## **NEVADA STATE BOARD OF PHARMACY**

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

## **APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG
(Flease provide current neerise humber in making changes. 1911 St. 1979
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: Foothill Medical Supply, LLC
Physical Address: 6295 McLeod Dr, #22, Las Vegas, NV 89120  (This must be a business address, we can not issue a license to a home address)
Mailing Address: 723 N 1890 W, Suite 38A
City: Provo State: UT Zip Code: 84601
Telephone: (877) 492-2704 ext 405 Fax: (877) 492-2716
E-mail: wreaves@mmsmde.com Website: www.mmsdme.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm
Fri: 8 am to 5 pm Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Scott Reaves (877) 464-5846 ext. 1
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
Medical Gases**  Respiratory Equipment**  □ Life-sustaining equipment** □ Diabetic Supplies  **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Tyler Hess    Assistive Equipment   Parenteral and Enteral Equipment**   Orthotics and Prosethics   Other: General Supplies  **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada Telephone: (702) 672-1408
Pogo 1

#### APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

None - We provide services exclusively to patients enrolled in the Division of Energy Employees Occupational Illness Compensation Program (DEEOIC), which is managed by the Department of Labor Office of Workers' Compensation Programs. Our provider numbers are listed below: NPI - 1558887927; Department of Labor Pl's - 624014500, 622952500. 622826800, 617577000 Do any shareholders hold an interest ownership or have management in 1) any type of business or facility which are licensed by the State of Nevada Yes □ No 🔯 or another political jurisdiction? Are you or have you in the last year been associated with any person, 2) business or health care entity in which MDEG products were sold, Yes □ No 🖾 dispensed or distributed? Are any of the owners health professionals? If yes, please check the box and list name. 3) Name: \_\_\_\_\_\_ ☐ Practitioner ☐ Advanced Practitioner of Nursing Name: ☐ Physician's Assistant Name: \_\_\_\_\_ □ Physical Therapist □ Occupational Therapist Name: ☐ Registered Nurse Name: □ Respiratory Therapist Name:

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

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within	the last five (5) yea	ars:		
1)	any interest, ever b	een charged, or convid	der(s) or partner(s) with sted of a felony or gross plea or no contest plea)?	Yes □ No 🕱
2)		n, any owner(s), shareh neen denied a license, p	older(s) or partner(s) with permit or certificate of	Yes □ No 🗵
3)	interest, ever been	n, any owner(s), shareh the subject of an admin maceutical industry?	nolder(s) or partner(s) with any nistrative action or proceeding	Yes □ No 🔀
4)	interest, ever beer		nolder(s) or partner(s) with any ty or entered a plea of nolo , related to controlled	Yes □ No 🔯
5)	interest, ever surre	endered a license, pern	nolder(s) or partner(s) with any nit or certificate of registration voluntary close of a facility)?	Yes □ No 🕱
attach		documents that identify	a signed statement of explanatio the circumstance or contain an	
l unde	rstand that any infrac	tion of the laws of the Sta	tion and attached documentation a ate of Nevada regulating the operate ounds for the revocation of this perr	ion of an
penalt hereby any in	y of perjury, that the i y authorize the Nevad vestigation(s) of the b	nformation furnished on t la State Board of Pharma	nd know the contents thereof. I he this application are true, accurate a acy, its agents, servants and emploicial and moral background, qualificinable.	nd correct. I yees, to conduct
Origin	al Signature of Pers	son Authorized to Subn	nit Application, no copies or stan	nps
4	ne Reaves		03/04/2019	
Print I	Name of Authorized	Person	Date	
Board	l Use Only	Received:	Amount: <u>600.0</u>	

## APPLICATION FOR NEVADA MDEG LICENSE

# **OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

		-		
Name:	Wayne Reaves		%:	25
Name:	Angela Caines		%:	25
Name:	Scott Reaves		%:	25
Name:	Seth Clayton		%:	25
	ship Name: Foothill Medical Suppl			
Mailing	Address: 723 N 1890 W, Ste 38	A		
City: F	rovo	State: UT	_Zip Code:	84601
Telepho	one Number: 877.492.2704 ext.	405 Fax Number: <u>(87</u>	7) 492-2716	
Contac	t Person: Wayne Reaves			

#### **PARTNERSHIP**

# Include with the application for a partnership

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



#### **Utah Department of Commerce**

**Division of Corporations & Commercial Code** 

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/20/2019 9095805-016005202019**-**286672

# CERTIFICATE OF EXISTENCE

Registration Number:

9095805-0160

**Business Name:** 

FOOTHILL MEDICAL SUPPLY, LLC

Registered Date:

July 11, 2014

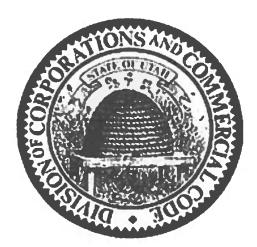
**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Eym Stup

Jason Sterzer
Director

Division of Corporations and Commercial Code

# APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 10/25/19

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

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

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

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

#### GENERAL INSTRUCTIONS

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

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

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

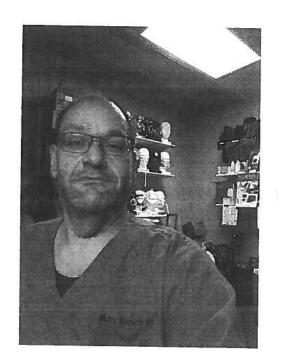
Application for	Medical Device, Equipment and Gases
	Nature of MDEG
Foothill Medic	cal Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120
Name a	and Address of Business for Which MDEG Administrator Is Requested
	If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION	N:	
Baruck Last Name	Marc First Name	Philip Middle Name
Alias(es, Nicknames, Maiden Na	me, Other Name Changes	s, Legal or Otherwise)
Present Residence Address-Stre	Drive La	City State/Zip
Present Business Address	<u>Dates</u> City	State/Zip
Present Position with the MDEG	Dates	
Phone:	Fax:	
Email address:		
Date of Birth	Place of Birth (City, Cour	Station Suffolk, NY
Age	Social Security Number	<u>M</u> Sex
Hazel Black Color of Eyes Color of Hair	<u>⊋ 3                                   </u>	S'9'' Height
Scars, tattoos or distinguishing m	arks and/or characteristic	es <u>NA</u>
Are you a citizen of the United St	ates? Yes ∐YNo □	
If alien, registration No		
If naturalized, certificate No	Dat	te
Place		· naturalized, document must be verified

#### **EMPLOYMENT:**

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

809/2019 Month and Year	AMG Specially Hospital Name/ Address of Employer/Business	Per Diem
	Name/ Address of Employer/Business	
RRT Title	Description of Duties	Gerard Marshal Name of Supervisor
	Description of Duties	Name of Supervisor
3/20/9 Month and Year	State Medical Equipment Name/ Address of Employer/Business	40
	Name/ Address of Employer/Business	No of Employed Hours
RRT Title	Description of Duties	Pducation May Cuenca Name of Supervisor
1/2017	Preferred Homecare Name/ Address of Employer/Business	<u> 40 ←</u> No of Employed Hours
		No of Employed Hours
RRT Title	Equipment Setyp, Pt education Description of Duties	Paula Parashonts Name of Supervisor
5/2016	North Mountain Medical Rehab Name/ Address of Employer/Business	3 < 1
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
RAT	Patient Care	Elma Petkovic
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor



or a ¡	I have □ I have not ₩ been diagnose bhysical condition that would impair my alse, including alcohol or substance abuse,	bility to perform any of the essen	for a mental illness tial functions of my
1	I have □ I have not been charged	, arrested or convicted of a felon	y or misdemeanor.
2	I have ☐ I have not been the subject pending.	ect of an administrative action wh	nether completed or
3	I have  I have not had a license disciplined, including any action against	suspended, revoked, surrendere t a professional license that was	ed or otherwise not made public.
lf you provi	ı checked ∄ have⊡to questions 1, 2 and/o de a written explanation and/or document	or 3, please include the following ts.	information and
a)		State:	
b)		Date:	
		Case Number:	
c)	Criminal Action:	State:	
		Date:	
		Case Number:	
		County:	
		Court:	
	. Will you be actively involved in and aw peration of the MDEG?	are of the daily	Yes 💢 No □
	5 .Will you be employed fulltime with the	MDEG?	Yes □ No 🕱
	.Will you be present at the site of the Muring its normal operating hours?	IDEG	Yes ⊠ No □
f you	answer No to questions 4, 5 or 6 please	provide a written letter of explan	ation.
•••••••		 ATTACH PHOTO	OGRAPH
•••••		TAKEN WITHII	N LAST
		 30 DAYS HE	RE
• • • • • • • • •		Date of photograph	0/20/19

