

7

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: USOC EQUIPMENT, LLC

Physical Address: 3111 S. Valley View Blvd., Suite L109 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20 Morgan

City: Irvine State: CA Zip Code: 92618

Telephone: 1.855.888.8762 Fax: 949-243-9113

E-mail: duane@usocmedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ **See explanation attached**

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Duane Gilmore

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
Other: <u>Patient Monitoring Equipment and Infusion Pumps</u> |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ N/A Telephone: _____ N/A

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|---|------------------|
| <input type="checkbox"/> Practitioner | Name: <u>N/A</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: <u>N/A</u> |
| <input type="checkbox"/> Physician's Assistant | Name: <u>N/A</u> |
| <input type="checkbox"/> Physical Therapist | Name: <u>N/A</u> |
| <input type="checkbox"/> Occupational Therapist | Name: <u>N/A</u> |
| <input type="checkbox"/> Registered Nurse | Name: <u>N/A</u> |
| <input type="checkbox"/> Respiratory Therapist | Name: <u>N/A</u> |

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Duane Gilmore

2/24/19

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Ali Youssef

Business Name: USOC Equipment LLC

Current Business Address: 20 Morgan

City: Irvine State: CA Zip: 92618

Telephone: 949-243-9113 Fax: 949-243-9113

SOLE OWNER**Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the New Applicationstab. The forms are available under the *documents for all types of businesses*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 2/25/19

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Wholesalers of Patient monitoring equipment

Nature of MDEG

USOC Equipment, LLC 3111 S. Valley View Blvd., Suite L109 Las Vegas, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

EMPLOYMENT:

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

9/2013	USOC BioMedical, Inc	11,440
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Vice President	Operations Policy and Controls	Ali Youssef
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked I have to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A

b) Date: N/A

Case Number: N/A

c) Criminal Action: State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 3/4/19

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

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

.....
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/4/2019

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 Whole Salers of Patient Monitoring Equipment
 Nature of License
USOC Equipment, LLC 3111 S. Valley View Blvd., STE L109, Las Vegas, NV, 89102
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name YOUSSEF First Name ALI Middle Name NAZEM

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

Present Residence Address-Street or RFD NAVTIME TRAILS City IRVINE, CA, 92618 State/Zip
 Dates 08/2017 - Current

Present Business Address 20 MORGAN City IRVINE, CA, 92618 State/Zip
 Dates 2017 -Current

Occupation CEO and Biomed Engineer at USOC Medical Phone:
 Residence
 Business 855-888-8762

Date of Birth _____ Place of Birth (City, County, State) Sour, Lebanon Male

Age 37 Years Social Security Number _____ Sex Male

Color of Eyes Blue Color of Hair BRN Complexion _____ Weight 225 Build _____ Height 6ft

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If naturalized, certificate No _____ Date 9/11/2008

Place U.S. DISTRICT COURT CENTRAL DISTRICT LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial A.Y.

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/2012 LAGUNA HILLS, CA, USA
Date City, County and State
 Spouse's full name (Maiden) HELEN EL HUSSEIN S.S. No.
 Date of Birth Place of Birth DENMARK, COPENHAGEN
 Resident address NAVTIVE TRAILS IRVINE, CA, 92618
Street City State Zip
 Telephone: Residence Business
 Spouse's employer USOC MEDICAL Occupation OFFICE ASSISTANT
 Address of employer 20 MORGAN, IRVINE, CA, 92618
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
HUDA AYOUB	07/2009	Sour, Lebanon	Divorced	SOUR, LEBANON

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

Name	Street	City	State	Zip	Telephone
HUDA AYOUB	DIEMELSTADT, WREXEN, BURG-BROBECK STR.4,	GERMANY			
TELE					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
Redwan Youssef		J , Santa Ana, CA,USA,	DIEMELSTADT WREXEN GERMANY
Lelian Youssef		4 , FOUNTAIN VALLEY, CA, USA	NATIVE TRAILS, IRVINE, CA, 92618
Maya Youssef		, LAGUNA HILLS, CA, USA,	NATIVE TRAILS, IRVINE, CA, 92618

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial A.Y

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father NAZEM YOUSSEF		PASSED A WAY	
Mother AWATEF EL HAJ		SOUR, LEBANON	HOME MAKER
Father-in-Law ATALLAH EL HUSSEIN		GLASVEJ NO 1, Copenhagen 0, Denmark	Retired
Mother-in-Law INAAM AWAD		GLASVEJ NO. , Copenhage, Denmark	Home Maker

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
Redwan Youssef	Sour, Lebanon	Saudi Arabia	Mechanical Engineer
Spouse Lesly Michelle Youssef	Pitts Purge, PA	Le Parc, Lake Forest # 38	Retired
Marwan Youssef	Sour, Lebanon	: Ricky Ave, Garden Grove, CA, 92840, USA	Civil Engineer
Spouse Samaher Youssef	Sour, Lebanon	: Ricky Ave, Garden Grove, CA, 92840, USA	Home Maker
Safwan Youssef	Sour, Lebanon	2 Spectrum, Irvine, CA, 92618	Software Engineer
Spouse Mariam Youssef	Sour, Lebanon	Spectrum, Irvine, CA, 92618	Home Maker
Bassam Youssef	Sour, Lebanon	Rio Robles E, Appt 231 San Jose, CA	Electronic Engineer
Spouse Rema Youssef	Sour, Lebanon	: Rio Robles E, Appt 231, San Jose, CA	Home Maker , See Last Page for More info

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Qasemeia School	Sour, Lebanon	1988-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Al AQSA High School	Sour, Lebanon	1998-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Cypress College	9200 Valley View St. Cypress, CA, 90630	2001-2003	Yes <input type="checkbox"/> No <input type="checkbox"/>
University University of California IRVINE, UCI	University of California Irvine, Irvine, CA, 92697	2003- 2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachlor Degree In ElectronicsCollege or university where obtained UCI University of California Irvine, BS in ElectronicsApplicant's initial A.Y.

