NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$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 Pharmacy or □Ownership Change (Provide curr Check box below for type of ownership and complete all I	rent license number if making changes: PH
Corporation or Partnership.	required forms. If LEO use North ublic
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b	☐ Partnership - Pages 1,2,6,10,11a&b
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11;	a&b
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Sisu Healthcare Solutions, Inc.	
Physical Address: 871 Grier Drive, Ste. B-2	
City: Las Vegas State: Ne	evada Zip Code: 89119
Telephone: <u>(602) 821-7771</u> Fax: <u>Pend</u>	ding
Toll Free Number: Pending E-ma	ail: <u>mulm@sisuhealthcaresolutions.com</u>
Website: Pending	
Managing Pharmacist: Thomas Dodge	License Number: 16129
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
⊠ □ Retail	□ 图 Off-site Cognitive Services
☐	图 □ Parenteral
□ 图 Internet	☑ □ Parenteral (outpatient)
□ 图 Nuclear	□ 🛭 Outpatient/Discharge
☐	□ 🖪 Mail Service
□ 图 Community	□
□ 图 Other: N/A	□ Sterile Compounding
	図 □ Non Sterile Compounding
All boxes must be checked	□ 🗗 Mail Service Sterile Compounding
For the application to be complete	□ 图 Other Services: <u>N/A</u>

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	the last five (5) years:				
1)	Has the corporation, any owner(s), 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	X
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes		No	K
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?	Voc		No	ľ¥1
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration	Yes			
Copie	voluntarily or otherwise (other than upon voluntary close of a facility)? answer to question 1 through 5 is "yes", a signed statement of explanation n s of any documents that identify the circumstance or contain an order, agree sition may be required.		e at	ttacl	hed.
correc	by certify that the answers given in this application and attached documenta ct. I understand that any infraction of the laws of the State of Nevada regula tion of an authorized pharmacy may be grounds for the revocation of this pe	ting th		rue	and
under correct emplo	read all questions, answers and statements and know the contents thereof penalty of perjury, that the information furnished on this application are true of the new attention and penalty of perjury, that the information furnished on this application are true of the new attention and penalty of penalty of penalty of penalty of penalty of the penalty of penalty of the penalty of th	, accu ants a nd mo	rate and ral		
N	Signature of Person Authorized to Submit Application, no copies or stamp MCUS (IUM) Name of Authorized Person Date)S			
Board	Use Only Date Processed: Amount: \$500.00	>			

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: <u>Arizona</u>	
Mailing Address: 4980 S. Alma So	
City: <u>Chandler</u>	State: <u>AZ</u> Zip: <u>85248</u>
Telephone: Pending	Fax: Pending
Contact Person: Marcus Ulm	
For any corporation non publicly trac	ded, disclose the following:
List top 4 persons to whom the contract to the contract t	ne shares were issued by the corporation?
a) Thomas D. Martin	4980 S. Alma School #2-212
Name	Business Address
b) <u>David Scheven</u>	4980 S. Alma School #2-212
Name	Business Address
c) Marcus Ulm	4980 S. Alma School #2-212
Name	Business Address
d) <u>Keith H. Zobrist</u>	4980 S. Alma School #2-212
Name	Business Address
Provide the number of shares	s issued by the corporation. 100,000
3) What was the price paid per s	share? .001 per share
,	
List any physician shareholders and	percentage of ownership.
Name: <u>N/A</u>	%: N/A
AL ALVA	%: N/A
Hours of Operation for the pharm	acy:
Monday thru Friday <u>8:30</u> am <u>5</u> :	00_pm Saturday <u>N/A_</u> am <u>N/A_</u> pm
Sunday <u>N/A</u> am <u>N</u>	<u>//A</u> pm 24 Hours <u>N/A</u>
A Nevada business license is not re- icense please provide the number:	quired, however if the pharmacy has a Nevada business Pending

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, Marcus Ulm
Responsible Person of Sisu Healthcare Solutions, Inc.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Munus Ulm Print Name of Authorized Person Date
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name:	Thomas A. Dodge	License #:	16129
Pharmacy Name: _	Sisu Healthcare Solutions, Inc.		

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of M disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
physical condition that would impair your ability to perform the essential functions of your license?	X	
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	×	
2. been the subject of a board citation or an administrative action whether completed or pending	_	_
in any state?	Ц	X
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any		
state?		X
If you marked YES to any of the numbered questions above, please include the following information	tion	
Board Administrative Action: State: Date: Case #:		-
And/or Criminal Action: State: MI Date: On File Case #: On Fil	е	_
County On File Court: On File		_
	10	_

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* Information on file with NVBOP from 3 previous PIC positions

* Also included in Designated Representative Application

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

A	07/24/2018
Signature	Date

Arizona Corporation Commission Corporations Division Website Entity Detail. http://ecorp.azcc.gov/

Entity Details

Entity Name:

SISU HEALTHCARE

SOLUTIONS, INC.

Entity ID: 1862123

Entity Type:

Domestic For-Profit

(Business) Corporation

Entity Status: Active

Formation Date:

6/1/2018

Reason for Status: In Good Standing

Approval Date:

7/3/2018

Status Date:

Original Incorporation Date:

6/1/2018

Life Period: Perpetual

Business Type:

Health Care and Social

Assistance

Last Annual Report Filed:

Domicile State:

Arizona

Annual Report Due Date: 6/1/2019

Years Due:

Statutory Agent Information

Name:

Marcus Ulm

85248, USA

Appointed Status: Active 6/1/2018

4979 S. Alma School Road #

Address:

2-212, CHANDLER, AZ

marcus.ulm@me.com

Agent Last Updated: 7/3/2018

Mailing Address:

E-mail:

County:

Principal Information

Title	Name	Address	Date of Taking Office	Last Updated
Director	Marcus Ulm	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	David Scheven	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	Thomas D. Martin	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018
Director	Keith H. Zobrist	4979 S. Alma School Road # 2-212, CHANDLER, AZ, 85248, Maricopa County, USA		7/3/2018

Arizona Corporation Commission Corporations Division Website Entity Detail. http://ecorp.azcc.gov/

4979 S. Alma

School Road # 2-

CHANDLER, AZ, 85248, USA

Address:

212,

County:

Maricopa

Last Updated:

7/3/2018

Entity Principal Office Address

Address:	County:	Last Updated:

ARTICLE VI Board of Directors

The initial Board of Directors shall consist of four directors. The number of persons to serve thereufter on the Board of Directors shall be fixed by the Bylaws. The names and addresses of the persons to serve as the directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Marcus Ulm 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248

Thomas D. Martin 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248 David Scheven 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248

Keith H. Zobrist 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248

ARTICLE VII Incorporator

The name and address of the incorporator of the Corporation are:

Marcus Ulm 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248

ARTICLE VIII Statutory Agent

The name and address of the initial statutory agent of the Corporation are:

Marcus Ulm 4979 S. Alma School Road # 2-212 Chandler, Arizona 85248

Dated:

6.1.18

MARCUS ULM

Incorporator/Standory Agent

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

ℷ୬ Da	te 07	/18/201	8

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.

	Pharmacy License		Pharmacy or Wholesaler		
Sisu Healthcare	Solutions, Inc. Name and	87 Address of Busines	1 Grier Dr. Ste. B-2 s for Which Designated Repres	Las Vegas sentative Is Requeste	, NV 89119 d
N/A					
		If applicable, Name	Under Which It Is Now Operate	ed	
1. PERSONAL IN Dodge	IFORMATION:	Th	nomas	Allen	
Last Name N/A			Name	Middle Name	
Alias(es, Nicknames, Ma	aiden Name, Other Na	me Changes, Legal	or Otherwise)		
Calcione Dr	ive		Henderson	NV	/ 89011
Present Residence Add	ess-Street or RFD	04/2015	City	State	Zip
N/A		Dates	N/A	N/	Ά
Present Business Addre	ss	Dates	City	State	
N/A		Dates	N/A	N	'A
Present Position with the	Pharmacy or Wholes		A 100 A	Phone:	
		Jackson, Jac	kson, Michigan	Business N	/A
Date of Birth		Place of Birth (City, County, State)		
50					Male
Age	Socia	Security Number			Sex
Blue	Brown	Fair/white		Medium	5'11"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars tattons or dis	stinguishing marks	and/or charact	eristics N/A		
Journe, tattood or an					
	the United States	? Yes 🗵 No 🏻	☐ If alien, registration I	No N/A	
Are you a citizen of	icate No N/A			<u> </u>	
Are you a citizen of	icate No N/A		Date N/A	<u> </u>	
Are you a citizen of If naturalized, certif Place N/A 2. MARITAL INFO	icate No N/A		Date N/A	ed, document mu	ust be verified.)

A.	Current Marriag	e02/11/2	017	Henderson, Clark, Nevada				
	Spouse's full nan	Date ne (Maiden) Jody	Date Maiden) Jody Ann Bell		City, County === ^^- S.S. No			
	Date of Birth		Place	of Birth New Ha	ven, CT			
	Resident address	Calcione	Drive I	-lenderson City	NV			
	Telephone: Res					Zip		
			Care					
			izon Ridge Pkwy			9011		
		Street		City		Zip		
B. Pı	revious Marriages	s: If ever legally se	parated, divorced, o	or annulled, indicat	te below:			
<u>Name</u>	of Spouse	Oate of Order or Decree	Date of Place of Marriage	Nature of Action		ty and State		
N/	4	N/A	N/A	N/A		N/A		
N	/A	N/A	N/A	N/A		N/A		
N/	/A	N/A	N/A	N/A		N/A		
			telephone numbers					
	Name	Street	City	State	Zip	Telephone		
	N/A	N/A	N/A	N/A	N/A	N/A		
	N/A	N/A	N/A	N/A	N/A	N/A		
	N/A	N/A	N/A	N/A	N/A	N/A		
3. FA A.	AMILY INFORMAT	pendents:	ahildasa and adamta		on the fallowin	information.		
	LIST AII CHIIO Name	ren, including step- Birth Date	children and adopte Birth Place		<u>'e the tollowin</u> Residence Addre			
	N/A	N/A	N/A		N/A			
	N/A	N/A	N/A		N/A			
	N/A	N/A	N/A		N/A			
B.	Child Support In Please n	nformation: nark the appropriate	e response:					
	Da lamı	not subject to a cou	ırt order for the supp	oort of child.				
	plan a	approved by the dis	rder for the support strict attorney or othe suant to the order; o	er public agency e	ildren and am nforcing the o	in compliance with a rder for the repayment		
	the or	der or a plan appro	rder for the support oved by the district a ount owed pursuant	ittorney or other po to the order.	ildren and NO ublic agency e olicant's initial	T in compliance with enforcing the order for		

	Name N/A				
	Address N/A				
	Contact person N/A				
C.	Parents: List names, residence address	es, dates of birth	and most re	ecent occupations of paren	ts, step-parents,
arents	in-law or legal guardian. If reti	rod or dooogood	list last add	rose and assumation	
		irth Date	Address	less and occupation.	Occupation
ather			221 4 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	David Allan Dadga		State	o Pd. Hilladalo, MI 40242	Potirod Pharmasi
other	David Allen Dodge		State	e Rd, Hillsdale, MI 49242	Retired Pharmac
	Melinda Ellen Dodge		Decease	d	Admin Asst
ather-in-	Law				
last :	Richard Bell		Collec	ge St. Clinton,CT 06413	Retired
lother-in	o -main				
-	Carol Bell		Colle	ge St. Clinton,CT 06413	Homemaker
D.	Brothers and Sisters: List names, residence address	ses dates of birth	and most re	ecent occupations of brothe	ers and sisters and o
D.	List names, residence address their respective spouses. Name (Maiden)	ses, dates of birth Birth Date	and most re	ecent occupations of brothe	ers and sisters and o
	List names, residence address their respective spouses.		Address	ecent occupations of brothen	Occupation
	List names, residence address their respective spouses. Name (Maiden)		Address		Occupation
	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge		Address	n Lake Gardens Saranac,MI 48	Occupation
pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers	Birth Date	Address Morrison	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer
pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A	Birth Date	Address Morrison Morrison N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A
pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A	Birth Date N/A N/A	Address Morrison Morrison N/A N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A
pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A	N/A N/A N/A	Address Morrison N/A N/A N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A
pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A	N/A N/A N/A N/A	Address Morrison N/A N/A N/A N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A
pouse pouse pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A	Address Morrison N/A N/A N/A N/A N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A N/A N/A
pouse pouse pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A	Address Morrisor N/A N/A N/A N/A N/A N/A N/A	n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A N/A N/A
pouse pouse pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A N/A	Address Morrison N/A N/A N/A N/A N/A N/A N/A Da	n Lake Gardens Saranac,MI 48 n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A N/A N/A O/A N/A O/A O
pouse pouse pouse pouse frammal chool ligh chool	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A Location	Address Morrison N/A N/A N/A N/A N/A N/A N/A 19	n Lake Gardens Saranac,MI 48 n Lake Gardens Saranac,MI 48 n Lake Gardens Saranac,MI 48	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A N/A N/A N/
pouse pouse pouse	List names, residence address their respective spouses. Name (Maiden) Karen Lynn Dodge Donald Rex Rogers N/A N/A N/A N/A N/A N/A N/A WCATION: Name of School Bean Elementary Western J-high, High School	N/A N/A N/A N/A N/A N/A Spring Arbor, MI	Address Morrisor N/A N/A N/A N/A N/A N/A N/A 19	tes Attended	Occupation 8881 Bus Ops Specialist 8881 Systems Engineer N/A N/A N/A N/A N/A N/A N/A N/

