25A

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.

Check <u>box</u> bel Corporation or □ Publicly Tra ☑ Non Publicl GENERAL IN	aded Corporation – Pages 1,2,3,10,11a&b y Traded Corporation – Pages 1,2,4,10,11a NFORMATION to be completed by all t	equired forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b &b ☐ Sole Owner – Pages 1,2,8,10,11a&b types of ownership
Pharmacy Na	ame: <u>Advanced</u> Onthopsed	ic Surgery Center.
Physical Add	ress: 7183 Advanced W	by LAS VERT NV
	State: Zip C	
	F-mail: 0-	cheiferov@gmoil.com
Website:	L-man.	THE THE STATE OF T
Managing Ph	armacist: Mary Green RPh	License Number: 10687
	TYPE OF PHARMACY AND	The state of the s
	TTPE OF PHARIVIACT AND	SERVICES PROVIDED
	Yes/No	Yes/No
	Yes/No	Yes/No
	Yes/No □ ☑ Retail	Yes/No ☐ Ø Off-site Cognitive Services
	Yes/No □ ☑ Retail □ ☑ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral
	Yes/No ☐ ☑ Retail ☐ ☑ Hospital (# beds) ☐ ☑ Internet	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral □ ☑ Parenteral (outpatient)
	Yes/No □ I Retail □ I Hospital (# beds) □ I Internet □ I Nuclear	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
	Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ Ø Off-site Cognitive Services Ø ☐ Parenteral ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ Ø Mail Service
	Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care
	Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community	Yes/No ☐ ☑ Off-site Cognitive Services ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding

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 [⊐ N	0	V
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 [⊐ N	0	
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 [⊐ N	0	D
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 [⊐ N	0	
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 [⊐ N	0	
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agreestition may be required.	ust be ment,	atta or o	ch the	ed. :r
correc	by certify that the answers given in this application and attached documentated. I understand that any infraction of the laws of the State of Nevada regulated tion of an authorized pharmacy may be grounds for the revocation of this per	ing the		e a	ınd
under correct emplo	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true, t. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva yees, to conduct any investigation(s) of the business, professional, social and round, qualification and reputation, as it may deem necessary, proper or des	accurants and mora	ate a d al	erti	ify, i
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp				
Se Print N	Age of Authorized Person Date)			
Board	Use Only Date Processed: MAR 0 9 2020 Amount:				

APPLICATION FOR NEVADA PHARMACY LICENSE



OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation:				5447
Parent Company if any:			William Reports of the	
Corporation Name:				
Mailing Address:				
City:				11
Telephone:	Fax:			n El
Contact Person:				
registration with the SEC, the reg being traded. You can provide a Date of Incorporation:	copy of the SEC report	or copy of Form		CK IS
Registration number issued:				
Stock Exchange:		Y		
Hours of Operation for the pha	armacy:			
Monday thru Fridayam	pm	Saturday	am	pm
Sundayam	pm	24 Hours	x	
A Nevada business license is no license please provide the numb		pharmacy has	a Nevada busines	S

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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 PUBLICY TRADED CORPORATION
State of Incorporation: Nevada.
Parent Company if any:
Mailing Address: 7183 Advanced Way
City: Las Vejal State: NV Zip: F9/13 Telephone: 540-616-6372 Fax: (702) 740-5328
Contact Person: Michael R. Heifferen, Administrater.
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 Orthogredic Investors, 50%. Advanced Noy Lorveys NV 8918 Name Business Address
b) Nick Liu, 8-333 1. 7183 Admired Why Los Vegos, NV 89113 Business Address Address
c) Tim Trainta 8.333 1. 7183 Advanced Way, LAI Veyn, NU 89113 Name Business Address 7/83 Advanced WAY
Name Business Address 7183 Advanced WAY d) Advanced onthogoedic Speentte of NU. 28.3331. Los Vega, NV B9113 Name Business Address
2) Provide the number of shares issued by the corporation. <u>100</u>
3) What was the price paid per share? \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
List any physician shareholders and percentage of ownership.
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday 6:60 am 6:00 pm Saturdayampm
Sundayampm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: <u>NV2018169137</u>\$

Include with the application for a sole owner /NA

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

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

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

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

Responsible Person of As Yesas Taxibitute In Dolumes 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 la 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	1. Sep Body
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy lathat 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 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.	Responsible Person of Las Vegas Trustitute En Odward Surgey
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of any local, state or federal laws or regulations pertaining to the practice of pharmacy.	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
Original Signature of Person Authorized to Submit Application, no copies or stamps	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	
Original Signature of Person Authorized to Submit Application, no copies or stamps	
	Original Signature of Person Authorized to Submit Application, no copies or stamps
Print Name of Authorized Person Date	Print Name of Authorized Person

Managing Pharmacist

Pharmacist Name:_	Mary Grear	License #: 106 87
Pharmacy Name: _	Advanced Orthopardic Su	rgory 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.

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
physical condition that would impair your ability to perform the essential functions of your license	? 🗆	
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
2. been the subject of a board citation or an administrative action whether completed or pending		
in any state?		
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any		
state?		1
If you marked YES to any of the numbered questions above, please include the following information	ation	
Board Administrative Action: State: NJ Date: 2002 Case #:		
And the Original Aution Of the		
And/or Criminal Action: State: Date: Case #: County Court:		_
CountyCourt:		_

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 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.



Certified By: Electronic Filing Certificate Number: C20180925-2402 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
Secretary of State





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

Filed in the office of

Barbora K. Cegarste

State of Nevada

Document Number

20180420280-77

Filing Date and Time Barbara K. Cegavske Secretary of State

09/25/2018 7:25 PM

Entity Number

E0451142018-5

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

(This document was filed electronically.) **USE BLACK INK ONLY - DO NOT HIGHLIGHT** ABOVE SPACE IS FOR OFFICE USE ONLY 1. Name of Limited-Check box if a ADVANCED ORTHOPAEDIC SURGERY CENTER LLC Check box if a **Liability Company:** Series Limited-Restricted Limited-7183 ADVANCED WAY Liability Company Liability Company (must contain approved LAS VEGAS, NV 89113 limited-liability company wording; see instructions) 2. Registered Commercial Registered Agent: AYESHA MEHDI, PLLC Agent for Service of Process: (check Noncommercial Registered Agent Office or Position with Entity OR only one box) (name and address below) (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 Latest date upon which the company is to dissolve (if existence is not perpetual): Date: (optional) 4. Management: Company shall be managed by: Manager(s) Member(s) (required) (check only one box) 5. Name and 1) ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC Address of each Manager or 1905 NORTH BISSELL ST., UNIT 1 **CHICAGO** IL 60614 Managing Member: Street Address City State Zip Code (attach additional page if more than 3) 2) ADVANCED ASC INVESTORS, LLC 8420 W. WARM SPRINGS LAS VEGAS NV 89113 Street Address City Zip Code State 3) Name Street Address City State Zip Code 6. Name, Address 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 and Signature of the Secretary of State. Organizer: (attach AYESHA MEHDI, PLLC AYESHA MEHDI, PLLC additional page if more Organizer Signature than 1 organizer) 6671 S LAS VEGAS BLVD, SUITE 210 LAS VEGAS NV 89119 City Zip Code 7. Certificate of I hereby accept appointment as Registered Agent for the above named Entity. Acceptance of AYESHA MEHDI, PLLC Appointment of 9/25/2018 **Registered Agent:** Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE **BUSINESS LICENSE APPLICATION OF:** ENTITY NUMBER ADVANCED ORTHOPAEDIC SURGERY CENTER LLC E0451142018-5 NAME OF LIMITED-LIABILITY COMPANY SEP, 2018 SEP, 2019 FOR THE FILING PERIOD OF TO **USE BLACK INK ONLY - DO NOT HIGHLIGHT** **YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov** Filed in the office of Document Number Return one file stamped copy. (If filing not accompanied by order instructions, 20180420281-88 Bachara K. Cegenste file stamped copy will be sent to registered agent.) Filing Date and Time Barbara K. Cegavsko IMPORTANT: Read instructions before completing and returning this form. 09/25/2018 7:25 PM Secretary of State 1. Print or type names and addresses, either residence or business, for all manager or managing State of Nevada Entity Number members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL E0451142018-5 BE RETURNED IF UNSIGNED. If there are additional managers or managing members, attach a list of them to this form. (This document was filed electronically.) 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 ABOVE SPACE IS FOR OFFICE USE ONLY 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 Coples: 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 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. 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 NRS 76.020 Exemption Codes 001 - Governmental Entit Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 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. MANAGER OR MANAGING MEMBER ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC **ADDRESS** CITY STATE ZIP CODE 1905 NORTH BISSELL ST., UNIT 1 **CHICAGO** 11. 60614 MANAGER OR MANAGING MEMBER ADVANCED ASC INVESTORS, LLC ADDRESS CITY STATE ZIP CODE 8420 W. WARM SPRINGS LAS VEGAS NV 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 filling in the Office of the Secretary of State.

X AYESHA MEHDI

Title

Date

Signature of Manager, Managing Member or Other Authorized Signature ORGANIZER 9/25/2018 7:25:08 PM

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

Barbara K. Cegavske Secretary of State

Borhara K. Cegarste

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 <u>cannot</u> be waived.

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

9 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 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	ASC	Pharm	acu				
^	•	Nature of Ph	armacy of Wholesaler SURGECU				
(77)	Name and Addre	ess of Business for V	Which Designated Repre	sentative Is Req	uested	<u></u>	
		f analicable, Name I	Inder Which It Is Now O	norstod			
		applicable, Name C	Midel Which it is NOW O	perated			
	L INFORMATION:	Sep					
Bady Last Name			ame	Middle	Name		_
Sepel	ır Badymoghaddan	1					_
Alias(es, Nickname	s, Maiden Name, Other Name	e Changes, Legal or	Otherwise)				
							_
	Address-Street or RFD		City		State/Zip		
7183 Advn	aced Way	Dates L	_as Vegas		NV, 891 State/Zip	13	_
			City		State/Zip		
Staff Physi	CIATI th the Pharmacy or Wholesal	<u>Dates</u>		Phone:			_
Tesenti osalon wi	artic r namicoy of vinologui			Reside			
		Tohron Ira		Busine	ss 702-	-740-5327	
Date of Birth		Tehran, Ira					_
		Place of Birth (Cit	y, County, State;			La La	
45					iV	lale	
Age	Social S	Security Number				Sex	
Brown	Black		175			6' 01"	_
Color of Eyes	Color of Hair	Complexion	Weight	Build		Height	
							100
Coors tottoos	or distinguishing marks	and/ar abarastar	iotico N/A				
Scars, tattoos t	or distinguishing marks	and/or character	istics				
A	en of the United States?	Van W Na 🗆	If alian registrati	ion No			
Are you a citize	en of the United States?	Yes No L	ir alien, registrati	ion ivo			
If naturalized, o	certificate No		Date				
Place			(If natu	ralized, docun	nent must	be verified.)	
				•		•	
2. MARITAL	INFORMATION:						
Single 🗵 I	Married Separate	ed 🗆 Divord	ed 🗆 Widowed	d 🗆 Eng	aged 🗆		
				Applican	nt's initial_	51	
				whhiicai	ıı ə ırınıal		Page

MARITAL INFORMATION-Continued

A.	Current Marriage IN/A	***************************************		******	
	Spouse's full name (Maiden)		City	County and Sta	ie .
	Date of Birth				
	Resident addressStreet				
	Telephone: Residence				
	Spouse's employer	Oc	ccupation	**************	
	Address of employerStreet				
B. P	Previous Marriages: If ever legally sep	arated, divorced, or an	nulled, indicate be	elow:	
Name	Date of Order of Spouse or Decree	Date of Place of Marriage	Nature of Action	City County a	and State
	N/A				
	List of names, current address and te	alanhana numbers, of n	rovious enguese.		
	Name Street	Clty			elephone
	N/A				
3. F/ A.	AMILY INFORMATION: Children and Dependents: List all children, including step-c Name Birth Date	hildren and adopted ch Birth Place	nildren and give the	e following in	formation:
	N/A				
В.	Child Support Information: Please mark the appropriate	response:			
	☑ I am not subject to a court	t order for the support of	of child.		
	 I am subject to a court order plan approved by the distr of the amount owed pursu 	ict attorney or other pu	ne or more childrei blic agency enforc	n and am in o cing the order	compliance with a for the repaymen
	I am subject to a court ord the order or a plan approv the repayment of the amore	ed by the district attorn	iey or other public ne order.	n and NOT in agency enfo	compliance with rcing the order for
					Page

-Alviil	Y INFORMATION-Continue. District attorney or public a		for enforcin	ng the child support ord	ier:	
	Name					
	Address					
	Contact person					****************
C.	Parents:					
	List names, residence add	lresses, dates of bi	rth and mos	t recent occupations o	f parents,	step-parents,
arent	s- <u>in-law or legal guardian. I</u>	f retired or decease	ed. list last a	ddress and occupation	٦	
	Name (Maiden)	Birth Date	Address			Occupation
ather	YAGHOUB		- 2	Dy Bo		d
1	BANNOG HADDAM	-	Sherm	DY 60 DAIG CA 91403		Thysician
lother						
M	BADYMOG HADDAN	DECEASE	77)		iie	
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lother-	in-Law					
		4				
_						
D.	Brothers and Sisters: List names, residence add	dresses dates of b	irth and mos	st recent occupations of	of brothers	and sisters and of
	their respective spouses.					
_	Name (Maiden)	Birth Date	Address			Occupation
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ppuse	DOIS SOULDE	r 1	·	1 (Dochard Mis-	89135	Sol
	ar 12a Aprie BI			1 OFCHARATINS	84135	3/1
Spouse						
Spouse	9					140.
Spouse	e					
4. E	DUCATION:					
	Name of School	Loc	ation	Dates Attended		Graduate
Gramn School	In the least of the sail of th	Ehr. 1 TAZA	n CA	1989- 1993		Yes 🖺 No 🛘
ligh	Ti- 11.) Woodland	44 .	1994 - 1998	=	Yes No 🗆
School College	e TUFTS Unive	rsity School of		08-1099		
Univer	Sity		MEGICINE	to 05-2003		Yes 🛛 No 🗆
Other	UCLA 1993	1996		10 03 2003		Yes X No 🗆
Tvpe	of degree obtained, if any	M.D				
			Iniversity	School of Madiair	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
Colle	ge or university where obtai	ned 10F13 C	July Cloudy	Scribbi of Medicil		
				Applica	int's initial	
						P

