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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Orthopedic Surgery Center
Physical Address: 7183 Advanced Way, Las Vegas NV
City: Las Vegas, NV State: NV Zip Code: 89113 Telephone: 540-616-6372
Fax: 702-740-5328 Toll Free Number: _____
E-mail: mcheifferov@gmail.com

Website: _____

Managing Pharmacist: Mary Greer, RPh License Number: 10687

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Seif Badry, M.D.
Print Name of Authorized Person

2/24/2020
Date

Board Use Only

Date Processed: MAR 09 2020

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

N/A

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada.

Parent Company if any: _____

Mailing Address: 7183 Advanced WayCity: Las Vegas State: NV Zip: 89113Telephone: 548-616-6372 Fax: (702) 740-5328Contact Person: Michael R. Heffernan, Administrator.

For any corporation non publicly traded, disclose the following:

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

a) Advanced Orthopaedic Investments, 50% 7183
Name Business Address Advanced Way, Las Vegas NV 89113b) Nick Lee, 8.333% 7183
Name Business Address Advanced Way, Las Vegas, NV 89113c) Tim Trainor, 8.333% 7183
Name Business Address Advanced Way, Las Vegas, NV 89113d) Advanced Orthopaedic Specialists of NV, 28.333% 7183
Name Business Address Advanced Way, Las Vegas, NV 891132) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$7,500.00

List any physician shareholders and percentage of ownership.

Name: See above %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 6:00 am 6:00 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181691375

Include with the application for a sole owner/NA

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

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

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

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

I, Sep Body

Responsible Person of Las Vegas Institute for Advanced Surgery

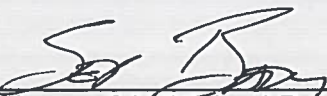
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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



Print Name of Authorized Person

2/28/20
Date

Mandy Dimpel off to Candy by Mary Green.

Managing Pharmacist

Pharmacist Name: Mary Grear License #: 10687

Pharmacy Name: Advanced Orthopaedic Surgery Center

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

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

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

Yes No

- | | | |
|--|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. been the subject of a board citation or an administrative action whether completed or pending in any state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Board Administrative Action:	State: <u>NJ</u>	Date: <u>2002</u>	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

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

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

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

Signature Mary Green, RPh

Date 2/25/20



List of officers and directors

- Dr. Michael Trainor
- Dr. Nick Liu
- Dr. Tim Trainor
- Dr. Sep Bady
- Dr. Thomman Kuruvilla
- Todd Borst
- Michael Heifferon, Administrator

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ADVANCED ORTHOPAEDIC SURGERY CENTER LLC** did on September 25, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20180925-2402



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



050106

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180420280-77 Filing Date and Time 09/25/2018 7:25 PM Entity Number E0451142018-5
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(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	ADVANCED ORTHOPAEDIC SURGERY CENTER LLC 7183 ADVANCED WAY LAS VEGAS, NV 89113		Check box if a Series Limited- Liability Company <input type="checkbox"/>	Check box if a Restricted Limited- Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: AYESHA MEHDI, PLLC Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <u>OR</u> <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Nevada Street Address City Zip Code Nevada Mailing Address (if different from street address) City Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):			
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <u>OR</u> <input checked="" type="checkbox"/> Member(s) (check only one box)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC Name 1905 NORTH BISSELL ST., UNIT 1 CHICAGO IL 60614 Street Address City State Zip Code 2) ADVANCED ASC INVESTORS, LLC Name 8420 W. WARM SPRINGS LAS VEGAS NV 89113 Street Address City State Zip Code 3) Name Street Address City State Zip Code			
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. AYESHA MEHDI, PLLC <input checked="" type="checkbox"/> AYESHA MEHDI, PLLC Name Organizer Signature 6671 S LAS VEGAS BLVD, SUITE 210 LAS VEGAS NV 89119 Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> AYESHA MEHDI, PLLC 9/25/2018 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 D LLC Articles
Revised: 10-1-15

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ADVANCED ORTHOPAEDIC SURGERY CENTER LLC

ENTITY NUMBER

E0451142018-5

NAME OF LIMITED-LIABILITY COMPANY



100403

FOR THE FILING PERIOD OF SEP, 2018 TO SEP, 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180420281-88
	Filing Date and Time 09/25/2018 7:25 PM
	Entity Number E0451142018-5

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW
☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:
NRS 76.020 Exemption Codes
 001 - Governmental Entity
 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC		MANAGER OR MANAGING MEMBER	
ADDRESS 1905 NORTH BISSELL ST., UNIT 1	CITY CHICAGO	STATE IL	ZIP CODE 60614
NAME ADVANCED ASC INVESTORS, LLC		MANAGER OR MANAGING MEMBER	
ADDRESS 8420 W. WARM SPRINGS	CITY LAS VEGAS	STATE NV	ZIP CODE 89113
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X AYESHA MEHDI

Title

ORGANIZER

Date

9/25/2018 7:25:08 PM

Signature of Manager, Managing Member or Other Authorized Signature

SECRETARY OF STATE

**NEVADA STATE BUSINESS LICENSE****ADVANCED ORTHOPAEDIC SURGERY CENTER LLC**

Nevada Business Identification # NV20181691375

Expiration Date: September 30, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

**License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.**

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

Date 2/28/2020

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 ASC Pharmacy
Nature of Pharmacy or Wholesaler
ADVANCED ORTHOPEDIC SURGERY CENTER LLC
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bady Sep
Last Name First Name Middle Name
Sepehr Badymoghaddam
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7183 Advnaced Way Las Vegas NV, 89113
Present Residence Address-Street or RFD City State/Zip

Staff Physician 702-740-5327
Present Business Address City State/Zip

Tehran, Iran 702-740-5327
Present Position with the Pharmacy or Wholesaler Phone: Residence Business

45 Male
Date of Birth Place of Birth (City, County, State) Age Sex

Brown Black 175 6' 01"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial SR
 Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth _____ Place of Birth _____

Resident address _____
Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
Street _____ City _____ State _____ Zip _____

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial SS

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>YAGHOUB</u> <u>BADYMOG HADDAM</u>		<u>2001 Rd</u> <u>Sherran Oaks CA 91403</u>	<u>Physician</u>
Mother <u>HADETH</u> <u>BADYMOG HADDAM</u>		<u>DECEASED</u>	
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Rejman Badly</u>		<u>Orchard Mist</u>	<u>Physician</u>
Spouse <u>Parisa SAHEBI</u>		<u>1 Orchard Mist</u> <u>89135</u>	<u>Self</u> <u>89135</u>
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Portola Middle School</u>	<u>Tarzana CA</u>	<u>1989-1993</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
High School <u>Taft High School</u>	<u>Woodland Hills CA</u>	<u>1994-1998</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>TUFTS University School of Medicine</u>		<u>08-1999</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>UCLA</u>		<u>1993-1998</u> <u>to 05-2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....M.DCollege or university where obtained.....TUFTS University School of MedicineApplicant's initial.....SS

5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

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

County State Date registered

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial *SP*

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2010-2015 Current	2313 TIMBERLINE WAY	LAS VEGAS	NV 89117 CLARK
2015 - Current	- W Pebble Road 3-322	LV	NV 89123
1993- 2010	3889 COPY ROAD	Sherman Oaks	CA 91403

Applicant's initial SH Page 5

8. EMPLOYMENT:

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

05/2010	Yee Advanced Orthopedics and Sports Medicine	7195 Advanced Way Las Vegas, NV 89113
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Orthopedic Surgeon/ Spine Surgery	Provide care for patients	Mario Moya
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial SM Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>DAVID BARTH</u>	Home	<u>S FORTÉ APACHE</u>				<u>3 8 years</u>
Employer <u>SELF</u>	Business	<u>PA-4 FREE LLC</u>		<u>89148</u>		
Name <u>RANDALL YEA</u>	Home	<u>SAN SICILY ST.</u>				<u>9 years</u>
Employer <u>AOSM</u>	Business	<u>Physician</u>		<u>89141</u>		
Name <u>Thomman Kuevilk</u>	Home	<u>1 PARADISE</u>		<u>#3202</u>		<u>9 years</u>
Employer <u>SELF/AOSM</u>	Business	<u>Physician</u>		<u>89109</u>		
Name <u>TIM TRAINER</u>	Home	<u>QUIET MOON LN</u>		<u>LV NV</u>		<u>5 9 years</u>
Employer <u>SELF/AOSM</u>	Business	<u>Physician</u>		<u>89135</u>		
Name <u>NICK LIU</u>	Home	<u>SAINT CROIX</u>		<u>HENDERSON</u>		<u>11 9 years</u>
Employer <u>SELF/AOSM</u>	Business	<u>Physician</u>		<u>89012</u>		

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

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

Yes ☒ No ☐

If yes, state type, where and years held

.....
M.D license in Nevada From 1/2009 to Current
.....