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

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

Man Bank RKT
Original Signature of Applicant

Page 1

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	Medical Device,				*******************************
Footbill Medica	al Supply LLC 620	Nature	of License Las Vegas, NV 891	100	-
1 Cottill Wedler	Name an	d Address of Establishn	nent for Which License Is	Requested	
***************************************		***************************************	er Which It Is Now Opera	•	•••••
		approadic, realito office	or version it to reon opera	icu	
1. PERSONAL INI	FORMATION:				
Last Name		First Name		Middle Name	
Reaves Alias(es, Nicknames, Mai	den Name, Other Name	Alle		Sc	cott
N/A	don reality of the reality	onanges, Legal of Offi	ici vvisc)		
Present Residence Addre	ss-Street or RFD	C	ity	State/Z	ip
W. Goosenest	Dr	Dates 12/2017 to Pro	Elk Ridge		UT 84651
Present Business Address	-		itv	State/Z	ip UT 84601
723 N 1890 W #	38A	Dates 12/01/2016 to	"' Provo Present		01 04001
Occupation Owner/Mana				Phone: Residence	
Owner/waria	ager			Business	801-850-7910
Date of Birth		Place of Birth (City, Ci	ounty, State)		
<b>, ~ •</b> ∃		Selma,	Alabama		
Age	Social S	ecurity Number			Sex
39		11			Male
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown	Fair	195	Muscula	ar 5' 8"
Scars, tattoos or dist			s None		
Are you a citizen of t					
f naturalized, certific	ate No		Date		
Place	***********************	***************************************	(If naturalize	d, document mus	t be verified.)
2. MARITAL INFO	RMATION:				
Single   Married	d ⊠ Separated	□ Divorced	□ Widowed □	Engaged	
				Applicant's initial	ASP
			4	whhireart 2 tilligi	11-1

A.	Current N	/larriage	April 5,	2002	*******************************	Salt L	_ake Cit	y, UT	
	Spouse's	full name (N	/laiden) <u>Ki</u>	<sup>Date</sup> <mark>mberly Ann Coo</mark> i	nbs	City, Cot S.S. N	inty and co		
	Date of Bi	rth	***************	Place	of Birth Pays	on, Utah	~~~~~~	************	
			W. Goos	enest Dr	Elk Ridge	UT	8	4651	
			Street		City	State	e Zi	þ	
	Telephone	e: Residen	ce	ş-*	Business	N/A			
				Medical Supply	Occupation_	Billing N	lanager	•	
	Address o	f employer.	723 N 1 Street	890 W. #38A	Provo City	UT	**********	84601	
B. Pi		rriages: If e	Street ever legally	separated, divorced,				p	
Name (	of Spouse		of Order Decree	Date of Place of Marriage		re of tion	City	and State	
N/A				<u> </u>	7.0	don	County	and Otate	
								<del></del>	
	List of nan	nes, current		nd telephone numbers					
	Na	ıme	Street	City	State		Zip	Telephone	<del></del>
					<del></del>				
3. FA		RMATION:							
A.		and Depend		ep-children and adopt	od shildron and	aive the fe	المستسمة		
	Na	me	Birth Date	Birth Place	eu chilulen anu	Residenc	e Address	CV6+1.	4.1.87
Myllie	Reaves		,	Provo, UT		W. Goos	enest [	Or Elk Rid	ge UT
Ethan	Reaves	-		Mtn Home A	VFB, ID	W. Goo	senest	Dr Elk Ro	lige UT
В.		port Informease mark t		ate response:					
	×	I am not su	bject to a	ourt order for the sup	port of child.				
		plan appro	ved by the	t order for the support district attorney or oth ursuant to the order; o	er public agenc	children a y enforcing	nd am in the orde	compliance er for the re	e with a payment
		the order o	r a plan ap <sub>l</sub>	t order for the support proved by the district a amount owed pursuan	attorney or othe	r public ag	ency enf	orcing the o	ce with order for
					•	Applicant's	ınitial	11>/	Page 2

LWMIL	District attorney or public agency	responsible for enforcing the child support order:	
	Address		*******
	Contact person		
C.	Parents:		
parents	5-	dates of birth and most recent occupations of parents,	step-parents,
	in-law or legal guardian. If retired Name (Maiden) Birth	or deceased, list last address and occupation.	
	Name (Maiden) Birth	Date Address	Occupation
Father .		W 45000 D O . I . IIT 0 1000	
	Wayne Reaves Sr.	W. 15800 S. Goshen UT, 84633	Retired
Mother Marth	na Gale Reaves	W. 15800 S. Goshen, UT 84633	Retired
Father-in	-Law		
Grant	Morgan Coombs	S. 1400 W. Spanish Fork, UT 84660	Retired
Mother-ir	n-Law	_	
JaLyr	nn Coombs	S. 1400 W. Spanish Fork, UT 84660	Retired
D.	uten respective spouses.	dates of birth and most recent occupations of brothers	
Angel	a Reaves	W. 760 S., Salem, UT 84653	Occupation
Spouse	N/A	VV. 700 O., Galetti, OT 04003	Business Owner
Lori R	leaves	1 Chelsea Springs Dr, Columbiana, AL 35051	Homemaker
Spouse	Seth Clayton 01	Chelsea Springs Dr, Columbiana, AL 35051	
Larry \	Wayne Reaves Jr.	E. Ashgrove Ln, Saratoga Springs, UT 84045	Business Owner
Spouse	N/A		
Audra	Reaves	S. 900 E., Santaquin, UT 84655	Homemaker
Spouse	Linn Wright	S. 900 E., Santaquin, UT 84655	Unemployed
4. ED	UCATION:		
	Name of School	Location Dates Attended	Graduate
Frammar School	Monroe Junior High	Monroeville Al 1001 1004	
ligh School	Wilcox Academy	Camden AI 1994-1998	Yes No 🗆
ollege	Brigham Young University	Provo IIT 1998/1999 - 2001/2002	Yes No 🗆
ther	Utah Valley University	Orem LIT 2009-2012	Yes □ No 🕱
		0.011, 01	Yes No 🛛
ype of	degree obtained, if any N/A		******************************
College	or university where obtained N/A		

Applicant's initial ASR

## **5 MILITARY INFORMATION:**

	nave you ever serve	•	•	es 💢 No □			
	Branch Air Ford	e	Date of e	ntry-active serv	ice 12/02	/2002	
	Date of separation						
	Rating at separation						
	While in the military s special or general co regardless of where	service were you e urt martial?	ever arrested for an Yes □ No া	offense which re	esulted in su	ımmarv actio	n atrial o
B.	Have you registered	for the draft?	Yes X No □				
	County Wilcox	State	Alabama	Date reg	istered	2/09/1998	*********
6. AF	RRESTS, DETENTION not convicted.) Have you ever been violation for any reas	arrested, detained on whatsoever, re	, charged, indicted of	or summoned to	o answer for	any criminal	offense o
Date of A	Arrest Age	Charge	Location-City and Stat	e De	position/Date	Arresting A	gency
В. С.	Has a criminal indictn arrested or in which y page 10. Have you ever been or committee? Yes [	ou were named a questioned or dep □ No 🕱	s an unindicted co-posed by a city, state	e, federal or law	No X If yes	s. furnish det nt agency, co	ails on mmission
D. E. F. G.	Have you ever been sommission? Yes  Have you ever been some Yes  No  Have you ever had a lf yes, when? Have you ever received for yes when? Has any member of yes	No 🔌 subpoenaed to test civil or criminal reduced a pardon or de	cord expunged or se cord expunged or se city, count ferred prosecution f	ninal or adminis ealed by a court y and state or any criminal	t order? Yes offense? Ye	eeding or hea	aring? 
E. F. G.	Have you ever been s Yes I No X Have you ever had a If yes, when? Have you ever receive	subpoenaed to tes	cord expunged or se cord expunged or se city, count ferred prosecution fe city, count ur spouse's family e	ninal or administrated by a country and state or any criminal by and state or been convi	t order? Yes	eeding or hea	aring?
E. F.	Have you ever been seen so yes I No A Have you ever had a lf yes, when? Have you ever received yes when? Has any member of yes	subpoenaed to tes	cord expunged or security, count city, count ferred prosecution for city, count ur spouse's family elions (B through H) in	ninal or administrated by a country and state or any criminal by and state or been convi	t order? Yes offense? Ye icted of a fel etails on pa	eeding or hea  □ No 💢 s □ No 💢  ony? Yes □ ge 10.	aring?