5 MILITARY INFORMATION:

Have you ever served in any armed force	es? Yes □ No 🗵
Branch	Date of entry-active service
	Type of discharge
	Serial number
While in the military service were you eve	er arrested for an offense which resulted in summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the summary action, a trial of Yes No for the yes No for the summary action at the yes No for the
Have you registered for the draft?	Yes □ No 🗷
CountyState	Date registered
RRESTS, DETENTIONS, LITIGATIONS A	AND ARBITRATIONS: (Include those arrests in which you were
Have you ever been arrested, detained, oviolation for any reason whatsoever, required.	charged, indicted or summoned to answer for any criminal offense of ardless of the disposition of the event? (Except minor traffic citations ce provided below. List all cases without exception.
Arrest Age Charge	Location-City and State Deposition/Date Arresting Agency
page 10.	an unindicted co-party? Yes \square No \nearrow If yes, furnish details on
Have you ever been subpoenaed to apper commission? Yes \(\text{No} \) \(\text{No} \) Have you ever been subpoenaed to testifn Yes \(\text{No} \) No \(\text{No} \) Have you ever had a civil or criminal recolling to the subpoenaed to testifn Yes, when?	sed by a city, state, federal or law enforcement agency, commission ear or testify before a federal, state or county grand jury, board or ify for any civil, criminal or administrative proceeding or hearing? ord expunged or sealed by a court order? Yes city, county and state.
Have you ever been subpoenaed to apper commission? Yes \(\text{No} \) \(\text{No} \) Have you ever been subpoenaed to testify Yes \(\text{No} \) No \(\text{No} \) Have you ever had a civil or criminal recoil fyes, when? Have you ever received a pardon or defeil fyes when? Has any member of your family or of your	ear or testify before a federal, state or county grand jury, board or ify for any civil, criminal or administrative proceeding or hearing?
Have you ever been subpoenaed to apper commission? Yes \(\text{No} \) \(\text{No} \) Have you ever been subpoenaed to testify Yes \(\text{No} \) No \(\text{No} \) Have you ever had a civil or criminal recoil fyes, when? Have you ever received a pardon or defeil fyes when? Has any member of your family or of your	ear or testify before a federal, state or county grand jury, board or ify for any civil, criminal or administrative proceeding or hearing? ord expunged or sealed by a court order? Yes
	Rating at separation While in the military service were you ev special or general court martial? regardless of where they occurred-foreign Have you registered for the draft? County State RRESTS, DETENTIONS, LITIGATIONS A not convicted.) Have you ever been arrested, detained, violation for any reason whatsoever, region yes No If yes, give details in space. Arrest Age Charge Has a criminal indictment, information or arrested or in which you were named as

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

aintiff/Defendant or aimant/Respondent	Date Filed	Court and Case Number	City Co.	unty and State	0	Dispositio	n/Date
and the sported in	paternoo	HUITE	Oity, Oot	ancy and Otal		Disposition	7. B Date
associated w	ith it as an owr	o, business venture, ner, officer, director o olete the following:					
Name of Entity		Type of Entity				e Date(s) of itration/Bankrupto	у
. RESIDENCES:							
st all residences yo	u have had for	the last 25 years:	0.0224				
st all residences yo	Stre	eet and Number	City			state or County	
onth and Year (From-To)	Stre	eet and Number	INC WAY	LAS V	egas	NV 8911	7 Cly
r. RESIDENCES: st all residences you onth and Year (From-To) 0 - 205 Turner - Currer	Stre	eet and Number	INC WAY	45 V	regas.	NV 89111 89123	7 C.W
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8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacles 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.

Y 05/2010 3	ee Advanced Orthopedics 7195 Advanced Way and Sports Medicine Las Vegas, NV 8911	y 13
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/Malling 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 Dutles	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
Fitle	Description of Dutles	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 54 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. Telephone Years Known Name of Where Employed City State Name NAVICI ,3 BAAh Home Employe Business Pw Employer P 2702 Business ILVNV Home Business 16 oderson 11 Home P9012 Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawver Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming Sports promoter Accountant Pilot 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 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 X No D 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
X 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 Page 7

14.	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □	No 🕱
15.	Have you or any person with whom you have been a participant in any group been the sandministrative 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 guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found guil scription of Yes	lty, plead drugs and/or No 🕱
17.		idered a l	icense, other than
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en 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 X
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Date of photograph	Yes 🖈	
	Applicant's initial	59	Dozo 0
			Page 8

STATE OF NEVOCO
SS.
COUNTY OF COUK
I, SED BOOLY , 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 of 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
Original digitalization replicant
Subscribed and Sworn to before me this 28 day of BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 202
Notary Public
(seal)

Applicant's initial 5/5
Page 9

ADDITIONAL INFORMATION

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Applicant's initial 4/7
Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 Date 2/28/2 o

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	A	sc c	Pharme	:4			
Ad	vared O	rthop	And Nature of Li	le a em	Center	40	
		uced	of Establishment e, Name Under W	for Which Liten	ges, Nu	8945	•••••
1. PERSONAL Trainor	INFORMATION:		Timothy		James	.	
Last Name			First Name		Middle Na	me	
Alias(es, Nicknames, I	Maiden Name, Other Na	me Changes	, Legal or Otherwi	ise)			
Quiet Moor	ı Ln		Las	Vegas		NV.89135	
Present Residence Ad	dress-Street or RFD		City			State/Zip	
	ed Way	Dates		Vegas		NV, 89113	
Present Business Add			City			State/Zip	
Orthopedic St Occupation	urgeon	Dates	07/24/200	7 - Current			
Occupation					Phone: Residence		
		Leo	minister, MA		Business	702-740-5327	
Date of Birth	· · · · · · · · · · · · · · · · · · ·		f Birth (City, Count				
50						Male	
Age	Socia	l Security No	ımber			Sex	
Blue	Brown			193		5' 11"	
Color of Eyes	Color of Hair	Comp	olexion	Weight	Build	Height	
Scars, tattoos or o	distinguishing mark	s and/or c	haracteristics.	N/			
Are you a citizen	of the United States	? Yes	【No□ If ali	en, registrati	on No		
If naturalized, cer	tificate No N/A	4	•••••	Date			
Place	N/A		•••••	(If natur	alized, documer	nt must be verified.)	
2. MARITAL IN	FORMATION:						
Single □ Mai	rried 💢 Separa	ted 🗆	Divorced □	Widowed	I □ Engage	ed 🗆	
•					Applicant's	initial S	
					44	7	Page

	Spouse's full r	ame (Maiden) /	Date NARIBETH MURAC	O KONOPKA S.S	County and State S. No.	***************************************
	Date of Birth		Place	of Birth MASBAT	E PHILIPPI	NES
	Resident addre	ess Qu	iet Moon	City S	State Zip	
	Telephone: F	Residence		Business 702	740 53	27
	Spouse's emp	loyer Advance	O Opphasedics	Occupation Ass	istant	
			Advanced u			8911.7
B. Pre	evious Marriag		y separated, divorced, c			
<u>Vame o</u>	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and S	State
	1114					-
	List of names. Name	current address a Street	and telephone numbers City	of previous spouses: State	Zip Telep	hone
	Name Name NICH NICH NILY INFORM Children and	Street ATION: Dependents:	City tep-children and adopte	State ed children and give the	Zip Telep Telep Telep Telep	nation:
	Name Name NICH MILY INFORM Children and List all ch	ATION: Dependents: ildren, including s	City tep-children and adopte	State ed children and give th	Zip Telep	nation:
	MILY INFORM Children and List all ch Name	ATION: Dependents: ildren, including s	City tep-children and adopte Birth Place	State ed children and give th	Zip Telep ne following inform idence Address No Lane LAS	nation:

Nam	e NA			child support order:	
	1 1.			***************************************	
	essact person				
C. Pare		•••••••••••	•••••	***************************************	
	names, residence add	dresses, dates of bi	rth and most rece	nt occupations of pa	arents, step-parents,
parents-	v or legal guardian. I	f retired or decease	ad list last address	a and accumpation	
	(Maiden)	Birth Date	Address	s and occupation.	Occupation
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ather-in-Law	0.0	=34 E		1.50	
ROGELI	O MURADO		MATBATE,	PHILIPPINES	DECEASED
Mother-in-Law	in a				~
LYDIA	MURADO		IVIASISATE	PHILIPPINES	DECEATED
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) David	vie hywn Sis Thainor	se!	Henduson Consti	n. Nu 89012 tutimal Da.	VP. Boston College
				the trans Da.	VP, Boston College
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Spouse Cheis Spouse A. EDUCAT Grammar School High School Jigh School Jiniversity Me Other Type of degree	Thaise Davis Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line Line	F: +chbung F: +chbung Sity 303 Ea Chicag	tion Dates g. MA 86 -8 ast Chicago Av go, IL 60611	Attended e 08/1993 - 06/	Graduate Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes

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 \(\sum \) No \(\sum \) 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 🕱
	CountyStateDate registered
6. A A.	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense o 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 n 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 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 💢
Н.	If yes when?city, county and state
Vame	Relationship Charge Location Date
	Applicant's initial Page
	•

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	Defendant or		Court and Case			
	/Respondent	Date Filed	Number	City, County a	and State	Disposition/Date
J.	associated wit	th it as an owr			or closely held corporately to a lawsuit, arbit	
	Name of Entity		Type of Entity		Approximate Date(Lawsuit/Arbitration	

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7. RE	ESIDENCES:					
		ı have had for	the last 25 years:			
	residences you		the last 25 years:	City	State or	County
List all Month ar (From	residences you nd Year To) Present	Stre	eet and Number	City Las Jegts,	20	County
Month ar (From	residences you nd Year To) Present of June 2018	Stre 2001e	eet and Number Hoov Lu veens Charlo	LAS Vegts,) the Dr. LAS V	NU 89135)	Ju
Month ar (From	residences you nd Year To) Present of June 2018	Stre 2005 1905	LIVEEN VICTORIA	LAS VEGAS	NU 89135) My 8914	Ju
List all Month ar (From 2009 f	residences you nd Year -To) Present of June 2018 APRIL 2019 OCT 2009	Stre 9805 Q 1905	LEAT DUKE	LAS VEGAS LAS VEGAS LAS VE	NU 89135) MANU 8914 NU GAS NU	Ju 15 Nu
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List all Month ar (From 2009 f	residences you nd Year -To) Present of June 2018 APRIL 2019 OCT 2009	Stre 9805 Q 1905	LEAT DUKE	LAS VEGAS LAS VEGAS LAS VE	NU 89135) MANU 8914 NU GAS NU	Ju 15 Nu
List all Month ar (From 2009 f	residences you nd Year -To) Present of June 2018 APRIL 2019 OCT 2009	Stre 9805 Q 1905	LEAT DUKE	LAS VEGAS LAS VEGAS LAS VE	NU 89135) MANU 8914 NU GAS NU	Ju 15 Nu
List all Month ar (From 2009 f	residences you nd Year -To) Present of June 2018 APRIL 2019 OCT 2003	Stre 9805 Q 1905	LEAT DUKE	LAS VEGAS LAS VEGAS LAS VE	NU 89135) MANU 8914 NU GAS NU	Ju 15 Nu
List all Month ar (From 2009 f	residences you nd Year -To) Present of June 2018 APRIL 2019 OCT 2003	Stre 9805 Q 1905	LEAT DUKE	LAS VEGAS LAS VEGAS LAS VE	NU 89135) MANU 8914 NU GAS NU	Ju 15 Nu

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.

Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007 to Presen	Description of Duties Orthopaedic Surgeon	ts Medicine
itle	Description of Duties	Name of Supervisor
sician/ Unev	Orthopaedic Juigeon	NLA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2002 to July 20	Description of Duties	Handrable Discharge completion Name of Supervisor Duty Sor
itle	Description of Duties	Name of Supervisor Duty Sor
DRIOTHUPAC	Description of Duties	,
Annth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
997 to J-1420	WZ GEDEGETOWN UNIVERSITY	Reason for Leaving Hospital Completion of R Name of Supervisor Jack Delahar
Title orthopoledics	Tribescription or Duties WAS HINGTON DC	Name of Supervisor Jack Delaha
993 to Jun 19	197 Northwestern University	Medical School
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Toma and Tom	Hamermaning Address of Employer/Dustriess	iteasorror Leaving
itle	Description of Duties	Name of Supervisor
		a * **
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Traine/maining / tariess of Employer/Business	Treason for Ecaving
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	December Leaving
nontin and Teal	Name/Mailing Address of Employer/Edisiness	Reason for Leaving
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor
		raine of Caparison
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nonth and Year	Name/Mailing Address of Employer/Business Description of Duties	Reason for Leaving Name of Supervisor

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

Applicant's initial Page 6

9. CHARACTER REFERENCES:

	List five characte		no have know you fiv	e years or	more. Do i	not include rela	itives, pre	esent	
Name of	Where Employed	Street	City State Zip		Telephone	9	Years Kr	nown	
Name 2	obert Bennet	Home 330	o w. Schan	4450	LAS Vega	8, N 89102	702-4	86-2582	Syea
Employe	State of New								
Name	ep Brown	Home ¢	River Plate	DA P	haump	NU 890	848		9yea
Employe	Advance DOAT	lo Business	1195 Adunced	C. 100			3	3	3
1	Lommer Kuessil		7 Paradise R		,				Duea
Employe	Advanced De	1	195 Advanced		-			.5	
	w Liv	Home	Saint CROIX			and the state of t		11 1	3 year
		A	195 Advance		,		3		J
	lais Pieus	Home	ALC: 1		' '	1, W 89		- 8	year
	Advincedon	1	95 Adunced		1.			1 2	
//				1.					
10.	person's deposi		oox or other such de No ⊠	pository, ad	cess to an	y depository oi	do you t	use any othe	er
	If yes, complete								
Box Nun	nber or Type of Depos	sitory	Location Cit	y and State		Authorized Users			
	1 1								
	VIA	· · · · · · · · · · · · · · · · · · ·							
	•					-			
11.	Have you ever h	aeld a privilege	d, occupational or pr	ofessional	icense in s	uny state inclu	dina but r	ot limited to	
11.	the following:	icia a privilege	a, occupational of pr	Olessional i	icerise iii a	irry state, includ	ang but i	iot iiiTiitea to	,
		Lawyer	Race horse/race d			Securities dea		Insurance	
		Contractor Pilot	Real estate broker Sports promoter	or salesma	an	Barber/Cosme Trainer or mai		Gaming Educator	
	Yes X No □	. 1101	oporto promotor			Trainer or mai	lagei	Laucator	
	If yes, state type	e, where and ye	ears held						
	M.D. Lisansa	: NIV	07/04/0007	0					
	M.D. License		om 07/24/2007 -		2 (1)			*************	
	MD LICENSE	in Hawaii	From July 2008	1-40 354	2007				
40					, ,	, ,,			
12.			y, county of state but or industry OUTSIDI					nancial	
			ere and give names					were	
	involved, the na	mes and addre	ss of all partners and						
	venture or indus	stry.							
		***************	•••••••			•••••	************		
		******************	*******************	*******	***********				
					αA	plicant's initial	_>	4	
						-		Page	e 7

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

STATE OF NEVADA
SS.
COUNTY OF CLARK
I, TIMOTHY TRAIMIN MO, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
onginal signature or repricant
Subscribed and Sworn to before me this 28 day of
FEDMOUN, 2020 BONNIEL SMITH
Notary Public State of Nevada
10 200
No. 17-4217-1

(seal)

Applicant's initial...