.....
M.D Licence in California From 08/25/2004 - current
.....

11. 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.

.....
CA License # A88643
.....

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

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

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

Applicant's initial SB

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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial SB

STATE OF Nevada

SS.

COUNTY OF ClarkI, Sep Body

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 28
February, 2020
Bonnie L. Smith
 Notary Public

day of



BONNIE L. SMITH
 Notary Public State of Nevada
 No. 17-4217-1
 My Appt. Exp. September 12, 2021

(seal)

Applicant's initial SB

ADDITIONAL INFORMATION

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/28/20

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 ASC Pharmacy
Advanced Orthopedic Surgery Center, LLC
7183 Advanced Way, Las Vegas, NV 89113
 Nature of License
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Trainor		Timothy	James
Last Name		First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)			
<u>Quiet Moon Ln</u>		<u>Las Vegas</u>	<u>NV, 89135</u>
Present Residence Address-Street or RFD		City	State/Zip
<u>7183 Advnaced Way</u>	Dates	<u>Las Vegas</u>	<u>NV, 89113</u>
Present Business Address		City	State/Zip
<u>Orthopedic Surgeon</u>	Dates	<u>07/24/2007 - Current</u>	
Occupation			Phone:
			Residence
			Business
		<u>Leominster, MA</u>	<u>702-740-5327</u>
Date of Birth	Place of Birth (City, County, State)		
<u>50</u>	<u>Male</u>		
Age	Social Security Number		Sex
<u>Blue</u>	<u>Brown</u>	<u>193</u>	<u>5' 11"</u>
Color of Eyes	Color of Hair	Complexion	Weight
			Build
			Height

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

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

If naturalized, certificate No. N/A Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial SC

MARITAL INFORMATION-Continued

A. **Current Marriage** OCTOBER 25, 2008 LAS VEGAS, CLARK CO., NEVADA
Date
 Spouse's full name (Maiden) MARIBETH MURADO KONOPKA City, County and State
S.S. No.
 Date of Birth 1-1-1978 Place of Birth MASBATE, PHILIPPINES
 Resident address Quiet Moon Ln
Street City State Zip
 Telephone: Residence 702 740 5327 Business 702 740 5327
 Spouse's employer Advanced Orthopedics Occupation Assistant
 Address of employer 7195 Advanced Way, Las Vegas, NV 89113
Street City State Zip

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

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

11A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

NIA

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
TRISTAN TRAINOR		LAS VEGAS, NV	QUET MOON LANE LAS VEGAS NV 89135
CAMILLE KONOPKA			LOS ANGELES CA
JACK KONOPKA		GERMANY	BOSTON COLLEGE

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name..... N/A

Address.....

Contact person.....

C. Parents:

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

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

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

Father

<u>Peter J Trainor</u>		<u>Constitution Dr. Leominster, MA 01453</u>	<u>Deceased</u>
------------------------	--	--	-----------------

Mother

<u>Colleen Trainor</u>		<u>Walnut St Leominster, MA 01453</u>	<u>Retired</u>
------------------------	--	---------------------------------------	----------------

Father-in-Law

<u>Rogelio Morado</u>		<u>MASBATE, PHILIPPINES</u>	<u>DECEASED</u>
-----------------------	--	-----------------------------	-----------------

Mother-in-Law

<u>LYDIA MORADO</u>		<u>MASBATE PHILIPPINES</u>	<u>DECEASED</u>
---------------------	--	----------------------------	-----------------

D. Brothers and Sisters:

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

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

① Michael A. Trainor		<u>Regents Gate Dr Henderson, NV 89012</u>	<u>Orthopedic Surgeon/ Spine Surgeon</u>
----------------------	--	--	--

Spouse Brother

<u>Melanie Lynn Sissel</u>		<u>Regents Gate Dr Henderson, NV 89012</u>	<u>Secretary</u>
----------------------------	--	--	------------------

② David Trainor		<u>Constitutional Dr. Southboro, MA</u>	<u>VP, Boston College</u>
-----------------	--	---	---------------------------

Spouse

<u>Darlene Trainor</u>		<u>"</u>	<u>Payroll Sales</u>
------------------------	--	----------	----------------------

③ Christine Davis		<u>Constitutional Dr. Leominster, MA 01453</u>	<u>School Administrator</u>
-------------------	--	--	-----------------------------

Spouse

<u>Michael Davis</u>		<u>"</u>	<u>Insurance Sales</u>
----------------------	--	----------	------------------------

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>St. Bernard</u>	<u>Fitchburg, MA</u>	<u>80-86</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Fitchburg H.S.</u>	<u>Fitchburg, MA</u>	<u>86-88</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Northwestern University</u>	<u>303 East Chicago Ave</u>	<u>08/1993 - 06/1997</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Meidcal School</u>	<u>Chicago, IL 60611</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... M.D.College or university where obtained..... Northwestern University Meidcal School

Applicant's initial



5 MILITARY INFORMATION:

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

Branch United States Navy Date of entry-active service 07/2002

Date of separation 07/2007 Type of discharge Honorable

Rating at separation _____ Serial number _____

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

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

County _____ State _____ Date registered _____

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

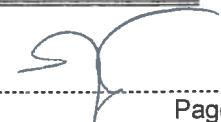
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
JUNE 2018 to Present	Quiet Moon Ln	Las Vegas, NV	89135 NV
APRIL 2009 to June 2018	9805 Queens Charlotte Dr.	Las Vegas, NV	89145 NV
JUN 2007 to APRIL 2009	1905 Queen Victoria	LAS VEGAS	NV
JUN 2007 to OCT 2007	GREAT DUKE	LAS VEGAS	NV
EPT 2002 to JULY 2007	6370 HAWAII KAI DR #49	HONOLULU	HI 96825

Applicant's initial



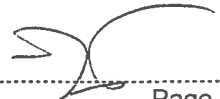
8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2007 to Present	Advanced Orthopedics and Sports Medicine	
Title	Description of Duties	Name of Supervisor
Physician / Owner	Orthopaedic Surgeon	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2002 to July 2007	UNITED STATES NAVY	Honorable Discharge completion of Active
Title	Description of Duties	Name of Supervisor
LCOR/Orthopaedic Surgeon		Duty Service
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1997 to July 2002	GEORGETOWN UNIVERSITY Hospital	Completion of Residency ^{orthopaedic Surgery}
Title	Description of Duties	Name of Supervisor
Orthopaedic Surgeon	WASHINGTON DC	Jack Detahay
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1993 to July 1997	Northwestern University Medical School	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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

Applicant's initial



Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Robert Bennett</u>	<u>Business Home</u>	<u>3300 W. Sahara</u>	<u>NV</u>	<u>89102</u>	<u>702-486-2582</u>	<u>5 years</u>
Employer <u>State of Nevada</u>	<u>Business</u>					
Name <u>Sep Brady</u>	<u>Home</u>	<u>1 River Plate Dr</u>	<u>Pahrump, NV</u>	<u>89048</u>		<u>3 9 years</u>
Employer <u>Advanced Ortho</u>	<u>Business</u>	<u>7195 Advanced Way</u>	<u>Las Vegas, NV</u>	<u>89113</u>		
Name <u>Thomas Kuevika</u>	<u>Home</u>	<u>7 Paradise Rd #3202</u>	<u>Las Vegas, NV</u>	<u>89109</u>		<u>10 years</u>
Employer <u>Advanced Ortho</u>	<u>Business</u>	<u>7195 Advanced Way</u>	<u>Las Vegas, NV</u>	<u>89113</u>		
Name <u>Xin Liu</u>	<u>Home</u>	<u>Saint Croix</u>	<u>Henderson, NV</u>	<u>89012</u>		<u>11 13 years</u>
Employer <u>Advanced Ortho</u>	<u>Business</u>	<u>7195 Advanced Way</u>	<u>Las Vegas, NV</u>	<u>89113</u>		
Name <u>Maria Pieno</u>	<u>Home</u>	<u>Unicorn St</u>	<u>Las Vegas, NV</u>	<u>89131</u>		<u>8 years</u>
Employer <u>Advanced Ortho</u>	<u>Business</u>	<u>7195 Advanced Way</u>	<u>Las Vegas, NV</u>	<u>89131</u>		

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

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

N/A

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

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

Yes ☒ No ☐

If yes, state type, where and years held

M.D. License in NV From 07/24/2007 - Current

MD License in Hawaii From July 2004 to July 2007

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

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

Applicant's initial SL

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

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

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

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

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

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

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

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



Date of photograph July 2019

Applicant's initial SL

STATE OF NEVADA

ss.

