

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: TruMobility Inc.

Physical Address: 3100 E. Charleston #103
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Las Vegas State: NV Zip Code: 89104

Telephone: 702 823 2834 Fax: 702 922 3498

E-mail: danny@tru-mobility-inc.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Danny Lumpkin

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>custom wheelchairs</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

161258

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>Medicare</u>	<u>7484130001</u>	_____
<u>Medicaid</u>	<u>1497126486</u>	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Danny Lumpkin
Print Name of Authorized Person

5-17-18
Date

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

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Utah
 Parent Company if any: none
 Corporation Name: TruMobility Inc.
 Mailing Address: 272 S. 671 W.
 City: Pleasant Grove State: UT Zip: 84062
 Telephone: 801 607 1050 Fax: 801 772 2710
 Contact Person: Danny Lumpkin

For any corporation non publicly traded, disclose the following:

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

- | | | |
|----|----------------------|---|
| a) | <u>Danny Lumpkin</u> | <u>W. Centennial Cedar Hills UT</u> |
| | Name | Address |
| | | <u>84062</u> |
| b) | <u>Vernon Evans</u> | <u>W. 1300 S. Spanish Fork UT 84660</u> |
| | Name | Address |
| c) | <u>N/A</u> | |
| | Name | Address |
| d) | <u>N/A</u> | |
| | 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. 100
- 3) What was the price paid per share? 0
- 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
attached

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 5-17-18

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Durable Medical Equipment Supplier

Nature of MDEG

Tru Mobility Inc. 3100 E Charleston #103 Las Vegas NV 89104

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Lumpkin Last Name Danny First Name Paul Middle Name

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

Centennial Dr. ~~Pleasant~~ Cedar Hills UT 84062
Present Residence Address-Street or RFD City State/Zip

2725 671 W Present Business Address 1/18 to present Pleasant Grove UT 84062 Dates City State/Zip

President Present Position with the MDEG 7/15 to present Dates

Phone: 801 627 1050 Fax: 801 772 2710

Email address: danny@transabilityinc.com

NA Date of Birth Victorville CA Place of Birth (City, County, State)

43 Age NA Social Security Number M Sex

Blue Color of Eyes Blonde Color of Hair 185 Weight 6'2" Height

Scars, tattoos or distinguishing marks and/or characteristics NA

Are you a citizen of the United States? Yes No

If alien, registration No NA

If naturalized, certificate No NA Date NA

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

EMPLOYMENT:

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

Tru Mobility

7/15 to present *272 S. 671 W. Pleasant Grove UT 84062* *6240 hrs*

Month and Year Name/ Address of Employer/Business No of Employed Hours

President / ATP *OME company management provision* *self*

Title Description of Duties Name of Supervisor

Briticare of custom wheelchairs

1/11 to 6/15 *Amerillo TX* *9360*

Month and Year Name/ Address of Employer/Business No of Employed Hours

Relat. Manager *provision of OME / custom wheelchairs* *Josh Britten*

Title Description of Duties Name of Supervisor

NA

Month and Year Name/ Address of Employer/Business No of Employed Hours

NA

Title Description of Duties Name of Supervisor

NA

Month and Year Name/ Address of Employer/Business No of Employed Hours

NA

Title Description of Duties Name of Supervisor

NA

Month and Year Name/ Address of Employer/Business No of Employed Hours

NA

Title Description of Duties Name of Supervisor

NA

Month and Year Name/ Address of Employer/Business No of Employed Hours

NA

Title Description of Duties Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

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

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

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

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

a) Board Administrative Action: State: NA

b) Date: NA

Case Number: NA

c) Criminal Action: State: NA

Date: NA

Case Number: NA

County: NA

Court: NA

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

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

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

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

I will be at the Las Vegas
location at least 2
weeks per month. No
drugs or medical gases
will be supplied by
Transmobiility.

ATTACH P

TAKEN V

30 DAY



Date of photograph 5-17-18

Handwritten signature or initials.