5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

B. Have you registered for the draft? Yes No

County State Date registered

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial A.Y.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes No (Other than divorces)

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

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

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

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

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

2017 Current NATIVE TRAILS, IRVINE, CA, 92618, USA

10/2014-08/2017 8123 EAST HILLSDALE, ORANGE, CA, 92869, USA

07/2012-10/2014 1492 Spectrum, Irvine, CA, 92618, USA

8/2010- 7/2012 861 SAN REMO, IRVINE, CA, 92606, USA

08/2008- 8/2010 1183 SABLE, LAS FLORES, CA, 92688, USA

08/2007- 08/2008 16425 HARBOR BLVD, APT 208, FOUNTAIN VALLEY, CA, 92708, USA

08/2005-08/2007 LAS FLORES, CA, 92688, USA

01/2002-08/2005 3931 W ORANGE AVE, ANAHEIM, CA, 92804

Applicant's initial A.Y.

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
03/2010 - Current	USOC MEDICAL , 20 MORGAN, IRVINE, CA, 92618 , Current Working	
Title	Description of Duties	Name of Supervisor
CEO/ BIOMED TECH	RND Repairing Elec Boards	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2009-2010	PACIFIC MEDICAL SUPPLY LLC	START MY OWN BUSINESS
Title	Description of Duties	Name of Supervisor
DIRECTOR OF ENGINEERING	RND WORK ON MEDICAL DEVICES AND TROUBLE SHOOT BOARDS	Andy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007-2009	TENACORE HOLDINGS, 1525 E EDINGER, SANTA ANA, CA, USA	ENVIROMENT / MANAGEMENT
Title	Description of Duties	Name of Supervisor
DIRECTOR OF ENGINEERING, BIOMED TECH, WORKED ON MEDICAL DEVICES PATIENT MONITORING TROUBLE SHOOT PROBLEMS ON BRD		JAZ SINGH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2003/2007	SECURITY GUARD AT QUEST DIAGNOSTICS, GUARD SHACK , 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA, 92675	GRADUATE FROM UNIVE.
Title	Description of Duties	Name of Supervisor
NIGHT SHIFT SUPERVISOR	CHECK EVERYONE PASSES THROUGH THE GATE, CHECK THE ALARMS AT BUILDING AND SAMPLES NEED TO BE IN CERTAIN TEMP. BOB HACKMAN	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2002-2003	STUFT PIZZA, CYPRESS MOVED TO LAS FLORES , LOCATION AND DISTANCE IS FAR	
Title	Description of Duties	Name of Supervisor
STORE SUPERVISOR	COOK PIZZA, CASIHER	RON
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 A.Y

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name SAM LOC	Home	ORANGE, CA,		7		AROUND TEN YEARS
Employer PANASONIC	Business	ELECTRICAL ENGINEER				
Name Barry Irvine	Home	Irvine, CA, USA				7 YEARS
Employer General Construction	Business					
Name LOC	Home	Anaheim, CA, USA				10 YEARS
Employer Software Engineer	Business					
Name FADI ABDEL FATTAH	Home	FULLERTON, CA, USA				10 YEARS
Employer BAIL BONDS	Business					
Name Moneer	Home	Los Angeles, CA, USA				
Employer Travel Agent	Business					

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

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

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

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

Yes No

If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

Applicant's initial A.Y.

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 3/4/2019

Applicant's initial A.Y.

STATE OF California

ss.

COUNTY OF Orange

I, Ali Youssef, being duly sworn, depose and say I have read the

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

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

Ali Youssef
Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

March 2019

Tessa [Signature]
Notary Public

(seal)

SEE CALIFORNIA
JURAT ATTACHED
DATE 03/04/19 INTL TCB

Applicant's initial A.Y.

ADDITIONAL INFORMATION

More Brothers and Sisters

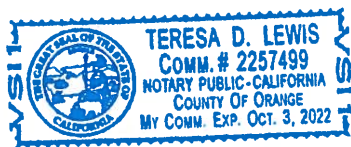
Mohammad Youssef,	Saint Vincent, Irvine, CA, 92618	Mathematician , Math Professor
Fatin Youssef	1 Saint Vincent, Irvine, CA, 92618	HomeMaker
Ferial Youssef	Sour, Lebanon (Husband Died Cancer)	Home Maker
Asma Youssef	Sour, Lebanon , Lives in Qatar (Husband is an Engineer, born 1956 Lives in Qatar)	Home Maker
Hanan Youssef	Sour, Lebanon, Lives in GERMANY (Husband is Retired Name is Adnan, Retired, Born 1960 Germany)	Home Maker
Basma Youssef	4 Sour, Lebanon, Lives in Lebanon (Husband Name Youssef, Born in 1968 Retired)	Home Maker
Marwa Youssef	Sour, Lebanon, (Husband born 1972, Engineer, Born in Lebanon)	Home Maker

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 4th
day of March, 2019, by Ali Youssef

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature Teresa D. Lewis