Applicant's initial Page 3

5 MILITARY INFORMATION:

A. Have you ev		ever served in any armed forces?			Yes □ No 図			
	Branch N/A	١		Date of e	entry-active ser	vice N	Ά	
	Date of separ	ationN	VA	Type of	discharge <u>N/</u>	٩		•••••
	Rating at sep	aration	N/A		Serial number_	N/A		•••••
	special or ger	neral cou	rt martial? N/A	ever arrested for an Yes □ No □ I ign or domestic.)	offense which If yes, furnish d	resulted in se etails on pag	ummary action e 10. (List al	n, a trial or I incidents
B.	Have you reg	istered fo	or the draft?	Yes □ No 🗵				
	County N/A		State	N/A	Date re	gistered N/	Ά	•••••
6. AR	RESTS, DETI	ENTIONS	S, LITIGATIONS	AND ARBITRATION	ONS: (Include	those arres	ts in which y	you were
A.	violation for a	er been a ny reaso	n whatsoever, re	d, charged, indicted gardless of the dis ace provided below	position of the e	event? (Exce	pt minor traff	
Date of A	rrest	Age	Charge	Location-City and Sta	ate D	eposition/Date	Arresting A	gency
05/26/19	997	29	OUIL	Jackson, MI		9/19/1997	Jackson Co	ounty Sheriff
09/16/2	000	32	OWI	Ann Arbor, MI	····	01/31/2001	Washtenaw C	County Sheriff
06/05/2	2008	40	OWI	Howell Township, M	l	07/14/2008	Michigan S	tate Police
B. C. D. E. G.	arrested or in page 10. Have you ever or committee Have you ever commission? Have you ever I No I Have you ever If yes, when? Have you ever If yes when? Has any men	er been q ? Yes er been s Yes er been s ar been s ar been s ar been s	pu were named a questioned or depleted in No Ix subpoenaed to aparton or criminal received a pardon or decour family or of years.	or complaint ever be as an unindicted composed by a city, standard pear or testify before the stify for any civil, creating ecord expunged or city, councity, councity	-party? Yes te, federal or law ore a federal, sta riminal or admir sealed by a county and state for any criminal or ever been con	Wenforceme ate or county sistrative product order? Ye all offense? You	es. furnish de ent agency, con grand jury, beceeding or he es No es No es No es No es No es	tails on ommission opered or earing?
Name			Relationship		Charge	Lo	ocation I	Date
N/A			N/A		N/A	N	I/A	N/A_
N/A			N/A		N/A	N	/A	N/A
N/A			N/A		N/A		I/A	N/A
					Ap	plicant's initi	al M	Page

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

l.	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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	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	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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
1993-1994	11201 Shadybrook Dr.	Tampa	FL
1994-1995	11901 4th Street N. #211	St. Petersburg	FL
1995-1996	320 Terrace Dr. Apt. 58S	Flushing	MI
1996-1997	703 W. Main Street	Brighton	MI
1997-1999	459 Roslyn Place, Apt 2 / 654 W. Oakdale Ave. Apt 3S	Chicago	IL
1999-2000	1847 Chester Rd	Royal Oak	MI
2000-2001	4964 Lakeridge St. Apt 1A	Ypsilanti	MI
2001-2003	3081 Signature Blvd Apt M	Ann Arbor	MI
2003 (3 months)	21 Jensen Dr.	Henderson	NV
2003-2006	615 Elliott Peak Ave	Las Vegas	NV
2006-2012	805 Baymist Ave	Henderson	NV

^{***}Please reference page 10 for the remaining addresses

Applicant's initial	Н
	Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

04/2011- 04/2014	Western Home Care / Infusion Pharmacy Nevada	6240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Ridge Smidt / owner
Title	Description of Duties	Name of Supervisor
08/2003 - 08/2008	Option Care / Walgreens Option Care - Nevada	10,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Daniel Dodge / General Manager
Title	Description of Duties	Name of Supervisor
11/2016 - present	Total Infusion Care	> 1000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager / PIC	All aspects of pharmacy services, procurement, dispensing, records	Ali Pourmola - owner/RPh
Title	Description of Duties	Name of Supervisor
04/2014 - 02/2017	Preferred Home Care Infusion	>2000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Per Diem Pharmacist		
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

Applicant's initia	Ψ.
• •	Page 6

9. CHARACTER REFERENCES:

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

	employer or emplo Where Employed	Street	City	State	Zip		Teleph	one	Years K	nown
lame	John Bowie , Pharm.D	. Home	2 E Pyle	Ave. Las V	/egas, NV	89183			10	
Employe			1951 Ramro			/ 89014		7		
Name	Eugene Speck, MD	Home							15	
Employe	, IDC	Business	3006 S N	laryland Pk	wy #780	89109		702-737-0740		1 1144 V - 1144 - 1
Name	Ronald Shockley,MD	Home							14	66 4
Employe	Infectious Disease	Business	3121 S Ma	ryland Pkw	y Las Veg	as, NV 89	109	702-403-09	00	
Name	Tiffani Lucas , RN	Home	PO Box 53	30535 Hend	derson, NV	89053			8	
Employe	r Quality Nursing	Business	2900 W. H	orizon Ridg	ge Pkwy He	enderson, l	NV 89052	702-883-89	990	
Name	Bill Kottmer, Pharm.D	Home							7	
Employe	r BriovaRx Infusion	Business	460 S Bens	on Ln, Ste	12, Chandle	er, Arizona	85224	602-214-69	54	
10.	Have you ever held the following:						ense ir	COURT IN SEC.		
		wyer ontractor		horse/ra estate br			1		es dealer Cosmetologist	Insurance Gaming
	Accountant Pil	lot	Sport	s promot	ter				or manager	Educator
	Yes ⊠ No □ If yes, state type, v	where and	years he	ld						
	Pharmacist Licens	e MI	4/	1995 - 06	6/2010		FL 08/	1993 - 07	/1999	
	Pharmacist Licens	se NV	30	3/2003 -	present		IL 07/	1997 - 03/	2000	
11.	Have you ever apprinterest in a license of yes, state type, winvolved, the name venture or industry	ed busine when and es and add	ss or indu where an	stry OUT d give na	SIDE the	e State o	of Neva	da? Yes E e business] No ☑ es in which you	ı were
	N/A									
	N/A	- L								
	Have you ever and				agency o	or similar	author	ity in or ou	side the State	of Nevada f
12.	any reason whatso	oever? Ye	S L NO	ы			= -			
12. 13.	Have you ever bee	en denied	a persona	al license						
13.	Have you ever bee or professional act	en denied tivity? Yes where, whe	a persona No [al license	ason:					

Applicant's initial	#/	
Apprount o made	Page 7	7

14.	Have you ever been refused a business or industry lice participant in any group which has been denied a business or industry lice participant in any group which has been denied a business or industry lice participant.	ness or industry license or related finding of Yes D N	
	N/A		
15.	Have you or any person with whom you have been a p administrative action or proceeding relating to the phar	maceutical industry? Yes □ N	lo 🗷
16.	Have you or any person with whom you have been a p guilty or entered a plea of nolo contendere to any offer controlled substances? N/A	nse, federal or state, related to prescription dr Yes D N	ugs and/or
17.	Have you or any person with whom you have been a permit or certificate of registration relating to the pharm upon voluntary close of a wholesaler N/A	naceutical industry voluntarily or otherwise (of Yes D N	ther than
18.	Do you have any relatives within the fourth degree of contract of pharmaceutical or drug related industry? N/A	Yes □ N	lo 🖾
	N/A		
	N/A		
	N/A		
19.	Will you be actively involved in and aware of the daily wholesaler?	operation of the pharmacy or Yes ☑ N	lo 🗆
20.	Will you be employed fulltime with the pharmacy or wh	olesaler? Yes 🗵 I	No 🗆
21.	Will you be present at the site of the pharmacy or whol operating hours?	esaler during its normal Yes 🖪 N	lo 🗆

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Date of photograph 07-24-2018
ADDICANTS INITIAL

STATE OF Nevada ss.	
COUNTY OF Clark	
I, Thomas Allen Dodge , 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 wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statute; 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, the have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler 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 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 wholesaler in the State of Nevada.	s
Original Signature of Applicant Mercedes Nicole Settlemyre Notary Public of Michigan Ionia County Expires 03/19/2024 Acting in the County of Land	

Applicant's initial Page 9

ADDITIONAL INFORMATION

2013 - current	Silver Wind Avenue	Henderson, NV 89052	
2015 - current	3 Calcione Drive	Henderson, NV 89011	
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			•••••••••••••••••••••••••••••••••••••••

Applicant's initial_____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

53	Da	te	31.	7/	11	7/2	0	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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for		Board of Pharm	acy License	-	
Sisu Healthcare		Nature of 871 Grier Dr. Si	License uite B-2. Las V	egas, NV 89119	
		and Address of Establishme			***************************************
N/A		If applicable, Name Under	Which It le New O	norotod	
		ii applicable, Name Onder	Which it is NOW O	perated	
1. PERSONAL INF	ORMATION:				
Last Name Ulm		First Name Marcus		Middle Name Eric	
Alias(es, Nicknames, Maio	den Name, Other Nar	ne Changes, Legal or Other	wise)		
N/A		N	Δ	N/	
Present Residence Addres	ss-Street or RFD	Cit			e/Zip
W Riverside	e St	Dates Chandle	r.	Az	
Present Business Address	3	Cit			e/Zip
4980 S Alma Sch	ool Rd	Dates Chand	ler	erwing of Albania	ΑZ
Occupation				Phone:	
President of Sis	u Healthcare So	lutions, Inc		Residence	602.821.7771
	Good San	neritan Hospital, Pho	enix Maricona	Business	002.021.777
Date of Birth	Good Gail	Place of Birth (City, Co		A, 7 Va	
AC					Mole
46	Social	Security Number			Male Sex
Age	Social	Security Number			OGA .
Blue	Brown	Caucasion	170	Med	5' 9'
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
4.2.1.4.			Tottoo on	loft chaulder Tett	oo on left ribcage, Tattoo
		and/or characteristics			
Are you a citizen of t	he United States	? Yes ဩ No □ If	alien, registrati	on No <u>N/A</u>	
If naturalized, certific	ate No N/A		Date N/	Α	
Place N/A			(If natur	alized, document n	nust be verified.)
2. MARITAL INFO	RMATION:				
Single □ Marrie	d 🛭 Separat	ed Divorced	□ Widowed	□ Engaged	· 1111/
				Applicant's init	tial \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

MARITAL INFORMATION-Continued

A. Curi	rent Marriag	e 11/12/2017			· · · · · · · · · · · · · · · · · · ·	
- 4	31. A. J. J.	Dat	e Lura Nicole Ulm (Ru	Ci ssell) S	ty, County and Stat S.S. No	
			Place of	At the		na
	ident address	4 W Riversi	de St C	handler	AZ	85248
e de la companya de La companya de la co	e i de la completa		The state of		State Zip	
	1. Sad US				The state of the s	
	1 - 4 - 11 -		(A)		trace is construit	
Add	ress of emplo	oyer 7850 S Ha Street	rdy Dr le	mpe /	AZ 852 State Zip	84
B. Previou	us Marriages	s: If ever legally se	eparated, divorced, or a	annulled, indicate	below:	30
Name of Spe		Date of Order or Decree	Date of Place of Marriage	Nature of Action		and State
Michelle L	ynn Ulm	09/27/2013	04/27/1991	Divorce	Mari	copa, AZ
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
List	of names, cu	rrent address and	telephone numbers of	previous spouse	s:	
	Name	Street	City	State	Zip 1	Telephone
Michelle	Lynn Ulm	N 81st [Or Glandale	AZ	85303	· · ·
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
		ependents: ren, including step	-children and adopted			formation:
Cody Uln	Name	Birth Date	Birth Place		esidence Address	nuar CO 90206
		* *, * *,				nver, CO 80206
Bryce UI	,		AZ	1	endale, AZ 853	
Tatum UI	m		AZ **Please	N 81st Dr, G	lendale, AZ 85	
B. Chil	ld Support Ir Please n	nformation: nark the appropriat		ooo pago 10 101	additional fai	
	⊠ lami	not subject to a co	urt order for the suppor	t of child.		
	plan a	approved by the dis	order for the support of strict attorney or other suant to the order; or			
	the or	der or a plan appre	order for the support of oved by the district atte nount owed pursuant to	orney or other put the order.	olic agency enfo	
	3.			Appi	icant's initial	