Applicant's initial // >/
Page 4

740 County Rd 12E

07/1994-07/1999

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 12	/08/2017 F	Fourth District Court,	107400777	Provo, Utah, U		- 02/20 -
J. Has any genera	al partnershi it as an owi	p, business venture, ner, officer, director o	sole proprieto	orship or closely he	eld corporation (while you suit, arbitration or bankrup	- were
Yes ⋈ No ⊔	If yes, comp	olete the following:		Арргохі	mate Date(s) of	=
Name of Entity  Mountain Medical S	vlagu	Type of Entity Partnership			/Arbitration/Bankruptcy 2017-10/02/2018	-
						_
						-
7 DECIDENCES						=
7. RESIDENCES:  List all residences you h	ave had for	the last 25 years:				
Month and Year (From-To)		et and Number	City	,	State or County	=
12/2017-Present		V. Goosenest Dr		< Ridge	UT	-
04/2017-12/2017	1225	E. 420 S.	Pa	ıyson	UT	-
12/2008-04/2017	334 S	S. 1340 W.	Sp	anish Fork	UT	-
05/2006-12/2008	5170 (	Cottonwood St	Mt	n Home AFB	ID	-
05/2003-05/2006	3 Ash	Close	RA	F Lakenheath	United Kingdom	-
01/2003-05/2003	710 E	. Ave #14788	Sh	eppard AFB	TX	-
12/2002-01/2003	1500 8	Shaw Dr Unit 369	1549 La	ckland AFB	TX	-
03/2002-12/2002	663 N	N Univeristy Ave	#1 Pr	0V0	UT	•
07/2001-03/2002	546 E	E. 550 S.	Sa	ntaquin	UT	
07/1999-07/2001	4945	Linclon Way	Oa	kland	CA	•

Camden

Applicant's initial #\$\infty\$Page 5

AL

#### 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	December 1
06/2013-Present	Mountain Medical Supply/Foothill Medical Supply	Reason for Leaving
		N/A
Title	Description of Duties	Name of Supervisor
Owner/Manager	Manage day to day operations for the Western United States	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2008- Present	Utah Air National Guard	N/A
Title	Description of Duties	Name of Supervisor
TSGT	Communications	David Fernelius
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2002-12/2008	United States Air Force	<u>-</u>
Title	Description of Duties	Honorably Discharged  Name of Supervisor
SSGT		Name of Supervisor
	Munitions Systems Technician	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2001-12/2002	Rousseau Excavating & Engineering Inc	Joined Military
Title	Description of Duties	Name of Supervisor
Laborer	Home construction	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 07/2001	Missionary for The Church of Jesus Christ of Latter-day Saints	
Title	Description of Duties	Name of Supervisor
Month and Year	Name (Matthew Address of Control	
08/1994 - 07/1999	Name/Mailing Address of Employer/Business  Mobile Home Electric	Reason for Leaving
		Serve a 2 yr Mission
Title Electrical Assistant	Description of Duties	Name of Supervisor
Electrical Assistant	Electrical panel assembly	Kyle Reaves
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
litle	Description of Duties	

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

Applicant's initial ASK

## 9. CHARACTER REFERENCES:

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

	vvnere Employed	Street	City State Zip		Years Known
VVIII Name	Coxwell	3. Mt Ple	easant Ave Monroeville, AL 36460	4	33 yrs
Employe	Coxwell & Coxwell	P.O. Box	625, Monroeville, AL 36461	251-575-2146	
	Friend		Way Rd Manchester, TN 37355		33 yrs
Employe	TDOT		arroll St, Tullshoms, TN 37388	423-681-0993	
	on Mower		e Dr Woodland Hills, UT 84653		20 yrs
Employe	Bank of America		ryon St, Charlotte, NC 28202	801-423-1980	
Ted Name	Dymock	∃ E Drift	wood Dr Spanish Fork, UT 84660		11 yrs
Employe	LDS Philanthropies	1450 N. Business	University Ave, Provo, UT 84604	801-356-5300	
Mich	ael Wade		N. Tooele, UT 84074	<u></u>	11 yrs
	ah Air National Guard	d 765 N 22	200 W. Salt Lake City, UT 84116	801-245-2580	
Box Nun	If yes, complete the nber or Type of Depositor		Location City and State	Authorized User	S
11.	the following: Liquor Lav	wyer ontractor ot	d, occupational or professional lice Race horse/race dog owner Real estate broker or salesman Sports promoter ars held	Securities de	aler Insurance etologist Gaming
12.	interest in a license If yes, state type, w involved, the name	ed business o hen and who s and addres	η, county of state business, venture or industry OUTSIDE the State of ere and give names and locations as of all partners and the agency in	Nevada? Yes No	□ which you were
State	venture or industry. business license - A	Niken, SC & F	Paducah, KY- Mountain Medical S	Supply - June 2013	
State	business license - Ic	daho Falls. II	D - Foothill Medical Supply - 10/2	016	
			b 1 countri Mcdical Cupply - 10/2	010	
State	***********************		oothill Medical Supply - 11/2017	•••••	***************************************

Applicant's initial ASR Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes   No
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 🕱
If yes t	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ▼
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No 💢
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes  No  X
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 4-/7-2019
	Applicant's initial <u>HSL</u> Page 8

STATE OF UT
SS.
COUNTY OF UT
I, Mlen Scott Reaves , being duly sworn, depose and say I have read the
forgoing application and leave the section of the section and leave the section and leav
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this2 $\frac{2}{5}$ day of

(seal)

WENDI ALLISON WILCOCK Notary Public - State of Utah Comm. No. 692348 My Commission Expires on Dec 20, 2020

Applicant's initial ASK

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Notary Public

# ADDITIONAL INFORMATION

	Question# 12 Partners Involved in Mountain Medical Supply & Foothill Medi	cal Supply
	Seth Clayton - 1 Chelsea Springs Dr, Columbiana, AL 35051	Owner/Operator
	Angela Caines - W. 760 S. Salem, UT 84653	Owner/Operator
•••	Larry Wayne Reaves Jr ↓ E. Ashgrove Ln, Saratoga Springs, UT 84045	Owner/Operator
• • •		222270000000000000000000000000000000000
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		000000000000000000000000000000000000000
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Applicant's initial #SP Page 10

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3 Date	
9	

## **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	Medical Device,	Equipment and Ga	ses		
		Nature 95 McLeod Dr, #22	of License	9120	
	Name ar	d Address of Establishn	nent for Which License	Is Requested	
		f applicable, Name Und	er Which It Is Now Ope	erated	
1. PERSONAL INFO	ORMATION:	Angela		Kay	
Last Name Angela Kay Reaves		First Name	)	Middle Name	
Alias(es, Nicknames, Maide	en Name, Other Name	Changes, Legal or Oth	nerwise)		
South 760 West		Sal	em	Utah	84653
Present Residence Address	S-Street or RFD	C	City	State	
723 North 1890 West, Ste 38A		_Dates Pr	ovo	Utah,	84601
Present Business Address			City	State	Zip
Insurance Authorization Manager		Dates			
Occupation				Phone: Residence	
		Selma, Dallas, Alabama		Businessß	77492-2716. Ext 3.
Date of Birth		Place of Birth (City, C	ounty, State)		
50					Enmels
Age	Social S	ecurity Number			Female Sex
Blue	Blonde	Fair	150	A	-1-4
Color of Eyes	Color of Hair	Complexion	Weight	Average Build	5'5" Height
Scars, tattoos or distin	guishing marks a	nd/or characteristic	CS N/A		
Are you a citizen of the	e United States?			No	
If naturalized, certificat					
Place					
2. MARITAL INFOR				·	,
Single   Married	☐ Separated	□ Divorced	☑ Widowed [	□ Engaged □	
				Applicant's initia	

Current Marriage	N/A			***************************************	
Spouse's full name (N					
Date of BirthN/A					
Resident address	N/A Street	•••••	Λ.i.,		71
				7.2.0	
Telephone: Residen	ce N/A	B	usiness <sup>N/A</sup>		
Spouse's employer	N/A	O	ccupation	N/A	
Address of employer.	N/A				
	Street		City	State	Zip
B. Previous Marriages: If	ever legally separa	ated, divorced, or ar	nulled, indicate	below:	
	of Order	Date of Place	Nature of	City	
lame of Spouse or	Decree	of Marriage	Action	Cour	ty and State
Ralph Neal Caines 04/16	5/2009	12/03/1994	Divorced	Sandy S	Springs, Fulton, Georgia
List of names oursest	oddroop and talou				
List of names, current Name	Street	City	Orevious spouses State	S: Zip	Telephone
Ralph Neal Caines	3 S. Redwood Rd. #329	West Jordan	Utah	84084	
3. FAMILY INFORMATION: A. Children and Dependent List all children, i	dents: ncluding step-child	dren and adopted c			g information:
	Birth Date	Birth Place	Re	sidence Addre	ess
ourtney Gale Caines		Orem, Utah		South 760 V	Vest Salem, Ut 84653
arson Neal Caines		Provo, Utah		South 760 V	Vest Salem, Ut 84653
yndsey Caroline Caines		Payson, Utah		South 760 W	est Salem, Ut 84653
☐ I am not so ☐ I am subje plan appro of the amo ☐ I am subje	the appropriate resubject to a court or court order oved by the district ount owed pursuanct to a court order	for the support of o attorney or other put to the order; or for the support of o	ne or more child ublic agency enfo ne or more child	orcing the or	in compliance with order for the repayment
the repayn	nent of the amoun	by the district attor t owed pursuant to	the order.	ic agency e cant's initial	enforcing the order for the or