COUNTY OF CLARK

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 28 day of

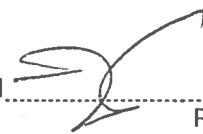
February, 2020
Bonnie L. Smith
 Notary Public



BONNIE L. SMITH
 Notary Public State of Nevada
 No. 17-4217-1
 My Appt. Exp. September 12, 2021

(seal)

Applicant's initial



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Applicant's initial

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 02/26/20

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 ASC Pharmacy
Advanced Orthopedic Surgery Center, LLC
 Nature of License
7183 Advanced Way
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Trainer		Michael	Andrew
Last Name	First Name	Middle Name	
<u>N/A</u>			
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)			
<u>Regents Gate Dr</u>		<u>Henderson</u>	<u>NV, 89012</u>
Present Residence Address-Street or RFD		City	State/Zip
<u>7183 Advanced Way</u>		<u>Las Vegas</u>	<u>NV, 89113</u>
Present Business Address		City	State/Zip
<u>Orthopedic Surgeon/</u>			
<u>Spine Surgeon</u>		Dates	<u>02/1/2011 - current</u>
Occupation		Phone: Residence	<u>N/A</u>
		Business	<u>702-740-5327</u>
		<u>Leominster, MA</u>	
Date of Birth	Place of Birth (City, County, State)		
<u>50</u>			
Age	Social Security Number	Sex	
		<u>Male</u>	
<u>Blue</u>	<u>Brown</u>	<u>190</u>	<u>6' 02"</u>
Color of Eyes	Color of Hair	Complexion	Weight
			Build
			Height

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

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

If naturalized, certificate No. N/A Date _____

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

2. MARITAL INFORMATION:

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

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MARITAL INFORMATION-Continued

A. **Current Marriage** 3/14/03 Phoenix, Maricopa, AZ
 Spouse's full name (Maiden) Melanie Lynn Sissel City, County and State
 Date of Birth _____ S.S. No. _____
 Date of Birth _____ Place of Birth Harvey, IL
 Resident address _____
 Street City State Zip
Regents Gate Dr Henderson, NV 89012
 Telephone: Residence NA Business 773-368-0524
 Spouse's employer Michael A Trainor DORC Occupation Secretary
 Address of employer 523 Regents Gate Dr Henderson NV 89012
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Tori Trainor</u>		<u>Prescott AZ</u>	<u>Same</u>
<u>Collins Trainor</u>		<u>Prescott AZ</u>	<u>Same</u>
<u>Hadley Trainor</u>		<u>Prescott AZ</u>	<u>Same</u>

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial MT

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Peter J Trainor	Constitution Dr Leominster MA 01453	Deceased
Mother			
Colleen Trainor	Walnut St Leominster MA 01453	Retired
Father-in-Law			
Clyde Sissel	EGlenhaven Dr Phoenix AZ 85048	Retired
Mother-in-Law			
Coni Sissel	" "	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
1) Timothy J Trainor		Quiet Moon Ln Las Vegas, NV 89136	Orthopedic Surgeon
Spouse Brother			
Marbeth Trainor	" "	N/A
2) David Trainor	1 Constitution Dr Southboro MA	VP, Boston College
Spouse			
Darlene Trainor	" "	Payroll Svc S
3) Christine Davis	1 Constitution Dr Leominster MA 01453	School Administrator
Spouse			
Michael Davis	" "	Insurance Sales
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	St. Bernard	Fitchburg MA 80-86	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Fitchburg H.S.	Fitchburg MA 86-88	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Midwestern University	555 Downers Grove 08/1994 -	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Chicago College of Osteopathic Medicine	Chicago, IL 60515 06/1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any D.O

College or university where obtained Midwestern University Chicago College of Osteopathic Medicine

Applicant's initial

MJD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft?

Yes ☐ No ☒

County State Date registered

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
6/18-Present	Regents Gate Dr	Henderson	NV Clark
8/15-6/18	2816 La Casita Ave	Las Vegas	NV Clark
6/10-8/15	2188 Forest Mountain Rd	Prescott	AZ Yavapai
8/04-6/10	120 High Chaparral	Prescott	AZ Yavapai
4/03-8/04	6661 Northridge Dr	Louisville	KY Jefferson
2/01-4/03	1259 N. Wood St #201	Chicago	IL Cook
1/95-2/01	3514 N. Bell Ave #2	Chicago	IL Cook

Applicant's initial

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8. EMPLOYMENT:

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

Month and Year 3/05 - Present	Name/Mailing Address of Employer/Business Michael A Trainor DO, PC 533 Regent Gate Drive Henderson NV	Reason for Leaving Current
Title President	Description of Duties Orthopedic Surgeon	Name of Supervisor Advanced Orthopedics: Sports Medicine
Month and Year 3/05 - 3/15	Name/Mailing Address of Employer/Business Michael A Trainor DO, PC 488 Forest Mtn Rd Prescott AZ	Reason for Leaving Moved
Title President	Description of Duties Orthopedic Surgeon	Name of Supervisor Orthopaedic Specialists of Central AZ
Month and Year 8/03 - 3/05	Name/Mailing Address of Employer/Business Advanced Orthopedic Specialists of Central AZ	Reason for Leaving Became Owner
Title Associate	Description of Duties Orthopedic Surgeon	Name of Supervisor Bertrand Kaper
Month and Year 8/02 - 8/03	Name/Mailing Address of Employer/Business Leatherman Spine Institute Louisville KY	Reason for Leaving Finished Program
Title Fellow	Description of Duties Orthopedic Surgeon	Name of Supervisor Randall Puno
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial MM

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Daniel Burchfield</u>	Home	<u>Macdonald Dr</u>	<u>PR</u>	<u>Scott AZ</u>		<u>76 17 years</u>
Employer <u>Self</u>	Business	<u>Orthopedic Specialists of central AZ</u>				
Name <u>Jarrod Long</u>	Home	<u>1 E Traders Trail</u>	<u>PR</u>	<u>Scott Valley AZ 86314</u>		<u>17 years</u>
Employer <u>Self</u>	Business	<u>Ace Hardware 928-308-3952</u>				
Name <u>Mark Costes</u>	Home	<u>8801 Hido</u>	<u>PR</u>	<u>Scott Lane</u>	<u>928-</u>	<u>17 years</u>
Employer <u>Self</u>	Business	<u>Horizon Dental</u>				
Name <u>Art Cambeiro</u>	Home	<u>Aubry Ct</u>	<u>Henderson NV</u>			<u>6 years</u>
Employer <u>Self</u>	Business	<u>Cambeiro Plastic Surgery</u>				
Name <u>Sean Phelan</u>	Home	<u>3 Skyline Dr</u>	<u>PR</u>	<u>Scott AZ 86303</u>	<u>112 2111</u>	<u>17 years</u>
Employer <u>Jensen Assoc.</u>	Business	<u>Attorney</u>				

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

.....
D.O License in Nevada From 02/01/2011 - Current

.....
D.O License in Arizona From 04/02/2004 - Current

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.

Applicant's initial

MM

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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial MM

STATE OF Nevada

SS.