	Contact person N/A				······
C.		es, dates of	birth and mo	st recent occupations of parents	s, step-parents,
parents	i- in-law or legal guardian. If reti	red or decea	sed. list last	address and occupation.	Notice and the second of the second
		rth Date	9 Address		
ather			27.200.000	The state of the s	the day of the state of the sta
Richa	rd Ulm		3 E Lamp	lighter Ln, Tempe, AZ 85283	Retired
Mother	FREE PARTY		10		
Nancy	/ Miller		Quail I	Dr., Box 1163, Pine, AZ 85544	Retired
ather-in	-Law	err russ da	F 11 - PAPE (CAD)	on the result of the result of the result of	
) Russell		3 Rose	bud Dr. Nobelsville, IN 46060	Retired
Mother-in	and the second second second second	There are a require			
Christi	ina E Moore (Smith)		Mill St.	Tipton, IN 46072	Paralegal
D.	Brothers and Sisters: List names, residence address their respective spouses. Name (Maiden)	es, dates of	birth and mo	st recent occupations of brother	rs and sisters and
	N/A	N/A	N/A		N/A
Spouse	N/A	N/A	N/A		N/A
	N/A	N/A	N/A		N/A
Spouse	N/A	N/A	N/A		N/A
	N/A	N/A	N/A	Markey Colonia Colonia	N/A
Spouse	N/A	N/A	N/A		N/A
	N/A	N/A	N/A		N/A
	7				
Spouse					
	DUCATION:				
	DUCATION: Name of School	Lo	cation	Dates Attended	Graduate
4. ED	Name of School		cation nix, AZ	Dates Attended 1979-1987	Graduate Yes ⊠ No □
4. ED	Name of School Ocotillo School	Phoer	nix, AZ	1979-1987	Yes Mar No □
4. ED Gramma School High School College	Name of School Cortez High School Apollo College	Phoer Phoer	1100		Yes ⊠ No ☐ Yes ⊠ No ☐
	Name of School Cortez High School Apollo College	Phoer Phoer Phoe	nix, AZ nix, AZ	1979-1987 1987-1990	Yes Mar No □

Applicant's initial_____

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5 MILITARY INFORMATION:

		10	The State of The				1 100 00 00	
Α.	Have you ever	served in	any armed fo		Yes □ No	×		District.
					of entry-active		/A	axa
	Date of separa	ationl	N/A	Туре	of discharge	N/A		1007
	Rating at sepa	ration	N/A	2 - L 31-643 - L	Serial numb	er <u>N/A</u>	jag - 5. ga sak	
	special or gen	eral court	martial? N/A	ever arrested fo Yes □ No eign or domestic	r an offense wh □ If yes, furnis c.)	ich resulted in h details on pa	summary act	tion, a trial of all incidents
B.	Have you regi	stered for	the draft?	Yes 🛛 No	D 7 - PLUS	*,5=====		
	County Mari	copia	State	Arizona	Date	e registered	12-18-198	39
6. AR A.	not convicted Have you ever violation for ar	i.) r been arr ny reason	ested, detained whatsoever, re	d, charged, indi	ATIONS: (Inclucted or summor disposition of the low. List all care	ned to answer he event? (Exc	for any crimin cept minor tra	al offense
ate of A	rrest	Age	Charge	Location-City an	d State	Deposition/Da	te Arrestino	Agency
N/A		N/A	N/A	N/A		N/A	N/A	
N/A		N/A	N/A	N/A	outspeed 2	N/A	N/A	
N/A	N ₁₁	N/A	N/A	N/A	7.4	N/A	N/A	Sign .
C.	arrested or in page 10.	which you r been qu	were named a estioned or dep	as an unindicted	rer been returne d co-party? Yes state, federal o	S □ No 💢 If	yes. furnish d	letails on
D. E. F. G.	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when?	r been sul Yes □ N r been sul r had a civ N/A r received N/A	opoenaed to ap o 凶 opoenaed to te ril or criminal re a pardon or de	stify for any civecord expunged city, eferred prosecucity,	before a federal il, criminal or ad if or sealed by a county and state tion for any crin county and state	ministrative pr court order? \\eN/A ninal offense? e_N/A	oceeding or h ∕es □ No ☒ Ƴes □ No Ṣ	nearing?
E. F. G.	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when? Has any mem	r been sul Yes □ N r been sul i r had a civ N/A r received N/A ber of you	ppoenaed to ap o 🖄 ppoenaed to te vil or criminal re a pardon or de	stify for any civecord expunged city, eferred prosecucity, our spouse's fa	il, criminal or ad I or sealed by a county and stat tion for any crin	ministrative pr court order? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oceeding or h /es □ No ☒ Yes □ No ☐ felony? Yes	nearing?
E. F. G.	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when? Has any mem	r been sul Yes □ N r been sul i r had a civ N/A r received N/A ber of you	ppoenaed to ap o 🖄 ppoenaed to te vil or criminal re a pardon or de	stify for any civecord expunged city, eferred prosecucity, our spouse's fastions (B throug	il, criminal or ad I or sealed by a county and stat tion for any crin county and stat mily ever been	ministrative pr court order? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oceeding or h /es □ No ☒ Yes □ No ☐ felony? Yes	nearing?
E. F. G.	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when? Has any mem	r been sul Yes □ N r been sul i r had a civ N/A r received N/A ber of you	ppoenaed to apo Signature of Signature of the common of th	stify for any civecord expunged city, eferred prosecucity, our spouse's fastions (B throug	il, criminal or ad I or sealed by a county and stat tion for any crin county and stat mily ever been th H) is yes, furn	ministrative pr court order? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oceeding or h /es □ No ☒ Yes □ No ☒ felony? Yes page 10.	nearing?
E	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when? Has any mem	r been sul Yes □ N r been sul i r had a civ N/A r received N/A ber of you	ppoenaed to apo to be poenaed to te propoenaed to te propoenaed to te propoenaed to te propoenaed to apardon or de propoenaed to te prop	stify for any civecord expunged city, eferred prosecucity, our spouse's fastions (B throug	il, criminal or ad d or sealed by a county and stat tion for any crin county and stat mily ever been h H) is yes, furn Charge	ministrative pr court order? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oceeding or h 'es □ No ☒ Yes □ No ☒ felony? Yes page 10.	nearing?
E. F. G.	Have you ever commission? Have you ever Yes □ No ☒ Have you ever If yes, when? Have you ever If yes when? Has any mem	r been sul Yes □ N r been sul i r had a civ N/A r received N/A ber of you	ppoenaed to apo No	stify for any civecord expunged city, eferred prosecucity, our spouse's fastions (B throug	il, criminal or ad d or sealed by a county and stat tion for any crin county and stat mily ever been th H) is yes, furn Charge	ministrative pr court order? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oceeding or h 'es □ No ☑ Yes □ No ☑ felony? Yes page 10. Location N/A	nearing?

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been 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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	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 X If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	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
10/2014- present	W Riverside St.	Chandler	AZ, Maricopa
2012 - 2014	101 N 7th St	Phoenix	AZ, Maricopa
1999 - 2012	5325 W Columbine Dr	Glendale	AZ, Maricopa
1997 - 1999	2031 W Bloomfield Rd	Phoenix	AZ, Maricopa
1995 - 1997	1541 W Mercer	Phoenix	AZ, Maricopa
1993 - 1995	3701 W Las Palmiritas Dr	Phoenix	AZ, Maricopa
1992 - 1993	3510 W Cinnabar	Phoenix	AZ, Maricopa
1991 - 1992	1347 E Townley Ave	Phoenix	AZ, Maricopa
1990 - 1991	10851 N 43rd Ave	Phoenix	AZ, Maricopa
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Applicant's initial

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8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business Sisu Healthcare Solutions, Inc	Reason for Leaving	-
07/2018	4980 S Alma School Rd, #2-212, Chandler, AZ 85248	Current	
Γitle	Description of Duties	Name of Supervisor	
President-	General Management	Board of Directors	-
Month and Year	Name/Mailing Address of Employer/Business Sound Health Medical Supplies	Reason for Leaving	
7/2017	4365 E Pecos Rd. #119 Gilbert, AZ 85295	New Job	
Title	Description of Duties	Name of Supervisor	
President	Contracting / Community Relations	Casey Tebbs	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
3/2016	MSD / VerbalCare	New Job	
Title	Description of Duties	Name of Supervisor	
VP of Business Development	Marketing and Strategy	Keith Crawford	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
VIOITIII aliu 1 cai	Name/Mailing Address of Employer/business	Reason for Leaving	
2/1998	Preferred Homecare 4601 E Hilton, Ste 100, Phoenix, AZ 85034	New Job	
Title	Description of Duties	Name of Supervisor	
VP of Infusion Ops	General Management	Kelth Crawford	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
1/1997	Major Medical Supply	New Job	
Title	Description of Duties	Name of Supervisor	
Area Clinical Mgr	General Management	Mark	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
1/1993	Phoenix Baptist Hospital 2000 W Bethany Home Rd, Phoenix 85015	New Job	
Title	Description of Duties	Name of Supervisor	
Critical Care RT	Code Team / CVI / ICU	Steve Brown	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
7/1991	Castle Boutique 8802 N Balck Canyon Hwy, Phoenix, AZ 85051	Job while going to school	
Title	Description of Duties	Name of Supervisor	
Sales Clerk	Merchandise Handler	Unable to recall	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	-
6/1989	Pioneer Chicken 35th Ave and Dunlap , Phoenix, AZ	Summer Job	
Title	Description of Duties	Name of Supervisor	

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

Applicant's initial Page 6

9. CHARACTER REFERENCES:

	employer or em Vhere Employed	Street	City State	Zip Teler	hone	Years Kn	own
	David Scheven		0 N 116th Way	744		77	ears
mplover	Retired	Business	N/A				
	ohn Baptist	Home	N 24th Ln	Phoenix, AZ 85086		18	years
74	DUCN		7600 N 16th St,	Suite 140 Phx, Az 8	35020 602-395-5	100	
	James Reedy	Home	Madison Aven	ue New Braunfles,	TX 78130)	6 years
	Tenet Healtho	care Business	1445 Ross Ave,	Sute 1400 Dallas, T	X 75202 512-55	57-1810	40704
40	eith Zobrist	Home		Scottsdale, AZ 8525		3 20 y	ears
	Retired	Business	N/A				
ame	Keith Crawfor	2 - 2 - 1	Greentrail	Cir Lone Tree, C	O 80124	6	years
100	Solara Medical Sup		2084 Otay Lak	es Rd, Ste 102 Chu	And the state of the state of the	13	
	person's depos If yes, comple	te the followin		City and State	Authorized Users	4 × 2	
	ber or Type of Depo	ISILOTY					
NA			N/A	N/A	N/A		
N/A			N/A	N/A	N/A		
			N/A N/A	N/A N/A	N/A N/A		
N/A N/A 11.	Have you ever the following:		N/A ed, occupational o	N/A or professional license	N/A in any state, inclu		
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant	held a privilego Lawyer Contractor Pilot	N/A ed, occupational o	N/A or professional license ce dog owner oker or salesman	N/A	aler etologist	Insurance Gaming
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes 🌣 No 🗆 If yes, state typ	Lawyer Contractor Pilot e, where and y	N/A ed, occupational of Race horse/ra Real estate br Sports promote rears held	N/A or professional license ce dog owner oker or salesman	N/A in any state, include Securities dea Barber/Cosme	aler etologist	Insurance
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes 🌣 No 🗆 If yes, state typ	Lawyer Contractor Pilot e, where and y	N/A ed, occupational of Race horse/ra Real estate br Sports promote rears held	N/A or professional license ce dog owner oker or salesman er	N/A in any state, include Securities dea Barber/Cosme	aler etologist	Insurance Gaming
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes X No If yes, state typ Arizona, Resp	Lawyer Contractor Pilot e, where and y	N/A ed, occupational of Race horse/ra Real estate br Sports promote rears held	N/A or professional license ce dog owner oker or salesman er	N/A in any state, include Securities dea Barber/Cosme	aler etologist	Insurance Gaming
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes X No If yes, state typ Arizona, Respondant N/A N/A Have you ever interest in a lice If yes, state typ involved, the neventure or indu	Lawyer Contractor Pilot e, where and y iratory. Therap applied for a censed business e, when and w ames and additatry.	N/A Race horse/ra Real estate br Sports promot rears held ist, 24 years ity, county of states or industry OUT rhere and give na	N/A or professional license ce dog owner oker or salesman er e business, venture or SIDE the State of Nev mes and locations of to	N/A in any state, include Securities dea Barber/Cosme Trainer or main industry license of the data? Yes ⊠ No he businesses in vonsible for licensing	aler etologist nager r held a fir which you ng said bu	Insurance Gaming Educator nancial were siness,
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes X No If yes, state typ Arizona, Respondant N/A N/A Have you ever interest in a lice If yes, state typ involved, the neventure or indu	Lawyer Contractor Pilot e, where and y iratory. Therap applied for a censed business e, when and w ames and additatry.	N/A Race horse/ra Real estate br Sports promot rears held ist, 24 years ity, county of states or industry OUT rhere and give na	N/A or professional license ce dog owner oker or salesman er e business, venture or SIDE the State of Nev	N/A in any state, include Securities dea Barber/Cosme Trainer or main industry license of the data? Yes ⊠ No he businesses in vonsible for licensing	aler etologist nager r held a fir which you ng said bu	Insurance Gaming Educator
N/A N/A 11.	Have you ever the following: Liquor Doctor Accountant Yes X No If yes, state typ Arizona, Responder to the following: N/A N/A Have you ever interest in a lice if yes, state typ involved, the neventure or indu Comprehensive.	Lawyer Contractor Pilot e, where and y iratory Therap applied for a censed businesse, when and wames and addistry. The Sleep Solution	N/A Race horse/ra Real estate br Sports promot years held ist, 24 years ity, county of stat s or industry OUT there and give na ress of all partner	N/A or professional license ce dog owner oker or salesman er e business, venture or SIDE the State of Nev mes and locations of to	N/A in any state, including Securities dea Barber/Cosme Trainer or main industry license of ada? Yes No he businesses in vonsible for licensing S5274	aler etologist nager r held a fir which you ng said bu	Insurance Gaming Educator