Dist	rict attorney or public age	* '		2		
	8178					
	NI/A					
Con	tact person <u>N/A</u>					
C. Par	ents:					•
List arents-	names, residence addre	sses, dates of bi	rth and mos	t recent occupations	s of pare	nts, step-parents,
	ıw or legal guardian. If re	etired or decease	ed list last a	ddress and occupati	ion	
Name	e (Maiden)	Birth Date	Ad <u>dress</u>	aarooo ara oocapat	10[].	Occupation
arry Wayne Rea ather	ives	-	7 W. 158	00 S. Goshen, Ut 84633	US Arı	my Cops of Engineers (Retir
lartha Gale Rea	IVAS (Graan)		184			
other	ives (Gleen)			100 S. Goshen, Ut 84633	Lab T	echnician (Retired)
IA.						
ather-in-Law						
/A other-in-Law			-			
	thers and Sisters:					
	nomes residence edde.					
LIST their	names, residence addres	sses, dates of bi	rth and most	recent occupations	of broth	ners and sisters and
tneir	names, residence addres respective spouses. e (Maiden)	sses, dates of bi	rth and most	recent occupations	of broth	ners and sisters and
<u> </u>	respective spouses, e (Maiden)		Address	t recent occupations		Occupation
Name Name ori Clayton (Rea oouse	respective spouses, e (Maiden)		Address Chelse		L 35051	
Nams  ori Clayton (Rea  couse eth Clayton	respective spouses, e (Maiden)		Address Chelses Chelses	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al	L 35051	Occupation  Home Maker  Business Owner
neir Clayton (Reactor)  ori Clayton (Reactor)  ori Clayton  ayne Reaves	respective spouses, e (Maiden)		Address Chelses Chelses	a Springs Dr. Columbiana, A	L 35051	Occupation  Home Maker
ri Clayton (Rea couse eth Clayton	respective spouses, e (Maiden)		Address Chelses Chelses	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al	L 35051	Occupation  Home Maker  Business Owner
inelif Name ori Clayton (Rea couse eth Clayton dayne Reaves couse A	respective spouses. e (Maiden)		Address Chelses Chelses	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al ove Ln. Saratoga Springs, U	L 35051 L 35051 T 84045	Occupation  Home Maker  Business Owner
ri Clayton (Rea couse eth Clayton dayne Reaves couse A	respective spouses. e (Maiden)		Address Chelses Chelses E. Ashgro	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al ove Ln. Saratoga Springs, U 000 East Santaquin, Ut 8465	L 35051 L 35051 T 84045	Occupation  Home Maker  Business Owner  Business Owner  Home Maker
ri Clayton (Rea pouse eth Clayton /ayne Reaves pouse /A	respective spouses. e (Maiden)		Address Chelses Chelses E. Ashgro	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al ove Ln. Saratoga Springs, U	L 35051 L 35051 T 84045	Occupation  Home Maker  Business Owner  Business Owner
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tneir	respective spouses. e (Maiden)		Chelses Chelses Chelses South 9 W. Goo	a Springs Dr. Columbiana, Al Springs Dr. Columbiana, Al Dive Ln. Saratoga Springs, U 200 East Santaquin, Ut 8465 200 East Santaquin, Ut 8465 200 East Santaquin, Ut 8465	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Business Owner  Home Maker  Unemployed  Business Owner
ri Clayton (Rea pori Clayton (Rea pouse eth Clayton  /ayne Reaves  pouse /A  udra Wright (Re pouse nn Wright  cott Reaves	respective spouses. e (Maiden)		Chelses Chelses Chelses South 9 W. Goo	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al ove Ln. Saratoga Springs, U 000 East Santaquin, Ut 8465	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Business Owner  Home Maker  Unemployed
ri Clayton (Rea couse eth Clayton dayne Reaves couse dayne Wright (Re couse on Wright cott Reaves	respective spouses. e (Maiden) eves)		Chelses Chelses Chelses South 9 W. Goo	a Springs Dr. Columbiana, Al Springs Dr. Columbiana, Al Dive Ln. Saratoga Springs, U 200 East Santaquin, Ut 8465 200 East Santaquin, Ut 8465 200 East Santaquin, Ut 8465	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Business Owner  Home Maker  Unemployed  Business Owner
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in Clayton (Reavouse eth Clayton ayne Reaves  addra Wright (Reavouse on Wright  cott Reaves  n Reaves  LEDUCA	respective spouses. e (Maiden) aves)  TION:  Name of School	Birth Date	Address Chelses Chelses E. Ashgro South 9 W. Goo	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al Dive Ln. Saratoga Springs, U 000 East Santaquin, Ut 8465 000 East Santaquin, Ut 8465 000 East Santaquin, Ut 8465 000 East Santaquin, Ut 8465 000 East Santaquin, Ut 8465	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller
ri Clayton (Reacouse eth Clayton ayne Reaves ouse A  idra Wright (Reacouse on Wright  outt Reaves ouse in Reaves  A  LEDUCA	respective spouses. e (Maiden)  aves)  TION:  Name of School  Wilcox Acadamy	Birth Date	Address Chelses Chelses E. Ashgro South 9 W. Good	a Springs Dr. Columbiana, Al Springs Dr. Columbiana, Al Ove Ln. Saratoga Springs, U 100 East Santaquin, Ut 8465 100 East Santaquin, Ut 8465 Desenest Dr. Elk Ridge, UT 8	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller
inelification (Reacouse eth Clayton (Reacouse eth Clayton (Reacouse A eth Clayton (Reacouse eth Clayton (Reacouse eth Wright (Reacouse eth Wright eth Reacouse et	respective spouses. e (Maiden)  aves)  TION:  Name of School  Wilcox Acadamy  Monroe County High	Locati Camde	Address Chelses Chelses E. Ashgro South 9 W. Goo W. Goo	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al Ove Ln. Saratoga Springs, U 000 East Santaquin, Ut 8465 000	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller
inelification (Reacouse eth Clayton (Reacouse eth Clayton (Reacouse A eth Clayton (Reacouse eth Clayton (Reacouse eth Wright (Reacouse eth Wright (Reacouse eth Reacouse eth R	respective spouses. e (Maiden)  aves)  TION:  Name of School  Wilcox Acadamy	Birth Date  Locati Camde	Address Chelses Chelses E. Ashgro South 9 W. Goo W. Goo	a Springs Dr. Columbiana, Al Springs Dr. Columbiana, Al Ove Ln. Saratoga Springs, U'  000 East Santaquin, Ut 8465:	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller  Graduate  Yes 🖾 No 🗆
ori Clayton (Rea couse eth Clayton /ayne Reaves couse /A udra Wright (Re couse nn Wright	respective spouses. e (Maiden)  aves)  TION:  Name of School  Wilcox Acadamy  Monroe County High	Locati Camde	Address Chelses Chelses E. Ashgro South 9 W. Goo W. Goo	a Springs Dr. Columbiana, A Springs Dr. Columbiana, Al Ove Ln. Saratoga Springs, U 000 East Santaquin, Ut 8465 000	L 35051 L 35051 T 84045 5	Occupation  Home Maker  Business Owner  Home Maker  Unemployed  Business Owner  Medical Biller  Graduate  Yes X No Y

Applicant's initial QC Page 3

# 5 MILITARY INFORMATION:

ntry-active service N/A
schargeN/A
erial number <u></u> N/A
offense which resulted in summary action, a trial o yes, furnish details on page 10. (List all incidents
Date registered
NS: (Include those arrests in which you were or summoned to answer for any criminal offense of osition of the event? (Except minor traffic citations List all cases without exception.
Deposition/Date Arresting Agency
en returned against you, but for which you were n earty? Yes □ No 図 If yes. furnish details on
, federal or law enforcement agency, commission
e a federal, state or county grand jury, board or
o a reactar, state or county granta jury, board or
ninal or administrative proceeding or hearing?
ninal or administrative proceeding or hearing?
ealed by a court order? Yes  y and state
ninal or administrative proceeding or hearing? ealed by a court order? Yes □ No ☒
ealed by a court order? Yes \( \subseteq \text{No } \text{\subseteq} \) y and state \( \text{or any criminal offense? Yes } \subseteq \text{No } \text{\subseteq} \) y and state \( \text{over been convicted of a felony? Yes } \subseteq \text{No } \text{\subseteq} \) s yes, furnish details on page 10.
ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \t
ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{No } \text{No } \text{No } \text{Solution} \text
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ealed by a court order? Yes \( \subseteq \text{No \( \text{No } \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{No } \text{No } \text{No } \text{Solution} \text