COUNTY OF Clark

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 26 day of
February, 2020
Bonnie L. Smith
 Notary Public


BONNIE L. SMITH
 Notary Public State of Nevada
 No. 17-4217-1
 My Appl. Exp. September 12, 2021

(seal)

Applicant's initial



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

1461

Date 2/27/2020

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 Ambulatory Surgery Center
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
Las Vegas Institute for Advanced Surgery 7183 Advanced Way, Las Vegas, NV, 89113
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Flores</u>	First Name	<u>Randy</u>	Middle Name	<u>Noel</u>
-----------	---------------	------------	--------------	-------------	-------------

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

N/A

Present Residence Address-Street or RFD	City	State/Zip
<u>ville Franche Street</u>	<u>Las Vegas</u>	<u>NV/89145</u>
Dates	<u>3/2014-present</u>	

Present Business Address	City	State/Zip
<u>Las Vegas Institute for Advanced Surgery</u>	<u>Las Vegas</u>	<u>NV/89113</u>
<u>7183 Advanced Way</u>	Dates	<u>New center/Present</u>

Present Position with the Pharmacy or Wholesaler	Phone:
<u>Medical Director of Ambulatory Surgery Center</u>	Residence
	<u>540-616-6372</u>
	Business
	Contact: <u>Mike Heifferon</u>

Date of Birth	Place of Birth (City, County, State)
	<u>Mountain View, Santa Clara, CA</u>

Age	Social Security Number	Sex
<u>43</u>		<u>Male</u>

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Brown</u>	<u>Black</u>	<u>Brown</u>	<u>205 lbs</u>	<u>Tall, Thin, Athletic</u>	<u>6'3"</u>

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

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial RF

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/12/2007-present Las Vegas, Clark, NV
 Spouse's full name (Maiden) ^{Date} Michele Renee Corcuera ^{City, County and State} Las Vegas, Clark, NV
 S.S. No. 1
 Date of Birth _____ Place of Birth Torrance, CA
 Resident address 1 Ville Franche Street Las Vegas CA 89145
 Street City State Zip
 Telephone: Residence (702) 821-6420 Business N/A
 Spouse's employer N/A Occupation House Wife
 Address of employer N/A
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Randy Nicklaus Flores, JR.		Las Vegas, NV	1 Ville Franche Street, Las Vegas, 89145
Angeline Summer Flores		Las Vegas, NV	1 Ville Franche Street, Las Vegas, 89145

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial RF

FAMILY INFORMATION-Continued

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

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

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Floro A. Flores, JR.		0 Hornblower Ave. Las Vegas, NV, 89131	Mechanical Technician (Lockheed)
Mother Margarita D. Flores		Hornblower Ave. Las Vegas, NV, 89131	Software Technician (Hewlett Packard)
Father-in-Law Ronaldo Corcuera		3 Grey Bull Way Las Vegas, NV, 89128	Uber Driver
Mother-in-Law Teresa Corcuera		3 Grey Bull Way Las Vegas, NV, 89128	Nurse

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Dale Flores		Kickapoo Ave., Las Vegas, NV, 89149	Sales VP
Spouse Darlene Flores		3 Kickapoo Ave., Las Vegas, NV, 89149	House Wife
N/A			
Spouse N/A			
N/A			
Spouse N/A			
N/A			
Spouse N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Anthony Spangler	140 N. Abbott Ave, Milpitas, CA, 95035		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Milpitas High School	1285 Escuela Pkwy, Milpitas, CA, 95035	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of California, Davis	1 Shields Ave., Davis, CA 95616	1994-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University Touro University California	1310 Club Drive, Vallejo, CA 94692	2001-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other University of Texas Health Science Center	7000 Fannin Street, Suite 1880, Houston, TX 77030		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science (BS), Doctor of Osteopathic Medicine (DO)College or university where obtained UC Davis, Touro University California, respectivelyApplicant's initial RF

5 MILITARY INFORMATION:

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

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

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

Rating at separation N/A Serial number N/A

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
Jasmin Corcuera	Sister In-law	D.U.I.	Las Vegas, NV	6/2013

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
3/2014-present	Ville Franche Street,	Las Vegas, 89145	Nevada
10/2010-3/2014	8604 Estrelita Dr.	Las Vegas, 89128	Nevada
8/2010-10/2010	7540 Hornblower Ave.	Las Vegas 89131	Nevada
6/2006-8/2010	12516 Rocky Cove Dr.	Pearland, 77584	Texas
8/2003-6/2006	5700 Ming Ave. #73	Bakersfield 93309	California
9/2001-8/2003	16 Oak Ave	Vallejo 94592	California
7/1999-8/2001	3811 H Street, #7	Sacramento 95816	California
7/1998-6/1999	717 Alvarado Ave. Apt. 163	Davis 95616	California
9/1996-6/1998	909 Alvarado Ave.	Davis 95616	California
9/1994-8/1996	609 Anderson Rd., Apt. 182	Davis 95616	California

Applicant's initial RF

8. EMPLOYMENT:

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

Month and Year 8/2010- 4/2016	Name/Mailing Address of Employer/Business Southwest Medical Associates 1800 W. Charleston Blvd., Las Vegas, NV, 89102	Number of Employed Hours ~11,500 hours
Title Physician	Description of Duties Anesthesiologist	Name of Supervisor Samson Otuwa 702-208-7008
Month and Year 4-2016-present	Name/Mailing Address of Employer/Business Red Rock Anesthesia Consultants, LLC 304 Jones Blvd., #884, Las Vegas, NV, 89107	Number of Employed Hours ~11,500 hours
Title Physician	Description of Duties Anesthesiologist	Name of Supervisor N/A: Managing Partner of Group Contact Dr Hasan Khawaja, 702-325-4651
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial RF

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Mark Lopez	Home	1 Paseo Court, Las Vegas, NV, 89117				2001-present
Employer Clinicians Medical Group	Business	Sana Behavioral Health 5975 W. Twain Avenue, Suite B, Las Vegas, NV, 89103				
Name Patrick Watson	Home	Elva Court, Encinitas, CA, 92024				2001-present
Employer Kaiser Permanente	Business	5893 Copely Drive, San Diego, CA, 92111				
Name Randy Villanueva	Home	7 Lansing Circle, Benicia, CA 94510				1999-present
Employer Kaiser Permanente	Business	975 Sereno Dr., Vallejo, CA 94589				
Name Thuy Do	Home	5 Serramont Court, Carmichael, CA, 95608				1999-present
Employer Kaiser Permanente	Business	6600 Bruceville Rd Sacramento, CA, 95823				
Name Glenn Ozoa	Home	3 Pomona Ave., Albany, CA, 94706				2001-present
Employer Kaiser Permanente	Business	200 Muir Rd., Hacienda Building, Martinez, CA, 94553				

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Doctor, Texas, 2009-2011

Doctor, Washington, 2019-present

Doctor, Nevada, 2010-present

Doctor, Arizona, 2019-present

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

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

N/A

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

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

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

N/A

Applicant's initial

RF

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐

Sandi Agustin (cousin) - Board certified Pharamacist, California

Meredith Agustin (cousin) - Board Certified Pharmacist, California

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler?
Clarification: Independent contractor/ Medical Director Yes ☐ No ☒
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 2/27/2020

Applicant's initial RF

STATE OF Nevada

SS.

COUNTY OF Clark

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

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

Randy Flores

Original Signature of Applicant

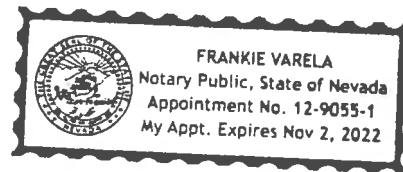
Subscribed and Sworn to before me this 27th day of February, 2020

Frankie Varela

[Signature]

Notary Public

(seal)



Applicant's initial RF

ADDITIONAL INFORMATION

N/A

Lined area for additional information.

Applicant's initial RF

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/27/2020

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 ASC Pharmacy
ADVANCED ORTHOPEDIC SURGERY CENTER
 Nature of License
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Liu</u>	<u>Xin</u>	<u>Nick</u>
Last Name	First Name	Middle Name

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

<u>Saint Croix St</u>	<u>Henderson</u>	<u>NV, 89012</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>7183 Advnaced Way</u>	<u>Las Vegas</u>	<u>NV, 89113</u>
Present Business Address	City	State/Zip
<u>Orhtopedic Surgeon</u>	<u>05/2004 - current</u>	
Occupation	Dates	
	<u>Ningxia, China</u>	
Date of Birth	Place of Birth (City, County, State)	
<u>47</u>		
Age	Social Security Number	Sex
<u>Brown</u>	<u>Black</u>	<u>145</u>
Color of Eyes	Color of Hair	Weight
		<u>5' 7"</u>
		Build
		Height

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jennifer Maire Liu	02/2013	09/2006		Las Vegas, NV

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Logan Jiong Liu		Henderson, NV	Havensight Lane Henderson, NV 89052
Peter Mei Liu		Henderson, NV	Havensight Lane Henderson, NV 89052

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial _____

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Liu Yi Gen		Ruth Ct West Covina, CA 91792	
Mother			
Sun Wen Juan		Ruth Ct West Covina, CA 91792	
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

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

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Alhambra High School	Alhambra, CA 10/1997 - 06/1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Western University Osteopathic Medicine of the Pacific	309 E Second St College Plaza Pomona, CA 91766-1889 06/1995 - 6/1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any D.O.

