

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 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
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&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: Nevada Zip Code: 89119

Telephone: (602) 821-7771 Fax: Pending

Toll Free Number: Pending E-mail: mulm@sisuhealthcaresolutions.com

Website: Pending

Managing Pharmacist: Thomas Dodge License Number: 16129

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds N/A)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☒ ☐ Parenteral
☒ ☐ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: N/A

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within 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 ☒

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

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

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

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

Marcus Ullman
Print Name of Authorized Person

7/6/18
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: N/A

Mailing Address: 4980 S. Alma School #2-212

City: Chandler State: AZ Zip: 85248

Telephone: Pending Fax: Pending

Contact Person: Marcus Ulm

For any corporation non publicly traded, disclose the following:

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

a) Thomas D. Martin 4980 S. Alma School #2-212
Name Business Address

b) David Scheven 4980 S. Alma School #2-212
Name Business Address

c) Marcus Ulm 4980 S. Alma School #2-212
Name Business Address

d) Keith H. Zobrist 4980 S. Alma School #2-212
Name Business Address

2) Provide the number of shares issued by the corporation. 100,000

3) What was the price paid per share? .001 per share

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: 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

Marcus Ulm

Print Name of Authorized Person

7/6/18

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 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.

		Yes	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*	1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information			
	Board Administrative Action:	State: _____	Date: _____ Case #: _____
*	And/or Criminal Action:	State: <u>MI</u> Date: <u>On File</u> Case #: <u>On File</u>	County: _____ On File Court: _____

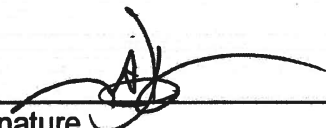
* Information on file with NVBOP from 3 previous PIC positions

* 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.



Signature

07/24/2018

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: <u>In Good Standing</u>
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	Appointed Status: Active 6/1/2018
Address:	4979 S. Alma School Road # 2-212, CHANDLER, AZ 85248, USA	Agent Last Updated: 7/3/2018
E-mail:	marcus.ulm@me.com	Mailing Address:
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/>

Entity Known Place of Business

Address:	4979 S. Alma School Road # 2- 212, CHANDLER, AZ, 85248, USA	County:	Maricopa	Last Updated:	7/3/2018
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Entity Principal Office Address

Address:	County:	Last Updated:
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ARTICLE VI
Board of Directors

The initial Board of Directors shall consist of four directors. The number of persons to serve thereafter 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

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

Thomas D. Martin
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:

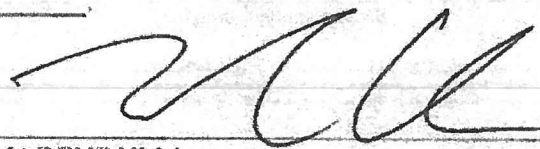
Marcus Ulm
4979 S. Alma School Road # 2-212
Chandler, Arizona 85248

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/Statutory Agent

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

☞ Date 07/18/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Solutions, Inc. Nature of Pharmacy or Wholesaler
871 Grier Dr. Ste. B-2 Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Dodge Thomas Allen
Last Name First Name Middle Name
N/A

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

Calcione Drive Henderson NV / 89011

Present Residence Address-Street or RFD 04/2015 City State/Zip

N/A Dates N/A N/A

Present Business Address City State/Zip

N/A Dates N/A N/A

Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business N/A

Jackson, Jackson, Michigan
Date of Birth Place of Birth (City, County, State)

50 Male

Age Social Security Number Sex

Blue Brown Fair/white 190 lbs Medium 5'11"

Color of Eyes Color of Hair Complexion Weight Build Height

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

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial sk

MARITAL INFORMATION-Continued

A. **Current Marriage** 02/11/2017 Henderson, Clark, Nevada
Date City, County and State
 Spouse's full name (Maiden) Jody Ann Bell S.S. No. _____
 Date of Birth _____ Place of Birth New Haven, CT
 Resident address Calcione Drive Henderson NV 89011
Street City State Zip
 Telephone: Residence _____ Business 702-778-8880
 Spouse's employer Total Infusion Care Occupation Administratrix / Director of Clinical
 Address of employer 3041 W. Horizon Ridge Pkwy Henderson NV 89011
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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	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. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
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 Information:**

Please mark the appropriate response:

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

Applicant's initial JA

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
David Allen Dodge		State Rd, Hillsdale, MI 49242	Retired Pharmacist
Mother			
Melinda Ellen Dodge	Deceased		Admin Asst
Father-in-Law			
Richard Bell		College St. Clinton, CT 06413	Retired
Mother-in-Law			
Carol Bell		College St. Clinton, CT 06413	Homemaker

