

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: A-Class Medical Supplies

Physical Address: 2001 South Jones Blvd Suite 1C Las Vegas, NV 89146
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4325 Dean Martin Drive Suite 340

City: Las Vegas State: NV Zip Code: 89103

Telephone: 702-237-9984 Fax: 702-834-8490

E-mail: amador.medical@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Donald Amador

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: Incontinence Supplies

**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: _____

93209

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.
- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

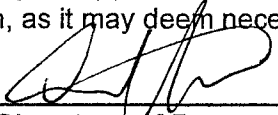
Within the last five (5) years:

- 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

Donald Amador Suarez

Print Name of Authorized Person

6-20-16

Date

Board Use Only	Received: <u>\$ 6/28/16</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Donald Amador

Business Name: A-Class Medical Supplies

Current Business Address: 2001 South Jones Blvd Suite K

City: Las Vegas State: NV Zip: 89146

Telephone: 702-237-9984 Fax: 702-834-8480

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. 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 6/20/2016

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 Durable Medical Equipment Prosthetics, Orthotics and Supplies
A-Class Medical Supplies Nature of License 2001 South Jones Blvd Suite K Las Vegas, NV 89146
A-Class Medical Supplies Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Amador - Suarez Last Name Donald First Name Rene Middle Name

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

6601 Socorro drive Present Residence Address-Street or RFD LAS VEGAS City NV 89108 State/Zip

2001 South Jones Blvd Ste K Present Business Address 02-16-16 - Present Dates NV 89146 State/Zip

Medical Supplies Occupation 2-1-11 Dates Phone: Residence _____

MANAGUA, NICARAGUA Date of Birth 29 Place of Birth (City, County, State)

29 Age M Sex

Brown Color of Eyes Brown Color of Hair Fair Complexion 180 Weight Medium Build 5'8 Height

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. N/A Date N/A

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial DA

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Spouse's full name (Maiden) Date City, County and State
 S.S. No.
 Date of Birth Place of Birth
 Resident address
 Street City State Zip
 Telephone: Residence Business
 Spouse's employer 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
BRADY WARD	12-30-08	12-30-08	MARRIAGE	CAS VEGAS, CLARK COUNTY,

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

Name	Street	City	State	Zip	Telephone
BRADY WARD	5252 Kootenai St	Boise, id		83705	

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
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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 DA

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
Juan			
Father			
JUAN Rene Amador Annieta	N/A	Deceased	Deceased
Mother			
Lanny Margarita Suarez Espinoza		Km 14 Caraten Maraya, 600mts	Retired
Father-in-Law			
		Ascia Venancio Residencial Monte ROSA CASA #27	
Mother-in-Law			

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
CAIRO JUAN Amador Juarez			Systems Engineer
Spouse			
Glen Amador		Sasmine Joy Ct	owner of UDA Home
Spouse			
JUAN Amador			
Spouse			
Valeria Amador		1444 Monte Vista Street	owner of Amador Care
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Colegio FAME	Nicaragua	1995-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Colegio Bautista de Nicaragua	Nicaragua	2001-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... ~~BA~~ N/A

College or university where obtained..... N/A

Applicant's initial..... DA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch MA Date of entry-active service N/A
 Date of separation N/A Type of discharge N/A
 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 MA State MA 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.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

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
<u>MA</u>				

Applicant's initial DA

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
N/A				

- 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
N/A		

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
1986 - 2007	Rotonda Sello Horizontal K-III-20	Managua	Nicaragua
2007 - 2012	7300 Pinate court rd	Apt 2091	Las Vegas NV 89145
2012 - 2014	7200 Pinate court rd	Apt 2111	Las Vegas NV 89148
2014 - 2015	6593 Socorro drive	Las Vegas	NV 89108
2015 - 2016	6601 Socorro drive	Las Vegas	NV 89108

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.

03/15/09 Vida Accounting 2001 S. Jones Blvd Suite 101 Started A company
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Community Counselor Promoting Homecare Business Glen Amador
 Title Description of Duties Name of Supervisor

MAY 2011 Amador Medical LLC 4325 Dean Martin Drive / Still Active
 Site 340 CV NV 89103
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Administator MANAGE the Business Glen Amador
 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

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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.

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	BLANCA Estela	ANIAS Bantona		3846	chutney st	CAS VEGAS NV 89121	64
Employer	MBM GRAND	Business			Kitchen work		
Name	CLAUDIA DROZCO	Home		705	Rustic desert place	HENDERSON NV 89011	7
Employer	CAPITAL I	Business			Supervisor		
Name	CYNTHIA BERNAL	Home		6593	Socorro drive	CAS VEGAS NV 89108	13
Employer	Mirage Hotel	Business			Security		
Name	MELISSA ANIAS	Home		6601	Socorro Drive	LAS VEGAS NV 89108	
Employer	Mirage Hotel ^{Mandarin} Bay Hotel	Business			Casino Porten		
Name	Fernando Jimenez	Home		9054	Mastodon Avenue	UNLV 89144	110 years
Employer	Share the Pass	Business			Administration		

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
N/A			

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.

Applicant's initial OA

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 6/17/2016

Applicant's initial DA

STATE OF Nevada

ss.

COUNTY OF CLARK

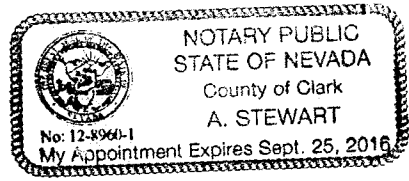
I, DONALD Rene Amador-Sanchez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of June 2016

[Signature]
Notary Public



(seal)

Applicant's initial DA

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 6/20/2016

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 Durable Medical Equipment, Orthotics and Supplies

Nature of MDEG

A-Class Medical Supplies 2001 South Jones Blvd Suite 1c Las Vegas NV 89146

Name and Address of Business for Which MDEG Administrator Is Requested

A-Class Medical Supplies

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Amador
Last Name

Donald
First Name

Jose
Middle Name

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

7147 South Durango Drive Apt 109 Las Vegas NV 89103
Present Residence Address-Street or RFD City State/Zip

2001 South Jones Blvd Suite 10 Las Vegas NV 89146
Present Business Address City State/Zip

Manager 6/2010
Present Position with the MDEG Dates

Phone: 702-~~237~~ 237-9484 Fax: 702-834-8490

Email address: _____

34 Managua, Nicaragua
Date of Birth Place of Birth (City, County, State)

34 Male
Age Social Security Number Sex

Brown Black 235 5'11
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoos on left shoulder and arm. Also tattoo on lower right leg

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.

5/2014-current	Amador Medical 4328 Dean Martin Drive Ste 340	4,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Business Development Manager	Oversee day to day operations	Donald Amador
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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? 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 explanation and/or documents.

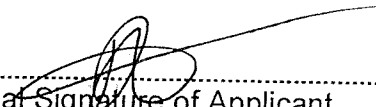
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Date of photograph 10/20/2016

I, Donald Amador, 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 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