College or university where obtained Western University Osteopathic Medicine of the Pacific

Applicant's initial

5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

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

County State Date registered

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

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

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

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

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

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

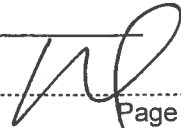
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
081999 - 06/2004	100 Harrington Blvd	Mount Clemens	MI 48042
01/2005 - 08/2012	495 Melrose Heights St	Henderson	NV, 89052
08/2012 - Current	Saint Croix St	Henderson	NV, 89012
	, S 9th St	Alhambra	CA, 91803

Applicant's initial



8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - Current	Advanced Orthopedics & Sports Medicine	Current employment
Title	Description of Duties	Name of Supervisor
D.O	Dr.	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - 10/2007	Knee & Shoulder Institute of NV 9280 W Sunset Rd ste 422 Las Vegas, NV 89148	
Title	Description of Duties	Name of Supervisor
Staff Physician	Staff Physician	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2005 - 12/2005	The Bone and Joint Institute of Southern Nevada 880 Seven Hills Dr Ste 140 henderson, NV 89052	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial.....

Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Allison Hernandez	Home	Opulent Rose Ave Lv, NV89183				05 9
Employer	Business					
Name Donovan Middleton	Home	Iron Springs Las Vegas, NV 89144				9
Employer	Business					
Name Amanda Davis	Home	Luna Blanca Dr LV, NV 89138				6
Employer	Business					
Name Brian Affronti	Home	Parador Cellars Ct LV, NV 89141				8
Employer	Business					
Name Ryan Craig	Home	San Alivia CT LV, NV 89141				8
Employer	Business					

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

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

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

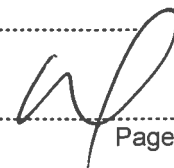
Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

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

D.O License in Nevada From 05/2004

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.

Applicant's initial



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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial _____

STATE OF Nevada

ss.

COUNTY OF Clark

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 27 day ofFebruary, 2020

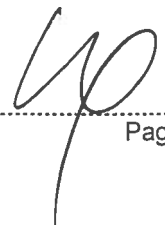

Notary Public



BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial



Page 9

Applicant's initial.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/27/2020

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.....

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kuruville	Thomman	Manjummelkudiyil
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
Paradise Rd Unit 3202	Las Vegas	NV, 89109
Present Residence Address-Street or RFD	City	State/Zip
7183 Advanced Way	Las Vegas	NV, 89113
Present Business Address	City	State/Zip
Podiatrist	07/2006 - current	
Occupation	Dates	
		Phone:
		Residence
West Babylon, NY		Business
		702-740-5327
43	Male	
Age	Sex	
Social Security Number		
Black	Black	140
Color of Eyes	Color of Hair	Weight
	Complexion	Build
		Height

Scars, tattoos or distinguishing marks and/or characteristics.....

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial **TK**

MARITAL INFORMATION-Continued

A. **Current Marriage**..... April 16, 2013 Las Vegas, Clark ,Nevada
 Spouse's full name (Maiden)..... Larissa Derama
 Date City, County and State
 S.S. No
 Date of Birth Place of Birth Chicago, IL
 Resident address Paradise Rd Unit 3202 Las Vegas NV 89109
 Street City State Zip
 Telephone: Residence Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Smitha Sunny	2012	2004	Divorced	Ls Vegas, Clark, NV

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Madeline Kuruvilla		Las Vegas, NV	Cedar Ridge Lane, Dix Hills, NY 11746

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial TK

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father M. P. KURUVILK	- 1 - 1 -	Cedar Ridge Lane, Dix Hills NY	Doctor
Mother Jolly Kuruvilk	- 1 - 1 -	Cedar Ridge Lane, Dix Hills NY	Banker
Father-in-Law Servida Perama	- 11 - 1 -	Calley Ed. St. LV, NV 89141	Retired
Mother-in-Law Carolyn Perama	- 1 - 1 -	Calley Ed. St. LV, NV 89141	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse Maryann Kuruvilla	- 1 - 1 -	Cedar Ridge Lane Dix Hills, NY 11746	Veterinarian
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Commack Middle School	700 Vanderbilt Pkwy, Commack, NY	1989 - 1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Saint Anthony Hgt School	275 Wolfhill Rd, L.S. 11725	1992 - 1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University New York College Of Podiatric Medicine	1800 Parke Ave New York, NY 10035	08/1999 - 05/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Manhattan College	4513 Manhattan College Pkwy, Bronx NY 10471	1996 - 1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... D.P.M.

College or university where obtained..... New York College Of Podiatric Medicine

Applicant's initial..... TR

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial TM

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1/1995 - 8/2008	Cedar Ridge Lane	Dix Hills	NY/Suffolk
8/2008 - current	Perador Rd	Las Vegas	NV/Clark

Applicant's initial

TH

8. EMPLOYMENT:

1486

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.

July 2008 - Current	7195 Advance Way, NV 89113	Current Employment
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Podiatrist	Physician / Owner	Randy Yee
Title	Description of Duties	Name of Supervisor
July 2007 - July 2006	3195 Charlemagne Rd, NV 89106	Salvage
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Podiatrist	Physician / Associate	Anthony Borghin
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

TR

9. CHARACTER REFERENCES:

1487

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Vicente Huan</u>	Home	<u>4 Crystal Ann</u>	<u>NV</u>	<u>89106</u>		<u>5</u>
Employer <u>Vally Hospital</u>	Business	<u>Orthopedic Surgeon</u>				
Name <u>Chris Catapano</u>	Home	<u>5 Dean Mark Dr</u>	<u>LV</u>	<u>89102</u>	<u>116-222-136</u>	<u>7</u>
Employer <u>Allyson Spire</u>	Business	<u>Orthopedic Surgeon</u>				
Name <u>Brian Botwin</u>	Home	<u>8 River Walk, Reno River</u>				<u>6</u>
Employer <u>Regen Med</u>	Business	<u>Bridge Sales</u>			<u>OH 44116</u>	
Name <u>Mike Zanzulyn</u>	Home	<u>Encanto Blvd</u>	<u>LV, NV</u>	<u>89113</u>		<u>5</u>
Employer <u>Regen Med</u>	Business	<u>Bridge Sales</u>				
Name <u>Geoff Taylor</u>	Home	<u>O'Connell Dr</u>	<u>LV NV</u>	<u>89138</u>		<u>10</u>
Employer <u>Envy Salon</u>	Business	<u>Salon Services</u>				

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

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

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

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

Yes ☒ No ☐

If yes, state type, where and years held

D.P.M License in Nevada From 07/2006 - Current

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

Applicant's initial

TR

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 ☒

1488

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

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

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

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

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

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

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



Date of photograph _____

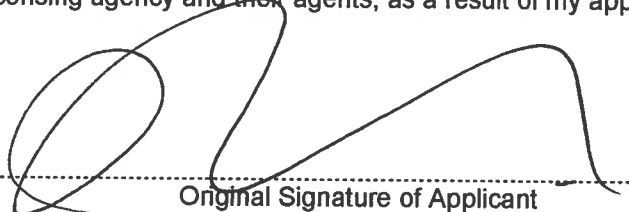
Applicant's initial TZ

SS.

