NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 = (775) 850-14400 - 101745

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 MPO/3/7) |
|--|
| ☐ 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: Bluebiod MEDICAL Supply, INC. |
| Physical Address: 1400 S <u>Necester</u> Blvd (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1400 5 Decatur Blvel |
| City: Las V& 6-A 5 State: NV Zip Code: 89102 |
| Telephone: 702.998-1437 Fax: 702998-0249 |
| E-mail: blue bird medical 72 gmail com Website: |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: gam to Spm Tue: gam to Spm Wed: gam to Spm Thu: gam to Spm |
| Fri: gamto Spm Sat: close to Sun selose to Holidays: close to |
| MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required) |
| Name: MARY MONICA Khamtrashyan |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies Shoes ☐ 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: Monica Khamtraslugem Telephone: 702-4665060 Page 1 |

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APPLICATION FOR NEVADA MDEG LICENSE COMPANY AND A STATE OF THE STATE O

This page must be submitted for all types of ownership.

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

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| | | The state of the state of |
| 1) | Do any shareholders hold an interest of any type of business or facility which a or another political jurisdiction? | |
| 2) | Are you or have you in the last year be business or health care entity in which dispensed or distributed? | |
| 3) | Are any of the owners health profession | onals? If yes, please check the box and list name. |
| | □ Practitioner □ Advanced Practitioner of Nursing □ Physician's Assistant □ Physical Therapist □ Occupational Therapist □ Registered Nurse □ Respiratory Therapist | Name: Name: Name: Name: Name: Name: Name: Name: |
| | DAREATAND DARAGES | A LLANGE THE TABLE OF AN INCOME. THE STATE |

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

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APPLICATION FOR NEVADA MDEG LICENSE AND ADDRESS AND AD This page must be submitted for all types of ownership and an all types of ownership and a submitted for all types of ownership. Within the last five (5) years: Has the corporation, any owner, shareholder(s) or partner(s) with 1) any interest, ever been charged, or convicted of a felony or gross Yes 🗆 No 🛛 misdemeanor (including by way of a guilty plea or no contest plea)? 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of Yes I No (X) registration? 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 🔯 Has the corporation, any owner(s), shareholder(s) or partner(s) with any 4) interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled Yes □ No # substances? 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. race purious and the problem at the last section of the last secti Original Signature of Person Authorized to Submit Application, no copies or stamps Print Name of Authorized Person

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION SEE ADAMS A SOBRECOME AND A SOBRE OF A SOB State of Incorporation: NV Parent Company if any: Corporation Name: Bluebice MEDICAI Mailing Address: 1400 S DECATUR Blue, City: Las VBGAS State: NV Zip: 89102 Telephone: 702.9981437 Fax: 702.998-0249 Contact Person: Simin Motallebi For any corporation non publicly traded, disclose the following: List top 4 persons to whom the shares were issued by the corporation? 1) a) SIMIN MOTEULEDI 14005 DECATUR BIVAL LV, NV89102 Name Address Name Address Address Name 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. Provide the number of shares issued by the corporation. 75000 2) 3) What date did the corporation actually receive the cash assets? 10:22-15 4) Provide a copy of the corporation's stock register evidencing the above information 5)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12.07-15

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 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 |)MC | | · · · · · · · · · · · · · · · · · · · | |
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| Blue bird MED | ICAI SU | e of License | | |
| Bluebird MEDIC Bluebird MEDIC | d Address of Establish A Supplicable, Name Un | ment for Which License V // // C der Which It Is Now Ope | ls Requested | |
| 1. PERSONAL INFORMATION: | | | | |
| Last Name Motallebi | First Nam S (M) | n | Middle Name | |
| Alias(es, Nicknames, Maiden Name, Other Name | Changes, Legal or O | therwise) | | |
| 9624 TUSCO a C Present Residence Address-Street or RFD | t La | S UEGAS | | 148 |
| Present Residence Address-Street or RFD | | City | State | e/Zip |
| Present Business Address | Dates | City | State | e/Zip |
| Treatin Business Assiess | Dates | , | | |
| Occupation | Dates | | | |
| | | | | |
| i # g m | 9 H & T = 1 | | E 9138 | all all the same of the same |
| Date of Birth | Place of Birth (City, | County, State) | | |
| | IRAN | | | p v ²⁴ p |
| - A B 100 - A | * ***** | | • | Sex |
| 54 | | a a a, a <u> 8</u> | | |
| Color of Eyes Co | Сопрієлоп | Weight | Build | Height |
| BROWN BROWN | | 137 | 1- 97 | 5'00" |
| Scars, tattoos or distinguishing marks a | nd/or characterist | ics N/A | | |
| Are you a citizen of the United States? | Yes ⊠ No □ | If alien, registration | No. | |
| If naturalize | | Date <u></u> | | I la |
| Place | | (If naturaliz | zed, document m | ust be verified.) |
| 2. MARITAL INFORMATION: | | | | |
| Single ☐ Married ☐ Separated | d □ Divorced | Widowed [| ☐ Engaged | |
| | | | Applicant's init | ial S M Page |
| | | | | , rage |

| MARITAL IN | AL CHINIA II | CIN-COILLIII | uea | | | 1. 11.5 | 100 | b be | | AL. |
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| A. Cur | rent Marri | age | | | | | | | | |
| Spo | use's full n | ame (Maid | Dat en) | | | | City, Cour S.S. No | | | |
| Date | of Birth | | | PI | ace of Birth. | | 47.00 | | | |
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| Spor | use's empl | oyer | | | Occup | ation | | | | |
| Addi | ress of emp | oloyerst | reet | 1 2 2 2 E | Cit | ý ý | State | | Zip | Part of the Part o |
| B. Previou | ıs Marriag | es: If ever | legally se | parated, divorce | ed, or annulle | ed, indica | ite below: | | | |
| Name of Spo | ouse | Date of O or Decr | | Date of Pla of Marria | | Nature Action | | City Count | y and S | State |
| Hector | consta | 29 | | 415 | - VEGAS | 812 | 10106 | 1 - 11 11 | US | A |
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| Hector 3. FAMILY A. Chile | INFORMAdren and EList all chill Name d Support Please A I am plan | Information mark the an not subject to approved | s: ding step- th Date on: ppropriate a court or by the dis | children and ad Birth Place | opted children | en and given more characters. | ve the foll Residence | d am | informss | nation: |

| FAMILY INFORMATION-Continued District attorney or public agency responsible for enfo | cing the child support order | |
|---|------------------------------|--|
| Name | | Herrica Carlotte Control of the Cont |
| Address | | in the second |
| Contact person | | |
| C. Parents: List names, residence addresses, dates of birth and m | | |
| parents- | | E * , |
| in-law or legal quardian. If retired or deceased, list las Name (Maiden) Addre | it address and occupation. | Occupation |
| Father | LET STEEL AND A STATE | LGS VEGAS NV 8919 |
| | | |
| Estandiar mojalebi sexs Mother Norges 2cheeli sexseen: | CEPT | 1751 Clover Ridge |
| Names Impali serson. | 7 65% | 88 Chimes Tower AV |
| Father-in-day | | 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | = 5 |
| Mother-in-Law | 1 1 1 1 | E 10 10 |
| | | |
| D. Brothers and Sisters: | | |
| List names, residence addresses, dates of birth and m | ost recent occupations of br | others and sisters and of |
| their respective spouses. Name (Maiden) Birth Date Address | .c | Occupation |
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| Shown Motalebi | | Chimes TowerA |
| Las | VEGAS M | 29139 |
| | | |
| Spouse Main motallehi. | 4751 Clov | er Ridge st |
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| Spouse | Las vecas | 100 87191. |
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| Spouse | | |
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| 4. EDUCATION: | | |
| | | 11 15 51 |
| Name of School Location Grammar | Dates Attended | Graduate |
| School | | Yes No No |
| High School Mahesti Iran Theran | 09-01-1967 | Yes 🛭 No 🗆 |
| College / University | | Yes 🗆 No 🗆 |
| Other | | Yes No No |
| Type of degree obtained, if any | | |
| | | |
| College or university where obtained | | |
| | | |
| | Applicant's i | nitial 7/17 Page 3 |
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| , <u>^</u> | Have you ever serve | d in any armed to | rces? | Yes □ No 🕸 | | -Prusi |
|----------------|---|---|--|---|---|---|
| | Branch | | Date of e | entry-active service | 9 | acesticak - |
| | Date of separation | | Type of c | discharge | | 3411.041 |
| | Rating at separation | ss, Samuel Grand | <u>, a a a abaya a ba</u> s | Serial number | japan da se | . Fire as: |
| | While in the military s special or general cor regardless of where the | urt martial? | Yes X No □ II | offense which res f yes, furnish detai | ulted in summa ils on page 10. | y action, a trial c (List all incidents |
| В. | Have you registered f | | | | 1 | |
| | County | State | | Date regist | ered | |
| 6. A | RRESTS, DETENTION | S, LITIGATIONS | AND ARBITRATIO | NS: (Include the | se arrests in v | hich you were |
| Α. | not convicted.) Have you ever been a violation for any reaso Yes □ No ☒ If yes, | on whatsoever, re | gardless of the disp | osition of the ever | nt? (Except mind | or traffic citations |
| Date of A | | | Location-City and Stat | | | esting Agency |
| | | | | | 1,17,11 | |
| | | 7 | | | | |
| | | | | | | |
| B. C. D. E. G. | Has a criminal indictor arrested or in which you go a 10. Have you ever been or committee? Yes a Have you ever been so commission? Yes Have you ever been so Yes No Have you ever had a fif yes, when? Have you ever receive if yes when? Has any member of you figure you answer to any or the same in which you answer to any or the same in which you answer to any or the you ever had a you answer to any or the you answer to any or the you answer to any or the you are you ever had a you answer to any or the you answer to any or the your answer and your answer to any or the your answer to any | ou were named a questioned or dep No subpoenaed to ap No subpoenaed to tes civil or criminal re ed a pardon or de our family or of yo | s an unindicted co-posed by a city, state pear or testify beforestify for any civil, crinecord expunged or some city, counferred prosecution for spouse's family our spouse's family | party? Yes Down | o A If yes. furn nforcement ager or county grand ative proceeding rder? Yes D N fense? Yes D I | ish details on ncy, commission jury, board or or hearing? |
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5 MILITARY INFORMATION:

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

| | part to a la Yes □ N If yes, giv | , as an individual awsuit as either a lo 郊 (Other than e details below. | a plaintiff or defe n divorces) List all cases wit | ndant or a | n arbitration otion, inclu | on as eithe uding banl | er a claimant | or respo | ndent? |
|------------|--|--|--|--------------|-------------------------------|---------------------------|---|-------------------------|----------------------------------|
| Plaintiff/ | Defendant or VRespondent | | | | City, Co | ounty and St | ate | Dispo | sition/Date |
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| J. | associated | eneral partnersh d with it as an ow o [5] If yes, com | ner, officer, dire | ctor or par | proprietors tner) been | ship or clo a party to | sely held co a lawsuit, a | rporation rbitration | (while you wer or bankruptcy' |
| | Name of Ent | ity | Type of Entity | ď | | | Approximate D Lawsuit/Arbitra | | ntcv |
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| 7. RE | SIDENCES | 3: | | | | | | | |
| List all | residences | you have had fo | r the last 25 yea | rs: | | | | | |
| Month ar | | Ct. | eet and Number | | City | | State | or County | |
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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.

| Title | 1-2014 SunGost Hotel Casino 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 |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
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| 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 5/m

9. CHARACTER REFERENCES:

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| 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 赵 |
|---|--|
| 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: |
| 1,5. | 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 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 noto contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? |
| 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 口 No 风 |
| | |
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| ******* | 4 22 1 |
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| | |
| ******** | Date of photograph 12.04-15 |
| | Applicant's initial 5 \m |
| | Applicant's Initial \(\sigma\lambda\rambda\) Page 8 |

| STATE OF N |
|--|
| SS. |
| COUNTY OF USA Clerk County. |
| 1, a.m. SIMIN MOtalebl 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 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. |
| |
| e-io million |
| Original Signature of Applicant |
| F COLOR STATE OF THE STATE OF T |
| Subscribed and Swprn to before me this day of N. GONZALEZ NOTARY PUBLIC |
| O O O O O O O O O O O O O O O O O O O |
| My Commission Expires: 02-08-16 Certificate No: 12-7001-1 |
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| highary rubic |
| (seal) |