Page 9

ADDITIONAL INFORMATION

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Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

7 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 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	ASC	Maruscy		***************************************	
A	drawd Out	Nature of	ticense enter, il	C	
7	(23 AJ. Name and	Address of Establishmen	nt for Which Licens	e Is Requested	•••••
()	11	applicable, Name Under	Which It Is Now Op	perated	
1. PERSONAL IN					
Trainor	-ORWATION.	Michael		Andrew	
Last Name A		First Name		Middle Name	
Alias(es, Nicknames, Mai	den Name, Other Name	Changes, Legal or Other	wise)		
Regents G	ate Dr	Не	enderson	NV, 89012	
Present Residence Addre	ss-Street or RFD	City	'	State/Zip	
7183 Advhačed Way	. w44	Dates Las	Vegas	NV, 89113	
Present Business Addres Orthopedic Surgeor		City		State/Zip	
Spine Surgeon		Dates 02/1/2011	- current		
Occupation				Phone: NA	
				Business 702-740-532	27
Date of Birth		Leominister, MA Place of Birth (City, Cou			
		Flace of Birtil (City, Cot	inty, State)		
50	- Contact			<u>Male</u>	
Age	_	ecurity Number		Sex	
Blue	Brown		190	6' 02"	
Color of Eyes	Color of Hair	Complexion	Weight	Build Height	
	•	nd/or characteristics	N/A		
			alien, registratio	n No	
If naturalized, certific	cate No N/A		Date		•••••
Place 1	N/A		(If natura	lized, document must be veri	ified.)
2. MARITAL INFO	RMATION:				
Single □ Marrie	d 🗶 Separated	d □ Divorced [☐ Widowed	☐ Engaged □	
-	•			ma	7
				Applicant's initial / / /	

MAR	ITAL INFORMATION-Continued	1. 11.0		
A.	Current Marriage	3114103		Phoenix, Maricopa, AZ
	Spouse's full name (Maiden)	Melanie	Lynn Sisse	Phoenix, Maricopa, AZ City, County and State S.S. No
	Date of Birth	P	lace of Birth Ho	arvey, IL
	Resident address Street	- Regents G	ate Dr Hu City	nderson, NV 89012-
	Telephone: Residence	NA	Business	773-368-0524
	Spouse's employer Micha	el Atrainor	DOPC Occupation	Secretary
	Address of employer 52	3 Regents (Sate Dr H	enderson NV 89012 State Zip
В. І	Previous Marriages: If ever lega	ally separated, divorc	ced, or annulled, ind	icate below: N/A
Vame	Date of Order or Decree			re of City ion County and State
	List of names, current address Name Street		bers of previous sp	Ouses: Zip Telephone
	Name Sueer		ity State	Zip releptione
		402. 407.		
3. F	FAMILY INFORMATION:			
Α.	Children and Dependents:	s eten-children and a	donted children and	give the following information:
	Name Birth D		dopted crilidren and	Residence Address
	Turi Trainor	Pres	COHAZ	Same
	Collins Trainor	1'' P	rescott AZ	Same
	Hadley Trainor	1 ,	Prescott AZ	same
В.	Child Support Information: Please mark the appr	opriate response:		
	I am not subject to	a court order for the	support of child.	
	plan approved by		or other public agenc	children and am in compliance with a cy enforcing the order for the repaymen
	the order or a plan		trict attorney or othersuant to the order.	e children and NOT in compliance with er public agency enforcing the order for Applicant's initial
				\ Pag

FAMILY INFORMATION-Continued District attorney or public agence	y responsible for enforcing the child support or	der:
Name		
	6	
C. Parents:		•
List names, residence addresse parents-	s, dates of birth and most recent occupations of	of parents, step-parents,
in-law or legal guardian. If retir	ed or deceased. list last address and occupatio	
Name (Maiden) Bi	th Date Address	Occupation
Father	Constitution Dr	
	Leominster MASIUS	3 Deceased
Colleen Trainor	walnut St	1453 Retirell
Father-in-Law	Leominster MAO	
Clyde Sissel	EGlenhavent Phoenix AZ 850	KEALLE CL
Coni Sissel	11	Retired
D. Brothers and Sisters:		
	s, dates of birth and most recent occupations o	of brothers and sisters and of
their respective spouses. Name (Maiden)	Birth Date Address .	Occupation
Timothy J Trainor	Quiet Moon Ln Las Vegas, NV 89136	Orthopedic Surgeon
Spouse Brother Maribeth Trainer	11	NIA
David Trainor	1 Constitution Dr Southboro MA	VP, Boston College
Spouse Darlene Trainor	.1	Payroll Sale S
Christine Davis	1 constitution Dr Leominster MA 014	0. 10.
Spouse Michael Davis	11	Insurance Sales
Spouse		
4. EDUCATION:	19	
Name of School Grammar	Location Dates Attended	Graduate
School St. Bernard	Fitchburg MA 80-86	Yes No 🗆
School 17tchburg H.S	Fitchburg Mit 86-88	Yes No 🗆
College Midwestern University University Chicago College of Osteo		8/1994 - Yes No 🗆
Other		Yes No 🗆
Type of degree obtained, if any D.C.		,
College or university where obtained	Midwestern University Chicago College	of Osteopathic Meidcine
		Mal

5 MILITARY INFORMATION:

Α.	Have you ever served in any armed to	ces? Ye	es 🗆 No 🔼	
	Branch	Date of er	try-active service	
	Date of separation	Type of di	scharge	
	Rating at separation	S	erial number	
	While in the military service were you e special or general court martial? regardless of where they occurred-fore	Yes ☐ No ☐ If		
B.	Have you registered for the draft?	Yes □ No 💢		
	CountyState	•••••	Date registered	
6. AF	RRESTS, DETENTIONS, LITIGATIONS	AND ARBITRATIO	NS: (Include those arre	sts in which you were
A.	not convicted.) Have you ever been arrested, detained violation for any reason whatsoever, refers No If yes, give details in sp	gardless of the dispo	osition of the event? (Exce	ept minor traffic citations.
ate of	Arrest Age Charge	Location-City and State	e Deposition/Date	Arresting Agency
В.	Has a criminal indictment, information arrested or in which you were named a page 10.	or complaint ever be as an unindicted co-p	en returned against you, l arty? Yes □ No 🕱 If y	out for which you were no es. furnish details on
C.	Have you ever been questioned or dep or committee? Yes □ No	osed by a city, state	, federal or law enforceme	ent agency, commission
D.	Have you ever been subpoenaed to ap commission? Yes ☐ No 🕱	pear or testify before	e a federal, state or count	y grand jury, board or
E.	Have you ever been subpoenaed to te Yes □ No 🗵	stify for any civil, crin	ninal or administrative pro	ceeding or hearing?
F.	Have you ever had a civil or criminal re	cord expunged or se	ealed by a court order? Ye	es 🗆 No 🔀
G.	If yes, when? Have you ever received a pardon or de			
ł.	If yes when?Has any member of your family or of y	city, countرcity, countرcity, countرcity, count	y and stateever been convicted of a f	elony? Yes □ No 🕱
	If you answer to any of the above ques	itions (B through H) i	s yes, furnish details on p	age 10.
ame	Relationship) Ch	narge L	ocation Date
				11 11 11 11 11 11 11 11 11 11 11 11 11
				man
			Applicant's ini	
				Page

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

run itii ii	Defendant or		Court and Case			
laimant	/Respondent	Date Filed	Number	City, County and State		Disposition/Date
J.	associated with	it as an own	, business venture, sole proper, officer, director or partnerete the following:			
	Name of Entity		Type of Entity		oximate Dat suit/Arbitration	te(s) of on/Bankruptcy
					-18-2	
					=======================================	
		i-				
7. RI	ESIDENCES:				,	
	residences you h	nave had for t	the last 25 years:			
onth ai (From	nd Year -To)	Stree	et and Number	City	State	or County
6	18-Present		Regents Gate Dr	Hunderson	NV	Clark
	5-6/18	aଚ	16 La Casita Ave	Las Vegas	NV	Clark
8/1	4	ລເຂ	8 Forest Mountain	12d Prescott	A2	Clark Yavapai
)-8/15	410			4	Yavapai
olic			High Chaparral	Prescott	HL	
0/10	4-6/10	120	High Chaparral			Jefferson
0/10 8/0	4-6/10 3-8/04 1-6/03	120	1 Northridge Dr	Louisville	KY	Jefferson Cook
0/10	4-6/10 3-8/04 1-6/03	120 666 125	1 Northridge Dr 9 N. Wood St 426	Louisville 1 Chicago =	KY IL	Cook
0/10 8/0	4-6/10 3-8/04 1-6/03	120 666 125	1 Northridge Dr	Louisville	KY IL	
0/10	4-6/10 3-8/04 1-6/03	120 666 125	1 Northridge Dr 9 N. Wood St 426	Louisville 1 Chicago =	KY IL	Cook
6/10 8/0	4-6/10 3-8/04 1-6/03	120 666 125	1 Northridge Dr 9 N. Wood St 426	Louisville 1 Chicago =	KY IL	Cook

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
3/05-Present	Michael A Trainor Oo, PC 593Regents Gate Drive Henderson NV	Current
Title	Description of Duties	Name of Supervisor
President	Othopedic Surgeon	Advanced Orthopedics: Sports Medicine
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/06-3/15	Hichael A Trainor DO PC 2108 Forest Month Rd Prescott AZ	Moved
itle	Description of Duties	Name of Supervisor
President	Orthopedic Surgeon	Orthopaedic Specialists
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/03-3/05	Advanced Orthopedic Special 18ts of	Became Owner
Fitle	Description of Duties	Name of Supervisor
Associate	Orthopedic Surgeon	Bertrand Kaper
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8102-8103	Name/Mailing Address of Employer/Business Leatherman Spine Institute Louisville Ky	Finished Program
Title	Description of Duties	Name of Supervisor
Fellow	& Orthopaic Surgeon	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
Γitle	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

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

Applicant's initial M7)

9. CHARACTER REFERENCES:

	List five charac		no have know y	ou five years or m	ore. Do not incl	ude relatives, pre	esent
Name of	Where Employed	Street	City State	Zip	Telephone	Years Kı	nown
Name [Daniel Burch	Fichome	. MacDonald Prescot		9)	76 17	years
Employer	Self	Business C) Hhope dic	Spacialists	of centra	N AZ	
Name <	Jarrod Lone	1	- resoft Va	rs track			years
	Self -	Business	Ace Hardu	sore 800	<u>928-308</u>	3952	777
	lark costes	Home 8	tal Hido:	Seeklane	4DB-		17 yours
	Self	Business	Horizon	Dental	<u> </u>	-	
Name F	rt Cambeir	O Home		chaerson NV7		6	lear S
Employer		Business		Plastic Su			
Name S	ean Phelar			Dr Prescott	AZ 86303	HU alve	17 years
Employer	Jensen: Asso	X . Business (attorner)			
10.	person's depos	ny safe deposit l itory? Yes □ N te the following	Vo X √	ch depository, acc	ess to any depo	sitory or do you t	use any other
Box Num	ber or Type of Depo	sitory	Location	City and State	Authoriz	ed Users	
				9052-11			
•							
11.		held a privilege	d, occupational	or professional lic	ense in any stat	e, including but r	not limited to
	the following: Liquor	Lawyer	Race horse/ra	ace dog owner	Securi	ties dealer	Insurance
	Doctor Accountant	Contractor Pilot		roker or salesmar		/Cosmetologist	Gaming
	Yes X No □			itei	rrame	r or manager	Educator
	If yes, state typ	e, where and ye	ears held				
***************************************	D.O Licens	e in Nevada	From 02/01/	2011 - Current			***************************************
	D.O License	e in Arizona	From 04/02/	2004 - Current			
12.	interest in a lice If yes, state typ	ensed business be, when and wh ames and addre	or industry OU ere and give na	te business, ventu TSIDE the State o ames and location rs and the agency	of Nevada? Yes sis of the busines	□ No X ses in which you	were
***********	••••••	******************	***************************************	**************************************	*****		***********
***********				•••••	••••	•••••	•••••
***********					******************) A N.	^
					Applicant	s initial MY	\
							Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No 🕱
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 💢
If yes	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☒️
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ※
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ☒
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No 🗶
••••••	
••••••	
••••••	
	Date of photograph
	Applicant's initial Page

Applicant's initial M3

ADDITIONAL INFORMATION

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Applicant's initial Page 10

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

ÿDate 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 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	Surge	ry Center				
тррпоацоп тог	***************************************	Nature of Phar	macy or V	Vholesaler		*********		***
Las Vegas Instit	Name and Addres tute for Advanced If	s of Business for Wh Surgery applicable, Name Und	ich Desigr 7183 A der Which	nated Representa dvanced W It Is Now Operat	ative Is Requested ay, Las Veg ed	as, NV	, 89113	
1. PERSONAL IN	FORMATION:							
Last Name Flore	es	First Nam	e Rar	ndy	Middle Name	No	oel	
Alias(es, Nicknames, Ma	niden Name, Other Name	Changes, Legal or Ol	therwise)					
N/A								
Present Residence Addr	ess-Street or RFD		City		Sta	te/Zip		
/ille Franch	e Street	Dates 3/2014-pre	Vegas esent		NV/8	9145		
Present Business Addre Las Vegas Institute 7183 Advanced Way	ss for Advanced Surgery	/ Las	City Vegas			te/Zip 89113		
	Pharmacy or Wholesale	Dates New center	/Presem		Phone:		,	
Medical Director	r of Ambulatory Su	rgery Center			Business		16-6372 Heifferon	****
Date of Birth		Place of Birth (City,	County, S	tate)				
	N	lountain Vie	w, Sai	nta Clara,	CA			
Age		ecurity Number	•			Se	ex	
43						Ma	ale	
Color of Eyes	Color of Hair	Complexion		Weight	Build	He	eight	
Brown	Black	Brown		205 lbs	Tall, Thin, Ath	letic	6'3''	
Scars, tattoos or di	stinguishing marks a	nd/or characteris	tics	N/A				
Are you a citizen of	f the United States?	Yes 💢 No □	If alien,	registration N	lo N/A			••••
If naturalized, certif	icate No	N/A		Date		N/A		
Place	N/A			(If naturalize	ed, document	must be	verified.)	
2. MARITAL INF	ORMATION:							
Single Marri	ied X Separated	d □ Divorced	d 🗆	Widowed [Engaged			
					Applicant's in	nitial	RF	
								Page 1

MARITAL INFORMATION-Continu	ue	9
-----------------------------	----	---

A.	Current Marriage	5/12/20	oz-present	*****************	Las V	egas, Clari	(, NV
	Spouse's full name (M	laiden) Mic	hele Renee Co	orcuera	City, Count	y and State	1
	Date of Birth		Place	of Birth Torra	nce, CA	****************	
	Resident address	1 Ville Fra	nche Street	Las Vegas	CA State	89145	
	Telephone: Residence		21-6420	-			
	Spouse's employer						
		KI/A					
	Address of employer	Street	*******************	City	State	Zip	
B. P	revious Marriages: If e	ever legally se	eparated, divorced, o	or annulled, indi	cate below:		
Vame		of Order Decree	Date of Place of Marriage	Natur Act		City County and Stat	e
N/A					=		
	List of names, current	address and	telenhone numbers	of previous en	Meas.		
	Name Name	Street		State		p Telephone	?
N/A					· · · · · · · · · · · · · · · · · · ·		
0 54							
3. F <i>F</i>	MILY INFORMATION: Children and Depend	lents:					
		ncluding step-	-children and adopte Birth Place	d children and	give the follo	wing information	on:
> d		- Ditti Date		<u> </u>	Residence A		
Randy	Nicklaus Flores, JR.	- –	Las Vegas, NV			t, Las Vegas, 89	
Ange	line Summer Flores		Las Vegas, NV	Ville F	ranche Stree	et, Las Vegas, 89	9145
В.	Child Support Inform Please mark to		e response:				
			rt order for the supp	ort of child.			
	☐ I am subject plan approv	ot to a court o	order for the support of strict attorney or othe suant to the order; or	of one or more er public agency	children and enforcing the	am in compliane order for the	nce with a repayme
	the order of	r a pian appro	rder for the support of oved by the district a count owed pursuant	ttorney or other to the order.	public agen	cy enforcing th	e order fo
				A	Applicant's in	nitial RA	
							Pag

