



**13A**

# 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: Avaa LLC, DBA: 702 Medical Supplies

Physical Address: 3365 Wynn rd Suite E. Las Vegas NV 89102  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3365 Wynn rd Suite E. Las Vegas NV 89102

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-986-1156 Fax: 702-331-3886

E-mail: ajschm1@gmail.com Website: N/A

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p  
Fri: 9a to 5p Sat: closed Sun: closed Holidays: closed

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Ana Bailetti

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

☐ Medical Gases\*\*    ☒ Assistive Equipment  
☐ Respiratory Equipment\*\*    ☐ Parenteral and Enteral Equipment\*\* Wheelchairs  
☐ Life-sustaining equipment\*\*    ☐ Orthotics and Prosthesis  
☐ Diabetic Supplies    Other: Home Medical Equipment / Bathroom Safety

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

## 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:

1255842423 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- |   |             |
|---|-------------|
| <input type="checkbox"/> Practitioner                     | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician s Assistant            | Name: _____ |
| <input type="checkbox"/> Physical Therapist               | Name: _____ |
| <input type="checkbox"/> Occupational Therapist           | Name: _____ |
| <input type="checkbox"/> Registered Nurse                 | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____ |

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

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Andrew Schmidt  
Print Name of Authorized Person

11/08/2018  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA MDEG LICENSE

### OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

License Contact Person: \_\_\_\_\_

Ownership Information Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)

- |    |                       |              |
|----|-----------------------|--------------|
| 1. | <u>Ane Bailetti</u>   | %: <u>50</u> |
| 2. | <u>Andrew Schmidt</u> | %: <u>50</u> |
| 3. | _____                 | %: _____     |
| 4. | _____                 | %: _____     |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

### **Include with the application for a publicly traded corporation**

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

## APPLICATION FOR NEVADA MDEG LICENSE

### OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: \_\_\_\_\_

Mailing Address: 3365 Wynn rd Suite E.

City: Las Vegas State: NV Zip: 89102

Telephone: 702-986-8514 Fax: 702-331-3886

Contact Person: Ana Bailetti, Andrew Schmidt

For any corporation non publicly traded, disclose the following:

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

a) Ana Bailetti Soft Breezes Dr Apt 2187 LV NV 89102  
Name Address

b) Andrew Schmidt Soft Breezes Dr Apt 2187 LV NV 89102  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
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. \_\_\_\_\_

3) What was the price paid per share? \_\_\_\_\_

4) What date did the corporation actually receive the cash assets? \_\_\_\_\_

5) Provide a copy of the corporation's stock register evidencing the above information

## APPLICATION FOR NEVADA MDEG LICENSE

### OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Andrew Schmidt %: 50

Name: Ana Baitetti %: 50

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Mailing Address: 3365 Wynn rd Suite E

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-986-8514 Fax Number: 702-331-3886

Contact Person: Andrew Schmidt, Ana Baitetti

### **PARTNERSHIP**

#### Include with the application for a partnership

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



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/08/2018

## 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 Durable Medical Equipment  
Avaa LLC, 3365 Wynn rd Suite E, Las Vegas NV 89102  
DBA: 702 Medical Supplies  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Schmidt First Name Andrew Middle Name James  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD Soft Breezes Dr #2187 City Las Vegas State/Zip NV 89128  
Present Business Address 3365 Wynn rd Suite E City Las Vegas State/Zip NV 89102  
Occupation \_\_\_\_\_ Phone: \_\_\_\_\_  
Residence \_\_\_\_\_  
Business \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) Las Vegas, Clark, NV  
Age 31 Social Security Number \_\_\_\_\_ Sex M  
Color of Eyes Blue Color of Hair Blond Complexion White Weight 230 Build Average Height 6'2"

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

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

**A. Current Marriage**.....

Spouse's full name (Maiden)..... Date..... City, County and State..... S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....

Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....

Street..... City..... State..... Zip.....