Applicant's initial S | M Page 9

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 cashler'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: Cintas Corporation No. 2 |
| Physical Address: 250 Vista Blvd #107, Sparks, NV 89434 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 250 Vista Blvd #107, |
| City: Sparks State: NV Zip Code: 89434 |
| Telephone: 775-352-1766 Fax: 775-352-1767 |
| E-mail: Harrison Eocintas.com Website: www.cintas.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 7:00 to 3:30 Tue: 7:00 to 3:30 Wed: 7:00 to 3:30 Thu: 7:00 to 3:30 |
| Fri: 7:00 to 3:30 Sat: to Sun: to Holidays: to |
| MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required) |
| Name: Elisha Harrison |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic 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: Page 1 Assistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Other: Figh Aid Kits / Other in place a mechanism to ensure and telephone number of Nevada contact. Name: Page 1 |
| 90820 |

This page must be submitted for all types of ownership.

| List | all Medicare and Medicaid provider number A | bers registered to the business or | its owner: |
|------|---|---|---------------------|
| 1) | Do any shareholders hold an interest of any type of business or facility which a or another political jurisdiction? | ownership or have management in are licensed by the State of Nevad | n a Yes⊠ No □ |
| 2) | Are you or have you in the last year be business or health care entity in which dispensed or distributed? | een associated with any person, MDEG products were sold, | Yes⊠ No □ |
| 3) | Are any of the owners health profession ☐ Practitioner ☐ Advanced Practitioner of Nursing ☐ Physician's Assistant ☐ Physical Therapist ☐ Occupational Therapist ☐ Registered Nurse ☐ Respiratory Therapist | Name: | x and list name. |

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

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 noto 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. | | | | |
| l under | y certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation are MDEG provider or wholesaler may be grounds for the revocation of this permitted. | on of an | | |
| penalty hereby any inv | read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ restigation(s) of the business, professional, social and moral background, qualifica- tion, as it may deem necessary, proper or desirable. | d correct. I ees, to conduct | | |
| Origin | al Signature of Person Authorized to Submit Application, no copies or stamp | ne | | |
| J. 19111 | Jay Brusato 10/23/15 | | | |
| Print N | lame of Authorized Person Date | | | |
| Board | Use Only Received: 11-10-15 Amount: 500- | | | |

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

| State | ate of Incorporation: Nevada | |
|-------|---|---|
| Pare | arent Company if any: <u>Cintas Corporation</u> | |
| Corp | orporation Name: Cintas Corporation No. 2 | |
| Maili | ailing Address: 6800 Cintas Blvd. | |
| | ty: Mason State: OH | |
| Tele | elephone: <u>513-459-1200</u> Fax: | |
| Cont | ontact Person: <u>Bill Bradbury</u> | |
| | r any corporation non publicly traded, disclose the fo | |
| 1) | List top 4 persons to whom the shares were issu | ed by the corporation? |
| | a) | |
| | Name Address | |
| | b) | |
| | Name Address | 1 7 |
| | c) | |
| | Name Address | |
| | d)Name Address | 20 J. 2 B. C. |
| | | |
| recor | TE: All persons who are stockholders must accusord form. Download the form from the website under available under the documents for all types of busing | r the "New Applications" tab. The forms |
| 2) | Provide the number of shares issued by the corp | oration. |
| 3) | What was the price paid per share? | |
| 4) | What date did the corporation actually receive the | e cash assets? |
| 5) | Provide a copy of the corporation's stock register | |

APPLICATION TO BE THE MDEG ADMINISTRATOR

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 | Ma | nager | of | Dist. | ibudi, | on C | ente. | _ | |
|-----------------|-----------|---|-------------|-----------|----------|--------------|-----------|----------|-----------|
| Cintas F | FAS D |)C 25 | Natur | e of MDEG | levard | ₩105 | Sparles | NV | 89434 |
| Nam | e and Add | ress of Bus | iness for \ | Which MDE | G Admini | strator is l | Requested | <u> </u> | ••• |
| | | *************************************** | | | | | | | 400 |

If applicable, Name Under Which It Is Now Operated

| 1. PERSONAL INFORM | | |
|---|--|---------------------------------|
| Harrison | Elisha | Keaknlani |
| Last Name | First Name | Middle Name |
| | | |
| | den Name, Other Name Changes, Legal | • |
| 9755 Silver Sky | J Brkway # 2001 Reno ss-Street or RPD City | 89506 |
| Present Residence Addre | ss-Street or RPD City | State/Zip |
| 250 Visla Boulevard & | 1/07 Dates 1994 - Prount Sparks | NV 89434 |
| Present Business Address | City | State/Zip |
| Dishibution Coules Man Present Position with the | MDEG Dates Feb 2015-Present | |
| | | 757-17/7 |
| | 1755 Fax: 775- | |
| Email address: Harr | ison E@ cintos. com | |
| _ Date of Birth | Enime ++, Gem, I Place of Birth (City, County, Stat | <u>)</u> |
| 35 Age | Social Security Number | - Male Sex |
| | • | <u> </u> |
| Brown Blace Color of Eyes Color | of Hair Weight | <u></u> ら、ハ Height |
| Scars, tattoos or distinguis | shing marks and/or characteristicsa- | Hoo on arm + |
| Shoulder | | |
| Are you a citizen of the Ur | nited States? Yes ☑No □ | • |
| If alien, registration No | | |
| If naturalized, certificate N | o Date | |
| Piace | (If naturaliz | ed, 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.

38414

| Title | realition readings of Employer/Business | No of Employed Hours |
|-----------------|---|--------------------------|
| Month and Year | Name/ Address of Employer/Business | No of Employed He |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| THE | Description of Duties | Name of Supervisor |
| Title | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | No. of Additional Control of the Additional | |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| | Description of Duties | Name of Supervisor |
| Title | Description of Duties | |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title 7 | Description of Duties | Name of Supervisor |
| Emergency Res | Ponse Instructor. Instructor for Description of Duties | lively readuate students |
| Month and Year | University of Islates 709 6.D ear Name/ Address of Employer/Business | No of Employed Hour |
| 9/1/06-17/24/22 | 11 11/11 2000 | 1 1 1 |

| I have ☐ I have not ☐ or a physical condition that we license, including alcohol or s | ould impair my at | d or treated in the last five years folility to perform any of the essenti | or a mental illness al functions of my |
|---|---|--|--|
| 1. I have □ I have not □ | been charged, | arrested or convicted of a felony | or misdemeanor. |
| 2. I have ☐ I have not ☐ pending. | been the subje | ect of an administrative action whe | ther completed or |
| I have □ I have not □ disciplined, including an | had a license s ny action against | suspended, revoked, surrendered a professional license that was n | or otherwise ot made public. |
| If you checked "I have" to que provide a written explanation a | | r 3, please include the following ir s. | nformation <u>and</u> |
| a) Board Administrative A | Action: | State: | |
| b) | | Date: | |
| | | Case Number: | |
| c) Criminal Action: | | State: | in the control of the page of the page of the control of the contr |
| | | Date: | |
| | | Case Number: | |
| - white is a | | County: | |
| | | Court: | The second secon |
| 4. Will you be actively invoperation of the MDEG? | volved in and aw | are of the daily | Yes P No D |
| 5 .Will you be employed f | fulltime with the | MDEG? | Yes ☑ No □ |
| 6 .Will you be present at to during its normal operating | | DEG | Yes ☑ No □ |
| If you answer No to questions | 4, 5 or 6 please | provide a written letter of explana | tion. |
| | epopul paper bases pot pape bases to | ATTACH PHOTOG | 3RAPH |
| | | TAKEN WITHIN | LAST |
| SE. | . 4. 14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17 | 30 DAYS HER | E |
| | , | Date of photograph | 30/15 |
| | Page 4 Mil | NEG Administrator | |

Page 4 – MDEG Administrator

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.

Original Signature of Applicant

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT

Deputy Secretary
for Commercial Recordings



OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division 202 N. Carson Street

Carson City, NV 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138

Job: C20151007-1168 October 7, 2015

Jason Stitt Keating Muething & Klekamp PLL I East Fourth St., Ste. 1400 Cincinnati, OH 45202

Special Handling Instructions:

Charges

| Description | Document Number | Filing Date/Time | Qty | Price | Amount |
|--|-----------------|------------------|-----|---------|---------|
| Cert of Existence (good standing - short form) | 11510-2000 | 4/26/2000 | 1 | \$50.00 | \$50.00 |
| Total | 8 2 8 8 | ign of pricess | | | \$50.00 |

Payments

| Туре | Description | Amount |
|--------|-----------------------|---------|
| Credit | 229769 15100795596742 | \$50.00 |
| Total | | \$50.00 |

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing Short(s):

l

Jason Stitt Keating Muething & Klekamp PLL 1 East Fourth St., Ste. 1400 Cincinnati, OH 45202



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CINTAS CORPORATION NO. 2, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 26, 2000, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 7, 2015.

BARBARA K. CEGAVSKE Secretary of State

enhora K. Cegarste

Electronic Certificate
Certificate Number: C20151007-1168
You may verify this electronic certificate
online at http://www.nvsos.gov/

Blank

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: HST, LLC |
| Physical Address: 9017 S. Pecus Rd. #4500, Hemlers and 896 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1000 N. Green Valley Pky, # 440-644 |
| City: Henderson State: NV Zip Code: 59074 |
| Telephone: 702-210-8466 Fax: 702-897-0574 |
| E-mail: HSTNVC, cox, act Website: MA |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6 |
| Fri: 10 to Sat: 10 to 3 Sun: 10 Holidays: 10 - |
| MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required) |
| Name: Christina Malfetta |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: ☐ The sustaining equipment of the supplies Other: ☐ Diabetic Supplies ☐ Other: ☐ Diabetic Supplies Other O |
| continued care in the event of an emergency. Provide name and telephone number of Nevada |

Page 1

89804

This page must be submitted for all types of ownership.

| List a | III Medicare and Medicaid provider numb | pers registered to | the business or | its owner: |
|--------|--|----------------------------------|-------------------|------------------|
| 173 | 1145 616 | | | |
| 118 | 480 3801 | | | |
| | | | | |
| 1) | Do any shareholders hold an interest of any type of business or facility which a or another political jurisdiction? | | | |
| 2) | Are you or have you in the last year be business or health care entity in which dispensed or distributed? | MDEG products | were sold, | Yes □ No 🗽 |
| 3) | Are any of the owners health profession | nals? If yes, plea | ase check the box | x and list name. |
| | □ Practitioner □ Advanced Practitioner of Nursing □ Physician's Assistant □ Physical Therapist □ Occupational Therapist □ Registered Nurse □ Respiratory Therapist | Name: Name: Name: Name: | | <u> </u> |