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

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


 Original Signature of Applicant



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5-21-18

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
Tru Motility Inc. 3100 E. Charleston #107 Las Vegas NV 89104
N/A
Nature of License
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Lumpkin Danny P
Last Name First Name Middle Name

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

Centennial Cedar Hills UT 84062
Present Residence Address-Street or RFD City State/Zip

272 S 671 W Mar 2017 Pleasant Grove UT 84062
Present Business Address Dates City State/Zip

Owner - D.M.F. 7/15-present
Occupation Dates

Phone:
Residence
Business 801 607 1050

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

43 M
Age Sex

Blue Blonde N/A 185 Med 6'2"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

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

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** Dec 1996 Denton TX
Date City, County and State
 Spouse's full name (Maiden) Angele Ensign NA
S.S. No.
 Date of Birth _____ Place of Birth UT
 Resident address same
Street City State Zip
 Telephone: Residence same Business NA
 Spouse's employer NA Occupation NA
 Address of employer NA
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Turner Lumpkin</u>		<u>Amarillo TX</u>	<u>same</u>
<u>Jordan Lumpkin</u>		<u>Pland TX</u>	<u>same</u>
<u>Bieke Lumpkin</u>		<u>Amarillo TX</u>	<u>same</u>
<u>Carter Lumpkin</u>		<u>Lehi UT</u>	<u>same</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial AE

FAMILY INFORMATION-Continued

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

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

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Jim Lumpkin		clovis CA	
Mother			
Rita Lumpkin		Hereford TX	
Father-in-Law			
Mark Ensign		Draper UT	
Mother-in-Law			
Brenda Ensign		Draper UT	

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
Spouse			
Katie Lumpkin		Amarillo TX	NA
Spouse			
Chris Lumpkin		Amarillo TX	mechanic
Spouse			
Corrinne Lumpkin		Hereford TX	NA
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Marys	Amarillo TX		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Caprock H.S	Amarillo TX	88-92	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Amarillo College	Amarillo TX		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Univ. of N. Texas	Denton TX		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	WTAMU	Canyon TX	1999	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS

College or university where obtained WTAMU

Applicant's initial [Signature]

5 MILITARY INFORMATION:

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

Branch NA Date of entry-active service NA

Date of separation NA Type of discharge NA

Rating at separation NA Serial number NA

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

B. Have you registered for the draft? Yes No

County Randall State TX Date registered 1992

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial [Signature] Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
July 2017 - present	Centennial	Cedar Hills	UT
7/16 - 7/17	10474 Sage Vista	Cedar Hills	UT
9/15 - 7/16	97 Steep Mtn	Draper	UT
1/10 - 9/15	11411 Lasky Ln	Amarillo	TX
10/07 - 12/09	290 E. 1270 N	Springville	UT

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
7/15 - present	Tri Mobility Inc Pleasant Grove UT	
Title	Description of Duties	Name of Supervisor
Owner	operations	none
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/12 - 7/15	Britkare Home medical And TX	moved
Title	Description of Duties	Name of Supervisor
APP	Assistive Technology Professional	JosL Britten
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/08 / 12/09	Alpine Home medical SLC UT	moved
Title	Description of Duties	Name of Supervisor
ATP	same	Scott Naylor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/07 - 3/08	Intermountain Home Care	job change
Title	Description of Duties	Name of Supervisor
APP	same	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/07 - 8/07	TRACS DME Cleburne TX	job change
Title	Description of Duties	Name of Supervisor
ATP	same	Tom Hafford
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial LSZ

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Chris Williams</u>	Home	<u>McKinney</u>	<u>TX</u>		<u>214 566 5875</u>	<u>10</u>
Employer <u>N/A</u>						
Name <u>Mike Torres</u>	Home	<u>Port Worth</u>	<u>TX</u>		<u>882 234 9128</u>	<u>10</u>
Employer <u>NSM</u>					<u>Custom W/C</u>	
Name <u>Robin Kidd</u>	Home	<u>Port Worth</u>	<u>TX</u>		<u>882 554 5824</u>	<u>10</u>
Employer <u>UPS</u>						
Name	Home					
Employer						
Name	Home					
Employer						

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
<u>N/A</u>			

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

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Transmobiility Inc. Pleasant Grove UT

Vernon Evans - business partner

State of Utah

Applicant's initial EW

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

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

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

UT pharmacy license for DME company

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

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

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

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

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



Date of photograph 5-31-18

Applicant's initial LR

STATE OF Utah

ss.