FAMILY INFORMATION-C					
District attorney or Name N/A	public agency responsit		ing the child support		
	A				
Contact person	√/A				
C. Parents:					
List names, reside	nce addresses, dates of	birth and mo	st recent occupation	ns of parents, s	tep-parents,
parents-	rdian. If retired or decea	acad lict lact	address and occurs	ation	
Name (Maiden)	Birth Date	Address		(Occupation
Father				Machanica	I Technician
Floro A. Flores, JF	R	; Las	0 Hornblower Ave. Vegas, NV, 89131	(Lock	heed)
Mother			Hornblower Ave.	Software 1	echnician
Margarita D. Flore	S	Las	s Vegas, NV, 89131	(Hewlett	Packard)
Father-in-Law) Grey Bull Way		
Ronaldo Corcuer	a	La	s Vegas, NV, 89128	Ub	er Driver
Mother-in-Law) Grey Bull Way		Nurse
Teresa Corcuera		La	is Vegas, NV, 89128		
D. Brothers and Sis List names, reside their respective sp	nce addresses, dates o	f birth and me	ost recent occupation		
Name (Maiden)	Birth Date	Addres	S		Occupation
Dale Flores		Kickap	oo Ave., Las Vegas, NV,	89149	Sales VP
Spouse Darlene Flores		3 Kicka	poo 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 Sc	hool	ocation	Dates Attended		Graduate
Grammar School Anthony Span			95035		Yes X No □
High		Milnitas CA 95	5035 1991-199	14	Vac M No 🗆
School Milpitas High Scr College University of Ca		Ave., Davis,			Tes No L
University Touro Universit	- 1010 Olich D	ation Vallata /) E	Yes No
Other Officer sity of Texas i			-	77030	Yes No L
Type of degree obtained,	if any Bachelor of Scie	ence (BS), Dod	ctor of Osteopathic M	edicine (DO)	
College or university whe	re obtained UC Davis	, Touro Univ	versity California, re	spectively	*****************

Applicant's initial Page 3

5 MILITARY INFORMATION:

r	riave you ever served	in any anned force	es:	res 🗆 No 💢		
	Branch	N/A	Date of	entry-active servic	eN/A	
	Date of separation	N/A	Type of	discharge	N/A	**************
	Rating at separation	N/A	*******************	Serial number	N/A	
	While in the military se special or general cou regardless of where th	ervice were you ever martial?	er arrested for a Yes □ No 🕱	n offense which res	sulted in summary:	action a trial
В.	Have you registered for	or the draft?	Yes □ No 🕱			
	County N/A	State	N/A	Date regis	tered N/A	
6. A F	RRESTS, DETENTIONS					
A.	not convicted.) Have you ever been a violation for any reaso Yes □ No □ If yes, g	n whatsoever, rega	ardless of the dis	sposition of the eve	nt? (Except minor t	ninal offense of traffic citation
ate of A	Arrest Age	Charge	Location-City and S	tate Depo	osition/Date Arrest	ing Agency
N	1/A					
C. D. E. G.	arrested or in which yo page 10. Have you ever been quor committee? Yes Have you ever been sucommission? Yes Have you ever been suyes No Kanara No Kanara No Market you ever had a clif yes, when? Have you ever received yes when? Has any member of your suggestions of the suggestion o	uestioned or depos No 🗡 ubpoenaed to appe No 💢 ubpoenaed to testi ivil or criminal reco N/A d a pardon or defe	sed by a city, state ar or testify before any civil, concern city, coursed prosecution city, cours spouse's family	ate, federal or law e ore a federal, state riminal or administr sealed by a court of anty and state of for any criminal of anty and state	or county grand just rative proceeding or order? Yes \(\sum \colon \colon /A \) If ense? Yes \(\sum \colon \colon \colon \colon /A \) Ited of a felony? Yes	y, commission y, board or r hearing?
me		Relationship		Charge	Location	Date
la a mai	n Corcuera	Sister In-la		.U.I.	Las Vegas, NV	6/2013

909 Alvarado Ave.

609 Anderson Rd., Apt. 182

9/1996-6/1998

9/1994-8/1996

l.	part to a lawsuit Yes □ No 🕱	individual, member of a partnershi as either a plaintiff or defendant or (Other than divorces) ils below. List all cases without exc	an arbitration as either a	a claimant or	
	Defendant or	Court and Case	61. 6		Disposition/Data
Claimant N/A	/Respondent	Date Filed Number	City, County and State		Disposition/Date
					34
J.	associated with	I partnership, business venture, sol it as an owner, officer, director or p If yes, complete the following:			
	Name of Catile	Type of Entity		pproximate Date	
N/	Name of Entity	Type of Entity	Li	awsulvArbilration	<u>/Валкгирісу</u>
	ESIDENCES:	nave had for the last 25 years:			
Month a (From		Street and Number	City	State or	County
3/20)14-present	Ville Franche Str	eet, Las Vegas, 89	145	Nevada
10/2	010-3/2014	8604 Estrelita Dr.	Las Vegas,	89128	Nevada
8/2	010-10/2010	7540 Hornblower A	ve. Las Vegas	89131	Nevada
6/200	06-8/2010	12516 Rocky Cove Dr.	. Pearland,	77584	Texas
8/20	03-6/2006	5700 Ming Ave. #73	Bakersfield	93309	California
9/2	001-8/2003	16 Oak Ave	Vallejo	94592	California
7/19	99-8/2001	3811 H Street, #7	Sacramento	95816	California
7/19	998-6/1999	717 Alvarado Ave. Apt. 163	B Davis	95616	California

Davis

Davis

95616

95616

California

California

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	Number of Employed Hours
	1800 W. Charleston Blvd., Las Vegas, NV, 89102	~11,500 hours
Title	Description of Duties	Name of Supervisor
Physician	Anesthesiologist	Samson Otuwa 702-208-7008
Month and Year	Name/Mailing Address of Employer/Business Red Rock Anesthesia Consultants, LLC	Number of Employed Hours
4-2016-present	304 Jones Blvd., #884, Las Vegas, NV, 89107	~11,500 hours
Title	Description of Duties	Name of Supervisor
Physician	Anesthesiologist	N/A: Managing Partner of Group Contact Dr Hasan Khawaja, 702-325-465
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 Dutles	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.

9. CHARACTER REFERENCES:

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

	employer or emplo		01.4	7:-	Talaahaa	e Years K	now/n
	Where Employed	Street	City State	Zip	Telephon		
VOLLIC	Mark Lopez	Home Sana Beh) Paseo Court, La avioral Health	s Vegas, 8911	7	200	l-present
Employe	Clinicians Medical Group	5975 W. Business	avioral Health Twain Avenue, Suite B,	Las Vegas, NV, 8	9103		
Name Pa	atrick Watson	Home .	Elva Court, En	cinitas, CA, 9	2024	2001-	-present
Employe	r Kaiser Permanente	Business	5893 Copely Drive,	San Diego, CA	92111		
Name	Randy Villanueva	Home	⁷ Lansing Circle,	Benicia, CA	94510	1999	-present
Employe	_r Kaiser Permanente	Business	975 Sereno Dr.,	Vallejo, CA	94589		
Name Th	nuy Do	Home	Serramont Co	_{urt,} Carmicha	el, CA, 95608	1999 ي ، ب	9-present
Employe	Kaiser Permanente	Business	6600 Bruceville Rd	Sacramento	, CA, 9582	3	
Name	Glenn Ozoa	Home '	3 Pomona Ave., A	lbany, CA, 947	06	200	1-present
Employe	Kaiser Permanente	Business	200 Muir Rd. , Hacier	nda Building, Mar	tinez, CA, 9455	3	
10.	Have you ever hel	d a privile	ged, occupational	or professiona	al license in	any state, including but	not limited to
7.57	the following:	•		·			
		awyer ontractor	Race horse/ra Real estate bi			Securities dealer Barber/Cosmetologist	Insurance Gaming
		lot	Sports promo		man	Trainer or manager	Educator
	Yes X No □	101	орона рюню	101		rialiter or manager	Eddodto
	If yes, state type, v	where and	l years held				
	Doctor, Texas, 2009	-2011	Doctor, W	/ashington, 20	19-present		
	Doctor, Nevada, 2010-	-present	Doctor, A	rizona, 2019-pı	resent		•••••
	•••••		•••••				***********
11.						lustry license or held a f	inancial
	interest in a licens						
						businesses in which you	
	venture or industry		dress of all partner	rs and the age	ency respons	sible for licensing said b	usiness,
	venture of moustry	y · 	*************************				
	N/A						
		*****			*************		*******
12.	Have you ever ap	peared be	efore any licensing	agency or sin	nilar authorit	y in or outside the State	of Nevada fo
	any reason whats	oever? Ye	es 🗆 No 🛛			test tools of	
13.	Have vou ever be	en denied	l a personal license	e, permit, cert	ificate or red	istration for a privileged	, occupationa
	or professional ac			.,,	3		
If yes	to the above, state v	where, wh	en and for what re	ason:			

Applicant's initial RF

	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No 🛣
15.	Have you or any person with whom you have been a participant in any group been the stadministrative action or proceeding relating to the pharmaceutical industry?	Yes No X
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found quilty, plead
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or of upon voluntary close of a wholesaler	herwise (other than Yes □ No 🂢
18.	Do you have any relatives within the fourth degree of consanguinity associated with or en pharmaceutical or drug related industry?	
*********	Sandi Agustin (cousin) - Board certified Pharamacist, C	California
	Meredith Agustin (cousin) - Board Certified Pharmaci	
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes X 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
		Page 8

STATE OF Nevada

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 of 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 27th day of February, 200

(seal)



Applicant's initial RF
Page 9

ADDITIONAL INFORMATION

N/A	

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Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 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.

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

Application for	AS	- Pravi	uacy		
ADVANCED	Nature Nature Nature Nature	of License	GERY C	EN+E2	
	If applicable, Name Unc	ler Which It Is Now Op	erated		
1. PERSONAL INFORMATION: Liu	Xin		Nick		
Last Name	First Nam	е	Middle Nar	ne	
Alias(es, Nicknames, Maiden Name, Other Nam	ne Changes, Legal or Ot	herwise)			
Saint Croix St	H	lenderson		IV, 89012	
Present Residence Address-Street or RFD	(City		State/Zip	
7183 Advnaced Way	Dates	Las Vegas	N	V, 89113	
Present Business Address		City	5	State/Zip	
Orhtopedic Surgeon	Dates 05/200	4 - current		<u> </u>	
Occupation			Phone: Residence		
,	Ningxia, Chin	a		702-740-5327	
Date of Birth	Place of Birth (City, C				
47					
Age Social	Security Number			Sex	
Brown Black		145		5' 7"	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or distinguishing marks					
Are you a citizen of the United States'	? Yes X No □	f alien, registration	n No		
If naturalized, certificate No	•••••	Date		•••••	
Place	•••••	(If natura	lized, documen	t must be verified.)	
2. MARITAL INFORMATION:					
Single ☐ Married ☐ Separate	ed Divorced	Widowed	□ Engage	d 🗆 //	
			Applicant's i	initial Page	

١	V	Α	R	IT	Ά	H	V	F	0	F	19	M	Δ	T	IC	10	V.	-Co	n	tiı	ni	IP	r

A.	Current Marriage	N/A			
		Da	ite	C	ity, County and State S.S. No
	rresident address	Street		City	State Zip
	Telephone: Resid	dence		Business	
	Spouse's employe	r		Occupation	
	Address of employ	/er			State Zip
		Street		City	State Zip
B. Pr	evious Marriages:	If ever legally se	eparated, divorced, or	annulled, indicate	below:
Name o		ate of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jenni	ifer Maire Liu	02/2013	09/2006		Las Vegas, NV
	List of names, curr	rent address and Street	telephone numbers o		es: Zip Telephone
3. FA	MILY INFORMATION Children and Dep	endents:	o-children and adopted	children and give	the following information:
	Name	Birth Date	Birth Place		esidence Address
Lo	agan liang Liu				I I I a comme a laula I I I a man
P	Jgan Jiong Liu		Henderson,	NV	Havensight Lane lenderson, NV 89052
	eter Mei Liu		Henderson, Henderson,	NIV/	Havensight Lane Hen <u>derson, NV 89052</u>) Havensight Lane Henderson, NV 89052
В.	eter Mei Liu Child Support Inf		^ Henderson,	NIV/	len <u>derson, NV 89052</u>) Havensight Lane
	eter Mei Liu Child Support Inf Please ma	formation: ark the appropria	^ Henderson,	, NV ₋	len <u>derson, NV 89052</u>) Havensight Lane
	eter Mei Liu Child Support Inf Please ma X I am no	formation: ark the appropria ot subject to a count of the count of t	Henderson, te response: burt order for the support of	ort of child.	len <u>derson, NV 89052</u>) Havensight Lane

FAMILY	INFORMATION-Continued District attorney or public ager	icy responsible for	enforcing the child supp	ort order:	
	NameAddress				
	Contact person Parents:		•••••	• • • • • • • • • • • • • • • • • • • •	
	List names, residence address	es, dates of birth	and most recent occupat	ons of parents	, step-parents,
parents-					•
	in-law or legal guardian. If reti Name (Maiden)		Address Address	pation.	Occupation
ather					
	ı Yi Gen		Ruth Ct West	Covina, C/	A 91792
Mother					
	ın Wen Juan	Maria in Principles	Ruth Ct West	Covina, C	A 91792
Father-in-					
Mother-in-	-Law				
D.	Brothers and Sisters:				
	List names, residence address	ses, dates of birth	and most recent occupat	ions of brother	s and sisters and of
	their respective spouses. Name (Maiden)	Birth Date	^-d-ess		Occupation
	uke Liu		5 Russell Street		
Spouse	anto Ela	VV	/hittier, CA 90603		
Spouse					
Spouse					
Spouse					
			1		
4 ED	UCATION:				
4. ED	UCATION:				
C	Name of School	Location	Dates Attended		Graduate
Grammar School					Yes 🗌 No 🔲
High School	Alhambra High School	Alhambra	a, CA 10/1997 - 06/	1990	Yes ₩ No □
College	, Western University	309 E S	econd St College Plaza	06/1995 -	
University	Osteopathic Medicine of the		, CA 91766-1889	6/1995 -	Yes 🛛 No 🗌
<u>Other</u>					Yes 🗆 No 🗆
Type of	degree obtained, if any D.	O			
College	or university where obtained	Western Univ	versity Osteopathic N	ledicine of th	ne Pacific
					1/2 /
			Ap	plicant's initial	
			•		Pag

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
		arrested for an offense which resulted in summary action, a trial or \square No \square If yes, furnish details on page 10. (List all incidents or domestic.)
B.	Have you registered for the draft?	es 🗆 No 💢
	CountyState	Date registered
6. Al	not convicted.) Have you ever been arrested, detained, che violation for any reason whatsoever, regard	O ARBITRATIONS: (Include those arrests in which you were arged, indicted or summoned to answer for any criminal offense or lless of the disposition of the event? (Except minor traffic citations.) provided below. List all cases without exception.
ate of	Arrest Age Charge Loc	cation-City and State Deposition/Date Arresting Agency
B.	arrested or in which you were named as ar page 10.	omplaint ever been returned against you, but for which you were no unindicted co-party? Yes ☐ No 💢 If yes. furnish details on
C.	or committee? Yes □ No 🕱	by a city, state, federal or law enforcement agency, commission
D.	commission? Yes ☐ No 🕱	r or testify before a federal, state or county grand jury, board or
E.	Yes 🗆 No 🗶	for any civil, criminal or administrative proceeding or hearing?
F.		d expunged or sealed by a court order? Yes 🔲 No 💢
G.		ed prosecution for any criminal offense? Yes No K city, county and state
ł.	Has any member of your family or of your sold lifty you answer to any of the above questions	city, county and state spouse's family ever been convicted of a felony? Yes No s (B through H) is yes, furnish details on page 10.
lame	Relationship	Charge Location Date
	****	Applicant's initial
		Page

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	tails below. List all cases without exc	eption, including bankrupto	cies:
laintiff/Defendant or laimant/Respondent	Court and Case Date Filed Number	City, County and State	Disposition/Date

associated wit	ral partnership, business venture, soloth it as an owner, officer, director or part of the following:		
Name of Entity	Type of Entity	Appro Lawsi	eximate Date(s) of uit/Arbitration/Bankruptcy
	WWW.		
7. RESIDENCES:			
ist all recidences ver			
ist air residerices you	have had for the last 25 years:		
onth and Year	÷-	City	State or County
onth and Year (From-To)	Street and Number 100 Harrington Blvd	City Mount Clemens	State or County MI 48042
onth and Year (From-To) 081999 - 06/2004	Street and Number		
lonth and Year	Street and Number 100 Harrington Blvd	Mount Clemens	MI 48042
lonth and Year (From-To) 081999 - 06/2004 01/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St	Mount Clemens Henderson	MI 48042 NV, 89052
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 081999 - 06/2004 01/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012
onth and Year (From-To) 181999 - 06/2004 11/2005 - 08/2012	Street and Number 100 Harrington Blvd 495 Melrose Heights St Saint Croix St	Mount Clemens Henderson Henderson	MI 48042 NV, 89052 NV, 89012

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 1/2006 - 10/2007	Name/Mailing Address of Employer/Business Knee & Shoulder institute of NV 9280 W Sunset Rd ste 422 Las Vegas, NV 8914	Reason for Leaving
Γitle	Description of Duties	Name of Supervisor
Staff Physician	Staff Physician	
Month and Year 01/2005 - 12/2005	Name/Mailing Address of Employer/Business The Bone and Joint Institute of Southern Neva 880 Seven Hills Dr Ste 140 henderson, NV 89	
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.