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

| Print N | al Signature of Person コント・ハヘ M lame of Authorized Pe | olfetta | on, no copies or standard San Tarana Date | amps - (5 |
|------------------------------|--|--|--|---|
| Cha | al Signature of Person | Authorized to Submit Applicati | on, no copies or st | amps |
| Origina | Matter / | alothe | | |
| penalty hereby any inv | of perjury, that the infor authorize the Nevada S estigation(s) of the busin | ers and statements and know the rmation furnished on this application tate Board of Pharmacy, its agentiness, professional, social and more essary, proper or desirable. | on are true, accurate ts, servants and emp | e and correct. I ployees, to conduct |
| l under authori | stand that any infraction zed MDEG provider or w | of the laws of the State of Nevad holesaler may be grounds for the | la regulating the ope revocation of this po | ration of an ermit. |
| attache or othe | ed. Copies of any doc er disposition may be r | through 5 is "yes", a signed stauments that identify the circums equired. s given in this application and atta | stance or contain a | n order, agreement, |
| · E | interest, ever surrend voluntarily or otherwis | any owner(s), shareholder(s) or ered a license, permit or certific e (other than upon voluntary cl | cate of registration ose of a facility)? | Yes 🗆 No 🐧 |
| | interest, ever been fo | any owner(s), shareholder(s) or und guilty, pled guilty or entere ense federal or state, related to | d a plea of nolo | Yes □ No S |
| | Has the corporation, a interest, ever been the relating to the pharma | nny owner(s), shareholder(s) or e subject of an administrative ac ceutical industry? | partner(s) with any ction or proceeding | / Yes □ No I |
| 2) | Has the corporation, a any interest, ever bee registration? | nny owner(s), shareholder(s) or n denied a license, permit or ce | partner(s) with ertificate of | Yes □ No DK |
| 1) | any interest, ever bee | any owner, shareholder(s) or pa n charged, or convicted of a fel ng by way of a guilty plea or no | ony or gross | Yes □ No D |

| Owner's Name: Christina Malfetta |
|---|
| Business Name: |
| Current Business Address: 9017 S. Peco5 Rd, 4± 4500 |
| City: Henderson State: NV Zip: 89074 |
| Telephone: 708 210-8144 Fax: 702-897-0574 |

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

SOLE OWNER

Include with the application for a sole owner

<u>Complete personal history record</u> 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

9 Date 8-17-15

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 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 dispensing of home sleep test and sale of CDAp mac |
|--|
| HST, LLC 9017 S Pecos Pd, #H1500, Henderson, NJ 8907 Y Name and Address of Establishment for Which License Is Requested |
| Name and Address of Establishment for Which License Is Requested |
| If applicable, Name Under Which It Is Now Operated |
| 1. PERSONAL INFORMATION: |
| molfetta Christina |
| Last Name Middle Name |
| maiden name - Olivera |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) |
| Present Residence Address-Street or RFD City Stale/Zip |
| Present Residence Address-Street or RFD City Stale/Zip |
| 9075 Pecus Pd # 3700 Henderson, NU 89074 Present Business Address City State/Zip |
| Present Business Address City State/Zip |
| Owner Dales 9/01 - 6/08 & 9/13 - Present |
| Occupation Phone. |
| Residence |
| 78 1-13 1 Business 702 896-7378 |
| Date of Birth Place of Birth (City, County, State) |
| I I E |
| Age |
| 790 |
| Brown Brown Olive 169 MA SS |
| Color of Eyes Color of Hair Complexion Weight Build Height |
| |
| |
| Scars, tattoos or distinguishing marks and/or characteristics |
| Codio, taxooo of distinguishing mane district states and a second state of the second states and the second states are sec |
| |
| Are you a citizen of the United States? Yes No D If alien, registration No. |
| If naturalized, certificate NoDate |
| If naturalized, certificate NoDate |
| (If naturalized, document must be verified.) |
| Place (If naturalized, document must be verified.) |
| 2. MARITAL INFORMATION: |
| Si L S Maria S Superand S Miderard S Engaged S |
| Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ |
| Applicant's initial C. M. |
| Page 1 |

| MARI | FAL INFORMATION-Continued | | | | |
|------|-----------------------------|------|------------------|------------------|---------|
| A. | Current Marriage | | | | ucia Is |
| | Spouse's full name (Maiden) | Date | molfet | City, County and | State |
| | Date of Birth | ١ | Place of Birth 2 | | |

| ۹. | Current Marriage St. Cucia Island |
|----|---|
| | Spouse's full name (Maiden) Eric Molfetta, S.S. No |
| | Date of Birth Browk MY |
| | Resident address 224 Driltwood Tide Ave Henderson, NU 89072 |
| | Telephone: Residence 3usiness 752 296-4848 |
| | Spouse's employer Colliers Intl Occupation Commercial Broker |
| | Address of employer 3960 Howard Hogles #150, Cas Uzgas, NU 89169 Street |
| В. | Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: |

| lame of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|-----------------|-------------------------|---------------------------|----------------------|--------------------------|
| aine or Spouse | OI Decree | Of Warriage | Action | County and Claic |
| MA | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List of name | s, current address and | telephone numbers of p | revious spouses: | |
| Nam | | City | State | Zip Telephone |
| 010 | | | | |
| | | | | |
| | | | a floor | |
| | | | | |
| | | | | |
| | | | | |
| 3. FAMILY INFOR | - | | | |
| A. Children an | d Dependents: | -children and adopted ch | aildren and give the | following information |
| <u> </u> | | Birth Place | Resid | ence Address |
| 710111 | | | 2 8 8 8 8 8 | |
| 888 | | | h-f | |
| | | | , , | |
| | | | | |
| | | <u> </u> | _ = 0 = | |

Child Support Information:

Please mark the appropriate response:

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

- $\hfill\square$ 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 C . Y . Page 2

| District attorney or public agency responsible for enforcing the child support order | • |
|---|---|
| | • |
| Name | |
| Address | |
| Contact person | |
| Parents: List names, residence addresses, dates of birth and most recent occupations of parents. | arents, step-parents, |
| parents- | |
| in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address | Occupation |
| Father 303 E. WW. instor | - I |
| | [|
| Frank Olivera Beneville, 10 as | |
| -: 0 | |
| Nereida Olivera Bensenville, 14 60 | |
| 1 | |
| | 120 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 16 1 | |
| Beu Moltetta Henderson, No 8 | Good Ketiled |
| D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of br | rothers and sisters and of |
| their respective spouses. Name (Maiden) Birth Date Address | Occupation |
| 1909 ADL | United |
| | Certifica apple |
| Cary Larien Generalle | 60106 unemployed |
| Frank Olivera : 1030 Vicespon | 12, 1 601 Themployed |
| Spouse | n la |
| none , , , , , , , , , | 1116 |
| | GUTT Olivera design |
| Floken Olivera Signil | : 60177 Separated |
| TIONE CHOCK | |
| | <u> </u> |
| Spouse | |
| | |
| 4. EDUCATION: | |
| Name of School Location Dates Attended | Graduate |
| Grammar Blackhauk J- High Benjamike, 11 1982-19 | 83 Yes No [|
| School Fenton High School Bensenville, IL 1984-19 | 87 Yes No 🗆 |
| College | Yes 🗆 No 🗀 |
| University () \ | |
| Other . | Yes No No |
| Type of degree obtained, if any | |
| College or university where obtained | |
| • · · · · · · · · · · · · · · · · · · · | |

5 MILITARY INFORMATION: 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 Yes ☐ No ☐ If yes, fumish details on page 10. (List all incidents special or general court martial? regardless of where they occurred-foreign or domestic.) Yes □ No 🔀 Have you registered for the draft? County______Date registered_____ 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) 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 ☐ f yes, give details in space provided below. List all cases without exception. Charge Location-City and State Deposition/Date Arresting Agency Date of Arrest Has a criminal indictment, information or complaint ever been returned against your but for which you were not arrested or in which you were named as an unindicted co-party? Yes No figure If yes, furnish details on page 10. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission C. or committee? Yes □ No ☑ Have you ever been subpoenced to appear or testify before a federal, state or county grand jury, board or D. commission? Yes, □ No □ Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? E. Yes I No D Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No 🗷 F. If yes, when? _____city, county and state_____ Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No X G. If yes when? city, county and state Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ▶ H. If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Location Date Relationship Charge Name

Applicant's initial C W

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

| | Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been 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: | | | | | |
|--------------------|---|--------------------------|-------------------------------------|------------------------------|---------------------------|------------------------------|
| | Defendant or /Respondent | Date Filed | Court and Case Number | City, County | and State | Disposition/Date |
| | | | | | | |
| J. | associated w | ith it as an own | | | | poration (while you v |
| | Name of Entity | | Type of Enlity | | Approximate D | ate(s) of lion/Bankruptcy |
| Nac | twence | | Sleen | enter | 10- | 4-05 |
| /. KE | SIDENCES: | | | | | |
| List all ı | residences you | u have had for t | he last 25 years: | | | |
| List all I | residences you d Year To) | Stree | t and Number | City | = E E (0000= | or County |
| Month an (From- | residences you | Stree | t and Number | Ltide He | inderson, n | Y 5008 UL |
| Month an (From- | d Year To) | Stree exnt 234 105 235 | tand Number 6 Driffwar 8 Brockton | LTide He | Levelerson, n | Y 5008 UL |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | Y 5008 UL |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |
| Month an (From- | d Year To) | Street 234 Just 235 | tand Number 6 Driffwar 8 Brockton | LTide He Way L Aliforn | Lenderson, r Lenderson | NU 89074 CA, C |

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.

| 3001-642 | 4.79 | |
|-----------------|---|---------------------|
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 3001-Pres | ent 90775, occus ed. #3700, Hend | NV 85074 |
| Title | Description of Duties | Name of Supervisor |
| Owner P | erform in lab diagnostic studie | s me! |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 2013-2013 | Name/Mailing Address of Employer/Business Colleg Prub Monnali Sa Handera, No 8903 | a closed posiness |
| Title | Description of Duties | Name of Supervisor |
| Owner | tids clothing store | me! |
| Month and Year | Name/Malling Address of Employer/Business | Reason for Leaving |
| 5010- 9013 | | was clusted busines |
| Title | Description of Duties | Name of Supervisor |
| OWNEC | nail Salon | me! |
| Month and Year | Name/Mailing Address of Employer/Business といい | Reason for Leaving |
| 2000 | America Hone Partient | opened new |
| Title | Description of Duties | Name of Supervisor |
| Salesrep | Sell home Od and UPAP Eguip | Holly orsulak |
| Month and Year | Name/Mailing Address of Employer/Business Cosk | Reason for Leaving |
| 995 - 1999 | Apria Healthan Mesa, Description of Duties | Name of Supervisor |
| Title EE(1172-5 | Description of Duties | Name of Supervisor |
| Expert | operations for Done company | o Tony Bominico |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| 1997 - 1994 | Abber Home Health Description of Duties | Name of Supervisor |
| Adnin Asst | Socretarial | Monny |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 1990-1997 | UDP AILITED SIGNET | Better pay |
| Title | Description of Dulies | Name of Supervisor |
| (~raphics | Graphics Dept | Depra |
| 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 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 Years Known Telephone Name of Where Employed 5355. enlighter Ht1 Rd. Adigter, Ht2 6005T 3 OF Place Business Sheine's Home **Business** Inwood Dr son, ma Business Employer Alse Home ~/A Employer Business Catalansis Ave. Employer Do you have any safe deposit bex or other such depository, access to any depository or do you use any other person's depository? Yes
No If yes, complete the following. **Authorized Users** City and State Box Number or Type of Depository Location 11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Securities dealer Insurance Race horse/race dog owner Liquor Lawyer Gaming Real estate broker or salesman Barber/Cosmetologist Doctor Contractor Trainer or manager Educator Sports promoter **Pilot** Accountant Yes ☑ No □ If yes, state type, where and years held 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

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.

| 13. | Have you ever appeared before any licensing agency any reason whatsoever? Yes ☐ No | or similar authority in or outside the State of Nevada for | | | | |
|-----|--|--|--|--|--|--|
| 14. | | | | | | |
| | to the above, state where, when and for what reason: | | | | | |
| 15. | Have you ever been refused a business or industry lice participant in any group which has been denied a busi suitability? | | | | | |
| 16. | Have you or any person with whom you have been a padministrative action or proceeding relating to the pharents. | | | | | |
| 17. | Have you or any person with whom you have been a p guilty or entered a plea of nolo contendere to any offer controlled substances? | articipant in any group ever been found guilty, plead use, federal or state, related to prescription drugs and/or Yes No | | | | |
| 18. | Have you or any person with whom you have been a permit or certificate of registration relating to the pharmupon voluntary close of a manufacturer | | | | | |
| 19. | Do you have any relatives within the fourth degree of c pharmaceutical or drug related industry? | onsanguinity associated with or employed in the Yes □ No □ | | | | |
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| | | | | | | |
| | | Date of photograph 8-17-15 | | | | |
| | | Applicant's initial C Page 8 | | | | |

| STATE OF / howada |
|---|
| COUNTY OF Clark |
| 1. Chaisting Moldetta, being duly swom, 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 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 17th day of Quegut 2017 |
| Notary Public ESTRELLA PONCE Notary Public State of Nevoda No. 11-3801-1 My appt. 0xp. Doc. 8, 2018 |