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Karen Lynn Dodge			
Morrison Lake Gardens Saranac, MI 48881			Bus Ops Specialist
Spouse			
Donald Rex Rogers		Morrison Lake Gardens Saranac, MI 48881	Systems Engineer
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	N/A
Spouse			
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Bean Elementary	Spring Arbor, MI	1973-1978
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
High School	Western J-high, High School	Parma, MI	1978-1986
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
College University	Jackson Community College	Jackson, MI	1986-1989
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Other	University of Michigan College of Pharmacy	Ann Arbor, MI	1989-1993
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

Type of degree obtained, if any Doctor of PharmacyCollege or university where obtained University of Michigan College of Pharmacy

Applicant's initial

JA

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
05/26/1997	29	OUIL	Jackson, MI	9/19/1997	Jackson County Sheriff
09/16/2000	32	OWI	Ann Arbor, MI	01/31/2001	Washtenaw County Sheriff
06/05/2008	40	OWI	Howell Township, MI	07/14/2008	Michigan State Police

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
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 H
Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

H

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name John Bowie, Pharm.D. Home		2 E Pyle Ave. Las Vegas, NV		89183		10
Employer Coram/CVS	Business	1951 Ramrod Ave	Henderson NV	89014		
Name Eugene Speck, MD	Home					15
Employer IDC	Business	3006 S Maryland Pkwy #780		89109	702-737-0740	
Name Ronald Shockley, MD	Home					14
Employer Infectious Disease	Business	3121 S Maryland Pkwy	Las Vegas, NV	89109	702-403-0900	
Name Tiffani Lucas, RN	Home	PO Box 530535	Henderson, NV	89053		8
Employer Quality Nursing	Business	2900 W. Horizon Ridge Pkwy	Henderson, NV	89052	702-883-8990	
Name Bill Kottmer, Pharm.D.	Home					7
Employer BriovaRx Infusion	Business	460 S Benson Ln, Ste 12,	Chandler, Arizona	85224	602-214-6954	

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacist License MI 4/1995 - 06/2010, FL 08/1993 - 07/1999

Pharmacist License NV 08/2003 - present IL 07/1997 - 03/2000

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

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

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

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

N/A

N/A

Applicant's initial

↓

14. 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

15. 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

16. 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

17. 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 wholesaler) Yes ☐ No ☒

N/A

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

N/A

N/A

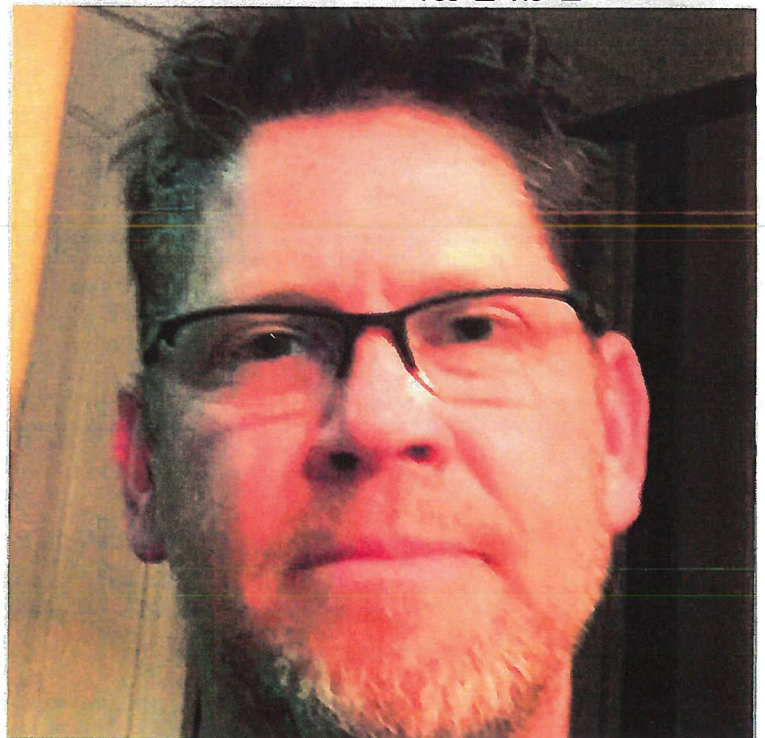
N/A

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 07-24-2018
Applicant's initial HA

STATE OF Nevada

SS.