Page 6

9. CHARACTER REFERENCES:

	List five character employer or employer	ovees.							
	Where Employed	Street	City State	Zip	Telephon	e		ars Kno	own
me /	Allison Hernandez	Home	Opulent Rose	e Ave Lv, NV8	39183		05 9	9	
nploye		Business						_	
me	Donovan Middleto	on _{Home}	Iron Spri	ngs Las Vega	s, NV 8914	14		}	9
ploye	r	Business							
me /	Amanda Davis	Home	I Luna Bl	anca Dr LV	, NV 891	38			6
ploye	er	Business							
me	Brian Affronti	Home	Parado	r Cellars Ct	LV, NV 8	9141		• • •	8
ploye	er	Business							
	Ryan Craig	Home	San Al	ivia CT LV,	NV 8914	1			8
ploye		Business							
x Nun	person's depositor If yes, complete t	the following		City and State		Authorized U	sers		
	W. 47 -					*****			
11.	Have you ever hel	ld a privileged	, occupational	or professiona	l license in a	any state, ir	ncluding	but no	ot limited
11.	the following: Liquor La	awyer	Race horse/ra	ace dog owner		Securities	dealer		Insuran
11.	the following: Liquor La Doctor Ca Accountant Pi	,	Race horse/ra	ace dog owner roker or salesn			dealer smetolo	gist	
11.	the following: Liquor La Doctor Co	awyer ontractor ilot	Race horse/ra Real estate b Sports promo	ace dog owner roker or salesn		Securities Barber/Co	dealer smetolo	gist	Insurand Gaming
11.	the following: Liquor La Doctor Co Accountant Pi Yes No I If yes, state type, v	awyer ontractor ilot where and yea	Race horse/ra Real estate b Sports promo ars held	ace dog owner roker or salesn ter		Securities Barber/Co	dealer smetolo	gist	Insurand Gaming
11.	the following: Liquor La Doctor Co Accountant Pi Yes No	awyer ontractor ilot where and yea	Race horse/ra Real estate b Sports promo ars held	ace dog owner roker or salesn ter		Securities Barber/Co	dealer smetolo	gist	Insurand Gaming
	the following: Liquor La Doctor Co Accountant Pi Yes No I If yes, state type, v	awyer ontractor ilot where and yea Nevada F plied for a city sed business owhen and whees and address	Race horse/ra Real estate b Sports promo ars held rom 05/2004 r, county of state or industry OU ere and give na	ace dog owner roker or salesn ter ter te business, verside the Statemes and locate	nan nture or independent of Nevada	Securities Barber/Co Trainer or ustry licens ? Yes	dealer smetolo manage	gist erd a fin	Insurance Gaming Educate ancial
	the following: Liquor La Doctor Co Accountant Pi Yes No I If yes, state type, v D.O License in Have you ever applinterest in a licens If yes, state type, v involved, the name	awyer ontractor ilot where and yea Nevada F plied for a city sed business owhen and whees and address	Race horse/ra Real estate b Sports promo ars held rom 05/2004 r, county of state or industry OU ere and give na	ace dog owner roker or salesn ter ter te business, verside the Statemes and locate	nan nture or independent of Nevada	Securities Barber/Co Trainer or ustry licens ? Yes	dealer smetolo manage	gist erd a fin	Insurance Gaming Educate ancial

13.	Have you ever appeared before any licensing agen any reason whatsoever? Yes □ No 💢	cy or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal license, per or professional activity? Yes □ No 💢	mit, certificate or registration for a privileged, occupational
If yes	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry participant in any group which has been denied a b suitability?	usiness or industry license or related finding of Yes \(\square\) No \(\times\)
16.	Have you or any person with whom you have been administrative action or proceeding relating to the p	
17.	Have you or any person with whom you have been guilty or entered a plea of nolo contendere to any o controlled substances?	a participant in any group ever been found guilty, plead ffense, federal or state, related to prescription drugs and/o Yes □ No
18.	permit or certificate of registration relating to the ph upon voluntary close of a manufacturer	a participant in any group ever surrendered a license, parmaceutical industry voluntarily or otherwise (other than Yes No
19.		of consanguinity associated with or employed in the Yes ☐ No
•••••		
******		Date of photograph
		Applicant's initial Page

STATE OF NEVACIA	
	SS.
COUNTY OF CYCACK	
1. XID DICK LIU	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that t	he statements contained herein are true and correct and
contain a full and true account of the information requested	d; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested	d may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this	s 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	ed any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information	on in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of	Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulati	ons of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide the	ereby,
I hereby expressly waive, release and forever disc	harge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action	ction whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the lic	ensing 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 21	day of
February 2020	
	BONNIE L. SMITH Notary Public State of Nevada
Y AUCH SILS Y	No. 17-4217-1 My Appt. Exp. September 12, 2021
Notary Public	my other who solvening in
	(seal)

Applicant's initial

Page 9

ADDITIONAL INFORMATION

 •••••

Applicant's initial V

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 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 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	Natura	of License			••
	ivalure	oi Licerise			
Name a	nd Address of Establishn	nent for Which Licens			
	If applicable, Name Und	er Which It Is Now Op			
1. PERSONAL INFORMATION: Kuruvilla	Thomm	nan	Manjur	mmelkudiyil	
Last Name	First Name	•	Middle Nar	ne	
Alias(es, Nicknames, Maiden Name, Other Nam	ne Changes, Legal or Oth	nerwise)			
Paradise Rd Unit 3202	La	s Vegas	N	IV, 89109	
Present Residence Address-Street or RFD		City	(State/Zip	_
7183 Advanced Way	Dates La	as Vegas	1	NV,89113	
Present Business Address	C	City	5	State/Zip	
Podiatrist	Dates 07/2006	- current			
Occupation			Phone: Residence		
	West Babylon,	NY	Business	702-740-5327	
Date of Birth	Place of Birth (City, C	ounty, State)			
43				Male	
	Security Number			Sex	
Black Black		140		5'09"	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	
Scars, tattoos or distinguishing marks		cs			
Are you a citizen of the United States	? YesX No□ I	f alien, registratio	n No		
If naturalized, certificate No	/A	Date	•••••	•••••	
Place N/A		(If natura	ilized, documen	at must be verified.)	
2. MARITAL INFORMATION:		41			
Single Married Separate	ed Divorced	□ Widowed	□ Engage	ed 🗆	
•			Applicant's	-11/	P

ľ	M	Δ	RI	$T\Delta$	ΔI.	IΝ	JF	-0)F	₹I	M	Α	T	10	N	1-1	$\mathbb{C}_{\mathcal{C}}$	'n	tiı	nı	10	r

Α.	Current Marria	ae	April 16, 2013	•••••		_	•	k,Nevad	la
	Spouse's full na	me (Maiden)	^{Date} Larissa Deram a		Ci S	ty, Coun S.S. No	ty and State		
			Plac						
			aradise Rd Unit 32				8910	09	
		Sireei		OR	,	State	Zip		****
							•••••	***************************************	
	Spouse's emplo	yer N/A		Occup	ation	N/A			
	Address of emp	loyer	N/A			01-1-		•••••	••••
		Sireet		Cit	,	State	'		
B. Pr	evious Marriage		ally separated, divorced						
Name o	of Spouse	Date of Orde or Decree			Nature of Action		City County an	d State	
Smitha	a Sunny	2012	2004		Divorce	d	Ls Vega	s, Clark, I	٧V
				 					
	Name	Street	City		State		Zip Te	lephone	
3. FA A.	MILY INFORMA Children and E	Dependents:	a stop shildren and ada	ntad ahildre	on and aive	the fol	lowing infe	armation:	
	LIST all Chil Name	aren, Incluaino Birth D	g step-children and ado Date Birth Place	otea cullare			Address	ormation:	
Made	elme Kuruvilla		Las Vegas	s, NV	Ce	edar R	idge Lane	e, Dix Hills	s, NY 117
_									
В.	Child Support Please		ropriate response:						
	☑ I am	not subject to	o a court order for the s	upport of cl	nild.				
	plan	approved by	court order for the support the district attorney or c ed pursuant to the order	ther public					
	the	order or a plar	court order for the support of approved by the district the amount owed pursu	ct attorney	or other pui order.		ency enfor		

FAMIL	LY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	1483
	Name	
	Address	
	Contact person	
C.	Parents:	
parents	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
Parent	in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address Occupation	
Father	M. P Kuruvilk Cedar Ridge My Doctor	
Mother	Jolly Kirunla : Cedas Ridge Nr Banker	
Father-ir	Servida Verama IIII S LV, NV 881415 Retired	
Mother-i	olny Deramy 1,-1. LV, NV 29141 Retirent	/
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	Margann Kurvilla Cedar Ridge Lame Veter	-Ingran
	DIX Hills, NY 1746	·
Spouse		
Spouse		
*		
0		
Spouse		
4. E	DUCATION:	
	Name of School Location Dates Attended Graduate	
Gramma School	Commack Middle School , 700 Vanderbilt Pkin Commod NK - 1971 yes X NO [
High School	Sout Anthon Helsel / 2751/0/8/ 1/18/25 1992	
College	New York College Of 1800 Parke Ave 1747 08/1999 - Yes No	
Universit	Podiatric Medicine New York, NY 10035 05/2003	
Other	Manhatten College 4513 Manhatten Yes No 1	
Туре о	of degree obtained, if any D.P.M. Colly Pky Bronx Nr 1047 1 1996	
College	e or university where obtained New York College Of Podiatric Medicine	
	$\neg 1$	
	Applicant s initial // C	
	Pag	je s

A.	Have you ever served in any armed force	es? 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 ev	er arrested for an offense which resulted in summary action, a trial or Yes No I If yes, furnish details on page 10. (List all incidents
B.	Have you registered for the draft?	Yes 🗆 No 📉
	CountyState_	Date registered
6. AF	Have you ever been arrested, detained, violation for any reason whatsoever, required.	charged, indicted or summoned to answer for any criminal offense or ardless of the disposition of the event? (Except minor traffic citations.) ce provided below. List all cases without exception.
Date of A	Arrest Age Charge	Location-City and State Deposition/Date Arresting Agency
B. C. D. E. F. G.	arrested or in which you were named as page 10. Have you ever been questioned or deposor committee? Yes \(\subseteq \text{No } \) Have you ever been subpoenaed to approximate you ever been subpoenaed to testing Yes \(\subseteq \text{No } \) Have you ever been subpoenaed to testing Yes \(\subseteq \text{No } \) Have you ever had a civil or criminal recording yes, when? Have you ever received a pardon or defer of yes when? Has any member of your family or of you	r complaint ever been returned against you, but for which you were not an unindicted co-party? Yes No If yes. furnish details on sed by a city, state, federal or law enforcement agency, commission ear or testify before a federal, state or county grand jury, board or lify for any civil, criminal or administrative proceeding or hearing? ord expunged or sealed by a court order? Yes No City, county and state city, county and state representation for any criminal offense? Yes No City, county and state response s family ever been convicted of a felony? Yes No No No No No No No No No N
Name	Relationship	Charge Location Date
		Applicant s initial Page 4

l.	yes □ No	uit as either a p (Other than c	laintiff or defendant o livorces)	nip, or owner, director or officer o r an arbitration as either a claima	f a corporation. ever been ant or respondent?
	If yes, give de	etails below. Lis	st all cases without ex	ception, including bankruptcies:	
	/Defendant or nt/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
J.	associated Wi	tn it as an owne	business venture, so r, officer, director or p ete the following:	le proprietorship or closely held opartner) been a party to a lawsuit	corporation (while you we , arbitration or bankruptcy
	Name of Entity		Type of Entity	Approximat Lawsuit/Arb	e Date(s) of itration/Bankruptcy
	7-0				
7. R	ESIDENCES:				
		have had for ti	ne last 25 years:		
lonth a (From	nd Year I-To)	Street	and Number	City S	ate or County
1/19	15-8 ZOUR	1	Cedar Ridge C Perad	or Rd LSVy	My Sufolh
				V	<u> </u>
			-		
		÷			
				-	
		*	1		T _A
				Applicant s in	itial Page

Beginning with your cu	rrent employment, list your work history, all businesses w	ith which you have been involved,
business ventures with	nemployment since 18 years of age. Also, list all corporate which you have been associated as an officer, director,	ions, partnerships or any other stockholder or related capacity
JULY 2008-CUIN	ut +195 Advance Wa , WV, NV 89113	Current Employing
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
rodiatrist	Physica Owner	Kandy Yee
Title	Description of Duties	Name of Supervisor
11 2007- LZ	2006 3/98 Charling Rd, LVW	Sali-
Month and Year	Name (NGN) in a Address of Familian (David	
D. di . Ind	Name/Majling Address of Employer/Business	Reason for Leaving
Title	1 1 2000 1 12 2000 V	Antho Dorgia
riue	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 ne	eeded, continue on page 10 or provide attachment.	