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

If yes	No ☐ (Other than	plaintiff or defendant or a divorces) st all cases without exce			poration. ever be espondent?
laintiff/Defendant			eption, including ban	Kruptcies:	
laimant/Responde		Court and Case Number	City, County and St	ate	Disposition/Date
Defendant	12/08/2017	107400777	Fourth Distruct Court, Utah Co	ounty, State of Utah	Dismissed- 10/02/2018
associa	y general partnership ited with it as an own No □ If yes, comp	, business venture, sole er, officer, director or pa lete the following:	e proprietorship or clo	sely held corpor o a lawsuit, arbitr	ation (while you v
Name of	Entity	Type of Entity		Approximate Date(s	
Mountain Medical S		Partnership		07/25/2017- 10/02	
lonth and Year	es you have had for				
onth and Year (From-To)	Stree	the last 25 years: et and Number South 760 West	City	State or C	County
onth and Year (From-To) 07/2017- Present	Stree	et and Number	Salem	Utah	County
onth and Year (From-To) 07/2017- Present	Stree 5	et and Number  South 760 West	Salem Payson	Utah Utah	County
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015	Stree 5 516 Sc 969 E	et and Number South 760 West outh 1200 East	Salem Payson Payson	Utah Utah Utah	
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923	et and Number South 760 West outh 1200 East ast 100 South	Salem Payson	Utah Utah	
Onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  outh 1200 East  ast 100 South  7 West 15800 South	Salem Payson Payson Goshen	Utah Utah Utah Utah	1
onth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  Puth 1200 East  ast 100 South  7 West 15800 South  West Park Meadows Drive	Salem Payson Payson Goshen Mapleton	Utah Utah Utah Utah Utah	n
fonth and Year (From-To) 07/2017- Present 07/2015-07/2017 06/2012- 07/2015 07/2008-06/2012 10/2004- 07/2008 08/1998-10/2004	Stree 5 516 Sc 969 E 923 1270	et and Number South 760 West  Puth 1200 East  ast 100 South  7 West 15800 South  West Park Meadows Drive  East East 550 South	Salem Payson Payson Goshen Mapleton Santaquin	Utah Utah Utah Utah Utah Utah	n

#### 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	
06/2013- Present	Mountain Medical Supply, 723 N. 1890 W., Ste 38A, Provo, Ut 84601	Current	
Title	Description of Duties	Name of Supervisor	
Owner	Insurance Authorization Manager	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
10/2012- 06/2013	Seasons of Santaquin 785 150 S. Santaquin, Ut 84658	Ownership Opportunity	
Title Description of Duties		Name of Supervisor	
Administrative Assistant	Management of Assistant Living Facility	Linn Wright	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
05/2009- 10/2012	Parkway Health Center, 55 Professional Way Payson, Utah 84651	Offered Advanced Position	
Title	Description of Duties	Name of Supervisor	
Office Manager	Accounts Payable, Payroll, New Hires, Patient Admissions Coordinator	Jason Giatras	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
08/1993-08/1999	Foothill Treatment Center, 3281 N. Main St. Spanish Fork, Ut 84660	Ended employment to be full time Home Make	
Title Description of Duties		Name of Supervisor	
Drug Counselor		Bruce Chandler	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
06/1991 -08/1993	Western Youth, Orem Utah	Offerred Advanced Employment	
Title	Description of Duties	Name of Supervisor	
Patient Coordinator	Managed Foster Childrens Home, School, Medical, Therapeutic Care	John Gallop	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
05/1988 -06/1991	Mervyns Department Store, 575 E. University Pkwy Orem Ut 84097	Offerred Advanced Employment	
itle	Description of Duties	Name of Supervisor	
Sales Clerk	Cash Register, Organized Inventory in Men's Department	Mr. Hirsch	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
06/1984 - 08/1986	McDonald's Resuraunt, 1511 S. Alabama Ave., Monroeville, Al 36460	Moved to attend college at BYU	
itle	Description of Duties	Name of Supervisor	
Sales Clerk	Cash Register	Mr. White	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	

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

Applicant's initial....

# 9. CHARACTER REFERENCES:

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

Vame of								
	Where Employed	Street	City	State	Zip	Telephon	e Years K	nown
Vame	Jason Giatras	Home	Springville	UT	84663		10	
mploye	Parkway Health Center	Business	Payson	UT	84651	same		
Name	Louise Knapp	Home	Provo	UT	84604			
mploye	Foothill Treatment Center	Business	Provo	UT	84604	same		
lame	Dr. Laura Maw	Home	Lehi	UT	84043		7	
mploye	Self Employed	Business	Provo	υт	84604	same		
Name_	Jeanette Kennedy	Home	Mesa	AZ	85213		25	
mploye	Herd Health Management	Business	Mesa	AZ	85213	same		
lame	Suzanne Dawson Bateman	Home	Springville	UT	84663		5	
mploye	Artopia Interiors	Business	Springville	UT	84663	same		
10.	person's depositor if yes, complete t	y? Yes ☐ N :he following 	J: 	er sucl			y depository or do you	use any oth
iox Nun	nber or Type of Deposito	ry	Location		City and State		Authorized Users	
11.	the following: Liquor La Doctor Ca	awyer ontractor lot	Race ho Real est Sports p	rse/rac	ce dog owner oker or salesm	nan	ny state, including but i Securities dealer Barber/Cosmetologist Trainer or manager	not limited for Insurance Gaming Educator
12.	Interest in a licens If yes, state type, vinvolved, the name venture or industry	ed business when and wh es and addre v.	or industry ere and g ss of all p	y OUT: ive nar artners	SIDE the State mes and locate and the agen	e of Nevada ions of the b icy responsil	usinesses in which you ole for licensing said bu	were
	If yes, state type, vinvolved, the name	ed business when and wh es and addre v.	or industry ere and g ss of all p	y OUT: ive nar artners	SIDE the State mes and locate and the agen	e of Nevada ions of the b icy responsil	? Yes ☑ No □ usinesses in which you ble for licensing said bu	were
ME/DME L ≘th Claytor Iountain M	Interest in a licens If yes, state type, v involved, the name venture or industry icense 2016-2019 Mountain M	ed business when and wh es and addre v. edical Supply, Aiken mbiana, AL 35051, So partment of Labor, Li	or industry ere and g ess of all p esc. & Paducah, cott Reaves, 644 censing and Reg	y OUT: ive nar artners  KY 2016- Goosenes	SIDE the State mes and locati s and the agen 2019 Foothil Medical S	e of Nevada' ions of the b icy responsil supply, Idaho Fall, IC	? Yes ☑ No □ usinesses in which you ble for licensing said bu	were siness,

13.	Have you ever appeared before any licensing agencany reason whatsoever? Yes □ No ☒	cy or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal license, pern or professional activity? Yes □ No ☒	nit, certificate or registration for a privileged, occupational
If yes t	o the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry participant in any group which has been denied a business or industry?	icense or related finding of suitability or been a siness or industry license or related finding of Yes ☐ No 区
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the ph	a participant in any group been the subject of an narmaceutical industry? Yes □ No ☒
17.	Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any off controlled substances?	a participant in any group ever been found guilty, plead fense, federal or state, related to prescription drugs and/or Yes □ No ⊠
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the pha upon voluntary close of a manufacturer	a participant in any group ever surrendered a license, rmaceutical industry voluntarily or otherwise (other than Yes 口 No 四
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	f consanguinity associated with or employed in the Yes □ No ☑
		_
•••••		
		Date of photograph 4/2/20/9
		Applicant's initial Page 8
		Page 8

STATE OF UILL
SS.
COUNTY OF UNA
being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filling of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,  I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 25th day of April, 2014
Notary Public  NOTARY PUBLIC  ANDREW A. ADAMS  Commission No. 688623  Commission Expires  APRIL 12, 2020  STATE OF UTAH

Applicant's initial Page 9

Page 1

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

g Date 4/22/19

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	Medical Device,	Equipment and	Gases		***************************************	
Foothill Medical	Supply, LLC, 629 Name an	Na 95 McLeod Dr, # d Address of Establ		egas, NV 8912		
•••••	]	applicable, Name l	Under Which	It Is Now Operate	d	
1. PERSONAL INFO	ORMATION:					
Reaves	MATION.	Wayne	е			
Last Name Larry Wayne Reaves Jr		First N	ame		Middle Name	
Alias(es, Nicknames, Maide	n Name, Other Name	Changes, Legal or	Otherwise)			
E Ashgrove Ln			Saratoga	Springs	UT	, 84045
Present Residence Address	-Street or RFD		City			te/Zip
723 N 1890 W, Ste 38A		Dates	Provo		UT	, 84601
Present Business Address		Daity	City			te/Zip
Accountant		Dates				
Occupation					Phone: Residence	
					Business	(877) 492-2704 ext 405
vate of Birth		Selma, Dallas, A Place of Birth (Cit		itate)		
			,, ooa.k,, c	nato,		
45						Male
Age	Social S	ecurity Number				Sex
Blue	Bald	White		200	Average	5'10"
Color of Eyes	Color of Hair	Complexion		Weight	Build	Height
Scars, tattoos or distin	guishing marks a	nd/or character	istics N	/A		
Are you a citizen of the	e United States?	Yes ⊠ No □	If alien,	registration No	N/A	
If naturalized, certifica	te No N/A			Date N/A	***************************************	
Place N/A				(If naturalized	i, document r	nust be verified.)
2. MARITAL INFOR	MATION:					
Single   Married	□ Separated	d □ Divorce	ed 🗵	Widowed	Engaged	
				A	Applicant's ini	tial