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

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

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

Name	Street	City	State	Zip	Telephone

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address

**B. Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial.....  Page 2

**FAMILY INFORMATION-Continued**

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

Name .....

Address .....

Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

George B. Schmidt

LV NV

(Deceased)

Mother

Patricia Schmidt

Trenice Dr Henderson NV  
Reheal

Father-in-Law

Mother-in-Law

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse

Spouse

Spouse

Spouse

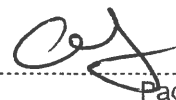
**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate	
Grammar School	St Victor	Las Vegas NV	09/1989 - 05/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Foothill	Henderson NV	09/2004 - 05/2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	CSN	Las Vegas NV	05/2007 - 12/2010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

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

College or university where obtained .....

Applicant's initial



## 5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft?

Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

## 7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
09/1987 - 12/2002	4535 Carol Cir	Las Vegas NV	Clark
12/2002 - 12/2009	238 Trevis Dr	Henderson NV	Clark
12/2009 - 12/2011	1851 Green Valley Pkwy	Henderson NV	Clark
12/2011 - 05/2017	6675 Abrams Dr Unit 2137	Las Vegas NV	Clark
05/2017 - current	Soft Breezes Dr Unit 2137	Las Vegas NV	Clark

Applicant's initial



## 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
02/2006	US Bank 4320 E Tropicana 89121	New Job
Title	Description of Duties	Name of Supervisor
Banker/Teller	Personal Banker	Gail Pogorette
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2009	United Blood Services 6920 W Charleston 89147	Laid off
Title	Description of Duties	Name of Supervisor
Phlebotomist	Take blood of donors	Loreto Balagbagan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2012	Red Cross 1641 E Tropicana Ave	New Job
Title	Description of Duties	Name of Supervisor
Supervisor	Running Blood drives	EVA Klappen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2016	Glad Smiles Behavioral Health	Current
Title	Description of Duties	Name of Supervisor
Owner/Manager	Pen Company	Myself
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

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

Applicant's initial af Page 6

## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Jayro Lopez</u>	Home	<u>SAN DIEGO</u>	<u>CA</u>			<u>10 years</u>
Employer <u>AV RP Skyport Architecture</u>	Business	<u>3078 Broadway Unit 104</u>	<u>San Diego</u>	<u>CA 92102</u>		
Name <u>Ricardo Garcia</u>	Home	<u>SAN DIEGO</u>	<u>CA</u>			<u>870 years</u>
Employer <u>Fairbanks Ranch Country Club</u>	Business	<u>15150 San Dieguito rd</u>	<u>Rancho Santa Fe</u>	<u>CA 92067</u>		
Name <u>Rachel Vasquez</u>	Home	<u>European Robin</u>	<u>N. Las Vegas</u>	<u>NV 89084</u>		<u>5 years</u>
Employer <u>Bioplora</u>	Business	<u>North Las Vegas</u>	<u>NV</u>			
Name <u>Eduardo M. Bailetti</u>	Home	<u>Wheatfield Cir.</u>	<u>Hatfield</u>	<u>PA 19440</u>		<u>6 years</u>
Employer <u>Marriott Hotels</u>	Business	<u>1737 Sumneytown Pike</u>	<u>Landsdale</u>	<u>PA 19446</u>		
Name <u>Benny Ornela</u>	Home	<u>1 Tilkuni Dr.</u>	<u>Las Vegas</u>	<u>NV 89166</u>		<u>10 years</u>
Employer <u>UMC</u>	Business	<u>1800 W. Charleston Blvd</u>	<u>Las Vegas</u>	<u>NV 89102</u>		

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

Applicant's initial

GS  
Page 7

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

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

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

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

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

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

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

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



Date of photograph 12/05/18

Applicant's initial [Signature]



STATE OF NEVADA

SS.