(seal)

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.

| As a second |
|---|
| □ New MDEG □ Ownership Change □ Name Change □ Location Change (Please provide current license number if making changes: MP or MW MP D0468) |
| |
| ☐ 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: PAHRUMP MEDICAL SUPPLY, INC. |
| Physical Address: 1971 S. PAHRUMP VALLEY BLVD #D/PAHRUMP, NV 89042 (This must be a business address, we can not Issue a license to a home address) |
| Mailing Address: 1971 S. PAHRUMP VALLEY BLVD # D |
| City: PAHRUMP State: NU Zip Code: 89048 |
| Telephone: <u>775-751-4999</u> Fax: <u>775-751-4997</u> |
| E-mail: PAHRUMPMS@GMAIL.COM Website: PAHRUMPMEDICALSUPPLY.COM |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00 |
| Fri: 9:00 to 5:00 Sat: BY APP to Sun: BY APP to Holidays: Closes to |
| MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required) |
| Name: PAMELA K LEWIS |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| Medical Gases** Respiratory Equipment** Life-sustaining equipment** Diabetic 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: Assistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Other: NCONTINIENCE SUPPLIES, URological |

This page must be submitted for all types of ownership.

| List a | II Medicare and Medic | aid provider numb | ers registered t | o the business or its | s owner | : |
|----------|---|-------------------------------|-----------------------------------|--|----------|-------|
| MEI | DICABE | 626975000 | 1 | | | |
| MEDICAID | | 100515701 | | | | |
| 1) | Do any shareholders any type of business or another political ju | or facility which ar | wnership or ha e licensed by t | ve management in he State of Nevada | 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 owner | rs health profession | nals? If yes, pl | ease check the box | and list | name. |
| | □ Practitioner □ Advanced Practi □ Physician's Assis □ Physical Therapi □ Occupational Th □ Registered Nurs □ Respiratory Therapi | stant ist erapist se | Name: Name: Name: Name: | | | |

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

Board Use Only

This page must be submitted for all types of ownership.

| | 9 7 | |
|---|--|--|
| Within | n 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 ঢ |
| 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 ੴ |
| 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 ⊡ |
| attach | answer to questions 1 through 5 is "yes", a signed statement of explanation ed. Copies of any documents that identify the circumstance or contain an cer disposition may be required. | n must be order, agreement |
| l under | y certify that the answers given in this application and attached documentation ar stand that any infraction of the laws of the State of Nevada regulating the operati zed MDEG provider or wholesaler may be grounds for the revocation of this perm | on of an |
| penalty hereby any inv reputal | read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ restigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable. All Signature of Person Authorized to Submit Application, no copies or stame | nd correct. I rees, to conduct ation and |
| 0 | MELA K LEWIS 11-4-15 | |
| | lame of Authorized Person Date | |
| | | |

Received: _

Amount: \$500.00

| Owner's Name: PAMELA | K Lewis | | | |
|-----------------------------|--------------|-----------|-----------|---|
| Business Name: PAHRUMP | MEDICAL S | upply In | ر. | |
| Current Business Address: 9 | 71 S. PAHRUN | IP VALLEY | BWO #D | |
| City: PAHRUMP | State: N | <u> </u> | 89048 | |
| Telephone: 775-751-4 | 999 | Fav. 775 | - 751-499 | 7 |

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

SOLE OWNER

Include with the application for a sole owner

<u>Complete personal history record</u> 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*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Solution March 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 DME DXYGEN |
|---|
| Nature of MDEG PAHRUMP MEDICAL SUPPLY, 1971 S. PAHRUMP VAILEY BLVD #D, PAHRUMP, NV 89048 |
| Name and Address of Business for Which MDEG Administrator Is Requested |
| SAME AS ABOVE |
| If applicable, Name Under Which It Is Now Operated |

| 1. PERSONAL INFORM | ATION: | | |
|--|------------------------------------|---|----------------------------|
| CLARK Last Name | RUT First Na | | Ellen Middle Name |
| Rowe, Walds Alias(es, Nickhames, Maid | on, Heldmar en Name, Other Name | Changes, Legal or Oth | erwise) |
| Present Residence Addres | nDerly s-Street or RFD | Pahrum, City | 7 V 8 9 0 6 0 State/Zip |
| Present Business Address FACILITY | y # D Dates 6 16 14- | Present PAHRUMP City | NV, 89048 State/Zip |
| MANAGER Present Position with the N | Dates 6[16]1 MDEG | 4 - PRESENT | 1 |
| Phone: | F | ax: | |
| Email address: PAHRUM | IPMS Q GMAIL | ·Com | |
| Date of Birth | Montrose Place of Birth (| <u>-, San Tuan, Color</u> City, County, State) | rado |
| 59 Age | Social Security | Number | <u>F</u> Sex |
| Blue Br Color of Eyes Color of | <u>Own</u> of Hair W | loo eight | SI 411 Height |
| Scars, tattoos or distinguish | ning marks and/or char | acteristics | 9 |
| | | | |
| Are you a citizen of the Uni | ed States? Yes XIN | o 🗆 | |
| If alien, registration No | | | |
| If naturalized, certificate No | | Date | |
| Place | 2 20 20 22 | (If naturalized, doc | ument 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.

| 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 |
| /999 - 200\$ Month and Year | | |
| | Dahrump Valley Blud | Name of Supervisor Pahrump NV 8-9048 |
| DME Manage | Customer Seniar, Billing of Description of Duties | ordering Ali |
| 2010 - 2013 Month and Year | Family Dharmacy Name/ Address of Employer/Business | More than 3000 No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| To citi lac | | No of Employed Hours ARTUR KHIACHATIRYAN |
| | Name/ Address of Employer/Business | 2000 HOURS |
| Present | | |

| | I have □ I have not □ been diagnose bhysical condition that would impair my a se, including alcohol or substance abuse | bility to perform any of the essentia | or a mental illness al functions of my |
|----------|--|---------------------------------------|---|
| 1. | I have □ I have not□ been charged | , arrested or convicted of a felony | or misdemeanor. |
| 2. | I have □ I have not □ been the subjected | ect of an administrative action whe | ether completed or |
| 3. | I have □ I have not □ had a license disciplined, including any action agains | | |
| - | checked "I have" to questions 1, 2 and/o | | formation <u>and</u> |
| a) b) | Board Administrative Action: | State: | |
| D) | | Date: | |
| | | Case Number: | |
| c) | Criminal Action: | State: | |
| | | Date: | |
| | | Case Number: | |
| | | County: | |
| | | Court: | |
| | . Will you be actively involved in and aw peration of the MDEG? | are of the daily | Yes ∰ No □ |
| 5 | .Will you be employed fulltime with the | MDEG? | Yes Ø No □ |
| | .Will you be present at the site of the Muring its normal operating hours? | DEG | Yes ⋈ No □ |
| f you | answer No to questions 4, 5 or 6 please | provide a written | |
| | | A A | |
| | | Date of photograph | 1-6-15 |

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.

Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9Date 11-4-15

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 DURABLE ME | DICAL EQUPM | IENT | | | *** |
|--|--|--|---------------------------|---------------|-------|
| PAHRUMP MEDICAL SUPPLY, I | Nature of Lie No. 19715. PAHA Address of Establishment f | cense R <i>UMP VAIIEY B</i> oor Which License is Re | LVD #D PAI | HRUMP, NU 8 | 39048 |
| DAMP OS HOUVE | applicable, Name Under Wi | | | ••••• | |
| 1. PERSONAL INFORMATION: | PAMELA | | KAY | | |
| Last Name | First Name | | Middle Name | | 0 |
| Alias(es, Nicknames, Maiden Name, Other Name | Changes, Legal or Otherwis | se) | | | |
| 5251 GRAIN MILL | RD PAHI | RUMP, NV | 89061 | | |
| Present Residence Address-Street or RFD | City | | State/Zi | р | |
| Present Business Address | City | | State/Zi | Р | |
| VOLUNTEER | Dates 6/1/15 - pr | e | | | |
| Occupation | | | Phone: Residence | H 1 24 3 | = |
| n | | | Rusiness | | |
| Date of Birth | /ST/N TX Place of Birth (City, County | TRAVISCO | | A 227 5 | 10 |
| Date of Birth | Place of Birth (City, County | , State) | | | |
| Age Social Se | curity Number | 2 2 1 10 | | | _ |
| _ | - | 22 - | 1.00 | Sex | |
| | LIGHT | | | 5'7" | _ |
| Color of Eyes Color of Hair | Complexion | Weight | Build | Height | |
| Scars, tattoos or distinguishing marks ar | nd/or characteristics | NIA | | | |
| Are you a citizen of the United States? | Yes ☑ No ☐ If alie | n, registration No | | | •• |
| If naturalized, certificate No. | | Date | ************************* | | • • |
| Place | | (If naturalized, | document must | be verified.) | |
| 2. MARITAL INFORMATION: | | | | | |
| Single Married Separated | ☐ Divorced ☐ | Widowed | Engaged | | |
| | | Ap | plicant's initial_ | PL | age 1 |

| A. | Current Ma | | 19 | _ _ | arris CO. | |
|-------|---------------|---|--|---|---|----------------------|
| | Spouse's fu | II name (Maiden). 🍱 | ichael Wile | EWIS S.S | County and St. | .32 |
| | Date of Birth | | Place of Bi | rth Rasad | iena, tx | |
| | Resident ad | dress 505) G | -rain Mill. Rd | City tahry | ump NV 89 | 7061 |
| | Telephone: | Residence | Bu | usiness 775 | 751 4990 | <u>}</u> |
| | Spouse's en | nployer O.M.V | · Oil & Gas on | cupation 50 | perienter | lent, |
| | Address of e | employer Vicon | a, Astria | City S | tate Zip | |
| В. Р | revious Marri | ages: If ever legally se | eparated, divorced, or an | nulled, indicate be | low: | |
| Name | of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State | |
| N | A | 0. 200.00 | <u></u> | | | |
| | | Ved2 21 11 28 11 | | | | |
| | 3 111 | | | | | |
| | List of name | s. current address and | telephone numbers of p | revious spouses: | | |
| 15 1 | Name | | City | State | Zip Telephone | |
| N | 1 1 | | 1 | | | |
| | | | | | | 13 Te |
| | | | | | | |
| 3. FA | | d Dependents: | | | | |
| | List all o | children, including step | -children and adopted ch | ildren and give the Re | e following information | <u> </u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| В. | | ort Information: se mark the appropriat | e response: | | | |
| | DZ 1 | am not subject to a cou | urt order for the support of | of child. | | |
| | р | am subject to a court of lan approved by the dis f the amount owed pure | order for the support of or strict attorney or other pu suant to the order; or | ne or more children blic agency enforc | n and am in complianc sing the order for the re | e with a epayment |
| | th | ne order or a plan appro | order for the support of or oved by the district attorn nount owed pursuant to the | ney or other public | n and NOT in complian agency enforcing the nt's initial | order for |
| | | | | | • | Page 2 |