A.	Current Ma		•••••			
	Spouse's fu	Date II name (Maiden) N/A		Cit S	ty, County an	nd State N/A
	Date of Birth	1. N/A	Place of B	irth <u>N/A</u>		
	Resident ad	dress N/A		*************************	•••••	
		Street		City	State	Zip
	Telephone:	Residence N/A	B	usiness N/A		
	Spouse's en	nployer N/A	Oc	ccupation N/A		
	Address of e	employer N/A				
D D						Zip
B. Pr	evious Marri	ages: If ever legally separ			below:	
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City	inty and State
Taryn F		06/19/2018	07/10/1999	N/A		im, Sanpete, Utah
			0771071333	N/A	Еріпа	mi, canpete, ctair
	2005		2541			
	List of name	s, current address and tele  Street	phone numbers of p	orevious spouse: State	S: Zip	Telephone
Ta	aryn Reaves	N Cedar Crest Rd	Eagle Mountain	Utah	84045	Telephone
:						
						<u> </u>
	MILY INFOR	MATION: d Dependents:				
Α.		d Dependents: <u>children, including step-chi</u>	ldren and adopted ch	nildren and give	the followi	ng information:
	Nam	e Birth Date	Birth Place		sidence Add	
N	legan Reaves	<u> </u>	Provo, UT	E Ashgrove	Ln, Saratog	a Springs, UT 84045
K	aitlyn Reaves		Provo, UT	‡ N Cedar	Crest Rd, Ea	gle Mountain, UT 84005
Ty	yson Reaves		Cedar City, UT	N Cedar	Crest Rd, Ea	gle Mountain, UT 84005
В.	Child Supp	ort Information:				
		ase mark the appropriate re	esponse:			
		am not subject to a court of	order for the support	of child.		
	⊠ 1	am subject to a court orde	r for the support of o	ne or more child	ren and ar	m in compliance with a
	p	lan approved by the distric f the amount owed pursual	t attorney or other pu	ublic agency enfo	orcing the	order for the repayment
		am subject to a court orde	r for the support of o	ne or more child	ren and N	OT in compliance with
	ti	ne order or a plan approved ne repayment of the amour	d by the district attori	ney or other pub	lic agency	enforcing the order for
		apaginonic or the diffedi	31100 paroualit to t		cant's initia	al la

Na Ad Co <b>C. Pa</b> Lis parents- <u>in-l</u>	meUtah Department of Hodress195 N 1950 W, Salt Landact personN/A  rents: t names, residence addres  aw or legal guardian. If re	ke City, UT 84116	r enforcing the child support ord	
Ade Co C. Pal Lis parents- in-l	dress 195 N 1950 W, Salt La ntact person N/A rents: t names, residence addres	ke City, UT 84116		
Co C. Pa Lis parents- in-l Nan	ntact person <u>N/A</u> rents: t names, residence addres  aw or legal guardian. If re			
C. Pa Lis parents- in-l Nan	rents: t names, residence addres aw or legal guardian. If re			
Lis parents- <u>in-</u> l Nan	t names, residence addres aw or legal guardian. If re		•••••	
parents- <u>in-l</u> Nan	law or legal guardian. If re	ses, dates of birth	and most recent occupations o	f parents, step-parents
Nan Nan	<u>law or legal guardian. If re</u>			
Larry Reaves	ne (Maiden)	lired or deceased, Birth Date	list last address and occupation Address	). Occupation
			7 W 15800 S, Goshen, UT 84633	US Army Corps of Engineers
Father				
Gale Reaves (C	Green)		N 15800 S, Goshen, UT 84633	Lab Technician
Mother				
N/A				****
Father-in-Law				
N/A				
Mother-in-Law	<i>I</i>			
D. Bro	others and Sisters:			
Lis	t names, residence addres	ses, dates of birth	and most recent occupations o	f brothers and sisters and o
	rir respective spouses. ne (Maiden)	Birth Date	Address	Occupation
IVGII	TIC (Maldelly	Dilli Date	Addi 692	Occupation
Angela Caines ( Spouse	(Reaves)		West 760 South, Salem, UT 84653	Business Owner
N/A				
Lori Clayton (Re	eaves)		1 Chelsea Springs Dr, Columbiana, AL 3505	1 Home Maker
Spouse				
Seth Clayton	1980		Chelsea Springs Dr. Columbiana, AL 3505	1 Business Owner
Audra Wright (F	Reaves)		South 900 East, Santaquin, UT 84655	Home Maker
Spouse Linn Wright			South 900 East, Santaquin, UT 84655	Unemployed
Scott Reaves			W Goosenest Dr, Elk Ridge, UT 84651	Business Owner
Spouse		·		
Kim Reaves			W Goosenest Dr, Elk Ridge, UT 84651	Medical Biller
4. EDUC	ATION:			
	Name of School	Location	Dates Attended	Graduate
Grammar School	Monroe County School	Monroeville, /		Yes 🗷 No 🗌
High School	Monroe County High School	Monroeville, A	AL 1988 - 1991	_
College	Utah Valley University	Provo, UT	1999 - 2003	Yes 🔀 No 🗌
University	Can valley office oily	1 1000, 01	1999 - 2003	Yes ⊠ No □
Other				Yes □ No □
Type of dec	gree obtained, if any	achelor of Science in Acco	punting	
	university where obtained			***************************************

Applicant's initial

# **5 MILITARY INFORMATION:**

A.	. Have you ever served in any armed forces?	Yes ∐ No ⊠	
	Branch N/A Date	of entry-active service N/A	
	Date of separation N/A Type	of discharge N/A	
	Rating at separation N/A	Serial numberN/A	
	While in the military service were you ever arrested for special or general court martial? Yes ☐ No I regardless of where they occurred-foreign or domestic	If yes, furnish details on p	n summary action, a trial or page 10. (List all incidents
B.	. Have you registered for the draft? Yes ⊠ No [	3	
	County Monroe County State Alabama	Date registered_	July 1989
6. AF	ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRA not convicted.)	-	-
A.	Have you ever been arrested, detained, charged, indic violation for any reason whatsoever, regardless of the Yes □ No ☒ If yes, give details in space provided be	disposition of the event? (E)	xcept minor traffic citations.)
ate of A	of Arrest Age Charge Location-City an	d State Deposition/D	ate Arresting Agency
N/A			
B.	. Has a criminal indictment, information or complaint evarrested or in which you were named as an unindicted page 10.	er been returned against you co-party? Yes □ No 図 I	ı, but for which you were no f yes. furnish details on
C.		state, federal or law enforce	ment agency, commission
D.		pefore a federal, state or cou	inty grand jury, board or
E.		l, criminal or administrative p	proceeding or hearing?
F.	Have you ever had a civil or criminal record expunged If yes, when?city, or criminal record expunged		
G.	<ul> <li>Have you ever received a pardon or deferred prosecut</li> </ul>	tion for any criminal offense?	?Yes □ No ☒
Н.	If yes when?city, or of your spouse's far lf you answer to any of the above questions (B through	mily ever been convicted of an H) is yes, furnish details or	a felony? Yes □ No ☒ n page 10.
lame	Relationship	Charge	Location Date
N/A			
			1-6

Applicant's initial Page 4

1.	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	e City, County and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed-10/02/18
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed-10/02/18

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
Mountain Medical Supply, LLC	Partnership	07/25/2017 - 10/02/2018
		* ************************************

#### 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
08/2017 - Present	E Ashgrove Ln	Saratoga Springs	UT
04/2012 - 08/2017	7854 N Cedar Crest Rd	Eagle Mountain	UT
08/2010 - 04/2012	123 W Springview Dr	Saratoga Springs	UT
08/2006 - 08/2010	1954 N Ashdown Forest Rd	Cedar City	= UT
04/2005 - 08/2006	851 E 450 S	Santaquin	UT
07/2001 - 04/2005	PO Box 418	Goshen	UT
07/2000 - 07/2001	400 N 609 E #1	Spanish Fork	UT
07/1999 - 07/2000	1200 Terrace Dr	Provo	UT
07/1997 - 07/1999	425 W 1720 N Apt 2105	Provo	UT
05/1996 - 07/1997		Santaquin	UT
12/1995 - 05/1996		Rexburg	ID