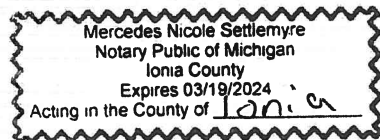
COUNTY OF Clark

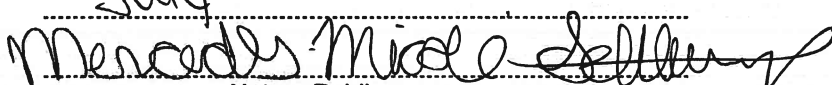
I, Thomas Allen Dodge, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that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


Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of



July

Notary Public

(seal)

Applicant's initial h

ADDITIONAL INFORMATION

Continuation of page 5, # 7 - Residences

2013 - current Silver Wind Avenue Henderson, NV 89052

2015 - current 5 Calcione Drive Henderson, NV 89011

Applicant's initial



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Pharmacy License
Sisu Healthcare Solutions, Inc 871 Grier Dr, Suite B-2, Las Vegas, NV 89119
Nature of License
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	Ulm	First Name	Marcus	Middle Name	Eric
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
N/A	N/A	N/A	N/A	N/A	N/A
Present Residence Address-Street or RFD	City	State/Zip			
W Riverside St	Chandler	Az			
Present Business Address	City	State/Zip			
4980 S Alma School Rd	Chandler	AZ			
Occupation	Phone:				
President of Sisu Healthcare Solutions, Inc	Residence				
Good Samaritan Hospital, Phoenix, Maricopa, AZ	Business		602.821.7771		
Date of Birth	Place of Birth (City, County, State)				
46	Male				
Age	Social Security Number		Sex		
Blue	Brown	Caucasion	170	Med	5' 9'
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo on left shoulder, Tattoo on left ribcage, Tattoo on left hip

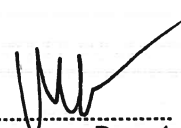
Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

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

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

2. MARITAL INFORMATION:

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

Applicant's initial  Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 11/12/2017

Spouse's full name (Maiden) Lura Nicole Ulm (Russell) Date 11/12/2017 City, County and State Hamilton County, Indiana
 S.S. No. _____
 Date of Birth _____ Place of Birth Hamilton County, Indiana
 Resident address 1 W Riverside St Chandler AZ 85248
 Street City State Zip
 Telephone: Residence _____ Business 602.568.7055
 Spouse's employer OptionCare Occupation Intake Operations Manager
 Address of employer 7850 S Hardy Dr Tempe AZ 85284
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Michelle Lynn Ulm	09/27/2013	04/27/1991	Divorce	Maricopa, AZ
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	Street	City	State	Zip	Telephone
Michelle Lynn Ulm	N 81st Dr	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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Cody Ulm		AZ	Columbine St, Apt #307, Denver, CO 80206
Bryce Ulm		AZ	N 81st Dr, Glendale, AZ 85303
Tatum Ulm		AZ	N 81st Dr, Glendale, AZ 85303

****Please see page 10 for additional family information****

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial [Signature] Page 2

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Richard Ulm		3 E Lamplighter Ln, Tempe, AZ 85283	Retired
Mother			
Nancy Miller		Quail Dr., Box 1163, Pine, AZ 85544	Retired
Father-in-Law			
Paul D Russell		3 Rosebud Dr. Nobelsville, IN 46060	Retired
Mother-in-Law			
Christina E Moore (Smith)		Mill St. Tipton, IN 46072	Paralegal

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
N/A	N/A	N/A	N/A
Spouse	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
Spouse	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Spouse	N/A	N/A	N/A

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ocotillo School	Phoenix, AZ	1979-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Cortez High School	Phoenix, AZ	1987-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Apollo College	Phoenix, AZ	1991-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Glendale Community College	Glendale, AZ	1995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Associate of Applied ScienceCollege or university where obtained Apollo CollegeApplicant's initial tu Page 3

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☒ No ☐

County Maricopia State Arizona Date registered 12-18-1989

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

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

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

Name	Relationship	Charge	Location	Date
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 W Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

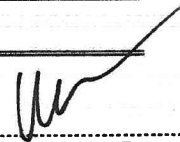
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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 Palmitas 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



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
07/2018	Sisu Healthcare Solutions, Inc 4980 S Alma School Rd, #2-212, Chandler, AZ 85248	Current
Title	Description of Duties	Name of Supervisor
President	General Management	Board of Directors
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2017	Sound Health Medical Supplies 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
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	Keith 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
Cashier / Prep Cook	Customer Service/ Cooking	Unable to recall

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

Applicant's initial

Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name David Scheven	Home	0 N 116th Way	Scottsdale, AZ	85262		60 20 years
Employer Retired	Business	N/A				
Name John Baptist	Home	1 N 24th Ln	Phoenix, AZ	85086		18 years
Employer PHCN	Business	7600 N 16th St, Suite 140	Phx, Az	85020	602-395-5100	
Name James Reedy	Home	Madison Avenue	New Braunfles, TX	78130		6 years
Employer Tenet Healthcare	Business	1445 Ross Ave, Sute 1400	Dallas, TX	75202	512-557-1810	
Name Keith Zobrist	Home	E Lariat Ln	Scottsdale, AZ	85255		3 20 years
Employer Retired	Business	N/A				
Name Keith Crawford	Home	1 Greentrail Cir	Lone Tree, CO	80124		6 years
Employer Solara Medical Supplies	Business	2084 Otay Lakes Rd, Ste 102	Chula Vista, CA	91913		