1 Q.	any reason whatsoever? Yes □ No 🕱 N/A
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒
If yes t	o the above, state where, when and for what reason: N/A
	N/A
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 ☒ N/A N/A
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 ☒ N/A
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 N/A
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 ▼ N/A.
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 X
	Date of photograph 07/2/e/18
	Applicant's initial Page 6

STATE OF Arizona	Sept Jewest Con
COUNTY OF Maricopa	
1. Marcus Uch	being duly swom, depose and say I have read the
foregoing application and know the contents thereof; the	at the statements contained herein are true and correct and
contain a full and true account of the information reques	sted; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information reque	sted 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 t	
	ained any certificate, certification, license or permit by the filing
- 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nation in support thereof, which is false of fraudulent," and
	of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regu	
promulgated thereunder and agree, if licensed, to abide	
	discharge the State of Nevada, the licensing agency and their
	f action whatsoever which I, my administrators or executors
-	e licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
To a mandradard nocines in the state of moved at	
	Original Signature of Applicant
Subscribed and Sworn to before me this <u>26</u>	day of Inly : 2018
	, J J
Judin	······································
······	······································
Notary Public	
Mending Vanv My commission Expires 3. 11. 2022	(seal)
J	Yendung Van
My commission Expires 3. 11. 2022	Notary Public
	Maricopa County, Arizona My Comm. Expires 03-11-22

Applicant's initial...

Page 9

ADDITIONAL INFORMATION

Step Children: James Swinney	DOB:	Mesa, AZ	V Riverside St, Chandler, AZ 85248
Dean Swinney	DOB:	Carmel, IN	W Riverside St, Chandler, AZ 85248
La Laborato d' el tato		and the second second	Page 1
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್ಯಪ್ರೆಟ್ಟ್ ಎರಡಿಸಿ ಸಾರಕ್ಷಿಸುತ್ತರು ಆ ಪ್ರಕ್ಷಣೆಯ ಪ್ರವರ್ಥಿಸಿಕೆ ಸಂಪರ್ಧಿಸಿಕೆಯ ಪ್ರಕ್ಷಣೆಗಳು ಕ	entra e antiga de la companya e proportione d	5	
	10 . Th	***************************************	
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Applicant's initial____

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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.

Sisu Healthcare Solution, Inc.		of License B-2 I as Vegas I	NV 89119	
Nam	e and Address of Establishm	ent for Which License Is	Requested	
.WA	#=====================================			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If applicable, Name Unde	er Which It Is Now Opera	ated	
1. PERSONAL INFORMATION:				
Scheven	David		F	
Last Name	First Name		Middle Name	
N/A				
Alias(es, Nicknames, Maiden Name, Other N	lame Changes, Legal or Oth	erwise)		
2 N. 116th Way	Sc	ottsdale	AZ	85262
Present Residence Address-Street or RFD		ity	State	
N/A	Dates N//	Δ -	N//	Δ
N/A Present Business Address		ity	State	
Retired Occupation	Dates March	ZU 14	Phone:	
			Business N	/A
, <u>30</u>	Milwaukee, Milwa		Dualifeaa	
Date of Birui	Place of Birth (City, C	ounty, State)		v .
58				Male
	ial Security Number			Sex
Aye 30L	The second of th			
		4000		01011
Blue Brown	Fair	185 lbs.	Medium	6'2"
Blue Brown	Fair Complexion	185 lbs. Weight	Medium Build	6'2" Height
Blue Brown				
Blue Brown				
Blue Brown Color of Eyes Color of Hair	Complexion	Weight	Build	Height
Blue Brown	Complexion ks and/or characteristic	Weight	Build	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man	Complexion ks and/or characteristic	Weight	Build	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man	Complexion ks and/or characteristic	Weight	Build	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man Are you a citizen of the United State	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight cs None fallen, registration	Build No. N/A	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man Are you a citizen of the United State	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight cs None fallen, registration	Build No. N/A	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man Are you a citizen of the United State If naturalized, certificate No. N/A	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight S None alien, registration	Build No. N/A	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing man Are you a citizen of the United State If naturalized, certificate No. N/A	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight S None alien, registration	Build No. N/A	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing mark	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight S None alien, registration	Build No. N/A	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing mark Are you a citizen of the United State If naturalized, certificate No N/A Place N/A 2. MARITAL INFORMATION:	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight S None alien, registration Date N/A (If naturaliz	Build No. N/A ed, document me	Height
Blue Brown Color of Eyes Color of Hair Scars, tattoos or distinguishing mark Are you a citizen of the United State If naturalized, certificate No N/A Place N/A 2. MARITAL INFORMATION:	Complexion ks and/or characteristic es? Yes ⊠ No □ If	Weight S None alien, registration Date N/A (If naturaliz	Build No. N/A ed, document me	Height

MARITAL INFORMATION-Continued

٨.	Current Marriage			Los G	atos, Santa	Clara, California	
	Spouse's full name (Maiden) Aud	^{ate} rey Lynn Scheven (Kam	lin) City	County and S. No.	24	
	Date of Birth_	9	Place of E	Birth Turlock, Califo	ornia		
	Resident address_	0 N. 116th Street	Way			5262 Zip	
	Telephone: Reside	nce <u>(</u>	<u>7</u> E	Business <u>N/A</u>		***************************************	
	Spouse's employer.	N/A	o	ccupation Retired	<u> </u>		
	Address of employe	N/A Street		N/A City	N/A State	N/A Zip	
B. Pr	revious Marriages: If	ever legally s	eparated, divorced, or a	nnulled, indicate b	elow:		
lame (e of Order Decree	Date of Place of Marriage	Nature of Action	City Count	v and State	•
N/A	N	/A	N/A	N/A	N/A		
N/A	N	/A	N/A	N/A	N/A	1	•
N/A	N	/A	N/A	N/A	N/A		
			I telephone numbers of				1
	Name N/A	Street N/A	City N/A	State N/A	Zip N/A	Telephone N/A	•
	N/A	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	N/A	
Α.	MILY INFORMATION Children and Deper List all children Name Scheven	ndents:	p-children and adopted c Birth Place Los Gatos, CA	Res	idence Addres	<u>ı information:</u> ss ellington, New Zea	aland 6
	ser Scheven	15	Chandler, AZ			empe, AZ 85281	
Sono	ora Scheven	. "	Phoenix, AZ			dale, AZ 85262	_
В.	⊠ I am not s □ I am subj plan appr	the appropria subject to a co ect to a court oved by the d	ate response: ourt order for the support order for the support of c istrict attorney or other p rsuant to the order; or	one or more childre	en and am rcing the or	in compliance with der for the repaym	a ent
	☐ I am subj the order	ect to a court or a plan app	order for the support of c roved by the district attor mount owed pursuant to	mey or other publication the order.	en and NO c agency e	nforcing the order	th for

	NFORMATION-Continuistrict attorney or public		sible for enfor	cing the child support orde	
C. P	arents:			ost recent occupations of	
parents-					Water 1977 To 10
	-law or legal guardian. ame (Maiden)	If retired or dec Birth Date	eased, list las Addres	t address and occupation. s	Occupation
Father					
Frederic	k Scheven		Cedar S	t. Monterey, CA 93940	Flooring Contractor
Mother			n= 47.7		
Beverly S Father-in-La	Scheven (Sharon)	1(2 Cedar S	t. Monterey, CA 93940	Homemaker
Richard Mother-in-La			Turlock,CA		School Teacher
Joan Ka	amlin (Welsh)		5 Essex A	ve., Sedona, AZ 86336	Librarian
Li	rothers and Sisters: ist names, residence ad leir respective spouses		of birth and m	ost recent occupations of	brothers and sisters and of
	ame (Maiden)	Birth Date	Addres	s	Occupation
Robert S	cheven	7	j Blackb	rd Ct, Lodi, CA 95240	Manager
Spouse Cheryl S	cheven (Kelly)		7 C St. SW.F	O Box 823 Castle Rock, WA 986	Cook
Cindy Ha	awley (Scheven)		Fair St	Petaluma, CA 94952	Insurance Broker
Thomas	Hawley	<u></u>	Fair St.,	Petaluma, CA 94952	Artist
Christy I	luggins (Scheven)	<u> </u>	_afaye	tte St., Soquel, CA 95073	Software Analyst
Doug Hu	iggins		3 Lafaye	tte St., Soquel, CA 95073	Salesman
	rgan (Scheven)		Rio Ro	i., Carmel, CA 93923	Nurse
Spouse Kevin Mo	organ	3	Rio Rd	., Carmel, CA 93923	Inspector
4. EDU	CATION:		# # F # F		
2_2_	Name of School		Location	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Mo	nterey, CA	1965-1971	Yes ⊠ No □
High School	Monterey High Scho	ool Mo	nterey, CA	1975-1978	Yes 🕅 No 🗆
College University	University of Califor	nia, Santa Barb	ara Santa Ba	arbara, CA 1980-1983	Yes X No □
Other N/A		EWITE W			N/A Yes No D
Type of d	egree obtained, if any_	Bachelor of Arts	, History and I	Economics	
College o	r university where obta	ined University	of California,	Santa Barbara	

Applicant's initial

MARITAL INFORMATION-Continued

A.	Current Marria	ige August 5, 19		Los C	Satos, Santa	Clara, California	<u>.</u>
	Spouse's full na		^{ate} rey Lynn Scheven (Kam	lin) Cit	y, County and .S. No. 5	Ctata	
	Date of Birth_1		Place of E	Birth Turlock, Cali	fornia		
	Resident addre	Street	Way	Scottsdale City		35262 Zip	
	Telephone: R	esidence	E	Business N/A			
	Spouse's empl	oyer N/A	O	ccupation Retire	<u>d</u>	-	••
	Address of emp	oloyer N/A Street		N/A City	N/A State	N/A Zip	
B. Pr	revious Marriag	es: If ever legally s	eparated, divorced, or a	nnulled, indicate	below:		
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City Count	v and State	-
N/A		N/A	N/A	N/A	N/A		_
N/A		N/A	N/A	N/A	N/A	1	_
N/A		N/A	N/A	N/A	N/A		-
	List of names, of Name	current address and Street	telephone numbers of City	previous spouses State	S: Zip	Telephone	-
***	N/A	N/A	N/A	N/A	N/A	N/A	_
	N/A	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	N/A	
A.	Name	Dependents:	D-children and adopted of Birth Place	Re	sidence Addre	SS	= -
	Scheven nser Scheven		Los Gatos, CA Chandler, AZ	2 ² E. 5th St. U		ellington, New Ze	
	ora Scheven		Phoenix, AZ			dale, AZ 85262	_
B.	Child Support			ON. FIOR	vvay, ocolis	dale, AZ 03202	_
		mark the approprian not subject to a co	nte response: ourt order for the support	of child.			
	plar	approved by the d	order for the support of o istrict attorney or other p rsuant to the order; or				
	the	order or a plan app	order for the support of or roved by the district atto mount owed pursuant to	rney or other publ the order.			
				Applic	zanto milial.	F	Page 2