Applicant's initial Page 5

# 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2016 - Current	Foothill Medical Supply, 723 N 1890 W, Ste 38A, Provo, UT 84601	Current
Title	Description of Duties	Name of Supervisor
Owner	Accounting	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014 - 04/2016	JF Capital, 1148 Legacy Crossing Blvd, Centerville, UT 84014	Ownership Oportunity
Title	Description of Duties	Name of Supervisor
Manager	Real Estate Development project manager	Chad Bessinger
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 - 09/2014	Air Medical Resource Group, 10888 S 300 W, South Jordan, UT 84095	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Staff Accountant	General accounting duties	Zandra
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2010 - 01/2014	Ferrari Color, 1550 Gladiola St, Salt Lake City, UT 84104	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Cost Accountant	Estimate project and product costs	Marty McGhie
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2006 ~ 08/2010	Festival Development, 1954 N Ashdown Forest Rd, Cedar City UT 84720	Company Dissolved
Title	Description of Duties	Name of Supervisor
Director	Land Development	John Ames
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2004 - 08/2006	NAC Development, Payson, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Project Manager	Land Development	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2001 - 09/2004	RAM Constructors, 165 1330 W # B1, Orem, UT 84057	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Estimator	Estimated heavy highway construction projects	Steve Young
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 05/2001	Rouseau Excavation, Santaguin, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Equipment Operato	r Residential home excavation	Larry Reaves
Project Manager Month and Year 05/2001 - 09/2004 Title Estimator Month and Year 07/1999 - 05/2001 Title	Description of Duties  Land Development  Name/Mailing Address of Employer/Business  RAM Constructors, 165 1330 W # B1, Orem, UT 84057  Description of Duties  Estimated heavy highway construction projects  Name/Mailing Address of Employer/Business  Rouseau Excavation, Santaguin, UT  Description of Duties	Name of Supervisor  Neal Caines  Reason for Leaving  Offered Advanced Position  Name of Supervisor  Steve Young  Reason for Leaving  Offered Advanced Position  Name of Supervisor

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

Applicant's initial

Page 6

# 9. CHARACTER REFERENCES:

List five characte	r reference w	ho have knov	v you live years	, or more. De	not include relatives,	procent
Name of Where Employed	Street	City Sta	te Zip	Telephon	e Yea	's Known
Name Don Lyster	_ Home	Provo UT	84604	801362290	00 24	
Employer Lyster Engineering	Business	Provo UT	84604	same		
Name John Ames	Home	St George UT	84765	435229070	7 13	
Employer ReMax Realty	Business	St George UT	84765	same		
Name Chad Bessinger	Home	Kaysville U	T 84037	801518655	0 5	
Employer JF Capital	Business	Centerville U	T 84014	same		
Name Mitchell Fielding	Home	Mesquite T	X 75150	385222645	5 5	
Employer Fielding Law	Business	Mesquite T	X 75150	same		
Name James Croxford	Home	Great Falls N	MT 59401	406750269	9 6	
Employer JM Grain	Business	Great Falls	MT 59401	same		
					Authorized Users	
the following: Liquor L Doctor (	awyer Contractor Pilot	Race horse Real estate Sports pror	e/race dog own e broker or sale	er	iny state, including b Securities dealer Barber/Cosmetologi Trainer or manager	Insurance
the following: Liquor L Doctor C Accountant F Yes No M If yes, state type,  12. Have you ever ap interest in a licens If yes, state type, involved, the name	awyer Contractor Pilot where and year oplied for a cit sed business when and whee and address and address	Race horse Real estate Sports pror ears held  ity, county of sor industry Onere and give	e/race dog own e broker or sale moter moter state business, outside the St names and loc	er sman venture or induate of Nevada	Iny state, including b Securities dealer Barber/Cosmetologi Trainer or manager	Insurance st Gaming Educator
the following: Liquor L Doctor C Accountant F Yes □ No ☒ If yes, state type,  12. Have you ever ap interest in a licens If yes, state type,	awyer Contractor Pilot  where and year  oplied for a cit sed business when and whees and address.	Race horse Real estate Sports pror ears held  iy, county of so or industry Onere and give ess of all partr	e/race dog own e broker or sale moter state business, PUTSIDE the St names and loo ners and the ag	er sman venture or indu ate of Nevada ations of the b ency responsil	state, including be Securities dealer Barber/Cosmetologic Trainer or manager stry license or held services No usinesses in which yeld for licensing said	Insurance st Gaming Educator  Educator  a financial rou were business,

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 ☒
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ⊠
	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No ☒
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 図
••••••	
••••••	
*********	Date of photograph 04/12/19
	Applicant's initial
	Page 8

STATE OF LITAH
SS.
COUNTY OF LITATI
I, Lanz Wayne Reaves Je., being duly sworn, depose and say I have read the
oregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
urther, 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
or a manufacturer license in the State of Nevada.
Cho.
Original Signature of Applicant
Subscribed and Sworn to before me this 22 day of Axi 1, 2019

(Se2DAM KERSH Notary Public - State of Utah Comm. No. 705657 My Commission Expires on Apr 8, 2023

Applicant's initial Page 9

Notary Public

# ADDITIONAL INFORMATION

O. EIVIPLOTIVIENT.		
07/1997 - 07/1999	L&T Construction, 215 Orem Blvd, Orem, UT 84058	Irreconcilable differences
Estimator	Estimated commercial and residential projects	Lew Bankhead
05/1996 - 07/1997	CAC Development, Santaguin, UT	Company Dissolved
Principal	Construction Management	N/A, Principal
12/1995 - 05/1996	Enrolled full time at Ricks College, ID	
10/1993 - 12/1995	Unemployed, Church Mission	
05/1991 - 10/1993	Employed part time at 2 unknown drywall companies while	attending college at Patrick Henry, Monroeville, AL,
	Southern Union, Auburn, AL; and University of West Alabar	na, Livingstion, AL
*************		
***************************************		
		••••••
*************************		
***************************************		
	•••••••••••••••••••••••••••••••••••••••	

Applicant's initial Page 10

\$ Date April 1, 2019

# **GENERAL INSTRUCTIONS**

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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	Medical Device,	Equipment and	Gases ture of License		
Foothill Medi	cal Supply, LLC, 62		#22, Las Vegas, NV89	9120	
			lishment for Which License		
		If applicable, Name	Under Which It Is Now Ope	rated	***************************************
		,			
1. PERSONAL II	NFORMATION:	Dill.		0-46	
layton Jr. ast Name		Billy First N	lame	Seth Middle Name	
VA		( ii gi i	ante	Wildule Hairle	
Alias(es, Nicknames, M	aiden Name, Other Nam	e Changes, Legal o	r Otherwise) NA	, , , , , , , , , , , , , , , , , , , ,	
Chelsea Springs Dr			Columbiana	AL 35	051
resent Residence Add	ress-Street or RFD		City	State	Zip
6120 Woodside Execut	ive Court	Dates	Aiken	SC 29	9803
Present Business Addre			City	State	
Vlanager		Dates July 2013	-Present		
Occupation				Phone:	
				Residence	
				Business 803	641-7417
) Date of Birth		Columbus, Musco Place of Birth (Ci	ogee County, GA ty, County, State)		
60					
.ge	Social S	Security Number			Sex
rown	Brown	White	185	Average	5'-9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
-	•		istics NA		
			If alien, registration I		
f naturalized, certi	ficate No NA		Date		
Place NA			(If naturaliz	zed, document mu	et he verified )

BSU Applicant's initial

Applicant's initial PSU Page 2

A. Current Marriage Nov 11, 2000					Birmingham, Jefferson County, AL				
5	Spouse's ful	l name (M	/laiden) L	Date ori Lanae Reaves	City, County and State				
	Date of Birth	١.	L	PI.					
F	Resident add	dress 1	l Chelsea	Springs Dr.	Columbia	ana AL		35051	
			Street	17	City	Sta		Zip	
7	Telephone:	Residen	ce	5	Business <u>N</u>	NA			
5	Spouse's em	nployer N	IA		Occupation	Stay at ho	me mo	other	
A	Address of e	mployer_I	NA						
			Street		City	Sta	te	Zip	
B. Prev	vious Marri	<b>ages</b> : If e	ver legally	y separated, divorce	d, or annulled, in	dicate belov	N:		
ame of	Spouse		of Order Decree	Date of Pla of Marria		ture of Action	City Cou	nty and Sta	te
IΔ									
1A									
NA .								÷	
								*	
	ist of names		address a	and telephone numb				Telephor	ne.
L				and telephone numb Cit			Zip	Telephor	ne
L							Zip	Telephor	ne
L							Zip	Telephor	ie .
L							Zip	Telephor	ie
A 3. <b>FAM</b>	Name	MATION:	Street	Cit	y Sta	de			
A 3. <b>FAM</b>	Name  Name	MATION: d Depend	Street  dents:	cit tep-children and ad	y Stai	te	followin	nginformati	
1. FAM A. C	Name Name Name Name	MATION:	Street  dents:	cit tep-children and ad e Birth Place	y Stai	ld give the f	followince Add	ng informati ress	on:
JA  3. FAM A. C	Name Name Name Name Name	MATION: d Depend	Street  dents:	cit tep-children and ad	opted children an	id give the f Resider	followince Add	ng informati ress Columbiana, A	on: L 35051
3. <b>FAM</b>	Name  Name  Name  List all o  Name  Stayton	MATION: d Depend	Street  dents:	itep-children and ade Birth Place	opted children an	ld give the f	followince Add	ng informati ress Columbiana, A	on: L 35051