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

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	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 held a privileged, occupational or professional license in any state, including but not limited to the following:

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

Yes ☒ No ☐

If yes, state type, where and years held

Arizona, Respiratory Therapist, 24 years

N/A

N/A

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

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

Comprehensive Sleep Solutions P.O. Box 40700 Mesa, AZ 85274

N/A

N/A

Applicant's initial

Page 7

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

N/A

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

N/A

If yes to 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 ☒



Date of photograph

07/26/18

Applicant's initial

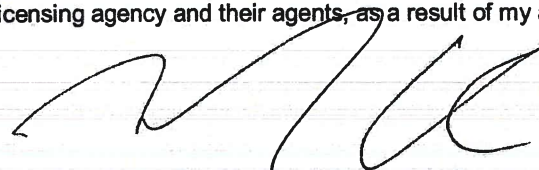
STATE OF Arizona

ss.

COUNTY OF Maricopa

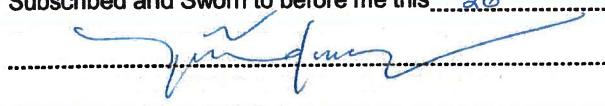
I, Marcus Ulan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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



Original Signature of Applicant

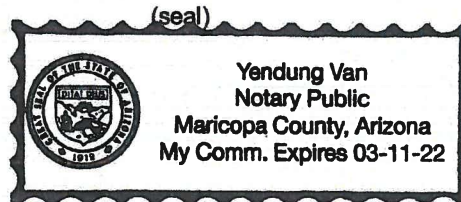
Subscribed and Sworn to before me this 26 day of July, 2018



Notary Public

Yendung Van

My commission Expires 3.11.2022



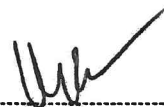
Applicant's initial 

ADDITIONAL INFORMATION

Page 2, #3 (A) Family Information Cont.

Step Children: James Swinney	DOB: 1	Mesa, AZ	W Riverside St, Chandler, AZ 85248
Dean Swinney	DOB:	Carmel, IN	W Riverside St, Chandler, AZ 85248

Applicant's initial



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date July 16, 2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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.

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

Application for Pharmacy License

Nature of License

Sisu Healthcare Solution, Inc. 871 Grier Drive, Ste. B-2, Las Vegas, NV 89119

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Scheven

David

F

Last Name

First Name

Middle Name

N/A

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

2 N. 116th Way

Scottsdale

AZ 85262

Present Residence Address-Street or RFD

City

State/Zip

N/A

Dates

N/A

N/A

Present Business Address

City

State/Zip

Retired

Dates

March 2014

Occupation

Phone:

Residence

Business

N/A

30

Milwaukee, Milwaukee, Wisconsin

Date of Birth

Place of Birth (City, County, State)

58

Age

Social Security Number

Male

Sex

Blue

Brown

Fair

185 lbs.

Medium

6'2"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No N/A

Date N/A

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

2. MARITAL INFORMATION:

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

Applicant's initial

DS

MARITAL INFORMATION-Continued

A. **Current Marriage** August 5, 1989 Los Gatos, Santa Clara, California
Date City, County and State
 Spouse's full name (Maiden) Audrey Lynn Scheven (Kamlin) S.S. No. _____
 Date of Birth 9 Place of Birth Turlock, California
 Resident address 0 N. 116th Way Scottsdale AZ 85262
Street City State Zip
 Telephone: Residence () _____ 7 Business N/A
 Spouse's employer N/A Occupation Retired
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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	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. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Tyler Scheven		Los Gatos, CA	5 Liardet St. VogeHown, Wellington, New Zealand 6021
Spenser Scheven	15	Chandler, AZ	E. 5th St. Unit 1626, Tempe, AZ 85281
Sonora Scheven		Phoenix, AZ	N. 116th Way, Scottsdale, AZ 85262

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Frederick Scheven		Cedar St. Monterey, CA 93940	Flooring Contractor
Mother			
Beverly Scheven (Sharon)	1/	2 Cedar St. Monterey, CA 93940	Homemaker
Father-in-Law			
Richard Kamlin		Turlock, CA	School Teacher
Mother-in-Law			
Joan Kamlin (Welsh)		5 Essex Ave., Sedona, AZ 86336	Librarian