MARITAL INFORMATION-Continued

| FAMIL | Y INFORMATION-Continu. District attorney or public | ed agency responsibl | e for enforcing | the child support | order: | | |
|----------------------|---|-------------------------|---|--|--|---|-----------------------------------|
| | Name_ | | | | | | |
| | Address | | | | | | |
| | Contact person | | | | | | |
| C. | Parents: List names, residence ad | | | | | | |
| parent | | | | | | | |
| | Name (Maiden) | Birth Date | Address | 1033 6/10 000000 | Occi | upation | |
| Father | | | | | | | |
| <u></u> | Thin Andersow | Beaver | | 806 ACK | ensus Soft | 1x Reti | recl |
| Mother | Win Docale D | | | Dr. Ada | 0511 Msus So Hi | 17758 | 7 |
| Father-in | | aver | | MOHING | 11.WS. 30.14C | 1) N1130 | f |
| A' | 0 | | | | | Reflice | |
| Mother-i | lasect | | | | | | |
| . 1 | eased. | | | | | | |
| Spouse Spouse Spouse | Brothers and Sisters: List names, residence ad their respective spouses. Name (Maiden) MY RABATINI BLA ROUNTIS SEPH CONDIS IN BEWEY KA BEWEY | Birth Date | Address 113155 113155 2201 Li 2201 Li 3404 N | agrocal f Sagrocal f Ly (Hen et- y Glen et- y Glen et- | 000 10147089 101477089 I Laugue city 1 77573 | Unierwi Unierwi Denta Office 1 Superie 88240. Su | riter Narac 37th/l Perre |
| 4. EI | DUCATION: | | | | | | |
| Gramma | Name of School | Loc | ation D | ates Attended | | duate | • |
| School High | So. Ho. Clem | 11/4/36 | 26,201 | | | No O | - |
| School | SOUTH HOUSEN | , H15W-6 | 1001. | 1 | Yes | No 🗆 | - |
| College Universi | ly - | A | | 10 0 | Yes | ₽ No □ | |
| Other | TEN TICINTO | · College | Krama | - Va | Yes | | |
| Туре | f degree obtained, if any | U55a | - 1 | N= 11 | 1/ 1-1 | Tim | - VO |
| Colleg | e or university where obtain | ned SaN Z | Tacin 10. | College | 1401411 | , 17 11 | p-1 |
| | | | | Appli | cant's initial | 火, P | age 3 |

| 5 MI | LITARY INFORMATION: |
|--------------------|---|
| A. | Have you ever served in any armed forces? Yes □ No ☑ |
| | BranchDate of entry-active service |
| | Date of separationType 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 of 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.) |
| В. | Have you registered for the draft? Yes □ No □ |
| | County State Date registered |
| 6. AF A. | RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense of violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations Yes \(\sigma\) No \(\suremath{\text{V}}\) If yes, give details in space provided below. List all cases without exception. |
| te of A | Arrest Age Charge Location-City and State Deposition/Date Arresting Agency |
| B. | Has a criminal indictment, information or complaint ever been returned against your, but for which you were arrested or in which you were named as an unindicted co-party? Yes No D If yes, furnish details on page 10. |
| B. | Has a criminal indictment, information or complaint ever been returned against your, but for which you were arrested or in which you were named as an unindicted co-party? Yes No 12 If yes, furnish details on |
| C. | Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission |
| D. | or committee? Yes ☐ No Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or |
| E. | commission? Yes \(\sigma\) No \(\sigma\) Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? |
| F. | Yes ☐ No ☑ Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑ |
| G. | If yes, when?city, county and state |
| | If yes when? city, county and state 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. |
| me _ | Relationship Charge Location Date |
| | |
| | |
| | |
| | |
| | Applicant's initial |
| | V Pag |

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

| | Defendant or | | Court and Case | | |
|----------------|----------------|------------------|---|--|---|
| <u>laimant</u> | Respondent | Date Filed | Number | City, County and State | Disposition/Date |
| | | | | <u></u> | A-11 |
| J. | associated wit | th it as an owne | , business venture, soler, officer, director or pete the following: | le proprietorship or closely held control been a party to a lawsuit, | orporation (while you we arbitration or bankruptcy |
| | Name of Entity | | Type of Entity | Approximate Lawsuit/Arbit | Date(s) of ration/Bankruptcy |
| | | | | | |
| | 25 | | | | |
| - | | | | | and the second second |
| | | | | | |
| . RE | SIDENCES: | | | | |
| st all r | esidences you | have had for th | he last 25 years: | | |
| nth and | | Street | t and Number | CitySta | ate or County |
| 2004 | 1-2009 | 175 | 04 Ponderosa | Pines Dr. Hot47709 | o Tx Harris |
| | | 2 - |) 1 novel 1/2/6 | W Larue Cety Tr | 77573 (2011/8 |
| X)2 | - 2004 | 00 | 1 WARY HAUTIN | ' , 0 ' , ! / ' | |
| 02 | - 2004 | 2 | ived Albroac | e tunis tunis | |
| VQ | - 200+ | 2 | ived Albroac | l Tunis Tunis | |
| V2 | - 200+ - | 2 | ived Albroac | l Tunis Tunis | |
| XIZ | - 200+ - | L | ived Albroac | l Tunis Tunis | |
| XIZ | - 200+ | L | ived Albroac | l Tunis Tunis | |
| X)2 | - 200+ - | L | ived Albraic | l Tunis Tunis | |
| XIZ | - 200+ - | JC A | ived Abranc | l Tunis Tunis | |
| X/2 | - 200+ - | JC A | ived Abranc | l Tunis Tunis | |

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 |
|---------------------------|---|---|
| 1115-Present | 1971. S. PAHRUMP VAILEY BLVD # D PAHRUMP, NV Description of Duties | 89048 Still with Company Name of Supervisor |
| | Customer Cervice, Submiting Billing, Sales | ARTUR Khachatryan |
| Month and Year 999-2005 | Name/Mailing Address of Employer/Business 13310 BEANER RD HUSTON TX 7-7089 | Reason for Leaving HUSBAND WORKIND Abroa |
| Title | Description of Duties | Name of Supervisor |
| In Surance Ve | RIFIEIZ Scheduling, Insurance Varificati | on DORI MEADOR |
| 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 |
| 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 Dulies | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |

Applicant's initial P. L.
Page 6

9. CHARACTER REFERENCES:

| | List five charac | cter reference w | ho have know | you five yea | rs or more. D | o not includ | e relatives, p | resent |
|---------------------|---|---|--|-------------------------------|---------------------------------|--------------------------|------------------------|---|
| Name | of Where Employed | Street | City State | Zip | Teleph | none | Years | Клоуп |
| Name | fund though | 60WHome 40 | 1 callar | ON Leagu | ulty to | · 18 | 1 111 | OT |
| Employ | ver CCTSD. | Business (| raterer f | or some | 701 d(15t | rict. | | |
| Name | DonnaBla | (CHome 8) | Romane | 2 Dr. He | 5.7770 | D_ " | | -5 |
| Employ | er Self Empli | Dule Business | Emborde | A Bus | <u> </u> | , | .~ | |
| Name | Mari Ellic | Home TX | City 7 | X | | | 1 | Jy' |
| Employ | er Day Avea | Patricis | Insura | ncelle | Wifler | | 5 1 | U |
| Name | Bernard 1 | a from ! | Shreve Po | rtila | _ | | 1, 8 | 4R5. |
| Employ | er 1 40/11 CO | Business | | | | | | |
| Name | | Home | | | × - | | | |
| Employ | er | Business | NATIONAL AREA WARRANGE BOTH WARRANGE A STREET AN AREA STREET, AND AREA STR | | | ST ANALYSIA ZOROWY | | |
| 10. | Do you have ar person's depos if yes, complete | itory? Yes □ N | No D | ich depositor | y, access to a | any deposito | ry or do you | use any othe |
| 3ox Nur | nber or Type of Depo | sitory | Localion | City and St | ate | Authorized U | Isers | |
| 11. | Have you ever the following: Liquor Doctor Accountant Yes W No | Lawyer Contractor Pilot | Race horse/r Real estate b Sports promo | ace dog owr proker or sale | ner | Securities | dealer smetologist | not limited to Insurance Gaming Educator |
| | If yes, state type | | | | | | | |
| Lic | juor-Ty | L 2 yes | | | | | | |
| 12. | Have you ever a interest in a licer of yes, state type involved, the nar venture or indus | nsed business on e, when and whe mes and addres | or industry OU ere and give na | TSIDE the S ames and lo | tate of Nevad cations of the | a? Yes 🗆 1 businesses | No '⊑∕ in which you | were |
| h * * * * * * * * * | | | ••••••• | | | | **************** | *********** |
| | | | ••••••••••••••••••••••••••••••••••••••• | •••••• | ••••• | | N | |

Applicant's initial

Page 7

| | any reason whatsoever? Yes No Diguth | or similar authority in or outside the State of Nevada for |
|------------|---|--|
| 14. | Have you ever been denied a personal license, permit or professional activity? Yes \(\sigma\) No \(\frac{\text{D}}{2}\) | , certificate or registration for a privileged, occupational |
| | to the above, state where, when and for what reason: | |
| 15. | Have you ever been refused a business or industry lice participant in any group which has been denied a busin suitability? | |
| 16. | Have you or any person with whom you have been a p administrative action or proceeding relating to the phar | |
| 17. | Have you or any person with whom you have been a p guilty or entered a plea of noto contendere to any offen controlled substances? | articipant in any group ever been found guilty, plead see, federal or state, related to prescription drugs and or Yes No (12) |
| 18. | Have you or any person with whom you have been a p permit or certificate of registration relating to the pharm upon voluntary close of a manufacturer | |
| 19. | Do you have any relatives within the fourth degree of c pharmaceutical or drug related industry? | Yes □ No ℚ |
| ********** | | |
| | | |
| | | |
| | | 11-11-7015 |
| | | Date of photograph H = H= 20/5 |
| | | Applicant's initial Page 8 |

| STATE OF Nevada |
|--|
| COUNTY OF Mye |
| ا, Pamela K رونن جي , 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 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. |
| Parnelly K Leviews Original Signature of Applicant |
| ey the the transfer of the tra |
| Subscribed and Sworn to before me this to be day of DEBBE HARRING NOTARY FUELD |
| Movember 2015 STATE OF NEWADA LLy Commission Explose 09-24-18 |
| Notary Public Confessor No: 103503-14 |

(seal)

Applicant's initial.

Page 9

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: Super Care Health | | | | | |
| Physical Address: 3625 W. Teco Ave. Swife #8, Las Vegas NV 89118-6819 (This must be a business address, we can not issue a license to a home address) | | | | | |
| Mailing Address: 8345 E. Firestone Blud 5 Suite 210 | | | | | |
| City: DOWNLY State: CA Zip Code: 90241 Telephone: 800-206-4880 Fax: 1/24-1/38-1404 | | | | | |
| Telephone: $800-206-4880$ Fax: $1.26-1.38-1404$ | | | | | |
| E-mail: finance @ supercare, com Website: www. supercarehealth. Com | | | | | |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | | | | | |
| Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00 Fri: 9:00 to 5:00 Sat: 00 - Call Sun: 00 - Call Holidays: 00 - Call | | | | | |
| MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required) | | | | | |
| Name: Julie Sedgwick, RT | | | | | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | | | | | |
| ✓ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ─ 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: July Sedywick RT Telephone: 702-224-2775 | | | | | |

☐ Physician's Assistant

☐ Occupational Therapist

☐ Physical Therapist

☐ Registered Nurse☐ Respiratory Therapist

This page must be submitted for all types of ownership. List all Medicare and Medicaid provider numbers registered to the business or its owner: Super Care, INC. - PTAN: 0282860001 10282860004 0282860005; 028280000 6. Medi-Cal # PHA459430 HUCEK ENTERPRISES, LLC - PTHN: 6180990001 - Medi-Cal: 1740452168 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, Yes 🛛 No 🗆 dispensed or distributed? Are any of the owners health professionals? If yes, please check the box and list name. 3) ☐ Practitioner Name: N/H Name: N/A ☐ Advanced Practitioner of Nursing

Name: N/A

Name: N/A

Name: N/A

Name: N/A

Name: N/A.