COUNTY OF Utah

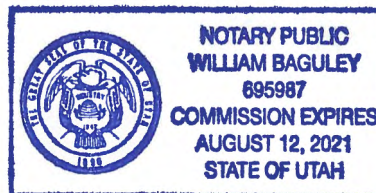
I, Danny Lungkin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of

June, 2018
William Baguley
Notary Public



(seal)

Applicant's initial [Handwritten Initials] Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5-21-2018

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
Tru Mobility Inc. 3100 E Charleston #103 Las Vegas NV 89104
Nature of License
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Evans Vernon E
Last Name First Name Middle Name

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

W 1300 S Spanish Fork UT 84660
Present Residence Address-Street or RFD City State/Zip

272 S. 671 W Pleasant Grove UT 84062
Present Business Address City State/Zip

Owner - Custom Wheelchairs 7-15- present
Occupation Dates

Phone:
Residence
Business 801 607 1050

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

43 M
Age Social Security Number Sex

H2L Brown N/A 175 lbs N/A 5'8"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

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

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial EV

MARITAL INFORMATION-Continued

A. **Current Marriage** 4-22-95 Amarillo, TX
Date City, County and State
 Spouse's full name (Maiden) Kathryn L. Heym N/A
S.S. No
 Date of Birth _____ Place of Birth Puyallup, WA
 Resident address Same as mine
Street City State Zip
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Alivi Evans</u>		<u>Puyallup, WA</u>	<u>Same as mine</u>
<u>Zoe Evans</u>		<u>Amarillo TX</u>	<u>Same as mine</u>
<u>Kelby Evans</u>		<u>Amarillo TX</u>	<u>Same as mine</u>
<u>Conner Evans</u>		<u>Orlando, FL</u>	<u>Same as mine</u>

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for ^{any} ~~the~~ support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KE

FAMILY INFORMATION-Continued

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

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

N/A

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

N/A

N/A

N/A

N/A

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
Spouse			
Spouse			
Spouse			
Spouse			

Michael Evans

Amarillo, TX

UPS driver

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Dak Dale

Amarillo TX

Caprock

Amarillo TX

Amarillo College


Amarillo TX

Type of degree obtained, if any.....

N/A

College or university where obtained.....

N/A

Applicant's initial 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes No

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

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

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes No

County Patterson State TX Date registered 1993

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial BT

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

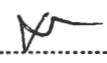
- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
12-16 - Current	W 1300 S	Spanish Fork	UT
10-14 - 12-16	1740 N 440 E	Provo	UT
7-13 10-14	1738 Cobblestone Dr	Provo	UT
5-07 7-13	2425 Columbine Dr	Philomath	OR
1975 5-07	3202 S. Regency	Amarillo TX	TX


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
7 2015 - current		
Owner	Tru Mobility 272 S. 671 W Pleasant Grove UT	N/A
Title	Description of Duties	Name of Supervisor
	All of them	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/14 7/15	Rehab Medical	opened business
Title	Description of Duties	Name of Supervisor
ATP	Area Manager - sales	Jimmy Hebdan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6-11 7-14	Otto Back	Closed
Title	Description of Duties	Name of Supervisor
ATP/sales	Sales	Chris Williams
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1993 - Current	Custom ships in Bottles	N/A
Title	Description of Duties	Name of Supervisor
owner	Make & Sale ships in Bottles	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
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Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <i>Todd Stoct</i>	Home	?			<i>801 558 6302</i>	<i>10+</i>
Employer <i>self employed</i>	Business					
Name <i>Broad Spammers</i>	Home	?			<i>253-310-8800</i>	<i>20+</i>
Employer <i>retired</i>	Business					
Name <i>Todd Vanderhust</i>	Home	?			<i>509-222-9948</i>	<i>7+</i>
Employer <i>self</i>	Business					
Name <i>Wayne Whaley</i>	Home	?			<i>801-863-8607</i>	<i>10+</i>
Employer <i>Professor UVU</i>	Business					
Name <i>John Skoggs</i>	Home	?			<i>210-367 2880</i>	<i>20+</i>
Employer	Business					

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<i>N/A</i>			

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

- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Insurance
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Gaming
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Educator

Yes No
 If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Troublecity UT presently Danny Lumpkin - Partner

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

OTH Pharmacy License

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

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

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

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

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

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

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



Date of photograph *5-10-18*

Applicant's initial *MS*

STATE OF Utah

ss.

COUNTY OF Utah

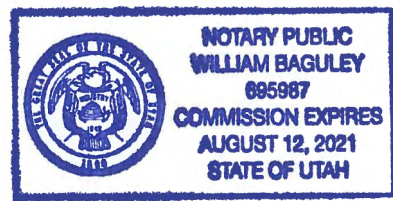
I, Vernon Evans being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 30th day of

May
[Handwritten Signature]
.....
Notary Public



(seal)

Applicant's initial [Handwritten Initials] Page 9