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.										
Name o	f Where Employed	Street	City Sta	te Zip	Telephone	Years	Known			
Name	Vianter Hum	Home	y Con	Stel Sonn NV		, curo	7			
Employe	er Vally Hugh	M Business	Orkhuper	1. Sun	, ,	,				
Name	bris Catapun	0 Home .	5 De	n Muhor	111 - 02	3(7			
Employe	Allyw Spin	e Business	Orthype	1 Spire	Sun	7.24				
Name	Brun Botten	Home	8	Kiven Well	Red Ruen.	(
Employe	Regen Med	Business	Brohm	Sily	0# 4411	6				
Name	Mike Zone	M Home	1	aplemind 1	V, NV 89/1	3	5			
Employe	Togen Med	Business	Bul	Sch	_					
Name	Geoff Taylo	1 Home	(Occello 1	Or LVA	IV 89138	ID			
Employe	r Envoyue Sal	Business	Salu	n Servici						
10.	Do you have ar person s depos if yes, comple	itory? Yes 📙 I	NO DY	such depository, a	ccess to any de	pository or do you	use any other			
Box Nun	nber or Type of Depo	sitory	Location	City and State	Autho	orized Users				
										
11.	Have you ever the following:	held a privilege	d, occupation	al or professional	license in any st	ate, including but	not limited to			
	Liquor	Lawyer	Race horse	race dog owner	Secu	urities dealer	Insurance			
	Doctor Accountant	Contractor	Real estate	broker or salesm	an Barb	er/Cosmetologist				
	Yes No 🗆	Pilot	Sports pror	noter	Trair	ner or manager	Educator			
	If yes, state typ	e, where and ye	ears held							
**********	DDMLicor					•••••				
	D.P.IVI LICE	ise in Nevada	a From 07	//2006 - Curren	t		***************************************			
		••••••	*************							
12.	Interest in a lice	ensed business e, when and wh ames and addre	or industry O ere and give	tate business, ver UTSIDE the State names and locationers and the agen	of Nevada? Yes	s □ No □ esses in which you	ı were			
*********	***************************************				***************************************	•	•••••			
**********			*************		*************************		*******			

					Applicar	ntsinitial T	1/			
					. ippiioui		Page 7			

15.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes \(\Bar{\text{No}} \) No					
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No □					
f yes t	o the above, state where, when and for what reason:					
15.	Have you ever been refused a business or industry licen participant in any group which has been denied a busine suitability?	se or related finding of suitability or been a ss or industry license or related finding of Yes □ No 💢				
16.	Have you or any person with whom you have been a paradministrative action or proceeding relating to the pharm	ticipant in any group been the subject of an aceutical 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					
19.	Do you have any relatives within the fourth degree of corpharmaceutical or drug related industry?	nsanguinity associated with or employed in the Yes □ No				
******	ii ii	Date of photograph				
		Applicant s initial Page 8				

COUNTY OF CLACK

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

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

Original Signature of Applicant

Subscribed and Swom to before me this 2 day of

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

(seal)

Applicant s initial

Applicant s initial Page 10

1490

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 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 Pha	rmeey				
LAS Veges 7/83 Adi	Prostituto	Nature of Lic	sense Scotte	era C.C.C	
2183 Ad	Name and	Address of Establishment f	or Which License Is Re	quested	
1103 1140	If a	pplicable, Name Under Wh	ich It is Now Operated	8.7//3	
1. PERSONAL INFO		N/A			
I. PERSONAL INFO	RIVIATION:				
Last Name BORS &		First Name		Middle Name	
Alias(es, Nicknames, Maider	n Name, Other Name C	Changes, Legal or Otherwis	e)	, , , ,	
NA					
Present Residence Address	-Street or RFD 1/2/2	Dates - Prosent City	2 1 (State/Zip	
Colt	57.	Dates	crminshan	n MI Y	8009
Present Business Address	1 / 100	- Prosent City	1/10-0	State/Zip NV 89	113
7/83 Advance	3 WAY	Dates CM-3	V7393	Dhama	
CEO				Residence / CONT	
				Business (916) 6	98-4200
Date of Birth		Place of Birth (City, County	, State)	2 5	
21. 7.0		Evanston	, cook, 1	2	
Age	Social Sec	curity Number		Sex	
56				m	
Color of Eyes	Color of Hair	Complexion	Weight	Build Heigl	nt
Brown	Brown	white	200	m 6	13
Coors tottoos or distin		d/or oborootoriotics	11001		
Scars, tattoos or distin	guishing marks an	d/or characteristics	Nonz		*********
Ass you a citizen of the	Limited States	Voc Mo□ If elic	n registration No.		
Are you a citizen of the	: United States?	Tes No - II alle	en, registration No		
If naturalized, certificat	e No		Date		••••••
Place			(If naturalized.	document must be ve	erified.)
					,
2. MARITAL INFOR	MAHON:				
Single □ Married	Separated Separated	□ Divorced □	Widowed	Engaged □	
				oplicant's initial	193
			Ą	phicant a nittal	Page

MARITAL	INFORMATIO	ON-Continued
		4

. Current N	larriage / / /	LL, LOIT	Ch, ra	SO, Cook, IL	
Spouse's	Date full name (Maiden)	in Cooper Gal	stell City, S.S.	No	_
Date of Bi				en, el	
				n C 48009 tate Zip	
Resident	Street		City	tate Zip	
Telephone	e: Residence Now	D	Business No.	ve	
Spouse's	employer None	(Occupation Ho	nemater	
Address o	of employer Non <				
	Street		and others or	tate Zip	
Previous Ma	rriages: If ever legally sep	parated, divorced, or a	annulled, indicate be	elow:	
ne of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State	
elissa B		1/9/91		Chicago, Cook IL	
113317 13	0/31	0/5/20			
130n 150	CST 1404	8/5/87	PIVOVCE	Orangerale, SACramento,	NA
	and Dependents:				
	all children, including step-o ame Birth Date	Birth Place	Resid	dence Address	
ody Bor	st ,	SACramento	, CH JR	adquirec On Roseville, ab	F 9
Atelyan	Burst	Storemen To,	CA	ole 31, Birmlasham, mf	4
yatt	+ Julianna Be	orst (Twins)	,) Evan 570	n, St. cole st. Birminsh	ימו א
	pport Information:				
	lease mark the appropriate		= 544		
X	I am not subject to a coul	rt order for the suppo	rt of child.		
		rict attorney or other		n and am in compliance with a cing the order for the repayment	
-		ved by the district atte	orney or other public the order.	en and NOT in compliance with agency enforcing the order for	
			Applica	nt's initial /// Page 2	

AMIL	District attorney or publi		for enfo	rcing the child support	order:	
	Name			***************************************		
	Address					
	Contact person				•••••	
C.	Parents: List names, residence a	ddresses, dates of bir	th and m	nost recent occupations	of parents,	step-parents,
parents	s- _in-law or legal guardian	If retired or decease	d list las	st address and occupat	ion	
	Name (Maiden)	Birth Date	Addre			Occupation
	ter Borst	, , , -		Blackhawk Lm. Li	ucoln, co	4 95648 CFO
Mother Ca.	rmen Berlang	, ,	2	West Smokey W	W. Surp	n.5c, A2 8537
	in Gniadele		Robi	ncrest lane Lin	drahurst	-, IL 60064 Saks
Mother-in		\ , , ,				11 6.
001	nie Lucas (bar	Ken)		Granger Blud.	LAKE UI	119, IL 6004
D.	Brothers and Sisters: List names, residence a their respective spouse Name (Maiden)		th and m		s of brothers	
V.	•	Birth Date	Tuurē	Cement Itill Rd.	Frittlelo	Occupation Occupation Occupation
Spouse	Borst		<u> </u>	- (rycys Tyrus		borr priver
N6/	11					2.13
niel	relle Thompson	· · · · · · · · · · · · · · · · · · ·	C	ILB Rd. SLEVWOO	I, BR 7	Homemaker
Spouse						
Kel		77	0	W.SPURDR.	Provia,	A 2 85383
Spouse	1					nursa
Phul	Frandsen	*****		30.1		leg/rstake as
Spouse				99-10-0		
Spoulo						
4. E	DUCATION:				-	//
Gramma	Name of School	Locati	ion	Dates Attended	-	Graduate
School	Schaumburg El	mentary schaus	nburg,	16 17137979		Yes No 🗆
High School	NAPA High	School Naph.	14	1980-1981	/	Yes No 🗆
College Universit	, California Si	Tate Univers	ity 5	ACRAMENTO		Yes ☑ No □
Other			1	1989-1993		Yes 🗆 No 🗆
	f domes shirts of it.	Buelal		11. A. 14. AA	2.4.	
	f degree obtained, if any	0 1	•	state Univers	out and	acvamento
			-	Applic	ant's initial	123 Page

5 MILITARY INFORMATION:

A.	Have you ever served in any armed for	ces?	Yes □ No	A			
	Branch	Date of	ate of entry-active service				
	Date of separation	Type of	discharge				
	Rating at separation		Serial numb	oer			
	While in the military service were you e special or general court martial? regardless of where they occurred-fore	Yes □ No □					
B.	Have you registered for the draft?	Yes ✓ No □					
	County NAPA State	CA	Dat	e registered (m	trown		
	RRESTS, DETENTIONS, LITIGATIONS not convicted.)						
A.	Have you ever been arrested, detained violation for any reason whatsoever, re Yes ⋈ No □ If yes, give details in sp.	gardless of the dis	sposition of t	the event? (Except	t minor traffic citations.)		
Date of	Arrest Age Charge	Location-City and S	tate	Deposition/Date	Arresting Agency		
198	Arrest Age Charge	in SACram	ento, Ch	t in known	SMAMMATO COM		
					5-W-1/		
				-			
B.	Has a criminal indictment, information of arrested or in which you were named a page 10.	or complaint ever is an unindicted co	been returne o-party? Ye	ed against you, bu s □ No ☑ If yes	t for which you were not furnish details on		
C.	Have you ever been questioned or dep or committee? Yes □ No	osed by a city, sta	ate, federal o	or law enforcemen	t agency, commission		
D.	Have you ever been subpoenaed to ap commission? Yes ☐ No 🕅	pear or testify bet	ore a federa	I, state or county o	grand jury, board or		
E.	Have you ever been subpoenaed to ter Yes ☒ No ☐	stify for any civil, o	criminal or a	dministrative proce	eding or hearing?		
F _{ee}	Have you ever had a civil or criminal relif yes, when?	cord expunged or	sealed by a	court order? Yes	□ No No		
G.	Have you ever received a pardon or de	eferred prosecution	n for any crir	minal offense? Yes	s 🗆 No 🚉		
H.	If yes when? Has any member of your family or of						
Name	Relationship)	Charge	Loc	ation Date		
		W. W		was all a			
				nes			
			-1		. 182		
				Applicant's initia	Page 4		

If yes, give details	s below. List all cases without	exception, including bank	kruptcies:	
ntiff/Defendant or imant/Respondent D	Court and Case ate Filed Number	City, County and St	ate	Disposition/Date
aintiff 5	everal Cases Su	ing insurance	Compani	es for non-
J. Has any general	partnership, business venture	, sole proprietorship or clo	osely held corpo	ration (while you we
associated with it Yes ⋈ No ☐ If	as an owner, officer, director yes, complete the following:	or partner) been a party t	o a lawsuit, arbi	tration or bankruptcy
Name of Entity	Type of Entity		Approximate Date Lawsuit/Arbitration	(s) of //Bankruptcy
Ursigl Instit	ute of Michigan	LLC	Numerou	/
	Sursical Center	LLC	Num erov	5 (See obove.
duance) Sur		160	lumerous	Str above
204111 300	HIT CEPTIFE	1	WM470V3	(Sir a soure
7. RESIDENCES:				
st all residences you ha	ve had for the last 25 years:			
onth and Year (From-To)	Street and Number	City	State or	County
1/20- Present	Cole 51.	Birminsham	MI	
1 1	1905 bissell st. unit	1 phipaso. E	1-	
113-5/15 1	29 N. Largber St	Chicago E	1.	13.512.510.57.40
102 - 4/13 6			14	
12-00 10/020	503 Swallowsview 062 Short ONE M 648 Notrome Dr. So	1144 17/20 10 20 10 10	4.014	100 to 10
1000 - 10/05 -1	OB C JUST OBE TO	ory or an security	.)	
199 - 3/2000 1	640 Wall Dame Dr. So	ucramento, (1)	11.10	
			orienta solucioni	
				-
			f.co.	450

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 Addres	s of Employer/Business	the of munda ch	eason for Leaving	
9/18- present	1975 0 4 51.	birminshon, M	£ 48009		
Title C	Description of Duties	perations	N	ame of Supervisor	
Month and Year 3/18 - present	Name/Mailing Addres	s of Employer/Business	ancet Or Shypert;	eason for Leaving	المناسع در
Title 60	Description of Duties	Ofen Flons	N	ame of Supervisor	
Month and Year 9/18-Presen T		ss of Employer/Business Enstrant For Colored Way Los V	Advanted Surgers	eason for Leaving	
Title Managin member	Description of Duties	Operation 3	N	ame of Supervisor	
Month and Year 5/17- Arrsent	Physician Espe 1975 Colf St.	ss of Employer/Business	rentros, CLC RI	eason for Leaving	
Title CEO	Description of Duties	operations	N	ame of Supervisor	
Month and Year 5/17 - Pre Sen /	Name/Mailing Addres	ss of Employer/Business	THE PERSON NAMED IN	eason for Leaving	
Title	Description of Duties	1	N	ame of Supervisor	
manasins ma	emby Supe	Vuise ofers	lons		
Month And Year pros.	Sursical Co	ss of Employer/Business	GREN RJ. \$109	eason for Leaving	
Title	Description of Duties	- 4	N.	ame of Supervisor	
langsing mem	ber Supervis	c operations			
Month and Year 7/15	Name/Mailing Address	ss of Employer/Business Sursicenter Igen Aur, STT. 9		eason for Leaving	Business
Title Manosins memb	Description of Duties	'se Operation	N	ame of Supervisor	
Month and Year 3/20/0-	Name/Mailing Addres	ss of Employer/Business	sul a R	eason for Leaving	
Title	Description of Duties			ame of Supervisor	
CEO	Supervisa	Operation.	5		

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

Applicant's initial Page 6

9. CHARACTER REFERENCES:

	List five character employer or empl		have know you fiv	e years or more. D	o not include relatives, pr	esent
	Where Employed		City State Zip	pomfield Hills,	one Years K	nove
	on provident i	Home BOCKYSTYC U	101 w university	DR. Rollester, A	15 48307 (248)652.	-5000 C Years
Employer		But		schester, me4		- 6 Years
Name 0	on providenty	Home			1, m E 48307 (248)	52-5000
Employer		56		OR Rocheston		5 7 years
Name T	OFILANT WELL	Mome .			9 Laylor Option, M.E	
Employer 1	us d Alsikat	Husiness mof	Felt Rd. Lav	EBOUFF, EC	600441	7550
Namel V	65 CAS CAS CAS CAS	Home UAD Po	ertners 15/ h	1.401 FRD. Li	bertyville, IC 60	2048 - 0 YEARS
Employer	Aisham Mac				confir 10, mx 98323	
			30 minhims	All Docker	, m. 5 48/26	
			- 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1			Id year)
10.	person's deposito	ry? Yes □ No	×	pository, access to	any depository or do you	use any other
	If yes, complete	the following:				
Box Num	ber or Type of Deposit	ory	Location Cit	y and State	Authorized Users	
	10.5				THE CHANGE IN THE CONTROL OF THE CON	
				,		
11.	Have you ever he the following:	ld a privileged,	occupational or pr	ofessional license in	n any state, including but	not limited to
	Liquor L		Race horse/race d		Securities dealer	Insurance
			Real estate broker Sports promoter	or salesman	Barber/Cosmetologist Trainer or manager	Gaming Educator
	Yes 😿 No 🗆				riamor or managor	Eddoutor
	If yes, state type,	wnere and yea	rs neid			
C4	lifernia	A CCour	tant 1999	-2007		
			•••••			
12.					ndustry license or held a f	inancial
	If yes, state type,	when and when	e and give names		e businesses in which you	
	involved, the name venture or industr		of all partners and	d the agency respon	nsible for licensing said be	usiness,
		•				
В	OKST + ASS	society S.	Inc 653	8 Constrer	Blud Botton C	1 .95765 Placer.
ζ,,	126611 4	5 - 10 1 4	Partners 11	1 1905 Col. 51	a' 1 nr	48000 - County
)///	in the transfer of	JOE STEP ! F.	47 111012/000	. 1 173 (017 5)	Dimingraph I'll	mish sight
TB	Hoalth, L	LC 1975	Cole St. E	Maninghem)	Blud, Rocklin, C. Bilaninshom, M.E. 48009m.ch. Applicant's initial	17/5
	,				pprocess o mines	Page 7
5 44	12/11/2 ~	ا ما ما	. 1	1.11	100	
JM	idutials b	allel	steve m	Obeb1	Brogdnay St. 5	mn francisco, cua
					/	94115
			•			7110

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 Page 8					

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

Notary Public

Notary Public - State of Michigan County of Oakland My Commission Expires Nov 2, 2023 Acting in the County of California

(seal) February 27th 2020

Original Signature of Applicant

Applicant's initial

Page 9

ADDITIONAL INFORMATION
6 E) I've been Subpoened to trutty on numerous orgasions as
8. Employment (Cont.) 1/09-7/13 Sursing 1 firstitute of michigan CCC Sold Business mangging member 33545 Cherry HILL AD. Wastland, ME 48188
5/09-12/14 Surginal Institute of Monroe, U.C. 50/2 Business manasing member 1075 S. Telegraph Bd. Monroe, MI 48/61
7/08-present Smith Aeld Medical Development, Inc. CEO 1975 Cale St. Birminsham, MI 48009
Managing Member 600 Health Park Blud Grand Blanc, ME 48139
5/18- present precision Surgery Center, LCC Managing Member 22701 /tall Rd. Maramb, Inf 48042
MIMBER 23701 Hall ad Macomb Township, mf 48042
Manasina member 1975 Cala St. Birminaham, MI 48009
6/19- fresent Grass Lates Reg / Estate, CCC manazins member 1975 cole st. Birmin, ham, mf 48005
2/07 - Present Byta Consultins aroup LLC member 1975 Cole St. Birminsham, M.P.
1/99-7/09 BONST + ASSOCIATES, ENC. 501/COMPANY CEO 6538 Long Tree Blud. Apolicon, CH 95765
Manaser 1620 Legottill Blud. Roseville, OA 95678
7/95-6/96 Dong/OC135Avoy, C.P.A- Found Better Job Staff Accountant FAIR ONKS, CAT Applicant's initial TVB 3/02 0/05 0000000000000000000000000000000
2/93-7/95 ArThur Anderson, LLP Found Better Jobs staff Accountant SACramento, CM

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.