#### 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

Applicant's	initial_	PXX	_
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	District attorney or public a		sible for enforc	ing the child support order:				
	NameAddress							
	Address Contact person							
C.	Parents:	····						
		resses, dates	of birth and mo	st recent occupations of paren	ts, step-parents,			
parent	s- <u>in-law or legal guardian. If i</u> Name (Maiden)	retired or dece Birth Date	eased, list last a		Occupation			
Father								
Billy Clay	rton	2	10 One	Nineteen Blvd., Apart 2124, Hoover, Al	_ 35242 Retired			
Mother								
eggie Cl Father-i			Mito	hell Creek Rd., Wetumpka, AL 36092	Retired			
r au ici-ii	(-raw							
arry Rea Mother-i		÷:.	P. O. Box	412, Goshen, UT 84633	Retired			
Sale Rea	ves	-	P. O. Box	412, Goshen, UT 84633	Retired			
D.	Brothers and Sisters:							
D.		esses, dates	of birth and mo	st recent occupations of brothe	ers and sisters and of			
+	their respective spouses.			·	· · · · · · · · · · · · · · · · · · ·			
	Name (Maiden)	Birth Date	Address		Occupation			
Roger Cla	yton		Deatsville	, AL	IT Project Manager			
Spouse ennifer C	Clayton		Deatsville	, AL	Accountant			
Carsten C			Colorado	Springs, CO	Training Manager			
Spouse:	NA							
orria Bed	ker		- Cole	Didgo Dd Williamstown IOV 44007	Ota - the second			
Spouse Dave Beck		27 197		Ridge Rd. Williamstown, KY 41097	•			
ave bec	Rej	-	Oak	Ridge Rd. Williamstown, KY 41097	IT Project Manager			
Salen Cla	yton			Chicago, IL	Preauthorization manage			
Spouse:	NA				. roducionadion manage			
4. EC	DUCATION:							
	Name of School		Location	Dates Attended	Graduate			
Gramma School:			Montgomery, AL					
High				1976-1982	Yes ■ No ■			
College	Wetumpka High School		Wetumpka, AL	1982-1987	Yes No			
Universi	ty: Auburn University		Aubum, AL	1987-1992	Yes No			
Other: N	IA				Yes ■ No ■			
Type of	f degree obtained, if any <u>Buil</u>	ding Construc	ction					
College	or university where obtained	d Auburn Univ	versity					
	The state of the s			Annlicant's initia	261.			

A.	Have you ever served in any armed forces? Yes ■ No ■
	BranchDate of entry-active service
	Date of separationType of discharge
	Rating at separationSerial number
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial of special or general court martial?  Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
В.	Have you registered for the draft? Yes ■ No ■
	County: Elmore County State: AL Date registered May 1987
6. A	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense 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
NA	
B. C.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were rarrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.  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 =
G.	If yes, when?city, county and stateHave you ever received a pardon or deferred prosecution for any criminal offense? Yes = No =
H.	If yes when?city, county and state
Name	Relationship Charge Location Date

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:

Claimant/Respondent	Date Filed	Court and Ca Number		unty and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court,	Utah County, State of Utal	n Dismissed-10/02
associated v	with it as an owr	o, business vent er, officer, direc ete the following	ctor or partner) been	hip or closely held corp a party to a lawsuit, arb	oration (while you w itration or bankrupt
Name of Entity		Type of Entity		Approximate Date Lawsuit/Arbitratio	e(s) of n/Bankruptcy
Mountain Medical Sup	oply, LLC	Partnership	4	07/25/2017 - 1	0/02/2018
				*	
7. RESIDENCES: List all residences yo	ou have had for	the last 25 years	S:		
Month and Year (From-To)	Stre	et and Number	City	State o	r County
Oct 2007-Present		helsea Springs Dr.	Columbia	ana	AL
Sept 2006-Oct 2007	218 N	arrows Point Dr.	Birminghar 30		AL
April 2005-Sept 2006			Santaquin		UT
lay 1999-April 2005	4100	North Cahaba Dr.	Birminghar	n	AL
ept 1997-May 1999	658 ld	lewilde Circle	Birminghar	n	AL
ле 1996-Sept 1997	2704	Mitchell Creek Rd.	Wetumpka		AL
lar 1993-June 1996			Alpharetta		GA

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.

June 2013 Mountain Medical Supply, 6120 Woodside Executive Court, Aiken, SC 29803 Currently employed Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

June 2013	Mountain Medical Supply, 6120 Woodside Executive Cour	rt, Aiken, SC 29803 Currently employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Manager	Description of Duties: Manage delivery of supplies/dme	Name of Supervisor: NA-I am a principal
	oster Construction Company, 2100 International Park Dr., irmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Sr. Project Manager	Description of Duties: Manage construction of multi- family construction projects	Name of Supervisor: Tom Reynolds
Sept 2007-Dec 2008 C	alvin Reid Construction Company, Birmingham, AL.	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single- family construction	Name of Supervisor: Dennis Reid
April 2005-Sept 2007 S	tone Mountain Homes, Santaquin, UT	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Neal Caines
Sept 1997-April 2005 C	apstone Building Corp, Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of student housing construction	Name of Supervisor: Lawrence Whatley
June 1996-Sept 1997 C	entral Fastener and Supply, Montgomery, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Concrete cutting technician	Description of Duties: Perform concrete cutting and core drilling	Name of Supervisor: Dennis Stinson
Mar 1993-June 1996 C	entex Homes, Roswell, GA	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Superintendent	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Dale Bercher
Sept 1987-June 1992	Student	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

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

Name of	employer or em Where Employed	Street	City	State	Zip	Telephone	Years K	nown
Retired Name C	lem Muck	Home: Waterford Cove Dr. Calera, AL 35040					11	
CONTROL CONTRO		Business	Birmingha	m, AL				
Name Barry Sadler Jr.		Home County Rd.151, Calera, AL 35040					11	
Employer University of Montevallo  Name Scott Kenny		Business	Montevall	o, AL				
		Home	Birmingh	am, AL			29	
Self Employed Employer		Business	Birmingh	am, AL				
Name M	latt Lewis	Home:	P. O. Box	242, Chel	sea, AL 35043	3	6	
Employe	r Binkerd Enterprises	Business	Calera, AI	,				
Name Roy Binkerd Hom		Home	<sup>7</sup> Port Dr., Shelby, AL 35143 20					
Employe	τ	Business			-			
10. Box Nun	Do you have an person's depos if yes, completended or Type of Depos	sitory? Yes = e the followi	No m		City and Sta	y, access to any deposit		ise any oth
				<u> </u>				
11.	Have you ever I	neld a privileg	ed, occup	ational o	or professio	nal license in any state,	including but r	not limited
	Liquor Doctor Accountant Yes No	Lawyer Contractor Pilot	Reale		ce dog owr oker or sale er	esman Barber/0	es dealer Cosmetologist or manager	Insuranc Gaming Educato

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.

If yes, state type, where and years held

Home Medical Equipment License, 2013, South Carolina. Mountain Medical Supply, 6120 Woodside Executive Court,
Applicant's initial

Pharmacy			
Home Medical Equipment License, 2014, Kentucky.			
Partners: Wayne Reaves, Scott Reaves and Angela	Caines. Agency:	Kentucky Board of Pha	rmacy

Home Medical Equipment License, 2016, Idaho. Foothill Medical Supply, 6230 S. Heritage Lane # 5, Idaho Falls, ID 83402. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Idaho Board of Pharmacy

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Home Medical Equipment License, 2017, Utah. Foothill Medical Supply, 723 North 1890 West #38A, Provo, UT 84601. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Utah Board of Pharmacy

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	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 t	o the above, state where, when and for what reason:									
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes ■ No ■									
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, ple guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs a 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 APRIL (, 2019									
	Applicant's initial Page 9									

Shelby County

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

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

B Dith Clayta Ch Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of April 2019

(seal)