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Robert Scheven	7	5 Blackbird Ct, Lodi, CA 95240	Manager
Spouse			
Cheryl Scheven (Kelly)		7 C St. SW. PO Box 823 Castle Rock, WA 98611	Cook
Cindy Hawley (Scheven)		Fair St., Petaluma, CA 94952	Insurance Broker
Spouse			
Thomas Hawley		Fair St., Petaluma, CA 94952	Artist
Christy Huggins (Scheven)		Lafayette St., Soquel, CA 95073	Software Analyst
Spouse			
Doug Huggins		3 Lafayette St., Soquel, CA 95073	Salesman
Lisa Morgan (Scheven)		Rio Rd., Carmel, CA 93923	Nurse
Spouse			
Kevin Morgan	5	Rio Rd., Carmel, CA 93923	Inspector

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Monterey, CA	1965-1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Monterey High School	Monterey, CA	1975-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of California, Santa Barbara	Santa Barbara, CA	1980-1983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A			N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Arts, History and EconomicsCollege or university where obtained University of California, Santa Barbara

Applicant's initial



MARITAL INFORMATION-Continued

A. **Current Marriage** August 5, 1989 Los Gatos, Santa Clara, California
Date City, County and State
 Spouse's full name (Maiden) Audrey Lynn Scheven (Kamlin) S.S. No. 5
 Date of Birth 1 Place of Birth Turlock, California
 Resident address 2 N. 116th Way Scottsdale AZ 85262
Street City State Zip
 Telephone: Residence Business N/A
 Spouse's employer N/A Occupation Retired
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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	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. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Tyler Scheven		Los Gatos, CA	Liardet St. VogeHown, Wellington, New Zealand 6021
Spenser Scheven		Chandler, AZ 24	E. 5th St. Unit 1626, Tempe, AZ 85281
Sonora Scheven		Phoenix, AZ	10 N. 116th Way, Scottsdale, AZ 85262

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial

AS

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Frederick Scheven	1	Cedar St. Monterey, CA 93940	Flooring Contractor
Mother			
Beverly Scheven (Sharon)		Cedar St. Monterey, CA 93940	Homemaker
Father-in-Law			
Richard Kamlin		Turlock, CA	School Teacher
Mother-in-Law			
Joan Kamlin (Welsh)		Essex Ave., Sedona, AZ 86336	Librarian

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Robert Scheven		Blackbird Ct, Lodi, CA 95240	Manager
Spouse			
Cheryl Scheven (Kelly)		C St. SW, PO Box 823 Castle Rock, WA 98611	Cook
Cindy Hawley (Scheven)		9 Fair St., Petaluma, CA 94952	Insurance Broker
Spouse			
Thomas Hawley		Fair St., Petaluma, CA 94952	Artist
Christy Huggins (Scheven)		3 Lafayette St., Soquel, CA 95073	Software Analyst
Spouse			
Doug Huggins		1 Lafayette St., Soquel, CA 95073	Salesman
Lisa Morgan (Scheven)		1 Rio Rd., Carmel, CA 93923	Nurse
Spouse			
Kevin Morgan		1 Rio Rd., Carmel, CA 93923	Inspector

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Thomas O'Larkin	Monterey, CA 1965-1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Monterey High School	Monterey, CA 1975-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	University of California, Santa Barbara	Santa Barbara, CA 1980-1983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			
Other	N/A		N/A Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Arts, History and EconomicsCollege or university where obtained University of California, Santa BarbaraApplicant's initial DS

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☒ No ☐

County Monterey State California Date registered 1978

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
1978	18	DUI	Monterey, CA	1978	Monterey Police
1981	20	Minor in possession of alcohol	Santa Barbara, CA	1981	Santa Barbara Police
1984	24	Wreckless Driving	Monterey, CA	1984	Monterey Police

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

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

Applicant's initial DS Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

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

- 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, see page 10.

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
03/1993 - 07/2003	16210 S. 14th Drive	Phoenix	AZ 85045
07/2003 - Current	N. 116th Way	Scottsdale	AZ 85262
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

DS

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 Phoenix, 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	Apria Healthcare 26220 Enterprise Ct., Lake Forest, CA 92630	Started Preferred Homecare
Title	Description of Duties	Name of Supervisor
Branch Manager/Regional Manager	Oversaw branch and regional operations	Tom Martin, Eileen Hoover
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1989 - 6/1992	Computer Learning Center San Jose (Closed 2001)	Job at Apria Healthcare
Title	Description of Duties	Name of Supervisor
Teacher/Director of Education -	Taught computer classes and oversaw other 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	A Cesana & Associates Walnut creek, CA	Company Bankruptcy
Title	Description of Duties	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	Monterey High School/Monterey Peninsula College/University of California, Santa Barbara	
Title	Description of Duties	Name of Supervisor
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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Keith Zobrist	Home	E. Lariat Lane	Scottsdale	AZ 85255	(4)	22 years
Employer Retired	Business	N/A				
Name Tom Martin	Home	7 N. 91st St.	Scottsdale	AZ 85255	(8)	25 years
Employer Retired	Business	N/A				
Name John Baptist	Home	N. 24th Lane	Phoenix	AZ 85086	(4)	20 years
Employer Professional Homecare Services	Business	7000 N. 16th St., Ste 140 Phoenix, AZ 85020				
Name Kim Templeton	Home	N. 21st St.	Phoenix	AZ 85020	(6)	25 years
Employer Professional Homecare Services	Business	7000 N. 16th St., Ste 140 Phoenix, AZ 85020				
Name Dave Engel	Home	East Harvard Rd.	Burbank	CA 91501		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:

Box Number or Type of Depository	Location	City and State	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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

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

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

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 ☒

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

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

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 ☒

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

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

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

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



Date of photograph

7/18/18

Applicant's initial

DS

STATE OF California

ss.

COUNTY OF San Diego

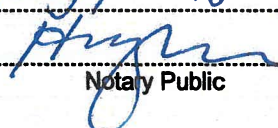
I, David Scheven, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 18 day of

July, 2018

Notary Public



(seal)

Applicant's initial DS

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, 6J

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</u>
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999
Preferred Homecare	Durable Medical Equipment Supplier	5/17/2002
Preferred Homecare	Durable Medical Equipment Supplier	7/26/2012
Preferred Homecare	Durable Medical Equipment Supplier	12/5/2014
Preferred Homecare	Durable Medical Equipment Supplier	11/6/2014
Preferred Homecare	Durable Medical Equipment Supplier	5/15/2014
Preferred Homecare	Pharmacy	9/22/2014

RESPONSE TO PAGE 6, #8 EMPLOYMENT

<u>Company Name</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred 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 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 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

RESPONSE TO PAGE 7, #12

<u>Company Name</u>	<u>Type of Entity</u>	<u>Address</u>
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
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial

DS

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date July 16, 2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Grier Drive Ste. B-2, Las Vegas, NV. 89119

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Martin</u>	<u>Thomas</u>	<u>Daniel</u>
Last Name	First Name	Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>7 North 91st Street</u>	<u>Scottsdale</u>	<u>AZ 85255</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Present Business Address	City	State/Zip
<u>Retired</u>	<u>March 2014</u>	
Occupation		
		Phone: Residence <u> </u>
		Business <u>N/A</u>
<u>East St. Louis, St Clair, Illinois</u>		
Date of Birth	Place of Birth (City, County, State)	
<u>55</u>		<u>Male</u>
Age	Social Security Number	Sex
<u>Blue</u>	<u>215</u>	<u>6 ft 2 inches</u>
Color of Eyes	Color of Hair	Complexion
		Weight
		Build
		Height

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

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial TD

MARITAL INFORMATION-Continued

A. **Current Marriage** September 9, 1989 Belleville, St Clair, Illinois
 Date City, County and State
 Spouse's full name (Maiden) Leah Renee Christie S.S. No.
 Date of Birth Place of Birth Cleveland, Ohio
 Resident address 7 North 91st Street Scottsdale Arizona 85255
 Street City State Zip
 Telephone: Residence Business N/A
 Spouse's employer Retired Occupation N/A
 Address of employer N/A N/A N/A N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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	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. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Garrett Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Wyatt Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Bennett Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255
Mia Martin		Scottsdale, Arizona	North 91st Street, Scottsdale, AZ 85255

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial  Page 2

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Francis Martin		1 West Johnson, Collinsville, IL 62234	Business Owner
Mother			
Lottie Martin		Cougar Ct. Glen Carbon, IL 62034	Bus Driver
Father-in-Law			
Leo Christie		1 Sunny Rdge Round Hill, VA 20141	Govt Worker
Mother-in-Law			
Beatice Christie		2 North 6th Drive, Phoenix AZ 85027	Bakery Worker

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Vernon Martin		1 Shriver Circle, Lake Mary FL 32746	Retail Sales
Spouse Barbara Martin		Shriver Circle, Lake Mary FL 32746	DOT
Allan Martin		1 Hillcreech Rd Collinsville, IL 62234	Sales Rep
Spouse Terry Martin		Hillcreech Rd Collinsville, IL 62234	Clinical Analyst
Alecia Jawor (Martin)		Magnet Dr St Louis, MO 63132	A/R Rep
Spouse Steve Jawor		Magnet Dr St Louis, MO 63132	Bakery Owner
Kevin Martin		23 Bononil Rd New Douglas, IL 62074	HVAC Service
Keith Martin		Northbay Ct Glen Carbon IL 62034	Sleep Diagnostcs
Kent Martin		1 Orchard Edwardsville, 62025	Ops Mgr

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Dorris Grade School	Illinois	9/68 - 5/73	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Collinsville, High School	Illinois	9/76 - 5/80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	North Central College	Illinois	9/80 - 5/84	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B. A. in MarketingCollege or university where obtained North Central CollegeApplicant's initial TM Page 3

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☒ No ☐

County Madison State Illinois Date registered 11/10/1980

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
9/4/2010	47	DV	Scottsdale, Arizona	Dismissed 5/12/2011	Scottsdale PD
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. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state N/A
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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 TBU Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

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

- 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.		