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

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 pany interest, ever been charged, or convicted of a femisdemeanor (including by way of a guilty plea or n | elony or gross | Yes □ No 🌂 |
|------------------------------|--|--|-----------------------------------|
| 2) | Has the corporation, any owner(s), shareholder(s) of any interest, ever been denied a license, permit or or registration? | | Yes □ No 🇷 |
| 3) | Has the corporation, any owner(s), shareholder(s) of interest, ever been the subject of an administrative or relating to the pharmaceutical industry? | or partner(s) with any action or proceeding | Yes ⊠ No □ |
| 4) | Has the corporation, any owner(s), shareholder(s) of interest, ever been found guilty, pled guilty or enter contendere to any offense federal or state, related to substances? | ed a plea of nolo | Yes □ No ☒ |
| 5) | Has the corporation, any owner(s), shareholder(s) of interest, ever surrendered a license, permit or certification of the control of the cont | ficate of registration | Yes □ No 🏹 |
| attach | answer to questions 1 through 5 is "yes", a signed sted. Copies of any documents that identify the circumer disposition may be required. | tatement of explanation estance or contain an o | n must be order, agreement, |
| l under | y certify that the answers given in this application and attestand that any infraction of the laws of the State of Neva zed MDEG provider or wholesaler may be grounds for th | da regulating the operati | ion of an |
| penalty hereby any inv | read all questions, answers and statements and know the of perjury, that the information furnished on this applica authorize the Nevada State Board of Pharmacy, its agent estigation(s) of the business, professional, social and motion, as it may deem necessary, proper or desirable. | tion are true, accurate ar nts, servants and employ | nd correct. I rees, to conduct |
| | Jolefan | | |
| Origin | al Signature of Person Authorized to Submit Applica | tion, no copies or stam | ps |
| | Cassar. | 12-8-2019 | |
| rint N | lame of Authorized Person | Date | |
| Board | Use Only Received: | Amount: \$500,00 |) |

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

| State of Incorporation: |
|---|
| Parent Company if any: SUPPL (ARC. INC. |
| Corporation Name: Super Care, INC. aba Super Care Health. Mailing Address: 8345 E. Firestone Blvd, Swite #210 |
| Mailing Address: 8345 F. Firestone Blvd. Swite #210 |
| City: Double 4 State: CLA Zin: 9624/ |
| City: <u>Nowney</u> State: <u>U</u> + Zip: <u>90241</u> Telephone: <u>800-206-4880</u> Fax: <u>626-638-1404</u> . |
| Contact Person: John Cassar. |
| For any corporation non publicly traded, disclose the following: |
| List top 4 persons to whom the shares were issued by the corporation? |
| a) John Lassar, 924 Suntiago Ave., Long Beach, CA- 90804 Name) Address |
| b) ANThony Cassar, 1853 Valley Flores Dr., Wist Hills, CA 91304 |
| c) |
| Name Address |
| d) Name Address |
| 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 |



December 1, 2015

Nevada State Board of Pharmacy 431 Plumb Lane Reno, NV 89509

Reference: MDEG application

Page 3 Question #3
Personal History
Page 8 Question #16

To whom it may concern;

In response to question #3 on page 3 of the Medical Device Equipment and Gases application and the Personal History application question #16, page 8, SuperCare is on probation with the California State Board of Pharmacy.

More than 2 years ago an onsite pharmacy board inspection occurred and at that time our organization was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statues and regulations, expired drugs in inventory, inadequate security mislabeling. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

As required by the California Board of Pharmacy, SuperCare retail and mail order pharmacy under goes quarterly inspections and self-assessments. Self-Assessments submitted to the board have been accepted and inspections completed have shown compliance.

Regards,

Susean Nichols, Corporate Compliance Officer

Dusean Micholo, CHC

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 Date 12 8 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 Home | e Respirat | ory Equi | pment : | Services |
|--|---------------------------|-------------------------|------------------------------|---|
| Application for MDEG Home SuperCare 3625 Name and | | | | NV 89118 |
| If | applicable, Name Under W | hich It Is Now Operated | 3 | *************************************** |
| 1. PERSONAL INFORMATION: Cassav Last Name | John First Name | | marke | Louis |
| Alias(es, Nicknames, Maiden Name, Other Name | Changes Legal or Otherw | ise) | | |
| and Continua Aug | 1-00 | Beach | CA | 90804 |
| Present Residence Address-Street or RFD 8345 Fivestone Blvd Present Business Address | Long Stello Do | wney | State/Zip CA State/Zio | 90241 |
| CEO | | 1 | Otate: Zip | |
| Occupation | Dales | -nt | | |
| | Ottawa (| | Business 800) | 206-4880 |
| 4-G | lace of Bital (oils still | , | M | ale |
| Age Social Se | curity Number | 1.6.5.6 | | Sex |
| Itazel Brown | FOR | 205 | | 6'1" |
| Color of Eyes Color of Hair | Complexion | Weight | Build | Helght |
| Scars, tattoos or distinguishing marks ar | | 1010 | | |
| Are you a citizen of the United States? | AL LEV | | | |
| If naturalized, certificate No N/A | • | Date | | |
| Place | <u>*</u> | (If naturalized, | document must | be verified.) |
| 2. MARITAL INFORMATION: | | | | |
| Single Married Separated | ☐ Divorced ☐ | Widowed | Engaged | |
| | | A | pplicant's initial | Page 1 |
| | | | | (laye I |

| MARI | TAL INFORMAT | | | | | |
|------|-------------------------|---|--|---|--|-----------------------|
| Α. | Current Marri | iage | | Santa M | onica, Los Ano | <u>eles</u> , CA |
| | Spouse's full r | Dat name (Maiden) | °Carie Ann | City, (S.S | . No | 1. |
| | Date of Birth | | Place of I | Birth Lona | Beach, U | <u> </u> |
| | Resident addre | ess 926 So | ntiago Ave | Long Read | h CA 90804 | + |
| | Telephone: F | Residence | | Business 562) 3 | 07-5124 | |
| | | | | | | |
| | | | ynnton Rd (| | | <u> </u> |
| В. Р | revious Marriag | ges: If ever legally se | parated, divorced, or a | nnulled, indicate be | low: | |
| Name | of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State | |
| N | A | -c.*• | | | 2 2 2 | |
| | 3 113-04 | San | | | 8 1148 9 | |
| | | | | | | |
| | List of names | current address and | telephone numbers of | nrevious snouses: | | |
| | Name / A | Street | City | State | Zip Telephone | |
| N | Α | +: | - 1/3 | 427 E | | |
| | n 1000 - 1 | | 11.00 | | | |
| | | | 11.000 | 17 - 1-2 | | |
| 3. F | AMILY INFORMA | Dependents: | | | | |
| | List all ch | ildren, including step- | children and adopted c | hildren and give the | following information | * |
| | | | 20 | τ τ _α σ Γ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| B. | Child Support Please | Information: mark the appropriate | e response: | | | |
| | ☑ I an | n not subject to a cou | irt order for the support | of child. | | |
| | plar | n subject to a court on approved by the dis he amount owed purs | rder for the support of c trict attorney or other p suant to the order; or | one or more children ublic agency enforc | n and am in compliance ing the order for the re | e with a epayment |
| | the | order or a plan appro | rder for the support of coved by the district attor ount owed pursuant to | ney or other public the order. | and NOT in compliar agency enforcing the | nce with order for |
| | | | | yhhiidai | K O II III III | Page 2 |

| FAMILY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order: | |
|---|---|
| NameN/A | |
| Address | ******************************* |
| Contact person | *************************************** |
| C. Parents: | *************************************** |
| List names, residence addresses, dates of birth and most recent occupations of parent parents- | ts, step-parents, |
| in-law or legal guardian. If retired or deceased, list last address and occupation, Name (Maiden) Birth Date Address | Occupation |
| Father | Occupation |
| Gabriel Cassar 3005 Pio Claro Hacienda 1 | teights 164 Pharmacist |
| Micheline Cassar 3005 Pio Claro Hacienda F | teights, 04 retired |
| Ronald Litess 421 Tremont Long Beach, | CA 908H Pharmacist |
| Judith A. Itess i 330 Laurinda Long Beac | h, CA 90804 RN, Nurs |
| D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brother their respective spouses, Name (Maiden) Birth Date Address | |
| | Occupation |
| Anthony Cassar > 7853 Valley Flores Dr. We | |
| Maria Cassar 7853 Valley Flores Dr. We | |
| Michael Cassar 1911 Salto Dr. Itaciend | alts CA IT |
| Anne Cassar 1911 Salto Dr. Haciendo | n H-1s.ca Teacher |
| Spouse | |
| | |
| Spouse | |
| 4. EDUCATION: | |
| Name of School Location Dates Attended Grammar | Graduate |
| School Los Alcantos Hac Hts 76-78 | Yes E No [] |
| High School Los Altos Haar H+5 80-84 College University Loyola Many nount Los Angeles 84-88 | Yes I No [] |
| College University Loycla Manymount Los/typles 84-88 | Yes Ed No 🛘 |
| Other | Yes O No O |
| Type of degree obtained, if any 8 A Susine S | |
| College or university where obtained Loyola Mannount | *************************************** |
| | |

Applicant's initial Page 3

| Date of separation Rating at separation While in the military service were you ever arre special or general court martial? Yes Description of the draft? | |
|--|--|
| Date of separation Rating at separation While in the military service were you ever arre special or general court martial? Yes Description of the draft? | Type of discharge Serial number ested for an offense which resulted in summary action, a tria No ☐ If yes, furnish details on page 10. (List all incider omestic.) No ① Date registered |
| Rating at separation | Serial number ested for an offense which resulted in summary action, a tria No If yes, furnish details on page 10. (List all incider omestic.) No II Date registered |
| While in the military service were you ever arrespecial or general court martial? Yes I regardless of where they occurred-foreign or definition of the draft? Yes I County State RESTS, DETENTIONS, LITIGATIONS AND Almot convicted.) | ested for an offense which resulted in summary action, a tria No If yes, furnish details on page 10. (List all incider omestic.) No Date registered |
| special or general court martial? regardless of where they occurred-foreign or defended by the desired for the draft? County State RESTS, DETENTIONS, LITIGATIONS AND Almot convicted.) | No ☐ If yes, furnish details on page 10. (List all incider omestic.) No ☐ Date registered |
| CountyStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateState | Date registered |
| RESTS, DETENTIONS, LITIGATIONS AND AI | |
| not convicted.) | RBITRATIONS: (Include those arrests in which you wer |
| Have vou ever been arrested, detained, charge | |
| violation for any feason whatsoever, regardless Yes □ No Ⅳ If yes, give details in space prov | ed, indicted or summoned to answer for any criminal offenses of the disposition of the event? (Except minor traffic citation vided below. List all cases without exception. |
| est Age Charge Location | n-City and State Deposition/Date Arresting Agency |
| • | |
| | |
| | |
| - 40 A d f | |
| arrested or in which you were named as an uni | laint ever been returned against you, but for which you were indicted co-party? Yes No it if yes, furnish details on |
| Have you ever been questioned of deposed by | a city, state, federal or law enforcement agency, commission |
| lave you ever been subpoenant to appear or | testify before a federal, state or county grand jury, board or |
| lave you ever been subpoenaed to testify for a | any civil, criminal or administrative proceeding or hearing? |
| lave you ever had a civil or criminal record exp | ounged or sealed by a court order? Yes No No |
| lave you ever received a pardon or deferred p | rosecution for any criminal offense? Yes No No |
| Has any member of your family or of your spour fyou answer to any of the above questions (B | se's family ever been convicted of a felony? Yes 🔲 No 🗹 |
| Relationship | Charge Location Date |
| | |
| 18 162 | |
| | |
| | kan was |
| | |
| | violation for any feason whatsoever, regardless Yes \(\) No \(\text{If yes, give details in space provest } \) Age \(\text{Charge} \) Localion Has a criminal indictment, information or comparrested or in which you were named as an unitage 10. Have you ever been questioned or deposed by or committee? Yes \(\text{No } \text{ID} \) No \(\text{ID} \) Have you ever been subpoenand to appear or commission? Yes \(\text{ID} \) No \(\text{ID} \) Have you ever been subpoenand to testify for a Yes \(\text{ID} \) No \(\text{ID} \) Have you ever had a civil or criminal record explaye you ever had a civil or criminal record explayes, when? Have you ever received a pardon or deferred points for your spour for your answer to any of the above questions (B) |

Applicant's initial Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

| 1. | part to a law Yes □ No | suit as either a p | laintiff or defendant or a livorces) | o, or owner, director or can arbitration as either a eption, including bankrup | claimant or | |
|-------------------|--------------------------------|--------------------|---|--|-------------------------------------|---|
| | f/Defendant or nVRespondent | Date Filed | Court and Case Number | City, County and State | | Disposition/Date |
| N | I/A | Date Theo | Nomber. | Sity, Oddiny end didie | | 0.0000000000000000000000000000000000000 |
| | | | | | | |
| J. | associated w | ith it as an owne | | proprietorship or closel rtner) been a party to a | | |
| | Name of Entity | | Type of Entity | | proximate Date vsuit/Arbitration | |
| 110 | | | | | | ************************************** |
| | | | | | | |
| 7. R | ESIDENCES: | | | | | |
| List all | residences you | u have had for th | ne last 25 years: | | | |
| Vlonth a (From | nd Year I-To) | Street | and Number | City | State or | County |
| 198 | 5-2000 | 2160 Plc | za Del Amo | Torrance | CA | |
| 200 | 1-2015 | 926 Si | antiago Ave | Long Beach | CA | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | 2 | | | - | | |
| | | | | | | # I |
| | | | | | | 1 2 |

Applicant's initial...

