

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: U.S. Homecare

Physical Address: 3325 W. Sunset Road, Suite I, Las Vegas, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 W. Sunset Road, Suite I

City: Las Vegas State: NV Zip Code: 89118

Telephone: 800-991-6541 Fax: _____

E-mail: info@ushomecare.com Website: www.USHomecare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Joyce Frenzel and Estuardo Gallardo

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 Prosthesis
- Other: Wound Care & Diapers

**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: _____

90156

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

Kyle Sather CEO
Print Name of Authorized Person

9/17/15
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: _____
Corporation Name: U.S. Homecare Products
Mailing Address: 3325 W. Sunset Road, Suite I
City: Las Vegas State: NV Zip: 89118
Telephone: 800-991-6541 Fax: _____
Contact Person: Kyle Sather

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) Kyle Sather 6411 Nancy St, Los Angeles, CA 90045
Name Address
- b) Clark Sather 4253 Las Virgenes Road #1, Calabasas, CA 91302
Name Address
- c) Abena Holding Egelund 35, 6200 Aabensraa, Denmark
Name Address
- d) Kelly Torgeman 10948 Alta View Drive, Studio City, CA 91604
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. 5400
- 3) What was the price paid per share? \$1.85
- 4) What date did the corporation actually receive the cash assets? 9/1/15
- 5) Provide a copy of the corporation's stock register evidencing the above information ✓

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/17/15

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 MDEG
U.S. Homecare 3325 W. Sunset Road, Suite I, Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Sather</u>	First Name	<u>Kyle</u>	Middle Name	<u>Robert</u>
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Present Residence Address-Street or RFD	<u>6411 Nancy St</u>	City	<u>Los Angeles</u>	State/Zip	<u>CA 90045</u>
Present Business Address	<u>14941 Culvest St.</u>	Dates	<u>12/22/2008</u>	City	<u>Van Nuys</u>
Occupation	<u>CEO - Medical Supplier</u>	Dates	<u>4/15/1998</u>	City	<u>CA</u>
				Phone: Residence	
				Business	<u>844-223-6248</u>
Date of Birth	<u>44</u>	Function		<u>Los Angeles CA</u>	
Age				Sex	<u>Male</u>
Color of Eyes	<u>Blue</u>	Color of Hair	<u>Brown</u>	Complexion	<u>White</u>
		Weight	<u>175</u>	Build	<u>Average</u>
				Height	<u>6'1"</u>

Scars, tattoos or distinguishing marks and/or characteristics N/A

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 _____

A. **Current Marriage**..... Mission Viejo, Orange, CA
Date
 Spouse's full name (Maiden) Sheri Ann Bergeron City, County and State
S.S. N
 Date of Birth 03/02/1976 Place of Birth Los Alamitos
 Resident address 6411 Nancy St. Los Angeles CA 90045
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer N/A Occupation _____
 Address of employer _____
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:

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 AS

FAMILY INFORMATION-Continued

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

Name.....
 Address.....
 Contact person.....

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father Bruce Sather		4613 Romborg Pl Woodland Hills CA 91364	Retired
Mother Karen Sather ^{Rushmore -}		4613 Romborg Pl. Woodland Hills CA 91364	Retired
Father-in-Law Tom Bergeron		11377 Loch Leonard Los Alamitos CA 90720	Retired
Mother-in-Law Cathy Duda		11377 Loch Leonard Los Alamitos CA 90720	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Clark Sather	1-1-80	4253 Las Virgenes Rd #1 Calabasas, CA 91302	Marketing
Spouse Julie Reiner		4253 Las Virgenes Rd #1 Calabasas CA 91302	Church Employee
Kelly Sather		10948 Alta View Drive Studio City CA 91604	Pilates Studio
Spouse Dave Touzema		2948 Alta View Drive Studio City CA 91604	Doctor

Spouse.....
 Spouse.....

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Calabash	Woodland Hills		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School El Camino Real	West Hills	1986-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of Colorado	Boulder	89-92	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Loyola Law School			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any JD of Law
 College or university where obtained Loyola Law School

Applicant's initial [Signature] Page 3

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 Los Angeles State CA Date registered No memory

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial AS Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	2012 or 2013	*	Los Angeles, CA	Settlement
* All documents were destroyed in fire. The case was an unlawful termination case. I was an officer of the corporation that was sued				

- 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
KCK Industries, Inc.	Corp.	2012-2013

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
2008 to Present	6411 Nancy St.	Los Angeles	CA
2000 to 2008	10866 Rose Ave	Palms	CA
1995 to 2000	106xx Palms Ave	Palms	CA
1991 to 1995	xxxx Bentley Ave	Los Angeles	CA

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1989	Ameci's West Hills, CA	Voluntary Termination
Title	Description of Duties	Name of Supervisor
N/A	Pizza Delivery - 5 years out of	Multiple

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1990	Subway - Boulder, CO	Can't Recall
Title	Description of Duties	Name of Supervisor
N/A	Customer Service	Can't Recall

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1992	White Front Inn Louisville, CO	Voluntary Termination
Title	Description of Duties	Name of Supervisor
N/A	Bartender	Can't Recall

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/1998	KCK Industries, Inc 14941 Calvert St.	Presently Employed
Title	Description of Duties	Name of Supervisor
Multiple -> Currently CEO		N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014	Abera North America 5711 Slawson Ave #110 Calver City 90230	Presently Employed
Title	Description of Duties	Name of Supervisor
CEO		N/A