	District attorney or public	agency responsit	ole for enfo	rcing the child support or	rder:
	Name N/A			***************************************	***************************************
0.000	Address N/A		************		***************************************
	Contact person N/A			***************************************	
	Parents:				
ا -arents	List names, residence ad	dresses, dates of	birth and n	nost recent occupations	of parents, step-parents,
	in-law or legal guardian.	If retired or decea	sed. list la	st address and occupation	on.
	Name (Maiden)	Birth Date	Addre	355	Occupation
ather					
Frederic	ck Scheven	1	Cedar	St. Monterey, CA 93940	Flooring Contractor
Vother					
Beverly	Scheven (Sharon)	×	Cedar	St. Monterey, CA 93940	Homemaker
ather-in-L	.aw				
	d Kamlin	-	Furlock,CA		School Teacher
Mother-in-l	Law				
Joan K	Kamlin (Welsh)		Essex /	Ave., Sedona, AZ 86336	Librarian
	Brothers and Sisters:	dresses dates of	hirth and r	most recent occupations	of brothers and sisters and of
1	their respective spouses.				
	Name (Maiden)	Birth Date	Addre	388	Occupation
	Scheven	I I I I I I I I I I I I I I I I I I I	Blackt	bird Ct, Lodi, CA 95240	Manager
Spouse Cheryl	Scheven (Kelly)	_	C St. SW.	PO Box 823 Castle Rock, WA	98611 Cook
	lawley (Scheven)	-	9 Fair St.	. Petaluma, CA 94952	Insurance Broke
Spouse Thomas	Hawley		Fair St.	, Petaluma, CA 94952	Artist
Christy	Huggins (Scheven)		3 Lafay	ette St., Soquel, CA 950	73 Software Analys
Spouse Doug H	luagins)	Lafav	ette St., Soquel, CA 950	73 Salesman
		<u> </u>			
Lisa Mo Spouse	organ (Scheven)		Rio R	Rd., Carmel, CA 93923	Nurse
Kevin M	lorgan		i Rio R	d., Carmel, CA 93923	Inspector
4. EDL	JCATION:				
	Name of School	Lo	cation	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Monte	erey, CA	1965-1971	Yes ፟ No □
ligh	Monterey High School		erey, CA	1975-1978	
chool college					Yes 🕅 No 🗆
Iniversity		nia, Santa Barbara	a Santa B	Barbara, CA 1980-1983	Yes X No □
Other N/	Ά				N/A Yes No No
Type of o	degree obtained, if any_B	achelor of Arts, I	listory and	Economics	
College	or university where obtair	ned University of	California,	Santa Barbara	
	of the second section in the second				

Applicant's initial \(\mathcal{D} \)

5 MILITARY INFORMATION:

Α	Have you ever se	rved in any arm	ned forces?	Yes 🗆 No	o 🛛		
	Branch N/A		Date	of entry-active	e service N/A	•••••	
	Date of separation	n N/A	Туре	of discharge.	N/A		
	Rating at separati	on N/A		Serial num	ber N/A	*******************	
	special or general	court martial?	you ever arrested for N/A Yes ☐ No ☐ d-foreign or domestic.	If yes, furn	hich resulted in s ish details on pag	ummary action e 10. (List all i	, a trial or ncidents
В.	Have you register	ed for the draft	? Yes ⊠ No □]			
	County Monterey	<u>/</u>	State California	Da	ite registered 197	8	
6. AF		IONS, LITIGAT	IONS AND ARBITRA	TIONS: (Inc	lude those arres	ts in which yo	u were
A.	violation for any re	eason whatsoev	tained, charged, indic ver, regardless of the s in space provided be	disposition of	the event? (Exce	pt minor traffic	offense or citations.)
Date of A	Arrest A	ge Charge	Location-City and	State	Deposition/Date	Arresting Ag	ency
1978	1	8 DUI	Monterey, C	Α	1978	Monterey P	olice
1981	2	O Minor in posses	sion of alcohol Santa B	arbara, CA	1981 S	Santa Barbara I	Police
1984	2	4 Wreckless D	riving Monterey, C	Α	1984	Monterey P	olice
В. С.	arrested or in which page 10. Have you ever be	ch you were na	ation or complaint eve med as an unindicted or deposed by a city, s	co-party? Ye	es □ No 🗓 If ye	es. furnish deta	ils on
D.	or committee? Ye Have you ever be commission? Yes	en subpoenaed	I to appear or testify b	efore a federa	al, state or county	grand jury, bo	ard or
E.			to testify for any civil	criminal or a	dministrative prod	ceeding or hea	ring?
F.	Have you ever ha	d a civil or crim	inal record expunged	or sealed by	a court order? Ye	s □ No 🛭	
G.	Have you ever red	ceived a pardon	city, c	on for any cri	iminal offense? Yo	es □ No 🛭	
H.	Has any member	of your family o	city, c or of your spouse's fan o questions (B through	nily ever beer	n convicted of a fe		No X
Name		Relat	ionship	Charge	Lo	ocation Da	ite
N/A_		N/A		N/A	N	VA N	A
N/A		N/A		N/A	N	/A N/	Α
N/A		N/A		N/A	N	I/A N/	'A
					Applicant's initi	al <u>O</u> ,	5 Page (

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Yes 🖄 No 🗆 If yes, give de	uit as either a pl (Other than d	aintiff or defendant or ar ivorces)	or owner, director or officer n arbitration as either a clair otion, including bankruptcies	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	6/6/2005	CV2005-009404	Phoenix, Maricopa, AZ	Settled - 09/2005
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
associated wi	th it as an owne		proprietorship or closely hel ner) been a party to a laws	
Name of Entity		Type of Entity		nate Date(s) of Arbitration/Bankruptcy
In response to J. se	e nage 10	Type of Ellary	Lowsdian	Total addity Daring apply
7. RESIDENCES:				
List all residences you			City	State or County
List all residences you Month and Year (From-To)	Street	and Number	City Phoenix	State or County AZ 85045
List all residences you Month and Year (From-To)	Street			
List all residences you Month and Year (From-To) 03/1993 - 07/2003	Street	and Number 0 S. 14th Drive	Phoenix	AZ 85045
Annual residences you when the and Year (From-To) 03/1993 - 07/2003 07/2003 - Current	Street 1621	and Number 0 S. 14th Drive	Phoenix Scottsdale	AZ 85045 AZ 85262
Annual residences you when the and Year (From-To) 03/1993 - 07/2003 07/2003 - Current N/A	Street 1621 N/A	and Number 0 S. 14th Drive	Phoenix Scottsdale N/A	AZ 85045 AZ 85262 N/A
ist all residences you fonth and Year (From-To) 03/1993 - 07/2003 07/2003 - Current N/A N/A N/A	Street 1621 N/A N/A	and Number 0 S. 14th Drive	Phoenix Scottsdale N/A N/A	AZ 85045 AZ 85262 N/A N/A
And the second s	Street 1621 N/A N/A N/A	and Number 0 S. 14th Drive	Phoenix Scottsdale N/A N/A N/A	AZ 85045 AZ 85262 N/A N/A N/A
List all residences you Month and Year (From-To) 03/1993 - 07/2003 07/2003 - Current N/A N/A N/A N/A	Street 1621 N/A N/A N/A	and Number 0 S. 14th Drive	Phoenix Scottsdale N/A N/A N/A N/A	AZ 85045 AZ 85262 N/A N/A N/A N/A
List all residences you Month and Year (From-To) 03/1993 - 07/2003 07/2003 - Current N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	and Number 0 S. 14th Drive N. 116th Way	Phoenix Scottsdale N/A N/A N/A N/A N/A N/A	AZ 85045 AZ 85262 N/A N/A N/A N/A
List all residences you Month and Year (From-To) 03/1993 - 07/2003 07/2003 - Current N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A	and Number 0 S. 14th Drive N. 116th Way	Phoenix Scottsdale N/A N/A N/A N/A N/A N/A N/A	AZ 85045 AZ 85262 N/A N/A N/A N/A N/A N/A

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
12/1997-3/2014	Preferred Homecare 4601 E Hilton Ave. Ste 100 Pt	noenix, AZ 85034 Retired
Title	Description of Duties	Name of Supervisor
CO-CEO	Manage overall operations of business	Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/1992-12/1997 Title	Apria Healthcare 26220 Enterprise Ct., Lake Forest, C Description of Duties	CA 92630 Started Preferred Homec Name of Supervisor
Branch Manager/Regi	onal Manager Oversaw branch and regional operation	ons Tom Martin, Eileen Hoove
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1989 - 6/1992 Title	Computer Learning Center San Jose (Closed 20) Description of Duties	01) Job at Apria Healthcare Name of Supervisor
Teacher/Director of Ed	ducation - Taught computer classes and oversaw other i	instructors Al Nederhood
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1987 - 8/1989	Fleming Foods 1117 Montague Exy, Milpitas, CA	Computer Learning Center Job
Title	Description of Duties	Name of Supervisor
Computer Operator	Ran job control language on mainframes	Randy Jackson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1984-1/1987	Sequoia Insurance - Palo Alto, CA	Fleming Foods Job
Title	Description of Duties	Name of Supervisor
Computer Operator	Ran job control language on mainframes	Mike Trainer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1983-12/1984 Title	A Cesana & Associates Walnut creek, CA Description of Duties	Company Bankruptcy Name of Supervisor
Computer Operator	Ran job control language on mainframes	Steve Tolley
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/1983 - 12/19/1983	Chevron Monterey, CA	A Cesana job
Title	Description of Duties	Name of Supervisor
Attendant	Gas station attendant duties	Robert McGee
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/1978 - 7/1982 Title	Monterey High School/Monterey Peninsula College/U Description of Duties	niversity of California, Santa Barbara Name of Supervisor
	Description of Duties	
Full-time Student		N/A

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

Please reference page 10 for additional information.

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 City State Telephone Years Known Street Name Keith Zobrist E. Lariat Lane, Scottsdale, AZ 85255 (4) 22 years Home { 14 N/A **Employer Retired Business** 7 N. 91st St. Scottsdale, AZ 85255 58 25 years Name Tom Martin Home **Employer Retired Business** N/A Name John Baptist N. 24th Lane, Phoenix, AZ 85086 20 years Home Professional Homecare Services 7000 N. 16th St., Ste 140 Phoenix, AZ 85020 Employer Name Kim Templeton N. 21st St. Phoenix, AZ 85020 (60 25 years Home Professional Homecare Services Business 7000 N. 16th St., Ste 140 Phoenix, AZ 85020 Employer East Harvard Rd., Burbank, CA 91501 Name Dave Engel Home 38 years Employer Burbank School District Business 1900 W. Olive Ave., Burbank, CA 91506 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: City and State Box Number or Type of Depository Location **Authorized Users** N/A Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Race horse/race dog owner Securities dealer Insurance Lawyer 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 N/A N/A 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. In response to question 12, please see page 10.

Applicant's initial

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 図
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ᡌ
N/	to the above, state where, when and for what reason: A
!\//	<u>A</u>
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 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/o controlled substances? Yes No KI
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 7/18/18
	Applicant's initial
	Page

STATE OF California	
COUNTY OF San Diego	
1. David Schever	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that th	
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	
Statutes 639.210 (10) provides denial or revocation of the a	
registration or permit if the holder or applicant "Has obtained	d any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information	
further, that I have familiarized myself with the contents of N	
Controlled Substances Act, as amended, and the Regulatio	
promulgated thereunder and agree, if licensed, to abide the	
I hereby expressly waive, release and forever disch	arge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of act	
can, shall or may have against the State of Nevada, the lice	The state of the s
for a manufacturer license in the State of Nevada.	
	DS1
	1 11/1/20
***	Original Signature of California
	Original Signature of Applicant
Subscribed and Sworn to before me this /8 da	ov of
Tuly 2018	HUONG HUU NGUYEN
July	COMM. #2230780 Notary Public · California
Anglia	San Diego County
Notaly Public	My Comm. Expires Feb. 13, 2022
	(seal)

Applicant's initial

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, 6J			***************************************
Name of Entity	Type of Entity	Approximate Date(s) of	Lawsuit/Arbitration/Bankruptcy
Maverick Healthcare Group, LLC	Durable Medical E	quipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical E	quipment Supplier	1/28/1999
Preferred Homecare	Durable Medical E	quipment Supplier	5/17/2002
Preferred Homecare	Durable Medical E	quipment Supplier	7/26/2012
Preferred Homecare	Durable Medical E	quipment Supplier	12/5/2014
Preferred Homecare	Durable Medical E	quipment Supplier	11/6/2014
Preferred Homecare	Durable Medical E	quipment Supplier	5/15/2014
Preferred Homecare	Pharmacy		9/22/2014
RESPONSE TO PAGE 6, #8 EMPLO	DYMENT		
Company Name		Address	
Comprehensive Sleep Solutions, LLC		P.O. Box 40700 Mesa	, AZ 85274
Founders Healthcare, LLC dba Preferre	ed Homecare	P.O. Box 40700, Mes	a, AZ 85274
LifeCare Solutions, Inc.	*******************************	P.O. Box 40700, Mesa	a, AZ 85274
Maverick Associates, LLC	•••••	26890 N. 116th Way 9	Scottsdale, AZ 85262
Maverick Healthcare Group, LLC		P.O. Box 40700 Mesa	, AZ 85274
Maverick Healthcare Holdings II, Inc.	•••••	P.O. Box 40700 Mesa	, AZ 85274
Maverick Healthcare Holdings, Inc.		P.O. Box 40700 Mesa	, AZ 85274
Maverick Ventures, LLC	***************************************	26890 N. 116th Way S	Scottsdale, AZ 85262
Option One Home Medical Equipment,	Inc.	P.O. Box 40700 Mesa,	AZ 85274
Park InfusionCare, LP.	•••••	P.O. Box 40700 Mesa,	AZ 85274
Preferred Homecare Infusion, LLC	•••••	P.O. Box 40700 Mesa,	, AZ 85274
Preferred Homecare of Colorado, LLC	***************************************	P.O. Box 40700 Mesa,	AZ 85274
Preferred Homecare Rehab Services, L	LC	P.O. Box 40700 Mesa,	AZ 85274
Sisu Healthcare Solutions, Inc.	••••••	4980 S. Alma School Rd.	Ste #2-212, Chandler, AZ 85248
RESPONSE TO PAGE 7, #12	-		
Company Name	Type of E	ntity	<u>Address</u>
Comprehensive Sleep Solutions, LLC	Independent Test	ing Facility	P.O. Box 40700 Mesa, AZ 8527
Founders Healthcare, LLC dba Preferred Homecare	e Durable Medical	Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 852
LifeCare Solutions, Inc.	Durable Medical I	Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 8527
Option One Home Medical Equipment, Inc.	Durable Medical E	quipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	Durable Medical E	quipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare Infusion, LLC	Pharmacy		P.O. Box 40700 Mesa, AZ 85274
D (111 (D) 1 110			