Page 5

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 |
|---------------------------|---|------------------------------------|
| January 2000 | Super Care Health 8345 Firestone Blu Description of Duties | Name of Supervisor |
| CEO | President | NA |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| February 199 | 5 Golden View Guest Home 386: Description of Duties | 3 Ramsey St. Banning CA still then |
| Title | | Name of Supervisor |
| CEO | President | N//+ |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| January 2004 | GVGH 3863 W. Ramsey St. Ba | inning CA Still there |
| Title | Description of Duties | Nade of Supervisor |
| CEO | President | 8//7 |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| January 2004 | Golden Meadows 3863 W. Pamse | y St. Banning (A Still there |
| Title | Description of Duties | Name of Supervisor |
| Cto. | President | N// |
| 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 |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Dutles | Name of Supervisor |
| If additional space is ne | eeded, continue on page 10 or provide attachment. | |

Applicant's initial

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 Pavid While Home 4217 Chestnut Ave Long Beach CA 90x07 - 11 |
| Employer AMCI Inside Business 12777 W. Jefferson Blvd Los Angeles CA |
| Name Michael Sullivin Home 293 St. Joseph Are Long Beach CA 90803 |
| Employer Stillivan Consultividisiness 523 W. 6th St. U.A CA 90014 |
| Name Howie Bloxam Home 373 Marina Park Lane Long Beach CA 90803 |
| Employer Pedbam Pet Archets Business 3229 E. Spring St. Ste 310 Long Beach LA 90806 |
| Name Peter Cassiano Home 257 Arganne Ave Long Beach CA 90803 |
| Employer AEW Capital Maragement 601 S. Figueron St. # 2150 Long Los Angeles CA 90017 |
| Name Pan Blags Home N/A |
| Employer Bigi Mgst. Grup Business 7 Beach combex Dr. Corona del Mar 92625 |
| 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 |
| NIA |
| 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 |
| - 1 1 |
| Real Estate Gense California, 1988-1995 |
| 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. |
| Super Care Ine 16012 Valley Blud L.A CA 91744 |
| Super Care Ine 16017 Velley Blud L.A CA 91744 lanthers Tony Cassar |
| Agency? State of CAL Conjonation Applicant's initial Page 7 |

| 13. | any reason whatsoever? Yes M No D State Sacraf of Pharmus In Cultoning III of State of Nevada to |
|-----------|--|
| 14. | Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No No |
| | 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 1 |
| 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/c controlled substances? Yes \(\substances \) No \(\substances \) |
| | 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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| | Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related Industry? Yes ☐ No ☒ |
| | |
| ********* | |
| | |
| | A APH ST |
| | |
| | |
| | Date of photograph 12-8-00/5 |
| | Applicant's initial Page |

| STATE OF California |
|---|
| SS. |
| COUNTY OF WS Angeles |
| COUNTY OF WS Angeles I. John L Cassay , being duly swom, 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 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 day of |
| Notary Public |
| |
| (seal) |

Applicant's initial Page 9



December 1, 2015

Nevada State Board of Pharmacy 431 Plumb Lane Reno, NV 89509

Reference: MDEG application

Page 3 Question #3
Personal History
Page 8 Question #16

To whom it may concern;

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Regards,

Susean Nichols, Corporate Compliance Officer

Apsean Vicholo, CHC

8345 East Firestone Blvd., Suite 210
Downey, CA 90241

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12-17/15

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.

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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 1. PERSONAL INFORMATION: Alias(es, Nicknames, Maiden Name, Olher Name Changes, Legal or Otherwise) Dates Present Business Address Occupation Social Security issues Color of Hair Scars, tattoos or distinguishing marks and/or characteristics 110ne 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 ② Separated ☐ Divorced ☐ Widowed ☐ Engaged

Page 1

Applicant's initial

| MARITAL | LINFORMATION | -Continued | | · · · · · · · · · · · · · · · · · · · | A, | |
|-----------|---------------------------------|---------------------------------|---|---------------------------------------|---|---|
| A. C | Gurren t Marriage | | | West Hills, | COUNTY and State 5. No | |
| S | Spouse's full name | e (Maiden) | moria Ca | SCCo S.S. | County and, State 5. No | |
| D | ate of Birth | | Place of | Birth West H | -ills, C/A- | |
| R | Resident address | Sanc | | City 5 | State Zip | |
| T | olophono: Posic | | | | • | |
| , | pouss's ampleus | Sa Kan | an Phameu | Occupation Ph | aru erist. | |
| ٥ | pouse's employe | 25147 1 | Landa Dal d | Jones Hills | 89-3470 ernacist. CA-91301 state Zip | |
| А | aaress or employ | Street | orun Fa | 18101 U.G. 117 11.1. City s | State Zip | |
| B. Prev | ious Marriages: | If ever legally sep | parated, divorced, or | annulled, indicate be | elow. | |
| Name of S | | ate of Order | Date of Place of Marriage | Nature of Action | City County and State | |
| Name of S | Spouse | or Decree | or warnage | Action | County and State | |
| -10111 | | | | | | |
| - | | | | | tarana and | |
| | | | | | | |
| | st of names, curr Name | ent address and te Street | elephone numbers o City | State | Zip Telephone | |
| NIA | FERRIN | | | | | |
| | | | | | | |
| | | 11 - 20-21 | | | | |
| | LYINFORMATIC | | | | | |
| A. Cl | | n, including step-c | | | e following information: | |
| Plus | Name | Birth Dale | Birth Place | Resid | Simu | |
| 111 | stopus | Alula | n An-H | -100- 510 | | |
| 101 | COLL | - 41110 | 7 - 1/11/4 101 | mage CIF | Shu | |
| | | 2 | | | | |
| B. Ch | nild Support Info Please mai | ormation: rk the appropriate | response: | | | |
| | "⊠ I am no | t subject to a cour | t order for the suppo | rt of child. | | |
| | | | | | n and am in compliance with a | |
| | plan app | proved by the distr | | | sing the order for the repayment | |
| | | | | | n and NOT in compliance with | |
| | | | red by the district attourned by the district attourned bursuant to | the order. | agency enforcing the order for | |
| | | | | Applica | nt's initial Page | 2 |

| | FAMILY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order: |
|-------|--|
| | Name N A. |
| | 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 |
| | Gabriel Cassar Tunta, Egypt. 3005 RIU Claro, Haceanda Ht. CAT 917 Pet. |
| | Michel we Cosser Mentreal, Canada 3000 210 Claro, Heinada Ats., Cot 9 11 Deter |
| FRIE | |
| ANGIE | Frank Urso Alfavilla, Sily, Italy 22259 Roscoe Blud, West Kills, M 9130 |
| | 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 |
| | John Cassar - 926 Soutiso Ave Lone Beach, 1A 90504 (EO |
| | Earle A. Cosser (Hess) : 1011 926 Suntigo Ave, Long Brach, CA 90804 |
| | Michael Cosser 1911 Salto Dr. Havendalts, CA 9/345 IT |
| | Spouse Ann Casser (1-1- 1911 Salto Dr. Heilenda Hts, CA 91745 Tealur, Spec |
| | Spouse |
| | |
| | Spouse |
| | 4. EDUCATION: |
| | Name of School Location Dales Attended Graduate |
| | Grammar Mesu Rodes Elevientern Hackendy Htsicit 9/78-6/8/ Yes & NO [] |
| | School LOS Allos A.S. Hackenel CHTS (at 9/74-6/83 Yes 12 No [] |
| | College University Loyola Maymount University 8/54 - 6/58 Yes P. No [] |
| | |
| | Type of degree obtained, if any Backelles Business Admin. It Date of Pharma (2) |
| | College or university where obtained LMU & USC Respectively |
| | Applicant's initial |
| | Page 3 |

5 MILITARY INFORMATION:

| Branch | Date of entry-active serv | vice |
|---|---|---|
| Date of separation | Type of discharge | |
| Rating at separation | Serial number | |
| special or general court martial? Ye | s 🗆 No 🗆 If yes, furnish de | resulted in summary action, a trial or etails on page 10. (List all incidents |
| Have you registered for the draft? Yes | s ♥ No □ | |
| County LA State | CA Date reg | gistered Don't recall |
| | ARBITRATIONS: (Include | those arrests in which you were |
| Have you ever been arrested, detained, cha violation for any reason whatsoever, regardle | less of the disposition of the e | vent? (Except minor traffic citations |
| Arrest Age Charge Loc | ation-City and State De | eposition/Date Arresting Agency |
| 17 | | |
| page 10. Have you ever been questioned or deposed or committee? Yes \(\) No \(\) Have you ever been subpoenaed to appear commission? Yes \(\) No \(\) Have you ever been subpoenaed to testify for Yes \(\) No \(\) Have you ever had a civil or criminal record If yes, when? Have you ever received a pardon or deferre If yes when? Has any member of your family or of your specific processes. | by a city, state, federal or law or testify before a federal, state or any civil, criminal or administration expunged or sealed by a councity, county and state of the city, county and state oouse's family ever been conversed. | venforcement agency, commission te or county grand jury, board or strative proceeding or hearing? rt order? Yes No offense? Yes No victed of a felony? Yes No |
| Polationship | Charge | Location Date |
| Kelationship | Citalge | Location Date |
| 14 | | |
| | | \wedge |
| | | |
| | Rating at separation While in the military service were you ever a special or general court martial? Ye regardless of where they occurred-foreign of the death of the death? Ye county State RRESTS, DETENTIONS, LITIGATIONS AND not convicted.) Have you ever been arrested, detained, chaviolation for any reason whatsoever, regardly Yes No If yes, give details in space of the death | Have you ever been arrested, detained, charged, indicted or summoned violation for any reason whatsoever, regardless of the disposition of the eyes No of If yes, give details in space provided below. List all cases arrested a criminal indictment, information or complaint ever been returned agarrested or in which you were named as an unindicted co-party? Yes page 10. Have you ever been questioned or deposed by a city, state, federal or law or committee? Yes No of Have you ever been subpoenaed to appear or testify before a federal, state commission? Yes No of No of Have you ever been subpoenaed to testify for any civil, criminal or adminitives No of No |

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

| intiff/(| Defendant or | | Court and Case | | | |
|----------|----------------|------------------|-------------------------|--|--|-------|
| iman | VRespondent | Dale Filed | Number | City, County and State | Disposition/Da | ate |
| N | 117 | | | | | |
| | | | | | | |
| | | | | | *************************************** | W = |
| l. | Has any gener | ral partnership, | , business venture, sol | e proprietorship or closely artner) been a party to a la | held corporation (while | уоц м |
| | | | ete the following: | arther) been a party to a la | awsutt, arbitration or ban | Kiupi |
| | Name of Entity | | Type of Entity | | oximate Date(s) of suit/Arbitration/Bankruptcy | |
| | MAINE OF EMBLY | | TYPE OF LITTLY | Lavis | SUIVAIDILIALIQIIA DAIIKI UDICA | |
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| RE | SIDENCES: | | | | | |
| | | have had for th | he last 25 years: | | | |
| ali r | residences you | have had for th | he last 25 years: | | | |
| ali r | residences you | Street | t and Number | City. | State or County | |
| ali r | residences you | Street | t and Number | | State or County | |
| ali r | d Year | Street | t and Number | City. V. West Hi'lls, | State or County | |
| ali r | d Year | Street | t and Number | | State or County | |
| ali r | d Year | Street | t and Number | | State or County | |
| ali r | d Year | Street | t and Number | | State or County | |
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| ali r | d Year | Street | t and Number | | State or County | |
| ali r | d Year | Street | t and Number | | State or County | |