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 TDA

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

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Keith Zobrist	Home	' East Lariat Lane, Scottsdale, AZ 85255				34 41
Employer Retired	Business	N/A				
Name David Scheven	Home	116th Way Scottsdale, AZ 85262				30 25
Employer Retired	Business	N/A				
Name Kim Templeton	Home	N 21st Phoenix, AZ 85020				7 25
Employer PHS	Business	7600 North 16th Street, Suite 140, Phoenix AZ, 85020				
Name Mike Neill	Home	1 DeSalle St. Laguna Hills, CA 92653				35 28
Employer Retired	Business	N/A				
Name Marcus Ulm	Home	West Riverside St. Chandler, AZ 85248				71 20
Employer Sisu	Business	4980 S Alm School Rd 2-212, Chandler, AZ 85248				

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

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	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 held a privileged, occupational or professional license in any state, including but not limited to the following:

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

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

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

In response to question 12, please see page 10.

Applicant's initial

TJW

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

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

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

N/A

N/A

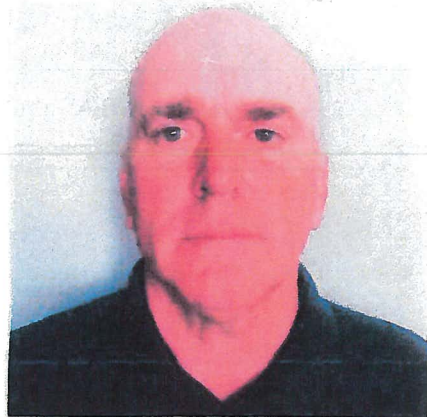
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

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

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

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

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



Date of photograph 7/23/2018

Applicant's initial

JD

STATE OF Arizona

ss.

COUNTY OF COCONINO

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

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 23rd day of July 2018

[Signature]
Notary Public



Applicant's initial TDL
Page 9

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, J

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</u>
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999
Preferred Homecare	Durable Medical Equipment Supplier	5/17/2002
Preferred Homecare	Durable Medical Equipment Supplier	7/26/2012
Preferred Homecare	Durable Medical Equipment Supplier	12/5/2014
Preferred Homecare	Durable Medical Equipment Supplier	11/6/2014
Preferred Homecare	Durable Medical Equipment Supplier	5/15/2014
Preferred Homecare	Pharmacy	9/22/2014

RESPONSE TO PAGE 6, #8 EMPLOYMENT

<u>Company Name</u>	<u>Address</u>
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred 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 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 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

RESPONSE TO PAGE 7, #12

<u>Company Name</u>	<u>Type of Entity</u>	<u>Address</u>
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
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial

TDM

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date July 11, 2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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

Nature of License

Sisu Healthcare Solutions, Inc. 871 Grier Drive Ste. B-2 Las Vegas, NV 89119

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Zobrist Keith Harold
Last Name First Name Middle Name

N/A

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

7 East Lariat Lane Scottsdale Arizona, 85255
Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
Present Business Address Dates City State/Zip

Investor Current
Occupation Dates

Phone:
Residence

Business N/A

Peoria, Peoria, Illinois
Date of Birth Place of Birth (City, County, State)

59 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 distinguishing marks and/or characteristics N/A

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial KHJ Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** April 1, 1989 Scottsdale, Maricopa, Arizona
Date City, County and State
 Spouse's full name (Maiden) Ann Patrice Zobrist (Lafferty) S.S. No.
 Date of Birth _____ Place of Birth Scranton, PA
 Resident address E. Lariat Lane Scottsdale AZ 85255
Street City State Zip
 Telephone: Residence 12 Business N/A
 Spouse's employer Retired Occupation Registered Nurse
 Address of employer N/A N/A N/A N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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	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. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Kellye 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

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial KHJ Page 2

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Harold Clarence Zobrist	N/A	N/A	Deceased
Mother			
Maurine Alberta Zobrist	N/A	N/A	Deceased
Father-in-Law			
William James Lafferty	N/A	N/A	Deceased
Mother-in-Law			
Dorothy Lafferty	N/A	N/A	Deceased

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Larry Zobrist	N/A	N/A	Deceased
Spouse			
N/A	N/A	N/A	N/A
Harlan Zobrist		Metamora, IL 61548	Retired
Spouse			
Julia Zobrist		Metamora, IL 61548	Retired
Dean Zobrist		Metamora, IL 61548	Insurance
Spouse			
Joy Zobrist (Kennell)		Metamora, IL 61548	Housewife
Eldon Zobrist		Metamora, IL 61548	Retired
Spouse			
Janet Zobrist (Hodel)		Metamora, IL 61548	Retired