Preferred Homecare of Colorado, LLC

Applicant's initial _________ Page 10

Durable Medical Equipment Supplier and Pharmacy P.O. Box 40700 Mesa, AZ 85274

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Pharmacy License				
Sisu Healthcare Solution, Inc. 871 G	rier Drive Ste.	ature of License B-2, Las Vegas, I	NV. 89119	TV ENGLER
NI/A		lishment for Which Li	cense Is Requested	
	applicable, Name	Under Which It Is No	w Operated	
1. PERSONAL INFORMATION:				
Martin	Thon	nas	Daniel	
Last Name N/A	First N		Middle Nar	ne
Alias(es, Nicknames, Maiden Name, Other Name	Changes, Legal o	r Otherwise)		
7 North 91st Street				
Present Residence Address-Street or RFD	30	cottsdale City		Z 85255 State/Zip
N/A	- N//			
Present Business Address	Dates N/A	City		/A State/Zip
Retired	Dates Marci	n 2014		P
Occupation	Dates Marci	12014	Phone: Residence	
East St	. Louis, St Clai	r, Illinois	Business	N/A
Date of Birth	Place of Birth (C	ity, County, State)		
55				Male
Age Social Se	curity Number			Sex
Blue Brown	Fair	215	Medium	6 ft 2 inches
Color of Eyes Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distinguishing marks a	nd/or characte	ristics N/A		
Are you a citizen of the United States?	Yes⊠ No □	l If alien, registr	ation No N/A	
f naturalized, certificate No N/A		Date_	N/A	
Place N/A		(If nat	uralized, documen	t must be verified.)
2. MARITAL INFORMATION:				
Single □ Married ☒ Separated	□ Divord	ced Widow	ed □ Engage	d 🗆 👝
			Applicant's i	
			Applicant s I	nitiai Y

MARITAL INFORMATION-Continued

A. Current Marriage		September 9, 1989		Belleville, St Clair, Illinois			
			Date City, County and State Leah Renee Christie S.S. No.			tata .	
	Date of Birth		Place	of Birth Clevela	nd, Ohio		
	Resident address	7 North Street	91st Street	Scottsdale City		255 ip	
	Telephone: Residence	e	3.3.3	Business N/A			
	Spouse's employer	Retired		Occupation N/A	=		
	Address of employer	N/A Street		N/A City		I/A ip	
B. P	revious Marriages: If e	er legally	separated, divorced, o	or annulled, indicate	e below:		
		f Order	Date of Place	Nature of			
Name	of Spouse or D	ecree	of Marriage	Action	County	and State	
N/A	N/A	* 3 * 3	N/A	N/A	N/A		
N/A	N/A		N/A	N/A	N/A		
N/A	N/A		N/A	N/A	N/A		
	List of names, current a	address a Street	nd telephone numbers City	of previous spous	9S: Zip	Talanhan	
					ZID	Telephone	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
3. F/ A.	AMILY INFORMATION: Children and Depend List all children, in		ep-children and adopte	ed children and give	e the following	information:	
	Name	Birth Date	Birth Place	F	Residence Address	3	
	rrett Martin att Martin		Scottsdale, Arizona Scottsdale, Arizona		1st Street, Sco 1st Street, Sco	ottsdale, AZ 85255 ottsdale, AZ 85255	
Bei	nnett Martin		Scottsdale, Arizona	North 9	1st Street, Sco	ottsdale, AZ 85255	
Mia	a Martin		Scottsdale, Arizona	North 9	1st Street, Sco	ttsdale, AZ 85255	
В.	Child Support Informa Please mark th		riate response:				
	I am not sul	ject to a	court order for the sup	port of child.			
	plan approv	ed by the	rt order for the support district attorney or oth oursuant to the order; o	er public agency en	dren and am in	n compliance with a der for the repayme	
	the order or	a plan ap	rt order for the support proved by the district a amount owed pursuan	attorney or other pu	dren and NOT blic agency en	in compliance with	
				Арр	licant's initial	11/	

	District atto	rney or public agency re	esponsible for	enforcing the child support of	order:	
	Name N	Ά				
	Address N					
				- 1		
C.	Parents:			and most recent occupations		
parents	3-					, step-parents,
	in-law or leg Name (Maiden			<u>st last address and occupati</u> ^{Address}	on.	Occupation
	Traine (maide)	, Diraco		Address To the second s		Occupation
Father	Francis Mar	tin) We	est Johnson, Collinsville, IL	62234	Business Owner
Mother	Lottie Martir		Co	ougar Ct. Glen Carbon, Il 62	034	Bus Driver
Father-ir	-Law Leo Christie)	Sunny Rdge Round Hill, VA	20141	Govt Worker
Mother-i	n-Law					
	Beatice Chr	stie		North 6th Drive, Phoenix AZ	85027	Bakery Worker
D.	Brothers a List names, their respec	residence addresses, tive spouses.		and most recent occupations	of brothers	s and sisters and of
	Name (Maider) Bir	th Date	Address		Occupation
Vernor	Martin			Shriver Circle, Lake Mary	FL 32746	Retail Sales
Spouse Barbar	a Martin			Shriver Circle, Lake Mary	FL 32746	DOT
Allan N	/lartin			1 Hillcreeh Rd Collinsville	, IL62234	Sales Rep
Spouse Terry N	Martin			Hillcreeh Rd Collinsville	, IL62234	Clincal Analyst
Alecia	Jawor (Marti	n)		Magnet Dr St Louis, MC	63132	A/R Rep
Spouse Steve	Jawor			Magnet Dr St Louis, MC	63132	Bakery Owner
Kevin	Martin		62	3 Bononil Rd New Dougl 2074	as, IL	HVAC Service
Keith I	Martin			Northbay Ct Glen Carbon	IL 62034	Sleep Diagnosito
Kent N	Martin		3	orchard Edwardsville, 620)25	Ops Mgr
4. E	DUCATION:					
		e of School	Location	Dates Attended		Graduate
Gramma School	Do	rris Grade School	Illinois	9/68 - 5/73		Yes Ⅺ No □
High School	Col	linsville, High School	Illinois	9/76 - 5/80		Yes ☒ No ☐
College Universit	y No	rth Central College	Illinois	9/80 - 5/84		Yes Ⅸ No □
Other	N/A				N/A	Yes 🗆 No 🗆
Type o	f degree obta	ained, if any B. A. in	Marketing			
College	e or universit	where obtained No	orth Central Co	ollege		

5 MILITARY INFORMATION:

A.	nave you eve	er servea	in any armed for	ces? Yes	□ No ⊠		
				Date of entry-active serviceN/AType of dischargeN/A			
					number <u>N/A</u>		
	special or ger	neral cou	rt martial? N/A	ver arrested for an offer Yes □ No □ If yes ign or domestic.)	nse which resulted in sun , furnish details on page	nmary action, a trial or 10. (List all incidents	
В.	Have you reg	istered fo	or the draft?	Yes ⊠ No □			
	County Mad	dison	State_	Illinois	Date registered 11/	10/1980	
6. AR			s, LITIGATIONS	AND ARBITRATIONS:	(Include those arrests	in which you were	
A.	violation for a	er been a ny reasoi	n whatsoever, re	gardless of the dispositi	ummoned to answer for a on of the event? (Except t all cases without excep	minor traffic citations.)	
Date of A	rrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency	
9/4/201	10	47	DV	Scottsdale, Arizona			
_N/A	_	N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
B. C. D. E. G.	arrested or in page 10. Have you ever committee Have you ever commission? Have you ever Yes \(\square \) No \(\sqrt{\text{Have you every figure you every gyes, when?} \) Have you every \(\text{Have you every gyes, when?} \)	which your been query been sure been	uestioned or deport of the last of the las	s an unindicted co-party osed by a city, state, fec- pear or testify before a fi stify for any civil, criminal cord expunged or sealecity, county ar ferred prosecution for acity, county ar	ny criminal offense? Yes nd state N/A	furnish details on agency, commission rand jury, board or eding or hearing? No 🖾	
H.	Has any mem	iber of yo	our family or of yo	our spouse's family ever	been convicted of a feloes, furnish details on pag	ny? Yes □ No 🏻	
Name			Relationship	Charge	Loca	tion Date	
N/A			N/A	N/A	N/	A N/A	
N/A			N/A	N/A	N/A	A N/A	

Applicant's initial 1000 Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a law Yes 🖾 No	suit as either a pla ☐ (Other than div	aintiff or defendar vorces)	ership, or owner, director or officer nt or an arbitration as either a clain exception, including bankruptcies	nant or respondent?
aintiff/Defendant or aimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

aintiff/Defendant or aimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
efendant	7/23/1998	Superior Court 1998cv013254	Phoenix, Maricopa, AZ	6/14/2001
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	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		
In response to J, please see page	10.			
	BROWN THE PROPERTY OF THE STREET			

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
6/2006 to Present	7 North 91st Street	Scottsdale	Arizona
10/2001 to 5/2006	7917 E Softwind Drive	Scottsdale	Arizona
10/1999 to 10/2001	7532 E Buteo Drive	Scottsdale	Arizona
5/1996 to 10/2001	9790 E Charter Oak Road	Scottsdale	Arizona
9/1991 to 6/1996	14034 N 29th ST	Phoenix	Arizona
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Applicant's initial (DV

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 1/99 - 3/14	Name/Mailing Address of Employer/Business Preferred Homecare	Reason for Leaving
1/99 - 3/14	4601 E. Hilton Ave. Ste. 100 Phoenix, AZ 85034	Retired
Title	Description of Duties	Name of Supervisor
CO-CEO	General Management	Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/98 - 1/99	Southwest Sleep (closed)	New Job
Title	Description of Duties	Name of Supervisor
Vice President	Managed Care Sales	Roy Myers
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/89 - 1/98	Apria	New Job
Title	Description of Duties	Name of Supervisor
Vice President	General Management	Merle Wallace
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/88-11/89	Fox Medical closed in 2014	Relocating
Title	Description of Duties	Name of Supervisor
Sales Rep	Medical Sales	Francis Martin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/88-8/88	NME - sold to Medirec	New Job
Title	Description of Duties	Name of Supervisor
Sales Rep	Hopsital Sales	Gary Word
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/86 -1/88	Foster Medical merged with Abbey Medical	New Job
Title	Description of Duties	Name of Supervisor
Account Rep	Medical Sales	Steve Jawor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/84 -8/86	Protectoseal 225 W. Foster Avenue, Bensenville, IL	New Job
Title	Description of Duties	Name of Supervisor
Customer Service Rep	Answering technical from distributors	Sue Woltman
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/80 - 5/84	Medicare Equipment Services sold to ARA	New Job
Title	Description of Duties	Name of Supervisor
Service Tech	Delivery of medical equipment	Glenn Behnke

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

Please reference page 10 for additional information.