COUNTY OF CLARK

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 27 day of

February 2020
Bonnie L. Smith
Notary Public



BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial

Th

TR

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/26/20

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy
Las Vegas Institute for Advanced Surgery, LLC
7183 Advanced Way Las Vegas, NV 89113
 Nature of License
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated
N/A

1. PERSONAL INFORMATION:

Last Name BORST First Name TOBY Middle Name PETER
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD 1 Cole St. Dates 4/20-present City Birmingham State/Zip MI 48009
 Present Business Address 7183 Advanced Way Dates 9/18-present City Las Vegas State/Zip NV 89113
 Occupation CEO Phone: Residence NONE Business (916) 698-4200
 Date of Birth 1-1-61 Place of Birth (City, County, State) EVANSTON, COOK, IL
 Age 56 Social Security Number Sex M
 Color of Eyes Brown Color of Hair Brown Complexion White Weight 200 Build M Height 6'3

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial MB

MARITAL INFORMATION-Continued

A. **Current Marriage** April 22, 2017 Chicago, Cook, IL
 Date City, County and State
 Spouse's full name (Maiden) Kaitlin Cooper Canisale S.S. No. _____
 Date of Birth _____ Place of Birth Waukegan, IL
 Resident address 1 Cole St. Birmingham AL 35209
 Street City State Zip
 Telephone: Residence None Business None
 Spouse's employer None Occupation Homemaker
 Address of employer None
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Melissa Borst	1/17	6/9/96	Divorce	Chicago, Cook IL
Alison Borst	12/04	8/5/87	Divorce	Oranburg, Sacramento, CA

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

Name	Street	City	State	Zip	Telephone
Melissa Borst	W Hudson Ave.	Chicago	IL	60654	
Alison Borst	Rudwick Dr.	Roseville	CA	95747	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Cody Borst	1	Sacramento, CA	Rudwick Dr. Roseville, CA 95747
Katelynn Borst	1	Sacramento, CA	1 Cole St. Birmingham, AL 35209
Wyatt + Julianna Borst (twins)	1	Evanston, IL	1 Cole St. Birmingham, AL 35209

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial TAB

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Peter Borst	' ' - -	Blackhawk Ln. Lincoln, CA 95448	CFO
Mother			
Carmen Berlanga	' ' - -	2 West Smoky DR. Surprise, AZ 85374	Homemaker
Father-in-Law			
Kevin Gniadek	' ' - -	Robincrest Lane Lindenhurst, IL 60064	Sales Rep
Mother-in-Law			
Bonnie Lucs (Gorken)	' ' - -	Wanda Blvd. Lake Villa, IL 60046	Purchasing Agent

Father

Mother

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Kim Borst	' ' - -	Cement Hill Rd. Fairfield, CA 94533	Uber Driver
Spouse			
None			
Michelle Thompson	' ' - -	Club Rd. Sherwood, AR 72120	Homemaker
Spouse			
None			
Kelly Frandsen	' ' - -	W. Spur Dr. Peoria, AZ 85383	Nurse
Spouse			
Paul Frandsen			Real Estate Agent

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Schaumburg Elementary Schaumburg, IL	1973-1974	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Napa High School Napa, CA	1980-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	California State University Sacramento	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor of Science Accounting

College or university where obtained California State University Sacramento

Applicant's initial

TB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☒ No ☐County Napa State CA Date registered unknown**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
1982	20	reckless driving	Sacramento, CA	unknown	Sacramento County

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

Name	Relationship	Charge	Location	Date

Applicant's initial THB

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

Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff		Several cases suing insurance companies for non-payment		

- 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
Surgical Institute of Michigan	LLC	Numerous (See above)
Bald Mountain Surgical Center	LLC	Numerous (See above)
Advanced Surgery Center	LLC	Numerous (See above)

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
1/1/20 - Present	Cole St.	Birmingham	MI
5/15 - 12/19	1545 Bissell St. Unit 1	Chicago, IL	
4/13 - 5/15	729 N. Langbe St.	Chicago, IL	
10/03 - 4/13	6503 Swallowsview Ct.	Rocklin, CA	
3/2000 - 10/03	7062 Short Oak Way	Orangevale, CA	
12/94 - 3/2000	1648 Notre Dame Dr.	Sacramento, CA	

Applicant's initial

TJB

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 9/18-present	Name/Mailing Address of Employer/Business Advanced Orthopaedic Specialties of Alabama, LLC 1975 Cole St. Birmingham, ME 48009	Reason for Leaving
Title CEO	Description of Duties Supervise Operations	Name of Supervisor None
Month and Year 3/18-present	Name/Mailing Address of Employer/Business Advanced Orthopaedic Specialties of Alabama, LLC Advanced Orthopaedic Specialties, LLC 1975 Cole St. Birmingham, ME 48009	Reason for Leaving
Title CEO	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 9/18-present	Name/Mailing Address of Employer/Business Las Vegas Institute for Advanced Surgery, LLC 7183 Advanced Way Las Vegas, NV 89113	Reason for Leaving
Title Managing member	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 5/17-present	Name/Mailing Address of Employer/Business Physician Empowered Surgery Centers, LLC 1975 Cole St. Birmingham, ME 48009	Reason for Leaving
Title CEO	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 5/17-present	Name/Mailing Address of Employer/Business T.B. McLaughlin, LLC 1975 Cole St. Birmingham, ME 48009	Reason for Leaving
Title Managing member	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 8/18-present	Name/Mailing Address of Employer/Business Bald Mountain Surgical Center 1325 S. Lamar Rd. #104 Lake Orion, MI 48360	Reason for Leaving
Title Managing member	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 7/11-7/15	Name/Mailing Address of Employer/Business Gold Coast Surgical Center, LLC 845 N. Michigan Ave. Ste. 985 W. Chicago, IL 60611	Reason for Leaving SOLD BUSINESS
Title Managing member	Description of Duties Supervise Operations	Name of Supervisor
Month and Year 3/2010-present	Name/Mailing Address of Employer/Business Smithfield Surgical Partners, LLC 1975 Cole St. Birmingham, ME 48009	Reason for Leaving
Title CEO	Description of Duties Supervise Operations	Name of Supervisor

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

Applicant's initial

TPB

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Nick Frisch</u> Home	<u>Laker Rd.</u>	<u>Bloomfield Hills</u>	<u>MI</u>	<u>48304</u>		
Employer <u>Ascension Providence Rochester</u>	<u>1101 W. University Dr.</u>	<u>Rochester</u>	<u>MI</u>	<u>48307</u>	<u>(248) 652-5000</u>	<u>5 years</u>
Name <u>Jeff Declaire</u> Home	<u>Burrington Dr.</u>	<u>Rochester</u>	<u>MI</u>	<u>48308</u>		<u>6 years</u>
Employer <u>Ascension Providence Rochester</u>	<u>1101 W. University Dr.</u>	<u>Rochester</u>	<u>MI</u>	<u>48307</u>	<u>(248) 652-5000</u>	
Name <u>Adrianne Wells</u> Home	<u>5 Great Eastern Dr.</u>	<u>Rochester</u>	<u>MI</u>	<u>48306</u>		<u>5 years</u>
Employer <u>Axiom Consulting</u>	<u>1325 S. Lapeer Rd.</u>	<u>Flint</u>	<u>MI</u>	<u>48360</u>	<u>(248) 193-7550</u>	
Name <u>Nesha Sikafi</u> Home	<u>Moffett Rd.</u>	<u>Lake Bluff</u>	<u>IL</u>	<u>60044</u>		<u>8 years</u>
Employer <u>UAD Partners</u>	<u>151 W. Golf Rd.</u>	<u>Libertyville</u>	<u>IL</u>	<u>60048</u>		
Name <u>HA, Tham Masri</u> Home	<u>Pontiac Trail West</u>	<u>Bloomfield</u>	<u>MI</u>	<u>48323</u>		
Employer <u>Advanced Medical Group</u>	<u>13530 Michigan Ave.</u>	<u>Dearborn</u>	<u>MI</u>	<u>48126</u>		<u>12 years</u>

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

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

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

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

Yes ☒ No ☐
If yes, state type, when and years held

California, Accountant 1999-2007

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

BORST + ASSOCIATES, INC 6538 Lone tree Blvd. Rocklin, CA 95765 Placer County
Smithfield Surgical Partners, LLC 1975 Cole St. Birmingham, MI 48009 Illinois
TB Health, LLC 1975 Cole St. Birmingham, MI 48009 Michigan

Applicant's initial TH

Page 7

* Smithfield partner: Steve Mobeki ... Broadway St. San Francisco, CA 94115

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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial TJB

STATE OF Michigan

ss.