COUNTY OF CLARK

I, ANDREW J SCHMIDT, 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,

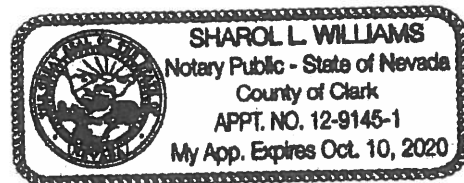
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



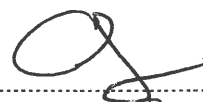
Original Signature of Applicant

Subscribed and Sworn to before me this 11 day of DEC, 2018

ANDREW J. SCHMIDT

  
Notary Public


Applicant's initial



## ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial.....

  
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# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/08/2018

## 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.

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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 Durable Medical Equipment  
Nature of License  
Avaq LLC, 3365 Wynn rd Suite E. Las Vegas NV 89102  
Name and Address of Establishment for Which License Is Requested  
DBA: 702 Medical Supplies  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Bailetti First Name Ana Middle Name  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Ana M. Bailetti, Ana Maria del Pilar Bailetti Vidaverre, Ana B. Simon  
Present Residence Address-Street or RFD Soft Breezes DR. #2187 City Las Vegas State/Zip NV/89128  
Present Business Address 3365 Wynn rd Suite E LV NV 89102 City 2018 State/Zip  
Occupation Community Liason Phone: Residence Business 702.986.8514  
Date of Birth 11-14-85 Place of Birth (City, County, State) Lima, Peru  
Age 33 Social Security Number Sex F  
Color of Eyes Brown Color of Hair Brown Complexion light brown Weight 150 Build Height 5'11"  
Scars, tattoos or distinguishing marks and/or characteristics N/A  
Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.  
If naturalized, certificate No. Date  
Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial [Signature]

## MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) \_\_\_\_\_ S.S. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City, County and State
Rhorne Simon	03/23/2016	Las Vegas NV	Divorce (decree)	Las Vegas, Clark, NV
Daniel Beard	11/20/10	Las Vegas NV	Divorce	Las Vegas, Clark, NV

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

Name	Street	City	State	Zip	Telephone
Rhorne Simon		Las Vegas	NV		
Daniel Beard	Sheps way	Broomfield	CO	80021	

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
Aiden Simon	1-1-11	Las Vegas NV	Soft breezes #2187 Las Vegas NV 89128

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 [Signature]

**FAMILY INFORMATION-Continued**

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

Name.....

Address.....

Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Edwardo E. Baikhti		wheatfield cir, Hatfield PA 19440	Driver
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Mother

Ana M. Vidwore		Soft breezes Dr. #2187 LV NV 89128	Homemaker
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Father-in-Law

Mother-in-Law

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Edwardo M. Baikhti		Wheatfield cir, Hatfield PA 19440	CHEF
--------------------	--	-----------------------------------	------

Spouse

Jose M. Baikhti		Lima PERU	Student.
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Spouse

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Montgomery College	Maryland	2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	PEDRO RUIZ GALLO	LIMA - PERU	2000-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	CSN	Las Vegas NV	2008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

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

College or university where obtained.....

Applicant's initial

## 5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft?

Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial.....

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

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

## 7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2018	Soft Breezes Dr. #2187	Las Vegas	NV 89128, Clark county
2017-2018	6675 Abeuzzi Dr. #102	Nlas Vegas	NV 89084, Clark county
2015-2017	10151 Dorrel Lane #1004	Las Vegas	NV 89166, Clark county
2012-2015	8972 Embroidery ave	Las Vegas	NV 89149, Clark county
<del>2011</del> 2011-2012	9145 Echelon Point Dr #2040	Las Vegas	NV 89149, Clark county
2011	4460 S. Jones blvd #2078	Las Vegas	NV 89103, Clark county
2010-2011	2615 W. Jarey ave #2030	Las Vegas	NV 89123, Clark county
2010	7098 Los Banderas ave,	Las Vegas	NV 89179, Clark county
2009-2010	7181 S. Durango Dr,	Las Vegas	NV 89113 Clark County
2009	Denver - Colorado		
2006-2009	Las Vegas	NEVADA	
2005	LIMA	PERU	
2004	Maryland		
1995-2004	LIMA	PERU	