Applicant's initial

9. CHARACTER REFERENCES:

imployer Imployer Imployer Imployer Imployer Imployer	Retired David Scheven Retired Kim Templeton PHS Mike Neill	Home Business Home Business Home	N/A 116th W N/A		Scottsdale, A		<u> </u>	34	41	
Iame Employer Iame K Imployer Iame N	David Scheven Retired Kim Templeton PHS	Home Business	116th W	ay Scott	sdale, AZ 85					
imployer Iame K Imployer Iame N	Retired Kim Templeton PHS	Business	N/A	ay Scott	sdale, AZ 85					
ame K mployer lame N	Kim Templeton PHS		311 1 4 54			262		30	25	
mployer	PHS	Home								
mployer			N 21st Ph	oenix, A	Z 85020	- 10 0 - 1112		1	25	
mployer	/like Neill	Business	7600 North	16th St	reet, Suite 1	40, Phoen	x AZ, 8502	20		-
		Home	1 DeSalle	e St. Lag	juna Hills, C	A 92653)5	28	
	Retired	Business	N/A					- = -		
lame l'	Marcus Ulm	Home	West Riv	erside S	t. Chandler,	AZ 85248	*	71	20	
mployer	Sisu	Business	4980 S Alm	School	Rd 2-212, C	nandler. A	2 85248			
	per or Type of Depo	sitory	Location	(City and State		Authorized	Users		
	per or Type of Depo	sitory			4 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Authorized	Users		
N/A			N/A		N/A		N/A			
N/A			N/A		N/A		N/A			
N/A			N/A		N/A		N/A			
	Have you ever the following:					license in	any state, i	includi	ng but i	not limited
	Liquor Doctor	Lawyer Contractor			dog owner er or salesm	an	Securities Barber/Co			Insurance Gaming
	Accountant	Pilot	Sports p				Trainer o			Educator
	Yes □ No ☒ If yes, state typ N/A	e, where and	/ears held							
	N/A						<u> </u>			
	N/A									
e energy (Have you ever interest in a lice If yes, state typ involved, the na venture or indu	ensed busines e, when and v ames and add	s or industry here and giv	OUTSII	DE the State as and location	of Nevada	? Yes 🛭	No [] nich vou	ı were
	onse to questi		see page :	10,					1	
		••••••								•••••

	any reason whatsoever? Yes □ No ☒	ncy or similar authority in or outside the state of Nevada for
14.	or professional activity? Yes □ No ☒	ermit, certificate or registration for a privileged, occupational
If yes to N/A	o the above, state where, when and for what reason	
N/A		
15.		y license or related finding of suitability or been a business or industry license or related finding of Yes □ No ☒
16.	Have you or any person with whom you have been administrative action or proceeding relating to the	n a participant in any group been the subject of an
17.	guilty or entered a plea of nolo contendere to any controlled substances?	n a participant in any group ever been found guilty, plead offense, federal or state, related to prescription drugs and/o Yes □ No 図
18.	Have you or any person with whom you have beer	n a participant in any group ever surrendered a license, harmaceutical industry voluntarily or otherwise (other than Yes 口 No 図
19.	pharmaceutical or drug related industry?	of consanguinity associated with or employed in the Yes ☐ No ☒
		Assessed to the second second
•••••		
••••••		
••••••		Date of photograph 7/23/2018
		Applicant's initial
		Page

STATE OF Acizona
STATE OF SS.
COUNTY OF LOCON'NO
I, June 15 Marzin , being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 23 day of July 2018

OFFICIAL SEAL
BRENTI MCDONOUGH
NOTARY PUBLIC - STATE OF ARIZONA
COCONINO COUNTY
My commission expires Sept. 03, 2018.

Applicant's initial.

Page 9

Notary Public

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, J		
Name of Entity Typ	e of Entity Approximate Date(s) of	Lawsuit/Arbitration/Bankruptcy
Maverick Healthcare Group, LLC Dur	able Medical Equipment Supplier	1/28/1999
Preferred Homecare Dur	able Medical Equipment Supplier	5/17/2002
Preferred Homecare Dur	able Medical Equipment Supplier	7/26/2012
Preferred Homecare Dur	able Medical Equipment Supplier	12/5/2014
Preferred Homecare Dur	able Medical Equipment Supplier	11/6/2014
Preferred Homecare Dur	able Medical Equipment Supplier	5/15/2014
Preferred Homecare Pha	armacy	9/22/2014
RESPONSE TO PAGE 6, #8 EMPLOYM	ENT	
Company Name	Address	
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa	, AZ 85274
Founders Healthcare, LLC dba Preferred Ho	omecare P.O. Box 40700, Mes	a, AZ 85274
LifeCare Solutions, Inc.	P.O. Box 40700, Mesa	a, AZ 85274
Maverick Associates, LLC	26890 N. 116th Way 5	Scottsdale, AZ 85262
Maverick Healthcare Group, LLC	P.O. Box 40700 Mesa	, AZ 85274
Maverick Healthcare Holdings II, Inc.	P.O. Box 40700 Mesa	, AZ 85274
Maverick Healthcare Holdings, Inc.	P.O. Box 40700 Mesa	, AZ 85274
Maverick Ventures, LLC	26890 N. 116th Way S	Scottsdale, AZ 85262
Option One Home Medical Equipment, Inc.	P.O. Box 40700 Mesa,	, AZ 85274
Park InfusionCare, LP.	P.O. Box 40700 Mesa,	, AZ 85274
Preferred Homecare Infusion, LLC	P.O. Box 40700 Mesa,	, AZ 85274
Preferred Homecare of Colorado, LLC	P.O. Box 40700 Mesa,	AZ 85274
Preferred Homecare Rehab Services, LLC	P.O. Box 40700 Mesa,	AZ 85274
Sisu Healthcare Solutions, Inc.	4980 S. Alma School Rd.	Ste #2-212, Chandler, AZ 85248
DESDONSE TO DAGE 7 #40		
RESPONSE TO PAGE 7, #12 Company Name	Type of Entity	Address
Comprehensive Sleep Solutions, LLC	Independent Testing Facility	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred Homecare	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
LifeCare Solutions, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 85274
Option One Home Medical Equipment, Inc.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Park InfusionCare, LP.	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274
5	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
	· namaoy	

Applicant's initial_____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

		July 1'	1. 2018	3
--	--	---------	---------	---

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.

		Nature	of License		
Sisu Healthcare So	lutions, Inc. 871 G Name a	irier Drive Ste. B-2 I nd Address of Establish	as Vegas, NV, 8911 nent for Which License Is	9 Requested	
<u>N/A</u>		If applicable Name Und	er Which It Is Now Operat		
		ii applicable, italiie Olid	or Willow R is Now Opera		
1. PERSONAL IN	FORMATION:			the sold	
Zobrist ast Name		Keith First Name		Harold Middle Name	
N/A		- Not Hank		Wildalo Mario	
Alias(es, Nicknames, Ma	iden Name, Other Nam	e Changes, Legal or Otl	nerwise)		
7 East Lariat L	ane		Scottsdale	Ariz	ona, 85255
resent Residence Address-Street or RFD City			State/2		
N/A		Dates N	/A	N/A	
Present Business Addres	is		City	State/2	
Investor		Dates Current			
Occupation		Dates Ourient		Phone:	
				Residence	
		Deerle Deerle III	ala.	Business N/	A
Date of Birth		Peoria, Peoria, Illin Place of Birth (City, C	County, State)		
out of billion		. idoo o. biitii toity, t	,,		
59		<u> </u>			Male
Age	Social	Security Number			Sex
Blue	Brown	N/A	185 lbs.	Muscular	5'9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or dis	stinguishing marks	and/or characteristi	cs N/A		
	the United States		f alien, registration N	do N/A	
Are you a Guzen or	the Officed States	r res tal 140 L	allen, registration is	10WA	
lf naturalized, certifi	cate No <u>N/A</u>		Date N/A		
Place <u>N/A</u>			(If naturalize	ed, document mu	st be verified.)
2 MADITAL INE	ORMATION:	·			
Z. MAKITAL MIT					
	ed 🛭 Separate	ed Divorced	☐ Widowed ☐	Engaged E	

MARITAL INFORMATION-Continued

Α.	Current Marria	ige April 1, 1989 Dat		Scotts	dale, Maricopa, , County and G	Arizona
	Spouse's full na		e Patrice Zobrist (Lafferty)S.	S. No.	<u>/</u>
	Date of Birth		Place of I	Birth Scranton, P	<u>'A</u>	
	Resident addre	ss <u>E, Lariat L</u>	ane	Scottsdale	AZ 852	55
		Street		City		(ip
	Telephone: R	esidence)2	Business N/A		
	Spouse's empl	oyer Retired	C	ccupation Regis	stered Nurse	
	Address of em	oloyer N/A		N/A		
D D.	ovieus Marriag		parated, divorced, or a	,		Cip
D. PI	evious marriag					
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County	and State
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
	List of names.	current address and	telephone numbers of	previous spouses	:	
	Name			State	Zip	Telephone
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
Commence of the Commence of th	N/A	N/A	N/A	N/A	N/A	N/A
3. FA A.	MILY INFORMA	Dependents:	alignature and advisor d	ala dalla ser escal a bos d	lle o Collossala an	indicate all and
		laren, including step Birth Date	children and adopted Birth Place		ine rollowing sidence Addres	
Kellye	e Ann Zobrist		Dallas, TX	So. Charles	St. Apt. 342	Baltimore, MD 21230
-	N/A	N/A	N/A	N	/A	
	N/A	N/A	N/A	N	/A	
В.	Child Support	i Information: mark the appropriat	e response:			
	⊠ lar	n not subject to a co	urt order for the suppor	t of child.		
	pla	n approved by the di	order for the support of strict attorney or other suant to the order; or			
	the	order or a plan appr	order for the support of oved by the district atto nount owed pursuant to	orney or other pub	lic agency e	nforcing the order for
				Applio	cant's initial.	KHZ Page

	Contact person N/A			
C. arents			nd most recent occupations of p	arents, step-parents,
	<u>in-law or legal guardian. If re</u> Name (Maiden)		st last address and occupation. Address	Occupation
ather				
Harold lother	Clarence Zobrist	N/A	N/A	Deceased
Maurir	ne Alberta Zobrist	N/A	N/A	Deceased
ather-in-	Law			P -
Willian 1other-ir	<u>Jamses Lafferty</u> -Law	N/A	N/A	Deceased
Doro	hy Lafferty	N/A	N/A	Deceased
	List names, residence address their respective spouses.	3300, dates of birting	ind most recent occupations of b	·
Larry 2	their respective spouses. Name (Maiden)	Birth Date	Address	Occupation
pouse	their respective spouses. Name (Maiden)	Birth Date	Address N/A	Occupation Deceased
pouse N/A	their respective spouses. Name (Maiden) Zobrist	Birth Date	Address N/A N/A	Occupation Deceased N/A
Spouse N/A Harlar Spouse	their respective spouses. Name (Maiden) Zobrist	Birth Date	Address N/A N/A Metamora, IL 61548	Occupation Deceased
pouse N/A Harlar pouse Julia Z	their respective spouses. Name (Maiden) Zobrist	Birth Date	Address N/A N/A	Occupation Deceased N/A Retired
Harlar Spouse Julia Z Dean Z	their respective spouses. Name (Maiden) Zobrist Zobrist	Birth Date	N/A N/A Metamora, IL 61548 Metamora, IL 61548	Occupation Deceased N/A Retired Retired
Harlar Spouse Julia Z Dean Z Spouse Joy Zo	their respective spouses. Name (Maiden) Zobrist Zobrist Zobrist	Birth Date	Address N/A N/A Metamora, IL 61548 Metamora, IL 61548 Metamora, IL 61548	Occupation Deceased N/A Retired Retired Insurance
Harlar Spouse Julia Z Dean Z Spouse Joy Zo Eldon Spouse	their respective spouses. Name (Maiden) Zobrist Zobrist Zobrist Zobrist Zobrist Zobrist	N/A N/A	Address N/A N/A Metamora, IL 61548 Metamora, IL 61548 Metamora, IL 61548 Metamora, IL 61548	Occupation Deceased N/A Retired Retired Insurance Housewife
Harlar Spouse Julia Z Dean Z Spouse Joy Z Eldon Spouse Janet Z	their respective spouses. Name (Malden) Zobrist Zobrist Zobrist Zobrist Zobrist Zobrist (Kennell)	N/A N/A	Address N/A N/A Metamora, IL 61548	Occupation Deceased N/A Retired Retired Insurance Housewife Retired
Harlar pouse Julia Z Dean Z pouse Joy Z Eldon pouse Janet Z	their respective spouses. Name (Malden) Zobrist Zobrist Zobrist Zobrist Zobrist (Kennell) Zobrist (Hodel) DUCATION: Name of School	N/A N/A	Address N/A N/A Metamora, IL 61548	Occupation Deceased N/A Retired Retired Insurance Housewife Retired
Harlar pouse Julia Z Dean Z pouse Joy Z Eldon pouse Janet Z 4. EE	their respective spouses. Name (Malden) Zobrist Zobrist Zobrist Zobrist Zobrist (Kennell) Zobrist (Hodel) DUCATION: Name of School	N/A N/A	Address N/A N/A Metamora, IL 61548	Occupation Deceased N/A Retired Retired Insurance Housewife Retired Retired
Harlar pouse Julia Z Dean Z pouse Joy Z Eldon pouse Janet Z 4. ED Gramma cchool ligh cchool	their respective spouses. Name (Malden) Zobrist Zobrist Zobrist Zobrist Zobrist (Kennell) Zobrist Zobrist (Hodel) PUCATION: Name of School	N/A N/A Location	Address N/A N/A Metamora, IL 61548	Deceased N/A Retired Retired Insurance Housewife Retired Retired
Harlar Spouse Julia Z Dean Z Spouse Joy Z Eldon Spouse Janet Z	their respective spouses. Name (Malden) Zobrist Zobrist Zobrist Zobrist Zobrist (Kennell) Zobrist Zobrist (Hodel) MCATION: Name of School Metamora Grade Metamora High North Central College	N/A N/A N/A Location Metamora, II	Address N/A N/A Metamora, IL 61548 L 1973-1977	Occupation Deceased N/A Retired Retired Insurance Housewife Retired Retired Graduate Yes X No □