4. EDUCATION:

Name of School		Location	Dates Attended	Graduate	
Grammar School	Metamora Grade	Metamora, IL	1964-1973	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
High School	Metamora High	Metamora, IL	1973-1977	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
College University	North Central College	Naperville, IL	1977-1981	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other N/A			N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Type of degree obtained, if any Corporate WellnessCollege or university where obtained N/A

Applicant's initial

KHJ

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

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

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

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

Name	Relationship	Charge	Location	Date
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 K43 Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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	
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
N/A	N/A	N/A	N/A	N/A

Applicant's initial KHJ 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 conflict
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 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/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

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

Please see page 10 for additional information.

Applicant's initial

KHJ

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jason Graybill	Home	Denver, CO				17 years
Employer Carrel Asset Management	Business	N/A				
Name Michael Anderson	Home	Scottsdale, AZ			5(c)	12 years
Employer Capital Fund I	Business	Financial Services				
Name Jerome Ridde	Home	Scottsdale, AZ				10 years
Employer Self Employed	Business	Dentist				
Name Sue Bustamante, CPA	Home	Phoenix, AZ				10 years
Employer Self Employed	Business	Accountant				
Name Steve Mingle	Home	Scottsdale, AZ				10 years
Employer McKesson	Business	Medical Supplier				

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

Box Number or Type of Depository	Location	City and State	Authorized Users
Pinnacle Bank #27	Scottsdale	Arizona	Ann Patrice Zobrist (Spouse)
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

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

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

Home Medical Equipment Phoenix, AZ

Thomas D. Martin Scottsdale, AZ

David F. Scheven Scottsdale, AZ

Applicant's initial

K43

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

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

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

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 ☒

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

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

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

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



Date of photograph July 18, 2018

Applicant's initial KHJ

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

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

Keith K Zobrist
Original Signature of Applicant

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

Keith Zobrist

[Signature]
Notary Public



Applicant's initial KAZ

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ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

RESPONSE TO PAGE 5, J

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	12/10/1998
Maverick Healthcare Group, LLC	Durable Medical Equipment Supplier	1/28/1999

RESPONSE TO PAGE 6, #8 EMPLOYMENT

Company Name	Address
Comprehensive Sleep Solutions, LLC	P.O. Box 40700 Mesa, AZ 85274
Founders Healthcare, LLC dba Preferred 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 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 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

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
Preferred Homecare Infusion, LLC	Pharmacy	P.O. Box 40700 Mesa, AZ 85274
Preferred Homecare of Colorado, LLC	Durable Medical Equipment Supplier and Pharmacy	P.O. Box 40700 Mesa, AZ 85274

Applicant's initial

KHJ

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____) Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SNNAC, LLC

Physical Address: 932 Ryland St.

City: Reno State: NV Zip Code: 89502

Telephone: 775-853-4166 Fax: 775-853-4255

Toll Free Number: 1-866-996-9729 E-mail: nicole.hayes@azuracare.com

Website: nevadakidney.com

Managing Pharmacist: Erika Sutton License Number: 17827

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- | |
|--|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Community |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____ |

All boxes must be checked

For the application to be complete

Yes/No

- | |
|--|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>in-center only</u> |

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

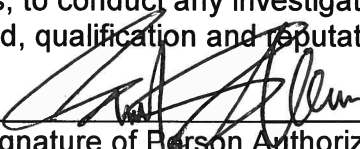
Within the last five (5) years:

- 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 ☒

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

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

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


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

Sunil Skaria
Print Name of Authorized Person

5/11/18
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

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: Reno State: NV Zip Code: 99502

Telephone: 775-853-4166 Fax: 775-853-4255

List any physician shareholders and percentage of ownership.

Name: O'Neill, Clark, Narvarte, & vicks %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7³⁰ am 5 pm

Saturday _____ am _____ pm

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

Designated representative form. 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.

Complete the personal history record. 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

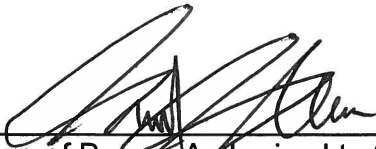
I, Sunil Skaria

Responsible Person of SNNAC, LLC

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

Sunil Skaria

Print Name of Authorized Person

5/11/18

Date

Managing Pharmacist

Pharmacist Name: Erika Sutton

License #: 17827

Pharmacy Name: SNNAC, LLC

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.

	Yes	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 12/6/17 Case #: 16-082-RPh-A-N

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County: _____ Court: _____