>	Business	<u>Same</u>				
Name <u>Jessica Daley</u>	Home	<u>24182</u>	<u>San Giovanni Dr</u>	<u>Land O Lakes FL</u>		<u>20+</u>
Employer <u>DA Medical</u>	Business	<u>Same</u>		<u>341639</u>		
Name <u>Paul Bitar</u>	Home					<u>12</u>
Employer <u>Nevada State</u>	Business					

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

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

DA Medical - Medical Sales, Snohomish, WA
RAMP - Staffing Company - Dallas, TX

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

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

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

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

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

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

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

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



Date of photograph 7/15/16

Applicant's initial DT D.T.