	HOC- 02923					
□New Pharmacy or ☑Ownership Change (Provide current Check box below for type of ownership and complete all re Corporation or Partnership. □ Publicly Traded Corporation – Pages 1,2,3,10,11a&b □ Non Publicly Traded Corporation – Pages 1,2,4,10,11a& GENERAL INFORMATION to be completed by all to	quired forms. **If LLC use Non Public Partnership - Pages 1,2,6,10,11a&b Sole Owner - Pages 1,2,8,10,11a&b					
Pharmacy Name: <u>Seven Hills ASC</u>						
Physical Address: 876 Seven Hills Drive						
City: Henderson State: Zip C	ode: <u>NV</u> Telephone: (762) 914-2628					
Fax:(702) 9	14-6290 Toll Free Number:					
E-mail: <u>///</u>	rnesosevenhilsasc. com					
Website:						
Managing Pharmacist: Mary Grear Rt	License Number: 10687					
TYPE OF PHARMACY AND	SERVICES PROVIDED					
Yes/No	Yes/No					
□ □ Retail	□ □ Off-site Cognitive Services					
□ □ Hospital (# beds)	☑ □ Parenteral					
□ □ Internet	□ □ Parenteral (outpatient)					
□ □ Nuclear	□ □ Outpatient/Discharge					
☑ Ambulatory Surgery Center	□ □ Mail Service					
□ □ Community	□ □ Long Term Care					
□ □ Other:	□ □ Sterile Compounding					
	□ □ Non Sterile Compounding					
All boxes must be checked	□ □ Mail Service Sterile Compounding					
For the application to be complete	Other Services: ASC					
	H H					

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 Ⅳ
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 ᡚ
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 ᡚ
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 ☑
Copies	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agreestition may be required.	
correc	by certify that the answers given in this application and attached documentate. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo backg	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true to the Lagrangian to the Nevada State Board of Pharmacy, its agents, serve yees, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or destant for the part of Person Authorized to Submit Application, no copies or stamp	, accurate and ants and nd moral sirable.
		15
Print N	Tie Barnes RN Administrator 3/6/2020 Name of Authorized Person 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: <u>Seven Hills Holding Company</u>
Mailing Address: 876 Seven Hills Dr.
City: Henderson State: NV Zip: 89052
Telephone: 702-9/4-7028 Fax: 702-6/4-7456
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 Cadio Partners Nevarla (Cliff Crossett) Knyword Dr. + Name Business Address Kingword TX 777
b) David Novrati/MD 5. Eastern Ave. Cas Vega Name Business Address NV 89/19
c) Eddy Luh MD -, W. Sunset Rd. Cas Veges NV 8919 Name Business Address
d)
Name Business Address
2) Provide the number of shares issued by the corporation
3) What was the price paid per share? 10,000 ==
List any physician shareholders and percentage of ownership.
Name: David Navratil MD %: 5
Name: Eddy Cah MV %: 3
Hours of Operation for the pharmacy:
Monday thru Friday 8 am 5 pm Saturday am pm
Sundayampm 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 Oceas, Kith License #: 106	87	-
Pharmacist Name: Mary Grear, RPh License #: 106 Pharmacy Name: Seven 4:115 ASC		-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a the inventory to be on file at the pharmacy.	of the)
I understand that as the managing pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand the practice of pharmacy. I understand my license can be revoked or that I can be the subject disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.	armac of	
I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	jointl	у,
with the new managing pharmacist, take an inventory of all controlled substances.	jointly Yes	y, No
with the new managing pharmacist, take an inventory of all controlled substances.		
with the new managing pharmacist, take an inventory of all controlled substances. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
with the new managing pharmacist, take an inventory of all controlled substances. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	Yes	No ₩
with the new managing pharmacist, take an inventory of all controlled substances. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending	Yes	No ₩
with the new managing pharmacist, take an inventory of all controlled substances. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? If you marked YES to any of the numbered questions above, please include the following informations.	Yes	No 💆
with the new managing pharmacist, take an inventory of all controlled substances. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of a board citation or an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	Yes	No SE

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

- Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 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.

M	any Grear, RPh	3/6/20
Signature		Date

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

Date 18 MAR 2026

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 f	or Ambulata	ory Surag	ery Center			
Seven	Hills ASC S Name and, Seven Hi	Address of Business for	Which Designated Representation Structures of the United Structures of	sentative Is Requested	NV 8965. Br. Hender 8905.	DM NO
1. PERSO	NAL INFORMATION:					
Last Name	AVRATIL	First I		Middle Name		
	ames, Maiden Name, Other I					
NONE						
Present Reside	nce Address-Street or RFD	12/22/1821 00-4	City	Sta	ite/Zip	
1 DA	VINA ST	Dates	HENDERSON	NV	89074	
Present Busine	ss Address		City	Sta	ite/Zip	
SAME		Dates	<u> </u>			
Present Position	n with the Pharmacy or Who	lesaler		Phone: Residence		>
				Business		
Date of Birth		Place of Birth (C	ity, County, State)			
	· CIM	JCINNATI, HAM	MILTON, OHIO			
Age		cial Security Number	,,		Sex	
63		\$			M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
HAZEL	BROWN	TAN	250	HEAVY	5'8"	
Scars, tattoo	os or distinguishing ma	rks and/or characte	eristics SURGICAL	SCAR OVER	STEAMIN	
Are you a ci	tizen of the United Stat	es? Yes 🛛 No 🗆	If alien, registration	on No.		
If naturalized	d, certificate No		Date			
Place			(If natura	ilized, document r	must be verified.)	
2. MARITA	AL INFORMATION:					
Single	Married Sepa	rated Divor	ced Widowed	☒ Engaged		
				Applicant's in	\bigcirc 1	
					(Page 1

	City, County and State
Spouse's full name (Maiden)	S.S. No
Date of Birth	Place of Birth
Resident address Street	City State Zip
	Business
Spouse's employer	Occupation
Address of employerStreet	City State Zip
B. Previous Marriages: If ever legally	separated, divorced, or annulled, indicate below:
Date of Order Name of Spouse or Decree	Date of Place Nature of City of Marriage Action County and State
List of names, current address at Name Street	nd telephone numbers of previous spouses: City State Zip Telephone
3. FAMILY INFORMATION: A. Children and Dependents: List all children including si	tep-children and adopted children and give the following information:
Name Birth Date	Birth Place MIDDLE EARTH ST
MICHAEL NAVRATIL	3 NIGHTHAWK DR
AMY NAVRATIL	GREEN BAY, WI LARAMIE, WY 82072
B. Child Support Information: Please mark the approp	
☐ I am subject to a cou	a court order for the support of child. Out order for the support of one or more children and am in compliance with a edistrict attorney or other public agency enforcing the order for the repayment pursuant to the order; or
☐ I am subject to a co	urt order for the support of one or more children and NOT in compliance with approved by the district attorney or other public agency enforcing the order for a mount owed pursuant to the order. Applicant's initial

District attorney or public agency responsible for enforcing the child support	order: 1509
Name	
Address	
Contact person	ss
C. Parents: List names, residence addresses, dates of birth and most recent occupation	ns of parents, step-parents,
parents-	tion
in-law or legal guardian. If retired or deceased, list last address and occupa Name (Maiden) Birth Date Address	Occupation
Father	
DECEASED	
Mother 7 E. TECOMA R	RD MOM
FRANCES NAVRATIL (SCALISE) PHOENIX, AZ 8.	5048
Father-in-Law	
DECFASED	
Mother-in-Law	
DECEASED	
D. Brothers and Sisters:	
List names, residence addresses, dates of birth and most recent occupation	ns of brothers and sisters and of
their respective spouses. Name (Maiden) Birth Date Address	Occupation
JAMES NAVRAGIL SCOTTS DALE, A 2 85	VHVC1C1A-1
Spouse CIFERIE	
S. LEE ST.	Anguarea
MARK NAVRATIL , APPLETON, WI 54915 Spouse	ARCHITECT
SUSAN RIVERS CALL	2110
ANITA NAVRATIL , ATLANTA, GA 30:	
JAMES DIANDRETH	
TERRY NAVRATIL ' NYACK, NY 109	160 PHYSICS PROFESSOR
Spouse	PHYSICIAN
TEANNE	- 1-/ ₂ - 2-/ ₂
4. EDUCATION:	
Name of School Location Dates Attended	Graduate
Grammar JACKSON GREEN BAY, WI 9/61-6/68	Yes X No □
High School SOUTHWEST H.S. GREEN BAY, WI 9/1968-6/1974 College ST NORBERT COLLEGE DE PERE, WI 9/1975-5/1978	Yes 🔼 No 🗆
College ST NORBERT COLLEGE DE PERE, WI 9/1775 - 5/1978 University	Yes ⊠ No □
Other UNIVERSITY OF WISCONSIN MADISON, WI 9/74-5/75, 9/78-5/19	82 Yes 🕅 No 🗆
Type of degree obtained, if any B.S in 5/78, M.D. in 5/1982	
College or university where obtained As ABOUE	
Consider the control of the control	

Applicant's initial.....

Page 4

aintiff/	/Defendant or			Court and Case					
	nt/Respondent	Date Fi	iled	Number	City, County and	d State		Disposition	
Y 14	ENDERSON			DISTRICT COURT	LAS VEGAS, C	LARK	NU		ITH PREJADI
/ 1/	LNVC/CSUN			A-371638 DISTRICT COURT	LAS VEGATI, L		-	30 SEPT	179 (Jitit PREDJU
ET	TA TOMMI	SCALE		4-09-599161	LAS VEGAS, (CIAON	A/O	13 J4L	
	107	7,50,102			,		,		
J.	-associate	d with it as a	n-owner,		ole proprietorship or partner) been a part				
	Name of En	ity		Type of Entity				Date(s) of ation/Bankruptcy	
				- 10 - (10 - 10 - 10 - 10 - 10 - 10 - 10		-			
					Ecoso I				
		3						× 40	
7. Ri	ESIDENCE	S:							
			ad for the	last 25 years:					
st all	residences		5/200						
st all	residences		5/200	last 25 years;	City		Stal	e or County	
st all	residences	you have ha	5/200			ON	Stal <i>N</i> U	•	
onth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
onth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
nth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
nth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
nth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
onth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
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onth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
st all	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
st all	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
st all	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	
onth a	residences and Year n-To)	you have ha	5/200	nd Number		ON		•	

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	Name/Mailing Address of Employer/Business	Number of Employed Hours
	HYSICHN	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year 1/2012 - 9/2018	Name/Mailing Address of Employer/Business 2865 SIENA HA HEALTHCARE PARTNERS HENDERSON, N Description of Duties	Number of Employed Hours FIGHTS #331 V 89052
Title		
MD	PIFYSICIAN	TEREMY COX
Month and Year 1/1993 – 8/1994	Name/Mailing Address of Employer/Business NEVADA HEART CARE	Number of Employed Hours
Title MD	Description of Duties PITY SICIAN	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business I+EART INSTITUTE OF NEVADA Description of Duties	Number of Employed Hours
Title MO	Description of Duties HYSICIAN	Name of Supervisor
Month and Year /1979 - 6 / 1991	Name/Mailing Address of Employer/Business US AHR FORCE	Number of Employed Hours
litle	Description of Duties イチソSIC14ル	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

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

Applicant's initial

 	List five character employer or empl	r reference	who have	know you f	ive years or	more.	Do not include rela	itīves, pi	resent
Name of W	Vhere Employed	Street	City	State Z	.ip	Tele	phone	Years k	Cnown
Name DR	TOM LAMBERT	Home		3/507	ENAYA WAY		·- · ·		
Employer	SELF	Business 4	PHYSICIA	U LAS V	EGAS NU	8912	2.8		26
Name DR	HOWARD BRODER	Home	2015 6	115	Mark Car 32			EE (
	HEALTH CARE MATA	Business	HENDER	SON , NU	475 STE 33, 89052		02-467-0110	/	0
Name DR	ERIK SIRYINICK	Home	7125 1	CAUDOA	AVE # 20	2 2			
Employer /	NCA	Business	LAS V	EGAS, A	10 8911	7	702-796-7150		13
Name M	DJ ANH	Home	20156	TAIN HELD	HTS STE 73	2.			
Employer A	HEALTHCARE MATNE	& Business	HENDE!	LON , N	U 89052		702-407-011	0	12
Name DR	JACQUE LAMOTH	€ Home						3	
Employer	SELF	Business	3/3/ CA	EGAS, N	v 89109	7	702-526-5	034	25
t	he following:					icense	in any state, includ		not limited to
		awyer Contractor		horse/race	dog owner er or salesma		Securities deal		Insurance
		ilot		estate broke s promoter	er or salesma	an	Barber/Cosme Trainer or man		Gaming Educator
	/es 12 No □		·	•			· · · · · · · · · · · · · · · · · · ·	ago.	Eddodio
	f yes, state type, A #6/49	where and	years held	PRESENT	-				
							***************************************	*	
WISCON	ISIN # 26439	7	784 - 1	PRESENT				•	
ARIZON	A # 2082	8 1	1991 -	PRESER	T				
ir If ir	nterest in a licens f yes, state type, v	sed busines when and v es and add	s or indus vhere and	try OUTSIC give names	E the State of and location	of Nev	industry license or ada? Yes No ne businesses in whonsible for licensing	₫ nich vou	were
12. H	lave you ever app ny reason whatso	peared befo	ore any lic	ensing ager	ncy or similar	r autho	rity in or outside the	e State	of Nevada for
13. H	lave you ever bee r professional act	tivity? Yes	□ No Þ	license, pe	rmit, certifica	ate or r	egistration for a priv	vileged,	occupational
If yes to ti	he above, state w			vhat reason	:	••••••	y. 4		
••••••						••••	Applicant's initial	&	

14.	participant in any group which has been denied 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 Yes	1514
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 MA2 2020	
	Applicant's initial Page 8	

COUNTY OF CLARK

I, DAVID WAVRATIL , 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 of 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 of

Notary Public - State Of Nevada **COUNTY OF CLARK**

FELECIA M. HERNANDEZ

My Appointment Expires

Notary Public

(seal)

Applicant's initial

Applicant's initial Page 10

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

1, David Navkatil MX
Responsible Person of Seven Hilk 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 21 MAR 2020

Print Name of Authorized Person

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.