Applicant's initial

## 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 2018	Name/Mailing Address of Employer/Business 702 Medical Supplies	Reason for Leaving still there
Title Administrator	Description of Duties In charge of company day to day operations	Name of Supervisor n/a
Month and Year 01/2017	Name/Mailing Address of Employer/Business Family Personal Care 4550 Oakley #1012 LVNV 89102	Reason for Leaving PRN
Title Business Consultant	Description of Duties help agency with growth/operations	Name of Supervisor Juan Avila
Month and Year 03/2015	Name/Mailing Address of Employer/Business Abk Home Care Solutions LVNV	Reason for Leaving better opportunity / sold business
Title Assistant Admin.	Description of Duties responsible for day to day operations	Name of Supervisor n/a
Month and Year 07/13 to 02/15	Name/Mailing Address of Employer/Business A New Day Medical Supplies	Reason for Leaving change of field
Title office staff	Description of Duties day to day operations	Name of Supervisor Andeina Vasquez
Month and Year 06/2007 - 06/2013	Name/Mailing Address of Employer/Business Vida Home Care Las Vegas NV	Reason for Leaving n/a
Title Administrator	Description of Duties business development/admin/scheduler	Name of Supervisor several
Month and Year 2006 - 2007	Name/Mailing Address of Employer/Business Agave - Las Vegas NV	Reason for Leaving change of field
Title Server	Description of Duties serving customers	Name of Supervisor Rawl
Month and Year 2005 - 2004	Name/Mailing Address of Employer/Business CSN Coffee Shop	Reason for Leaving better pay
Title SERVER	Description of Duties serving customers	Name of Supervisor Candela Murua
Month and Year 2004	Name/Mailing Address of Employer/Business Victoria's Secret Maryland	Reason for Leaving change of state
Title sale rep.	Description of Duties floor sales	Name of Supervisor

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

Applicant's initial

*[Signature]*



## 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>Rachel Vasquez</u>	Home	<u>European Robin, Las Vegas NV 89084</u>				<u>8 years</u>
Employer <u>Bioporeal</u>	Business	<u>North Las Vegas NV</u>				
Name <u>Haydee May Gagliardi</u>	Home	<u>1 Frank Derek ave Las Vegas NV 89139</u>				<u>14 years</u>
Employer <u>68 W. Cloud Court Clark</u>	Business	<u>2925 N. Green Valley Parkway Henderson NV 89014</u>				
Name <u>Ivan Ortiz</u>	Home	<u>1 W. Charleston Blvd Suite 180 Las Vegas NV 89135</u>				<u>13 years</u>
Employer <u>Realty One Group</u>	Business	<u>10750 W. Charleston Blvd Suite 180 Las Vegas NV 89135</u>				
Name <u>Johnnie Chavez</u>	Home	<u>Margo DR - Las Vegas NV 89122</u>				<u>12 years</u>
Employer <u>Good Samaritan</u>	Business	<u>3365 Wynn Suite E Las Vegas NV 89102</u>				
Name <u>Neda Ballard</u>	Home	<u>Las Vegas NV</u>				<u>12 years</u>
Employer <u>Healthline of SN</u>	Business	<u>215 E. Warm Springs rd St. 106 Las Vegas NV 89119</u>				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

Applicant's initial

AB

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

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

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

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

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

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

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

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



Date of photograph 12/05/18

Applicant's initial [Signature]

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, ANA BAILETTI, 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,

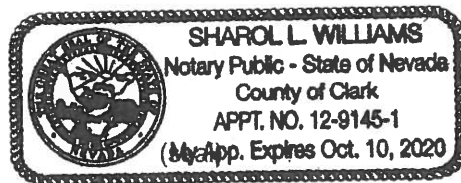
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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