Applicant's initial KHZ
Page 3

5 MILITARY INFORMATION:

A.	have you ever serve	ed in any armed i	orces?	Yes LINO &	1		
	Branch N/A		Date	of entry-active se	ervice N/A		
	Date of separation	N/A	Туре	of discharge N	/A		
	Rating at separation						
	While in the military special or general or regardless of where	ourt martial? N/A	Yes 🗆 No [☐ If yes, furnish	h resulted in su details on page	mmary acti 10. (List a	ion, a trial o all incidents
В.	Have you registered	I for the draft?	Yes □ No X	ď			
	County N/A	State	N/A	Date	registered N/A	1	
6. AF	RRESTS, DETENTIO not convicted.) Have you ever beer violation for any rea Yes \[\text{No } \text{ \text{\texi}\text{\texi{\text{\texi}\texi{\text{\tex	n arrested, detaind son whatsoever,	ed, charged, indic regardless of the	cted or summone disposition of the	d to answer for e event? (Excep	any crimina t minor traf	al offense o
ate of /	Arrest Age	Charge	Location-City an	d State	Deposition/Date	Arresting	Agency
N/A	N/A	N/A	N/A		N/A	N/A	
N/A	N/A	N/A	N/A		N/A	N/A	
N/A	N/A	N/A	N/A		N/A	N/A	
B.C.D.E.F.G.	Has a criminal indicarrested or in which page 10. Have you ever beer or committee? Yes Have you ever beer commission? Yes ☐ Have you ever beer Yes ☐ No ☒ Have you ever had If yes, when? N/A Have you ever rece	you were named questioned or de \(\subseteq No \(\subseteq \) \(\subseteq \text{No \(\subseteq \) \(\subseteq \text{subpoenaed to	as an unindicted as an unindicted apposed by a city, appear or testify lestify for any civing record expunged city, deferred prosecu	state, federal or before a federal, il, criminal or admit or sealed by a county and state, tion for any crimi	□ No 図 If yes law enforcement state or county s sinistrative proces ourt order? Yes N/A nal offense? Yes	s. furnish dent agency, or grand jury, seeding or head in the seedin	etails on commission board or nearing?
1 .	If yes when? N// Has any member of If you answer to any	your family or of	your spouse's fa	mily ever been co	onvicted of a fel-	ony? Yes	□ No 🛭
lame		Relations	nip	Charge	Loc	ation	Date
N/A		N/A		N/A		N/A	N/A
N/A		N/A		N/A		N/A	N/A
N/A		N/A		N/A	N	I/A	N/A
					Applicant's initia	1 K4	3

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes □ No 図 (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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	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
In response to J, please se	ee page 10.	
word arrest cell series		
	-	

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	Citv	State or (County
March 1991-Nov 2000	9615 Dove Meadow Dr.	Dallas	TX	75243
Nov 2000 - Current	East Lariat Lane	Scottsdale	AZ	85255
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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
Mar 2001-June 2005	Preferred Homecare	Resigned for personal reasons, no conflic
Title	Description of Duties	Name of Supervisor
Managing Member	Sales/Marketing	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Dutles	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

Please see page 10 for additional information.

Applicant's initial Pa

9. CHARACTER REFERENCES:

lame of \	Where Employed	Street	City State	Zip 1	elephone	Years K	nown
ame Ja	ason Graybill	Home	Denver, CO		<u>L</u>	17 ye	ears
mployer	Carret Asset Management	Business	N/A				
ame M	ichael Anderson	Home	Scottsdale, A	\Z	<u>5(c)</u>	12 ye	ars
mployer	Capital Fund I	Business	Financial Se	vices		***	
ame Je	erome Ridde	Home	Scottsdale, A	Z	1/	10 ye	ears
mployer	Self Employed	Business	Dentist				
ame St	ue Bustamante, CP	AHome	Phoenix, AZ			10 y	ears
mplover	Self Employed	Business	Accountant				
ame St	teve Mingle	Home	Scottsdale,	AZ		10 y	ears
molover	McKesson	Business	Medical Sup	plier			
	ber or Type of Depositor	ν	Location	City and State	Authorized Us	iers	
	If yes, complete t	he followin	ig:				
	The second secon						
2007-0427-1	cle Bank #27		Scottsdale	Arizona	Ann Patrice	Zodrist (Sp	ouse)
N/A_			N/A	N/A	N/A	74 - 7	
N/A			N/A	N/A	N/A	arean of the	
4.4	Have you ever held	d a privilege		or professional lice	Securities		Insurance
	the following: Liquor La Doctor Co Accountant Pi Yes No 🗵	ontractor lot	Real estate b Sports promo	roker or salesman ter	Trainer or r		Gaming Educator
	the following: Liquor La Doctor Co Accountant Pi	ontractor lot	Real estate b Sports promo	And the second second			_
	the following: Liquor La Doctor Co Accountant Pi Yes I No 🗵 If yes, state type, w	ontractor lot	Real estate b Sports promo	And the second second			Educator
	the following: Liquor La Doctor Co Accountant Pi Yes No 12 If yes, state type, w N/A	ontractor lot	Real estate b Sports promo	And the second second			_
12.	the following: Liquor La Doctor Co Accountant Pi Yes No M If yes, state type, v N/A N/A N/A Have you ever app interest in a license If yes, state type, v involved, the name venture or industry	where and y where and y blied for a cled business when and w es and addr /.	Real estate be Sports promote areas held style county of states or industry OU there and give notes of all partners.	And the second second	Trainer or recovery licenses. The or industry licenses in the businesses in the bus	e or held a find which you asing said bu	Educator
12.	the following: Liquor La Doctor Co Accountant Pi Yes No M If yes, state type, v N/A N/A N/A Have you ever app interest in a licens If yes, state type, v involved, the name venture or industry Home Medical Ec	where and y blied for a cied business when and w es and addr uipment	Real estate be Sports promote areas held with the search and give notes of all partners.	te business, venture TSIDE the State of lames and locations	Trainer or r	e or held a find which you asing said bu	inancial usiness,

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 区
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒
	o the above, state where, when and for what reason:
N/	\$
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 K
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/o controlled substances?
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No KI
	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No Xi

4000000	
• • • • • • • •	Date of photograph July 18, 2018
	Applicant's initial KH3

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this

day of

810c, pl

Notary Public

KRISTIN P FENLEY
Notary Public – Arizona
Maricopa County
My Comm. Expires Dec 21. 2021

Applicant's initial_

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ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

Name of Entity	Type of Entity	Approximate Date(s) of L	awsuit/Arbitration/Bankruptcy
Maverick Healthcare Group, LLC	Durable Medical Equ	ipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical Equ	ipment Supplier	1/28/1999
RESPONSE TO PAGE 6, #8 EMPLO	OYMENT		
Company Name		Address	
Comprehensive Sleep Solutions, LLC		P.O. Box 40700 Mesa,	AZ 85274
Founders Healthcare, LLC dba Preferre	d Homecare	P.O. Box 40700, Mesa	, AZ 85274
LifeCare Solutions, Inc.		P.O. Box 40700, Mesa,	AZ 85274
Maverick Associates, LLC	********************************	26890 N. 116th Way So	cottsdale, AZ 85262
Maverick Healthcare Group, LLC	************************	P.O. Box 40700 Mesa,	AZ 85274
Maverick Healthcare Holdings II, Inc.	************************************	P.O. Box 40700 Mesa,	AZ 85274
Maverick Healthcare Holdings, Inc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.O. Box 40700 Mesa,	AZ 85274
Maverick Ventures, LLC		26890 N. 116th Way So	cottsdale, AZ 85262
Option One Home Medical Equipment,	lnc.	P.O. Box 40700 Mesa,	AZ 85274
Park InfusionCare, LP.	#8448448484848484848	P.O. Box 40700 Mesa.	AZ 85274
Preferred Homecare Infusion, LLC		P.O. Box 40700 Mesa,	AZ 85274
Preferred Homecare of Colorado, LLC		P.O. Box 40700 Mesa,	AZ 85274
Preferred Homecare Rehab Services, L	LC	P.O. Box 40700 Mesa.	AZ 85274
Sisu Healthcare Solutions, Inc.		4980 S. Alma School Rd. S	Ste #2-212, Chandler, AZ 8524
RESPONSE TO PAGE 7, #12			
Company Name	Type of Enti	ty	Address
Comprehensive Sleep Solutions, LLC	Independent Testing	Facility	P.O. Box 40700 Mesa, AZ 852
Founders Healthcare, LLC dba Preferred Homecar	e Durable Medical Equ	ipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 852
LifeCare Solutions, Inc.	Durable Medical Equ	ipment Supplier and Pharmacy	P.O. Box 40700, Mesa, AZ 852
Option One Home Medical Equipment, Inc.	Durable Medical Equ	ipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 852
Park InfusionCare, LP.	Durable Medical Equi	ipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 852
Preferred Homecare Infusion, LLC	Pharmacy		P.O. Box 40700 Mesa, AZ 852
Preferred Homecare of Colorado, LLC	Durable Medical Equi	ipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 8527
		************************************	************************

Applicant's initial Rage 10

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$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.

Mew Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.					
□ Publicly Traded Corporation – Pages 1,2,3,10,11a&b □ Partnership - Pages 1,2,6,10,11a&b □ Sole Owner – Pages 1,2,8,10,11a&b					
GENERAL INFORMATION to be completed by all t	ypes of ownership				
Pharmacy Name: <u>SNNAC</u> , <u>LLC</u>	·				
Physical Address: 932 Ryland St.					
City: ROND State: N	<u>ν </u>				
Telephone: <u>775-953-4166</u> Fax: <u>77</u>	5-853-4255				
Toll Free Number: 1966-996-9729 E-mai	: hicole, hayes Dazuracare.com				
Website: <u>Nevadakidny, com</u>	J				
Managing Pharmacist: EVIKA Sutton	License Number: <u>17627</u>				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No	Yes/No				
□ □ Retail	☐ ☑ Off-site Cognitive Services				
☐ ☑ Hospital (# beds)	□ 🗹 Parenteral				
□ ☑ Internet	□ ☑ Parenteral (outpatient)				
□ ☑ Nuclear	□				
☑	□ II Mail Service				
□ ☑ Community	□ ☑ Long Term Care				
□	☐ ☑ Sterile Compounding				
	□ ☑ Non Sterile Compounding				
l					
All boxes must be checked	□ Mail Service Sterile Compounding				

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	n the last five (5) years:	
1)	Has the corporation, any owner(s), 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, board citation, site fine 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
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation residence of any documents that identify the circumstance or contain an order, agrestition may be required.	
correc	by certify that the answers given in this application and attached documenta ct. I understand that any infraction of the laws of the State of Nevada regula tion of an authorized pharmacy may be grounds for the revocation of this pe	ating the
under correct emplo backg	e read all questions, answers and statements and know the contents thereof penalty of perjury, that the information furnished on this application are true etc. I hereby authorize the Nevada State Board of Pharmacy, its agents, serveyees, to conduct any investigation(s) of the business, professional, social a round, qualification and reputation, as it may deem necessary, proper or default and signature of Person Authorized to Submit Application, no copies or stam	e, accurate and vants and noral noral esirable.
	an Signature of Herson Authorized to Submit Application, no copies or stam 5/11/18	μs
	Name of Authorized Person Date	

Date Processed:

Board Use Only

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner. Owner's Name: O'Neill, Clark, Narvarte, & vicks Business Name: SNNAC, LLC Current Business Address: 932 Ryland Street City: <u>Leno</u> State: <u>NV</u> Zip Code: <u>99502</u> Telephone: 775-853-4166 Fax: 775-853-4255 List any physician shareholders and percentage of ownership. Name: O'Neill, Clark, Narvarie, & Vicks %: 100% Name: _______ %: ______ Name: _______ %: _______ Name: ______ %: _____ **Hours of Operation for the pharmacy:** Monday thru Friday 130 am 5 pm _____am ____pm Saturday Sunday am pm 24 Hours A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

Include with the application for a sole owner

<u>Designated representative form.</u> Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

<u>Complete the personal history record</u>. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

I, Sunit Responsible Person of	Skaria
Responsible Person of	SNNACILLC
	and that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) respon	nsibilities, may be responsible for any violations of pharmacy la
that may occur in a pharmacy own	ned or operated by said corporation.
I further acknowledge and u	understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any	action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated b	y said corporation.
I further acknowledge and u	understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or peri	mit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws of	or regulations pertaining to the practice of pharmacy.
Original Signature of Person Author	Drized to Submit Application, no copies or stamps
Sunil Skaria	511118
Print Name of Authorized Person	Date

Managing Pharmacist

Pharmacist Name:		
Pharmacy Name: _	SNNAC, LLC	. Institut the disamplety to operated in anesthense with ail-requirements there is an averaged in
-		

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Year a prescription). NRS 686 206 PRO 206 PRO 208 PRO 108 PRO	'es	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		(
1. been charged, arrested or convicted of a felony or misdemeanor in any state?				
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	K			
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any	1021			
state?	100	6-		
If you marked YES to any of the numbered questions above, please include the following informati	ion			
Board Administrative Action: State: NV Date: 12617 Case #: 16-082		L-A-N		
And/or Criminal Action: State: Date: Case #: County	E 010.	<u>.</u>		