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 Super Core 2017/25. Hacrendo Blud | Reason for Leaving West to Co |
|---|---|---|
| itle. | Description, of Duties | Name of Supervisor |
| Technisi | an Typing 275 | Glace Casse |
| onth and Year | Name/Mailing Address of Empthye/Ellsiness | / //, Reason for Leaving / |
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| Puperetto. | is Supervised Delivery, PTS, AR | Mille The Cosses |
| Ionth and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
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| 444-F143 | Omni Care Clivitos Description of Duties | Mame of Supervisor |
| hamaust. | Jakon, Filled PKE | Hani Tadvos |
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| tle | Description of Duties | Name of Supervisor() |
| POPS- M | uniced IT 1215, Delivery Operation | ns A Phrincip Statt Micheline |
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| tle | Description of Duties / | Name of Supervisor |
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| 7/2004 | Kanan Maryley 5847 Kuran 9 Description of Duties | Name of Supervisor |
| -520 | Menere of Dun business | NIA |
| onth and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | 4 |
| lle | Description of Duties | Name of Supervisor |

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

Applicant's initial

Page 6

9. CHARACTER REFERENCES:

| | employer or employer | | | | | | | |
|---------|---|--|---|--|---|---|--|--|
| lame of | Where Employed | Street | City | State Zip | Teleph | one | Years K | nyvan |
| lame (| ilen Ames | Home 74 | | nce Ave. U | PIT HILLS CO | , | · 1 | , 10 |
| mploye | NA | Business | NA | | | | - : | |
| lame (| ousie Ngo | Home | NA | | ξ | | ,. 24 | 15_ |
| mploye | Super Crime | Business 2 | 1345 i | Firestone B | ivel Ste 210 | Downey | CA. 0102- | 11. |
| | ina Tan | Home | | | | | 266 | 15 |
| nploye | Super Cruse | Business | 8345 | FIresture | Bivel Ste | ZIO DOI | nney C | A 90541 |
| | lendy Quinde | | | | | | . 84 | |
| | Siper Cire | | 8345 | Firestone | Bluel Ste | 210 Down | VELLIA | 90241 |
| ame C | Golden Mendays | Home 2 | SI-2 | WI Brown | Britanina | , CA 922 | | 3 |
| nploye | | | | | | | | |
| 10. | Do you have any s person's depositor If yes, complete the | y? Yes 🗆 ne followii | No 🖾 | | | | | |
| ox Num | ber or Type of Depositor | У | Locatio | on City a | and State | Authorized Us | ers | |
| N | 1.19. | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 11. | Doctor Co Accountant Pil Yes X No 🗆 | wyer ontractor ot | Race Real Sport | horse/race dog estate broker o s promoter | j owner | Securities of Barber/Cos Trainer or n | lealer metologist | not limited to Insurance Gaming Educator |
| 11. | the following: Liguor La Doctor Co Accountant Pil | wyer ontractor ot | Race Real Sport | horse/race dog estate broker o s promoter | j owner | Securities of Barber/Cos | lealer metologist | Insurance Gaming |
| <u></u> | the following: Liguor La Doctor Co Accountant Pil Yes K No If yes, state type, v | wyer ontractor ot where and | Race Real Sport | horse/race dog estate broker o s promoter | j owner | Securities of Barber/Cos | lealer metologist | Insurance Gaming |
| (| the following: Liquor La Doctor Co Accountant Pil Yes N No | wyer ontractor ot where and | Race Real Sport | horse/race dog estate broker o s promoter | j owner | Securities of Barber/Cos | lealer metologist | Insurance Gaming |
| C'# | the following: Liguor La Doctor Co Accountant Pil Yes K No I If yes, state type, v Have you ever appinterest in a license if yes, state type, v involved, the name venture or industry | wyer ontractor ot where and your olied for a ceed busines when and west and additional contractions. | Race Real Sport years hel sity, coun s or indu where and ress of all | horse/race dog estate broker of s promoter Id ty of state busing stry OUTSIDE d give names a | ness, venture or in the State of Neva and locations of the the agency respon | Securities of Barber/Cos Trainer or n ndustry license da? Yes AN e businesses in | lealer metologist nanager or held a fi o n which you sing said bu | Insurance Gaming Educator nancial were usiness, |
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| 12. | the following: Liguor La Doctor Co Accountant Pil Yes K No I If yes, state type, v Have you ever appinterest in a license if yes, state type, v involved, the name venture or industry | wyer ontractor ot where and your olied for a ceed busines when and west and additional contractions. | Race Real Sport years hel sity, coun s or indu where and ress of all | horse/race dog estate broker of s promoter Id ty of state busing stry OUTSIDE d give names a | ness, venture or in the State of Neva and locations of the the agency respon | Securities of Barber/Cos Trainer or n ndustry license da? Yes AN e businesses in | lealer metologist nanager or held a fi o n which you sing said bu | Insurance Gaming Educator nancial were usiness, |
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| | 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 D | | | | | |
|-----|-------|--|--|--|--|--|--|
| | 14. | Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐ | | | | | |
| lf | yes t | o 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 Yes | | | | | |
| ••• | 40 | there was a source with where was house been a posticipant in any group boon the publicat of an | | | | | |
| | 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 A-No | | | | | |
| \$1 | 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 No | | | | | |
| 6 | 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 D | | | | | |
| | 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 128/15 | | | | | |
| | | Applicant's initial Page 8 | | | | | |

| (alife mi | |
|---|---|
| STATE OF CHIEBERIA | |
| SS. | |
| COUNTY OF LOS Angelés | |
| 1. Anthony J. Cassa being di | uly sworn, depose and say I have read the |
| foregoing application and know the contents thereof; that the statements c | |
| contain a full and true account of the information requested; that I executed | d this statement with the knowledge that |
| misrepresentation or failure to reveal information requested may be deeme | ed 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 an | y person for a certificate, license, |
| registration or permit if the holder or applicant "Has obtained any certificate | e, certification, license or permit by the filing |
| of an application, or any record, affidavit or other information in support the | reof, which is false of fraudulent," and |
| further, that I have familiarized myself with the contents of Nevada Statutes | s on Pharmacists and Manufacturer and the |
| Controlled Substances Act, as amended, and the Regulations of the Nevac | da 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 a | 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) |
| | |
| | |

Applicant's initial Page 9



December 1, 2015

Nevada State Board of Pharmacy 431 Plumb Lane Reno, NV 89509

Reference: MDEG application

Page 3 Question #3
Personal History
Page 8 Question #16

To whom it may concern;

In response to question #3 on page 3 of the Medical Device Equipment and Gases application and the Personal History application question #16, page 8, SuperCare is on probation with the California State Board of Pharmacy.

More than 2 years ago an onsite pharmacy board inspection occurred and at that time our organization was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statues and regulations, expired drugs in inventory, inadequate security mislabeling. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

As required by the California Board of Pharmacy, SuperCare retail and mail order pharmacy under goes quarterly inspections and self-assessments. Self-Assessments submitted to the board have been accepted and inspections completed have shown compliance.

Regards,

Susean Nichols, Corporate Compliance Officer

Dassean Vichola , CHC

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

\$\text{\$\text{\$\gamma\$}} \text{Date} \ \ \lambda \sqrt{12/11/15}

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 Home RESPIKATORY Equipment and Services. |
|---|
| Nature of MDEG |
| Super Care HEMPN, 3625 W. Teco AVE, Sufters, Las Vegas, NV 89118-6819 |
| Application for Home MESIALUTE LACTORY LACTORY LAS Vegas, NV 89118-4819 Name and Address of Business for Which MDEG Administratory's Requested |
| If applicable, Name Under Which It Is Now Operated |

| 1. PERSUNAL INFOR | WIATION: | | | | |
|--|-------------------|---------------------------------|-----------------|--|------------------|
| Sedawick Last Name | Juli | rst Name | | Ren | |
| 3 1 1 2 2 | | | | Middle IV | ante |
| Alias(es, Nicknames, Ma | | | Legal or Oth | erwise) | |
| 152 Frat-eili Present Residence Addr | | La. | S Vegas City | NV Str | 89183 ate/Zip |
| | May | 2019- | \ | 150 | • |
| Present Residence Address Present Business Address Signal Care Health Administrator - R. | Dates De | City | | Sta | ate/Zip |
| Present Position with the | | C //-17 | | | |
| Phone: 702-75 | 7-8855 | Fax: | | | |
| Email address: | ~ | | | = | |
| Date of Birth | |); er o CF Birth (Öity, Coun | | | |
| 33 | = = = | | | F | |
| Age | Social Se | curity Number | | Sex | |
| Green B' Color of Eyes Colo | r of Hair | <u>130</u> Weight | _ | 513. Height | 5" |
| Scars, tattoos or distingu | shing marks and/o | r characteristics | Key ta | too on | 1091 |
| worst, 2 hear | | | | | |
| Are you a citizen of the U | 1 | s 🗹 No 🗆 | | | |
| If alien, registration No _ | NIA | | 2.7.1 | | = = = = |
| If naturalized, certificate I | Vo | Date | e <u></u> | | |
| Place | | (If na | aturalized, doc | ument mus | st 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.

| SIM UH Month and Year | Name/ Address of Employer/Business | 3000 + hrs No of Employed Hours |
|---------------------------------|--|--|
| | Description of Duties U2 SETUP | Name of Supervisor |
| Month and Year Respiration Them | Nittaneve Barliateic at Scripps Name/ Address of Employer/Business Lapist Ventilation CPAT/BITAT Description of Duties | 300 + hrs. No of Employed Hours Or. A. Wittgrave. |
| 3/1/ Vo 1/1/ Month and Year | Calib So In Name/ Address of Employer/Business RAPIST , O CPAP/BIPAPSH-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4 | / o S č 4 / LRS. No of Employed Hours |
| 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 |

| | ed or treated in the last five years for a mental illness bility to perform any of the essential functions of my |
|--|---|
| 1. I have ☐ I have not ☐ been charged | , arrested or convicted of a felony or misdemeanor. |
| 2. I have ☐ I have not ☑ been the subj pending. | ect of an administrative action whether completed or |
| 3. I have ☐ I have not☐ had a license disciplined, including any action agains | suspended, revoked, surrendered or otherwise t a professional license that was not made public. |
| If you checked "I have" to questions 1, 2 and/o provide a written explanation and/or documen | |
| a) Board Administrative Action: | State: NH |
| b) | Date: |
| | Case Number: |
| c) Criminal Action: | State: N/A |
| | Date: |
| | Case Number: |
| | County: |
| | Court: |
| 4. Will you be actively involved in and aw 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 M during its normal operating hours? | IDEG Yes ☑ No □ |
| If you answer No to questions 4, 5 or 6 please | |
| 2 | Date of photograph 12/1/15 |
| *************************************** | Date of photograph |

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.

Original Signature of Applicant



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Julie Renee Name:

SEDGWICK

Address: 152 Fratelli Ave

Las Vegas NV

89183

Phone: 6198470823

License Information

License

Type:

Practitioner of Respiratory Care

License Number:

RC2436 Status:

Active

6/2/2014 Expiration

6/30/2017

Issue Date:

Scope of Practice

Scope of Practice: Respiratory Care

Education & Training

School:

Junipero Serra High School, San Diego, CA

Degree\Certificate: School

Diploma

Date Enrolled:

Date Graduated:

6/14/2000

Scope of Practice:

School:

California College San Diego / San Diego , CA

Associate

Degree\Certificate: Science

Degree

Date Enrolled:

10/1/2008

Date Graduated:

6/4/2010

Scope of Practice: Practitioner of Respiratory Care

School:

California College San Diego / San Diego , CA

Bachelor

Degree\Certificate: of

Science

Date Enrolled:

Date Graduated:

11/4/2011

Scope of Practice:

Blank