Original Signature of Applicant

Subscribed and Sworn to before me this 11 day of DEC, 2018

ANA BAILETTI  
  
Notary Public



Applicant's initial 

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*[Handwritten signature]*

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

11/08/2018

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

Avaa LLC, 3365 Wynn rd Suite E. Las Vegas NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

DBA: 702 Medical Supplies

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bailetti Ana \_\_\_\_\_  
Last Name First Name Middle Name

Ana M. Bailetti, Ana Maria del Pilar Bailetti Vidaverre, Ana B. Simon  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1 Soft Beeches Dr. #2187 Las Vegas NV 89128  
Present Residence Address-Street or RFD City State/Zip

3365 Wynn rd Suite E. LV NV 89102  
Present Business Address City State/Zip

Administrator \_\_\_\_\_  
Present Position with the MDEG Dates

Phone: \_\_\_\_\_ Fax: 702-331-3886

Email address: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Place of Birth (City, County, State)

33 \_\_\_\_\_  
Age Social Security Number Sex F

Brown Brown 150 5' 1"  
Color of Eyes Color of Hair Weight Height

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

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place Las Vegas NV (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.

<u>2018</u>	<u>Avaa LLC / 3365 Wynn rd Suite A LVNV</u>	<u>40</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>Administrator</u>	<u>Administer business</u>	
Title	Description of Duties	Name of Supervisor
<u>07/2018 to 02/2015</u>	<u>A new day Medical Supplies</u>	<u>LVNV 40</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>office employee</u>	<u>help with day to day operations</u>	<u>Andrina Vasquez</u>
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action: State: \_\_\_\_\_  
b) \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

c) Criminal Action: State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a write

.....  
.....  
.....  
.....  
.....



Date of photograph.....12/05/18



I, Ana Bailetti, 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

# CBR Detail Report

Business Name: AVAA LLC

v2 - APPROVED - 10/28/2018 15:47:03

NV Business ID	NV20181592171
Entity Type	Partnership
Entity Status	ACTIVE
State Business License Expiration Date	Aug 31, 2019
Last Updated By	ajschm1@gmail.com
Last Updated Date	2018-10-28 15:46:55.0

## Company Officers

No officers found for this company.

## Compliance Information

State Business License:	Completed on 08/17/2018
B&I Workers' Compensation eAffirmation of Compliance (D-25)	Completed on 08/17/2018
Nevada Labor Laws eAffirmation of Compliance:	Completed on 08/17/2018
OSHA/Safety Consultation and Training (SCATS)	Completed on 08/17/2018
NV Dept of Taxation eClearance Receipt:	Completed on 08/17/2018
Department of Motor Vehicles:	Completed on 08/17/2018

## Declaration

Andrew Schmidt on Oct 28, 2018

## Export Information

Do you have a Nevada Location or conduct sales and services in Nevada? **Yes**

Do you sell goods and services outside the State of Nevada? **No**

Would you be interested to learn more about opportunities to expand your business outside Nevada? **No**

Federal Employer Identification Number: 83 1590134

## Business Information

Primary NAICS Code:	532291 - Home Health Equipment Rental
Applicable NAICS Codes:	532291 - Home Health Equipment Rental
Business Description:	DME company

## Owner Information

Name	Title	Percent Owned	Address	Contact Number	Last Updated By	Last Updated Date
Andrew J Schmidt	Partner	50	3150 SOFT BREEZES DR APT 2187, LAS VEGAS, NV 89128	US702-332-1856	ajschm1@gmail.com	2018-10-28 15:46:55.0
Ana Bailetti	Partner	50	3150 SOFT BREEZES DR APT 2187, LAS VEGAS, NV 89128	US702-986-8514	ajschm1@gmail.com	2018-10-28 15:46:55.0

## Location Information

Primary Location	
Fictitious Firm Name/DBA:	
Applicable NAICS Codes:	532291 - Home Health Equipment Rental