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

Application for	***************************************	Pharmacy L						
	Se	Nature of License Seven Hills ASC/ 876 Seven Hills Dr., Henderson NV 89052						
		nd Address of Estal					۷	
		Seven Hills Si	urgery Ce	enter			***************************************	
		If applicable, Name	: Under Wh	ich It Is Now O	perated			
1. PERSONAL INF	ORMATION:							
Last Name Crossett		First I	Name Cli	fford	Middle	Name		
Alias(es, Nicknames, Maid		e Changes, Legal of				Th	eodore	
,		e emanges, Logar	J. Galo. W.5					
Present Residence Addres	s-Street or RFD		City			State/	Zip	
? Forest Row	Dr.	Dates	King	wood		TX	77345	
Present Business Address			City			State/		
876 Seven Hills	Dr.	Dates	Hend	lerson		NV	/ 89052	
Occupation					Phone Reside	ence		<u>ز</u>
		Saginaw, S	Saginav	v, MI	Busine	ess 7	02-750-1	
Date of Birth		Place of Birth (C	ity, County	, State)				
47							Male	
Age	Social	Security Number					Sex	
Blue	Brown	Fair		250			6'	
Color of Eyes	Color of Hair	Complexion		Weight	Build	d	Height	
Scars, tattoos or disti	nguishing marks	and/or characte	ristics	N/A				
Are you a citizen of th	e United States?	Yes⊠ No □] If alie	n, registratio	on No			
If naturalized, certifica	ate No		*************	Date		***********		•••••
Place		***************************************		(If natura	lized, docun	nent mu	st be verifie	ed.)
2. MARITAL INFOR	RMATION:							
Single Married	☑ Separate	d 🗆 Divord	ced 🗆	Widowed	□ Enga	aged [7 -
					Applican	nt's initia	$_{\scriptscriptstyle \rm I}$	<u>'C'</u>
					, pprodri		·	Page

A. Cur	rent Marr	iage	10.14.2011				Housto	n, Harris, T)	K	
Spo	ouse's full i	name (Maio	Date en) Ana-Pa	ulina Crossett			City Cou	nty and Stat	le.	
Date	e of Birth			Place	of Birth	Mexico	City, Mexic	co		
Res	ident addr	699	? Forest Row Dr.	*********************	Kingw	ood	TX	773	345	
		8	treet	0.00	City		State	Zip	************	0
Tele	ephone: F	Residence .	****		Busine	ss		***************************************		
Spo	use's emp	loyer Se	f-Employed		Occupa	tion	Corporate	Production		•••••
Add	lress of em	nployers	treet		City	**********	State	Zip		•••••••
				ated, divorced, d						
		Date of C		Date of Place		Nature		City		
Name of Sp	ouse	or Dec	ree	of Marriage		Action	1	County a	nd State	-
Esmeralda	Aguilera	2003		2002		Divo	rce	Ft. Ben	d Co. T.	X
Stephanie	Hults	2007		2007		Annu	lled	Harris	Co. TX	
3. FAMILY A. Chil	dren and	Dependent	s: ding step-chil	dren and adopte	d children	and give	e the fol	lowing inf	formatio	n:
	IName	В	rth Date	Birth Place			Residence	Address		
Izabella Cross				Las Vegas NV		Al	Il reside at th	ne following a	ddress	
Paco Crossett Coral Crosset			Heran Street His	Las Vegas NV			Forest Row	Dr., Kingwoo	od TX 7734	5
Elena Crosse			I WAS THE TANK	The Woodlands TX The Woodlands TX						
B. Chil	Please I ar I ar plai of ti	n not subject to n subject to n approved ne amount n subject to order or a p	ppropriate rest to a court or a court order by the district owed pursuant a court order blan approved	sponse: rder for the support of attorney or othe to the order; or for the support of by the district aft towed pursuant	of one or r r public a of one or r torney or	more chi gency e more chi	nforcing ildren an	the order	for the	repayme
		• • • • • • • • • • • • • • • • • • • •		rrew paroualit	.5 116 010	App	olicant's	initial	C'	<u> </u>
										Page

	District attorney or public agency	/ responsible for enti		ner:
	Name			
	Address			
	Contact person			
C.	Parents:			
	List names, residence addresse	s, dates of birth and	most recent occupations of	f parents, step-parents,
arent	s- <u>in-law or legal guardian. If retire</u>			
		h Date Addr		Occupation
ther				
	Clifford Crossett	No	Idea	No idea
ther				
	Roberta Crossett	Do	eceased	Deceased
her-i	n-Law	De	ceaseu	Deceased
	Francisco Estrada	Mex	rico City, Mexico	Retired Architec
ther-	in-Law	10167	iloo Oity, Mexico	
	Rosita Estrada	Me	kico City, Mexico	Retired Banker
		1110	doo oity, moxico	
D.	Brothers and Sisters:			
	List names, residence addresses their respective spouses.	s, dates of birth and	most recent occupations of	f brothers and sisters and of
	Name (Maiden)	Birth Date Addr	ess	Occupation
_	Crossett	No	idea	Teacher
ouse	ossett		idea 7 Overbrook Lane, Houston TX 7704	
ouse	ossett			
ouse ke Cro ouse	ossett		7 Overbrook Lane, Houston TX 7704	
ouse ke Cro ouse	ossett	1080	7 Overbrook Lane, Houston TX 7704	2 Banker
ouse ke Cro ouse	ossett	1080	7 Overbrook Lane, Houston TX 7704	2 Banker
ke Creouse	ossett	1080	7 Overbrook Lane, Houston TX 7704	2 Banker
ouse ke Cro ouse	ossett	1080	7 Overbrook Lane, Houston TX 7704	2 Banker
ouse ke Crr ouse ouse	ossett	1080	7 Overbrook Lane, Houston TX 7704	2 Banker
DUSE Cropuse Tra Cropuse Duse	DUCATION: Name of School	1080	7 Overbrook Lane, Houston TX 7704	2 Banker No idea
ouse cra Crosse couse couse couse couse	DUCATION: Name of School	1080 No id	7 Overbrook Lane, Houston TX 7704	2 Banker No idea Graduate
ouse ke Cro ouse ra Cro ouse ouse	DUCATION: Name of School	No id	7 Overbrook Lane, Houston TX 7704 ea Dates Attended 1980's	2 Banker No idea Graduate Yes 🔀 No 🗀
ouse ke Cro ouse ouse ouse ouse	DUCATION: Name of School Schall Elementry School Hemlock High School	Location Caro, MI Hemlock, MI	Overbrook Lane, Houston TX 7704 Dates Attended 1980's 89-91	2 Banker No idea Graduate
ouse ke Crr ouse ouse	DUCATION: Name of School Schall Elementry School Hemlock High School	Location Caro, MI	7 Overbrook Lane, Houston TX 7704 ea Dates Attended 1980's	2 Banker No idea Graduate Yes X No
ke Croouse ra Croouse ouse ouse line for the control of the contro	DUCATION: Name of School Schall Elementry School Hemlock High School	Location Caro, MI Hemlock, MI	Overbrook Lane, Houston TX 7704 Dates Attended 1980's 89-91	2 Banker No idea Graduate Yes ☒ No ☐ Yes ☒ No ☐
ouse ke Crr ouse ra Crr ouse ouse amma hool jh hool lllege	DUCATION: Name of School Schall Elementry School Hemlock High School	Location Caro, MI Hemlock, MI	Overbrook Lane, Houston TX 7704 Dates Attended 1980's 89-91	Banker No idea Graduate Yes ☒ No ☐ Yes ☒ No ☐

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5 MILITARY INFORMATION:

				es □ No 🛛	
	Branch		Date of e	ntry-active service	
	Date of separation	***************************************	Type of o	lischarge	
	Rating at separation	******************************		Serial number	•
	While in the military s	service were you ourt martial?	ever arrested for an Yes □ No □ I	offense which resulted in su f yes, furnish details on page	mmary action, a trial or
B.	Have you registered	for the draft?	Yes ☒ No □		
	County Saginaw	State	МІ	Date registered 15	991
6. A	RRESTS, DETENTION			ONS: (Include those arrests	
A.	Have you ever been a violation for any reason	arrested, detained on whatsoever, re	d, charged, indicted	or summoned to answer for position of the event? (Excep . List all cases without exce	any criminal offense or
ate of	Arrest Age	Charge	Location-City and Sta	te Deposition/Date	Arresting Agency
012	39	Criminal Mischief	Houston, TX	1 week later	Houston Police Dept
B.	page 10.	ou were named a	as an unindicted co-	een returned against you, bu party? Yes □ No ☒ If yes	s. furnish details on
B.C.D.E.F.G.	arrested or in which y page 10. Have you ever been or committee? Yes [Have you ever been seem seem seem seem seem seem seem s	rou were named a questioned or dep □ No ☒ subpoenaed to ap No ☒ subpoenaed to te civil or criminal re ed a pardon or de	as an unindicted co- cosed by a city, state copear or testify before stify for any civil, cri ecord expunged or s	party? Yes No If yes e, federal or law enforcemen re a federal, state or county of minal or administrative proce ealed by a court order? Yes ty and state	t agency, commission grand jury, board or eeding or hearing?
C. D. E. F.	arrested or in which y page 10. Have you ever been or committee? Yes [Have you ever been secommission? Yes Have you ever been secommission? Yes Have you ever had a lf yes, when? Have you ever receive If yes when? Has any member of y	questioned or department and an expension and an expensio	as an unindicted co- cosed by a city, state copear or testify before stify for any civil, cri ecord expunged or s	party? Yes No If yes e, federal or law enforcemen re a federal, state or county of minal or administrative proce ealed by a court order? Yes ty and state	t agency, commission grand jury, board or eeding or hearing? No No No No No No No No No No
C. D. E.	arrested or in which y page 10. Have you ever been or committee? Yes [Have you ever been secommission? Yes Have you ever been secommission? Yes Have you ever had a lf yes, when? Have you ever receive If yes when? Has any member of y	questioned or department and an expension and an expensio	es an unindicted co- cosed by a city, state opear or testify before stify for any civil, cri ecord expunged or s city, coun eferred prosecution city, coun our spouse's family stions (B through H)	party? Yes No If yes e, federal or law enforcemen re a federal, state or county g minal or administrative proce ealed by a court order? Yes ty and state for any criminal offense? Yes ty and state ever been convicted of a felc is yes, furnish details on page	t agency, commission grand jury, board or eeding or hearing? No No No No No No No No No No

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		Court and Case		
Claimant/Respondent	Date Filed	Number	City, County and State	Disposition/Date
Plantiff: 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 bankru	uptcv.
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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
	Telatin	

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. #51	108 The Woodlands	TX
2012	College Park Dr. #16	3201 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

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8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/15 to present	EPIC Employee Services, Kingwood TX	
itle	Description of Duties	Name of Supervisor
CEO	Day to day company operations	Self
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/14-3/15	ATOM Medical, PA Medical	Started my own Company
itle	Description of Duties	Name of Supervisor
Bus Dev.	Manage 6 State Territory	Tom
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/11-7/14	Merge Healthcare/IL/Healthcare IT	HOS
itle	Description of Duties	Name of Supervisor
Enterprise Sales Manager	Manage 6 State Territory	Michael Previti
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/05-7/11	Philips Healthcare/Bothell WA/Cath Lab	Merge
itle	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	
itle	Description of Duties	Philips
Regional Manager	Covered South TX	Name of Supervisor Gordon Johnson
regional Manager	Covered Stuff 17	Gordon Johnson
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
/98-1/01	United Medical Supply/Sugarland TX/Medical Disposables	Burdick
itle	Description of Duties	Name of Supervisor
ales Rep	Sell medical disposables to offices/ASC's/Hospitals	Bill Bandy
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
96-6/98	PMT Corporation/Minn. MN/Plastic Surgery & Neuro	Moved to TX
itle	Description of Duties	Name of Supervisor
ales Rep	Sell Plastic Surgery products over a 6 State Territory	Mark Rosenblum
lonth and Year	Name/Mailing Address of Employer/Business	Daniel College
	Michigan State University/E. Lansing MI, University	Reason for Leaving Graduated
/91-12/95 itle		
Various	Description of Dutles	Name of Supervisor
ranous	Maintenance/Food Service	Dean Matsudo

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

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9. CHARACTER REFERENCES:

	employer or emplo	yees.	who have know you five ye			
	Where Employed	Street	City State Zip	Telepho		nown
	Richard Taylor	Home	Sugarland TX	•	23	
ploye	Retired	Business				
me	Gordon Johnson	Home	Corinth, TX		21	
ploye	Retired	Business				
me C	HARLES E. BAILEY MD	Home	San Antonio TX		7	
ploye	Self-Employed	Business	Doctor			
ne	Sean Miller	Home	San Antonio, TX		22	
plove	_r McKesson	Business	Sales Rep			
ne	Jason Stiehl	Home	Apex, NC		30	
ploye	Guardian Mortgage	Business	Loan Officer			
x Nun	person's depository If yes, complete the	he followi	ng:	d State	Authorized Users	
11.	the following: Liquor Lav Doctor Co Accountant Pile	wyer ontractor	Race horse/race dog of Real estate broker or	owner	Securities dealer Barber/Cosmetologist	Insuranc
•••••	Yes □ No ☒ If yes, state type, w	here and	Sports promoter years held		Trainer or manager	Gaming Educator
12.	Have you ever app interest in a license If yes, state type, w	lied for a ded busines when and was and add		e State of Nevad d locations of the	dustry license or held a fi a? Yes □ No ⊠ businesses in which you	Educator

13.	13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevacany 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 図								
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/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 Page 8								

STATE OF Texas	
SS.	
COUNTY OF Harris	
ı, Clifford Crossett , being duly s	worn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contain	
contain a full and true account of the information requested; that I executed this	
misrepresentation or failure to reveal information requested may be deemed su	_
a manufacturer license; that I am voluntarily submitting this application with full	
Statutes 639.210 (10) provides denial or revocation of the application of any pe	
registration or permit if the holder or applicant "Has obtained any certificate, cer	rtification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof	, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on	Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada St	tate Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever discharge the State of No	evada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which	
can, shall or may have against the State of Nevada, the licensing agency and the	heir agents, as a result of my applying
for a manufacturer license in the State of Nevada.	
1.1/1	rellama
Origin	nal Signature of Applicant
ard not a	20
Subscribed and Sworn to before me this day of APT ~	1020
NMUS IN	
Notary Public	
	(seal)
	(scar)
	SIMONE GREEN
	Notary Public, State of Texas
	Comm. Expires 01-17-2023 Notary ID 13002960-9
	1111

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ADDITIONAL INFORMATION

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