COUNTY OF Oakland

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of February 2020

Sean McKenna
Notary Public



(seal) February 27th 2020

Applicant's initial TJB

6 E) I've been subpoenaed to testify on numerous occasions as an expert witness.

8. Employment (cont.)

1/09-7/13 Surgical Institute of Michigan, LLC Sold Business
managing member 33545 Cherry Hill Rd. Westland, MI 48188

5/09-12/14 Surgical Institute of Monroe, LLC Sold Business
managing member 1075 S. Telegraph Rd. Monroe, MI 48161

7/08-present Smithfield Medical Development, Inc.
CEO 1975 Cole St. Birmingham, MI 48009

1/19-present Surgery Center at Health Park
managing member 600 Health Park Blvd. Grand Blanc, MI 48139

5/18-present Precision Surgery Center, LLC
managing member 22701 Hall Rd. Macomb, MI 48042

1/19-present Hall Rd. Properties, LLC
member 22701 Hall Rd. Macomb Township, MI 48042

6/19-present Grass Lakes Surgery Center, LLC
managing member 1975 Cole St. Birmingham, MI 48009

6/19-present Grass Lakes Real Estate, LLC
managing member 1975 Cole St. Birmingham, MI 48009

2/07-present Beta Consulting Group, LLC
member 1975 Cole St. Birmingham, MI

1/99-7/09 Borst + Associates, Inc. Sold Company
CEO 6538 Lone Tree Blvd. Rocklin, CA 95765

6/96-1/99 Think Tank Inc. Started new business
manager 1620 Lead Hill Blvd. Roseville, CA 95678

7/95-6/96 Donald Cassaway, C.P.A. Found better job
staff accountant Fair Oaks, CA

Applicant's initial

TDB

Page 10

2/93-7/95 Arthur Andersen, LLP
staff accountant Sacramento, CA

Found better job

25B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

ASC-02423

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH ~~3446~~ ~~10687~~)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Seven Hills ASC

Physical Address: 876 Seven Hills Drive

City: Henderson State: NV Zip Code: NV Telephone: (702) 914-2028

Fax: (702) 914-6290 Toll Free Number: _____

E-mail: lharnes@sevenhillsasc.com

Website: _____

Managing Pharmacist: Mary Grear, RPh License Number: 10687

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Lottie Barnes

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

Lottie Barnes RN Administrator
Print Name of Authorized Person

3/6/2020
Date

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Seven Hills Holding Company
Mailing Address: 876 Seven Hills Dr.
City: Henderson State: NV Zip: 89052
Telephone: 702-914-2028 Fax: 702-614-7456
Contact Person: Michael Previti

For any corporation non publicly traded, disclose the following:

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

a) US Cardio Partners Nevada (Cliff Grossett) 1 Kingwood Dr. #14
Name Business Address Kingwood TX 77339

b) David Navratil MD S. Eastern Ave. Las Vegas
Name Business Address NV 89119

c) Eddy Luh MD W. Sunset Rd. Las Vegas NV 89148
Name Business Address

d) _____

Name	Business Address
------	------------------

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$10,000 ^{ex}

List any physician shareholders and percentage of ownership.

Name: David Navratil MD %: 5

Name: Eddy Luh MD %: 3

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

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

Managing Pharmacist

 Pharmacist Name: Mary Grear, RPh

 License #: 10687

 Pharmacy Name: Seven Hills ASC

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Board Administrative Action: State: ^{NV} 2002 Date: 2002 Case #: _____

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

County: _____ Court: _____

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

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

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

Mary Green, RPh
Signature

3/6/20
Date

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

1507

Date 18 MAR 2020

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 Ambulatory Surgery Center
Seven Hills ASC 876 Seven Hills Dr. Henderson, NV 89052
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
Seven Hills Surgery Center 876 Seven Hills Dr. Henderson NV
If applicable, Name Under Which It Is Now Operated 89052

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name			
<u>NAVRATIL</u>	<u>DAVID</u>	<u>LLOYD</u>			
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>NONE</u>					
Present Residence Address-Street or RFD	Dates	City State/Zip			
<u>1 DAVINA ST</u>	<u>12/23/1991-PRES</u>	<u>HENDERSON NV 89074</u>			
Present Business Address	Dates	City State/Zip			
<u>SAME</u>					
Present Position with the Pharmacy or Wholesaler	Phone: Residence _____ Business _____				
Date of Birth	Place of Birth (City, County, State)				
	<u>CINCINNATI, HAMILTON, OHIO</u>				
Age	Social Security Number	Sex			
<u>63</u>		<u>M</u>			
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>HAZEL</u>	<u>BROWN</u>	<u>TAN</u>	<u>250</u>	<u>HEAVY</u>	<u>5'8"</u>
Scars, tattoos or distinguishing marks and/or characteristics <u>SURGICAL SCAR OVER STERNUM</u>					
Are you a citizen of the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If alien, registration No _____					
If naturalized, certificate No _____ Date _____					
Place _____ (If naturalized, document must be verified.)					

2. MARITAL INFORMATION:

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

Applicant's initial DN

A. **Current Marriage**.....
 Date..... City, County and State.....
 Spouse's full name (Maiden)..... S.S. No.....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Street..... City..... State..... Zip.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....
 Street..... City..... State..... Zip.....

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

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

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
MICHAEL NAVRATIL		GREEN BAY, WI	MIDDLE EARTH ST LAS VEGAS, NV 89135
AMY NAVRATIL		GREEN BAY, WI	3 NIGHTHAWK DR LARAMIE, WY 82072

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial

Q1

FAMILY INFORMATION-Continued

1509

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

Name

Address

Contact person

C. Parents:

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

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

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

Father

DECEASED

Mother

7 E. TECOMA RD

MOM

FRANCES NAVRATIL (SCALISE)

PHOENIX, AZ 85048

Father-in-Law

DECEASED

Mother-in-Law

DECEASED

D. Brothers and Sisters:

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

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

JAMES NAVRATIL

E. MOUNTAIN SPRINGS RD
SCOTTSDALE, AZ 85255

PHYSICIAN

Spouse

CHERIE

MARK NAVRATIL

S. LEE ST.
APPLETON, WI 54915

ARCHITECT

Spouse

SUSAN

ANITA NAVRATIL

RIVERS CALL BLVD
ATLANTA, GA 30339

ENGINEER

Spouse

JAMES DIANDRETH

JERRY NAVRATIL

ROUTE 9 W SOUTH
NYACK, NY 10960

PHYSICS PROFESSOR

Spouse

PHYSICIAN

JEANNE

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar

SCHOOL JACKSON

GREEN BAY, WI

9/61 - 6/68

Yes ☒ No ☐

High

SCHOOL SOUTHWEST H.S.

GREEN BAY, WI

9/1968 - 6/1974

Yes ☒ No ☐

College

UNIVERSITY ST NORBERT COLLEGE

DE PERE, WI

9/1975 - 5/1978

Yes ☒ No ☐

Other

UNIVERSITY OF WISCONSIN

MADISON, WI

9/14-5/15, 9/78-5/1982

Yes ☒ No ☐

Type of degree obtained, if any B.S. in 5/78, M.D. in 5/1982

College or university where obtained AS ABOVE

Applicant's initial

21

A. Have you ever served in any armed forces? Yes ☒ No ☐ RESERVE FEB 1979 - JUN 1982
 Branch US AIR FORCE Date of entry-active service JUN 1982 - JUN 1991
 Date of separation 30 JUN 1991 Type of discharge HONORABLE
 Rating at separation MAJOR Serial number _____

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

B. Have you registered for the draft? N/A Yes ☐ No ☐

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial Q1

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

8/1994 - PRESENT	DAVID NAVRATIL, MD, LTD 1967 DANA ST, HENDERSON, NV	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
MD	PHYSICIAN	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/2012 - 9/2018	HEALTHCARE PARTNERS 2865 SIENA HEIGHTS #331 HENDERSON, NV 89052	
MD	PHYSICIAN	JEREMY COX
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/1993 - 8/1994	NEVADA HEART CARE	
MD	PHYSICIAN	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/1991 - 4/1993	HEART INSTITUTE OF NEVADA	
MD	PHYSICIAN	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2/1979 - 6/1991	US AIR FORCE	
MD	PHYSICIAN	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial Q1

9. CHARACTER REFERENCES:

1513

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>DR TOM LAMBERT</u>	Home					
Employer <u>SELF</u>	Business	<u>3150 TENAYA WAY PHYSICIAN LAS VEGAS NV 89128</u>				<u>26</u>
Name <u>DR HOWARD BRODER</u>	Home					
Employer <u>HEALTHCARE PARTNERS</u>	Business	<u>2865 SIENA HEIGHTS STE 331 HENDERSON, NV 89052</u>				<u>10</u>
Name <u>DR ERIK SIRLINICK</u>	Home					
Employer <u>NCA</u>	Business	<u>7135 W. SAHARA AVE #202 LAS VEGAS, NV 89117</u>				<u>13</u>
Name <u>DR DJ ANH</u>	Home					
Employer <u>HEALTHCARE PARTNERS</u>	Business	<u>2865 SIENA HEIGHTS STE 331 HENDERSON, NV 89052</u>				<u>12</u>
Name <u>DR JACQUE LAMOTHE</u>	Home					
Employer <u>SELF</u>	Business	<u>3131 LACAMDA LAS VEGAS, NV 89109</u>				<u>25</u>

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

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

Yes ☒ No ☐

If yes, state type, where and years held

NEVADA #6149 FEB 1991 - PRESENT

WISCONSIN #26439 1984 - PRESENT

ARIZONA #20828 1991 - PRESENT

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

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

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

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

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

Applicant's initial

SM

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

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

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

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐



Date of photograph 25 MAR 2020

Applicant's initial SA

COUNTY OF Clark

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

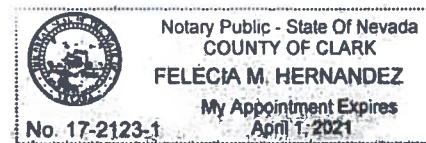
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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



Original Signature of Applicant

Subscribed and Sworn to before me this 26 day ofMarch, 2020

Notary Public



(seal)

Applicant's initial

DN

A large, cursive uppercase letter 'M' is written on a three-line grid. The letter starts with a large loop on the left, crosses itself in the middle, and ends with a vertical stroke on the right. It is positioned between the top and bottom solid lines, with a dashed midline.