Business Description:	DME company
Date Opened in NV:	Oct 1, 2018
Total # of Employees:	2
Total Part-Time Employees:	1
Total Full-Time Employees:	1
Physical Address:	3365 WYNN RD STE A, LAS VEGAS, NV 89102
Jurisdiction:	CC Paradise
Zoning:	
Assessor Parcel Number:	
Property Ownership:	USA
County:	Clark County
Mailing Address:	3365 WYNN RD STE A, LAS VEGAS, NV 89102
Phone:	(702) 332-1856
Fax:	
Last Updated By:	ajschm1@gmail.com
Last Updated Date:	2018-10-28 15:46:55.0

## Sales & Services (Non-Bricks & Mortar)

Fictitious Firm Name / DBA	County	City
None Entered	Clark County	City of Las Vegas

**13B**

# 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: Las Vegas Mobility Store

Physical Address: 4533 W. Sahara Ave. unit 3 Las Vegas, NV 89102

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4533 W. Sahara Ave. unit 3 and 4

City: Las Vegas    State: NV    Zip Code: 89102

Telephone: 702.330.3031

Fax: \_\_\_\_\_

E-mail: info@lasvegasmobilitystore.com

Website: www.lasvegasmobilitystore.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 am to 5pm    Tue: 9am to 5pm    Wed: 9am to 5pm    Thu: 9am to 5pm

Fri: 9 am to 5pm    Sat: 10am to 2pm    Sun: 10am to 2pm    Holidays: 10am to 1pm

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Harutyun Babayan

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

☐ Medical Gases\*\*    ☒ Assistive Equipment  
☐ Respiratory Equipment\*\*    ☐ Parenteral and Enteral Equipment\*\*  
☐ Life-sustaining equipment\*\*    ☐ Orthotics and Prosthesis  
☐ Diabetic Supplies    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: Harutyun Babayan    Telephone: 702.275.8345

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

_____	N/A	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

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

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Harutyun Babayan

12/12/2018

Print Name of Authorized Person

Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Harutyun Babayan

Business Name: Las Vegas Mobility Store

Current Business Address: 4533 W. Sahara Ave unit 3 and 4

City: Las Vegas State: NV Zip: 89102

Telephone: 702.330.3031 Fax: \_\_\_\_\_

### SOLE OWNER

#### **Include with the application for a sole owner**

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



## APPLICATION TO BE THE MDEG ADMINISTRATOR

### Person who runs the facility on a daily basis

✂ Date 12/12/2018 .....

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 ..... Assisive Equipment .....

Nature of MDEG

Las Vegas Mobility Store- 4533 W. Sahara Ave. Unit 3 and 4 Las Vegas, NV 89102

.....  
Name and Address of Business for Which MDEG Administrator Is Requested

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

# 1. PERSONAL INFORMATION:

Babayan Harutyun  
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
S. Buffalo Dr. unit 202 Las Vegas NV 89145

Present Residence Address-Street or RFD City State/Zip  
4533 W. Sahara Ave unit 3 and 4 Dates 01/03/2018 Las Vegas NV, 89102

Present Business Address City State/Zip  
Owner/Operator Dates 01/03/2018

Present Position with the MDEG

Phone: Fax:

Email address: info@lasvegasmobilitystore.com

Yerevan, Armenia  
Date of Birth Place of Birth (City, County, State)

23 Male  
Age Social Security Number Sex

Brown Brown 130 5'9  
Color of Eyes Color of Hair Weight Height

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

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

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 not' to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action:

b)

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

c) Criminal Action:

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG?

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

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

Yes ☒ No ☐

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

.....

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.....

.....

ATTACH PHOTO  
TAKEN WITHIN  
30 DAYS BEFORE



Date of photograph 12-13-18

## 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.

Jan 2018- Present	Las Vegas Mobility Store-4533 W. Sahara Ave unit 3 and 4 Las Vegas, NV 89102	10,400 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Owner/Operator	Owner/Operator	N/A
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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

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



.....  
Original Signature of Applicant