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

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

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

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

Applicant's initial KS Page 6

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>Rakesh Ahuja</u>	Home					<u>7</u>
Employer <u>SRA Group</u>	Business	<u>30300 Agoura Rd #180</u>	<u>Agoura Hills</u>	<u>CA</u>	<u>91301</u>	<u>4/11</u>
Name <u>Andrew Apfelberg</u>	Home					<u>35</u>
Employer <u>Greenberg Glusker</u>	Business	<u>1100 Avenue of the Stars</u>	<u>Los Angeles</u>	<u>CA</u>	<u>90067</u>	
Name <u>Frank Bellinghiese</u>	Home					<u>40</u>
Employer <u>FRMG</u>	Business	<u>P.O. Box 10728</u>	<u>Jackson</u>	<u>WY</u>	<u>83002</u>	
Name <u>Greg Bergeron</u>	Home					<u>9</u>
Employer <u>Cal State Long Beach</u>	Business	<u>1250 Bellflower Blvd</u>	<u>Long Beach</u>	<u>CA</u>	<u>90840</u>	
Name <u>Jenny Chen</u>	Home					<u>7</u>
Employer <u>Cathy Bank</u>	Business	<u>9650 Flair Drive</u>	<u>El Monte</u>	<u>CA</u>	<u>91731</u>	

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

California State Bar - Since 1998

12. Have you ever applied for a city, county or 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.

① Home Medical Device Retailer → CA since 1982 ② Exemptee of CA State Board of Pharmacy → 7 years ③ CA Medicaid or Medi-Cal from 1980's until 2014 ④ CA wholesaler of Dangerous Drugs & Devices 1980's until present. ⑤ DEA license 10 years in late 80's & 90's

Applicant's initial

RS

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:

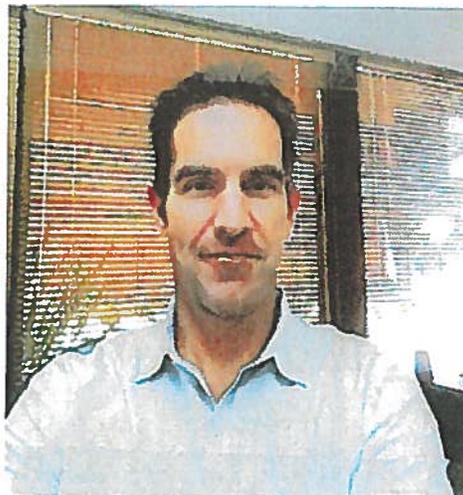
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

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 1/11/12

Applicant's initial [Signature]

STATE OF California

ss.

COUNTY OF Los Angeles

I, Kyle Robert Sather

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See attached Notary Certificate


9.17.15

Applicant's initial KS Page 9

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

9/17/15

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 be 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 Medical Supplies - Wound Care

Nature of MDEG

U.S. Homecare Products 3325 W Sunset Road, Suite I, Las Vegas, NV 89118
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gallardo
Last Name

Estuardo
First Name

Middle Name

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

17845 Sherman way #10 Reseda CA 91335
Present Residence Address-Street or RFD City State/Zip

3325 W. Sunset #1 Las Vegas NV 89118
Present Business Address Ave & Dates City State/Zip

Warehouse Manager _____ _____
Present Position with the MDEG Dates

Phone: _____ Fax: _____

Email address: _____ om _____

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

31 Male
Age Sex

Brown Black 167 5'8
Color of Eyes Color of Hair 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 _____

If naturalized, certificate No _____ Date _____

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

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.

Nov. 2002.	KCH INDUSTRIES	13,520 hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Warehouse Manager	Warehouse Activities	Kyle Sather
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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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: _____
b) Date: _____

Case Number: _____

c) 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?

6 .Will you be present at the site of the MDEG during its normal operating hours?

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

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.....
.....

ATTACH PHOTO

TAKEN WITHIN

30 DAYS HE

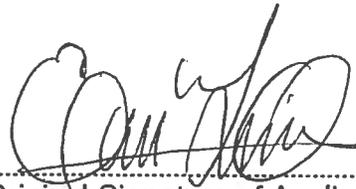
Date of photograph.....



I, Estuardo Gallardo

, 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 or 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.



.....
Original Signature of Applicant

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 9/17/15

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 be 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 Medical Supplies - Wound Care

Nature of MDEG

U.S. Homecare Products 3325 W. Sunset Rd, Suite I, Las Vegas, NV 89118
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

JF

1. PERSONAL INFORMATION:

FRENZEL Last Name JOYCE First Name MELANIE Middle Name

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

2423 ANTLER POINT DR HENDERSON NV 89074
Present Residence Address-Street or RFD City State/Zip

3325 W MANDELAVE #1 Dates LAS VEGAS NV 89119
Present Business Address City State/Zip

GENERAL MANAGER Dates
Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

Date of Birth _____ PALOIMA, LOS ANGELES, CA
Place of Birth (City, County, State)

35 Age _____ Social Security Number F Sex

GREEN Color of Eyes RED/BROWN Color of Hair 180 Weight 5'6" Height

Scars, tattoos or distinguishing marks and/or characteristics 3 inch scar on
skin of right leg, scorpion heart tattoo on abdomen

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.)

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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.

02/2014	KCK INDUSTRIES INC.	3040
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
GENERAL MANAGER	EMPLOYEE & PRODUCT MANAGEMENT	KYLE SATHER
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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JA

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: _____
b) _____

Date: _____

Case Number: _____

c) 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?

6 .Will you be present at the site of the MDEG during its normal operating hours?



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

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.....
.....

ATTACH PHOTO

TAKEN WITH

30 DAYS BEFORE

Date of photograph 9/1/11

A

I, JOYCE FRENZEL

, 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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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Original Signature of Applicant

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