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

I, David Navratil MD

Responsible Person of Seven Hills ASC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

DAVID NAVRATIL

Print Name of Authorized Person

21 MAR 2020

Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 4.1.20

GENERAL INSTRUCTIONS

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

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

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

Application for Pharmacy License
 Nature of License
Seven Hills ASC/ 876 Seven Hills Dr., Henderson NV 89052
 Name and Address of Establishment for Which License Is Requested
Seven Hills Surgery Center
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Crossett</u>	First Name	<u>Clifford</u>	Middle Name	<u>Theodore</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Present Residence Address-Street or RFD		City	State/Zip		
<u>2 Forest Row Dr.</u>		<u>Kingwood</u>	<u>TX 77345</u>		
Present Business Address		City	State/Zip		
<u>876 Seven Hills Dr.</u>		<u>Henderson</u>	<u>NV 89052</u>		
Occupation			Phone:		
			Residence <u>3</u>		
<u>Saginaw, Saginaw, MI</u>			Business <u>702-750-1038</u>		
Date of Birth		Place of Birth (City, County, State)			
<u>47</u>					
Age	Social Security Number			Sex	
<u>47</u>				<u>Male</u>	
Blue	Brown	Fair	250	6'	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial CC

MARITAL INFORMATION-Continued

A. **Current Marriage** 10.14.2011 Houston, Harris, TX
 Date City, County and State
 Spouse's full name (Maiden) Ana-Paulina Crossett S.S. No.
 Date of Birth Place of Birth Mexico City, Mexico
 Resident address 2 Forest Row Dr. Kingwood TX 77345
 Street City State Zip
 Telephone: Residence Business
 Spouse's employer Self-Employed Occupation Corporate Production
 Address of employer
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Esmeralda Aguilera	2003	2002	Divorce	Ft. Bend Co. TX
Stephanie Hults	2007	2007	Annulled	Harris Co. TX

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

Name	Street	City	State	Zip	Telephone
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No idea

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Izabella Crossett		Las Vegas NV	All reside at the following address:
Paco Crossett		Las Vegas NV	Forest Row Dr., Kingwood TX 77345
Coral Crossett		The Woodlands TX	
Elena Crossett		The Woodlands TX	

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial CC

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Clifford Crossett		No Idea	No idea
Mother			
Roberta Crossett		Deceased	Deceased
Father-in-Law			
Francisco Estrada		Mexico City, Mexico	Retired Architect
Mother-in-Law			
Rosita Estrada		Mexico City, Mexico	Retired Banker

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Melissa Crossett		No idea	Teacher
Spouse			
Luke Crossett		10807 Overbrook Lane, Houston TX 77042	Banker
Spouse			
Kara Crossett		No idea	No idea
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Schall Elementry School	Caro, MI	1980's	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Hemlock High School	Hemlock, MI	89-91	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Michigan State Univeristy	E. Lansing MI	91-95	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

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

College or university where obtained..... Michigan State Univeristy

Applicant's initial..... CC

5 MILITARY INFORMATION:

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

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

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

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

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

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

County Saginaw State MI Date registered 1991

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
2012	39	Criminal Mischief	Houston, TX	1 week later	Houston Police Dept.

I was falsely arrested by an overzealous officer for removing some bushes from the city property where I parked. The day before the police told me that I could remove the bushes because it was an easement and it was for parking. The ADA and City dropped all charges as the officer told the ADA he told me to remove them if I had an issue.

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

Name	Relationship	Charge	Location	Date
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Applicant's initial CC

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff: Clifford Crossett	2011	Harris County	Houston, Harris, TX	2012

A former business partner stole money from several investors including me. I sued him to get my money back
He declared bankruptcy.

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2020-2014	3402 Forest Row Dr.	Kingwood	TX
2014	Grazing Field Dr.	Conroe	TX
2013	College Park Dr. #5108	The Woodlands	TX
2012	College Park Dr. #16201	The Woodlands	TX
2008-2012	5327B Nolda Dr.	Houston	TX
2002-2008	2403 Blue Water Bay	Katy	TX
2001-2002	1015 Lexington Cir AptD	Edinburg	TX
1999-2001	2404 South Blvd	Houston	TX
1998-1999	2714 Greenbriar St.	Dickinson	TX
1996-1998	1036 Charlene S St.	Salem	OR
1995-1996	4640 Syracuse St	Dearborn Heights	MI

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
3/15 to present	EPIC Employee Services, Kingwood TX	
Title	Description of Duties	Name of Supervisor
CEO	Day to day company operations	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/14-3/15	ATOM Medical, PA Medical	Started my own Company
Title	Description of Duties	Name of Supervisor
Bus Dev.	Manage 6 State Territory	Tom
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/11-7/14	Merge Healthcare/IL/Healthcare IT	HOS
Title	Description of Duties	Name of Supervisor
Enterprise Sales Manager	Manage 6 State Territory	Michael Previti
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/05-7/11	Philips Healthcare/Bothell WA/Cath Lab	Merge
Title	Description of Duties	Name of Supervisor
Clinical Sales Specialist	Capital Sales	Randy Walbrown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/01-1/05	Burdick/WI/Cardiology	Philips
Title	Description of Duties	Name of Supervisor
Regional Manager	Covered South TX	Gordon Johnson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/98-1/01	United Medical Supply/Sugarland TX/Medical Disposables	Burdick
Title	Description of Duties	Name of Supervisor
Sales Rep	Sell medical disposables to offices/ASC's/Hospitals	Bill Bandy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/96-6/98	PMT Corporation/Minn. MN/Plastic Surgery & Neuro	Moved to TX
Title	Description of Duties	Name of Supervisor
Sales Rep	Sell Plastic Surgery products over a 6 State Territory	Mark Rosenblum
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/91-12/95	Michigan State University/E. Lansing MI, University	Graduated
Title	Description of Duties	Name of Supervisor
Various	Maintenance/Food Service	Dean Matsudo

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

Applicant's initial CC
Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Richard Taylor	Home	Sugarland TX				23
Employer Retired	Business					
Name Gordon Johnson	Home	Corinth, TX				21
Employer Retired	Business					
Name CHARLES E. BAILEY MD	Home	San Antonio TX				7
Employer Self-Employed	Business	Doctor				
Name Sean Miller	Home	San Antonio, TX				22
Employer McKesson	Business	Sales Rep				
Name Jason Stiehl	Home	Apex, NC				30
Employer Guardian Mortgage	Business	Loan Officer				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

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.....

.....

Applicant's initial CC

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

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

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

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

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

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

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

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



Date of photograph 4-18-20

Applicant's initial CC

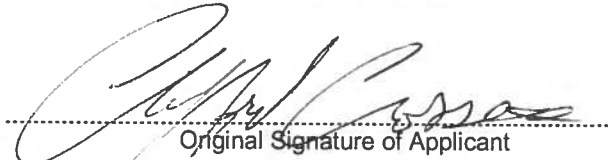
STATE OF Texas

SS.

COUNTY OF Harris

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

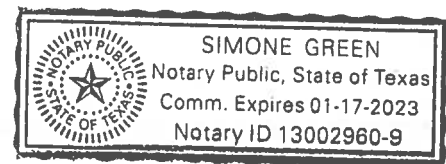
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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


Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of April 2020


Notary Public

(seal)



Applicant's initial CC

NONE

Applicant's initial

CC