

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation Pages 1,2,3,5a,5b ☐ Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: iSleep, LLC.

Physical Address: 142 Bell St. Reno, NV 89503
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 142 Bell St.

City: Reno State: NV Zip Code: 89503

Telephone: 775-583-8226 Fax: 855-380-3593

E-mail: info@isleephst.com Website: www.isleephst.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 3 Tue: _____ to _____ Wed: 10 to 3 Thu: _____ to _____

Fri: 10 to 3 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: John Lee Hickok III

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

☐ Medical Gases** ☐ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: _____

**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: John Hickok Telephone: 775-583-8226

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>	_____	_____
_____	_____	_____
_____	_____	_____

- 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.

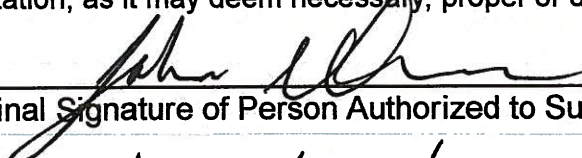
Within the last five (5) years:

- 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

John Lee Hickok
Print Name of Authorized Person

31 Aug 2018
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: John Lee Hickok III %: 50

Name: Charles Smart %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: iSleep, LLC

Mailing Address: 142 Bell St.

City: Reno State: NV Zip Code: 89503

Telephone Number: 775-583-8226 Fax Number: 855-380-3593

Contact Person: John Hickok

PARTNERSHIP

Include with the application for a partnership

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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 31 Aug 2018

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 CPAP/Bi-PAP Sales
Nature of MDEG
ISleep 142 Bell St Reno NV 89503
Name and Address of Business for Which MDEG Administrator Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

HICKOK John Lee
Last Name First Name Middle Name

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

Shadow Park Dr. Reno NV. 89523
Present Residence Address-Street or RFD City State/Zip

142 Bell St. Dates 10/2017 to Present Reno NV 89505
Present Business Address City State/Zip

Co-Owner Dates 10/2017 to Present
Present Position with the MDEG

Phone: 702. 708. 7014 Fax: _____

Email address: John@isleepHST.com

11/11/1981 Providence, RI
Date of Birth Place of Birth (City, County, State)

26 1 Male
Age Social Security Number Sex

Hazel Brown 215 5'8"
Color of Eyes Color of Hair Weight Height

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

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

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.

04/2016 to 03/2018
~~06/2012~~ Renown Medical Group 3,312
~~10,000~~
Month and Year Name/ Address of Employer/Business No of Employed Hours
RPSGT CPAP Mask Fitting / Machine Help Matt Freeman
Title Description of Duties Name of Supervisor

06/2012 to 04/2016 Pulmonary Medicine Associates 6,600
Month and Year Name/ Address of Employer/Business No of Employed Hours
RPSGT Sleep Tech, CPAP Mask Fitting Matt Freeman
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: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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 ☐

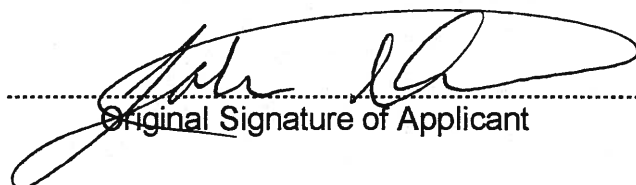
If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

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Date of  6/5 Sept 18

I, John Lee Hickok III, 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 8/31/2018

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG
iSleep 142 Bell St. Nature of License Reno NV 89503
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Smart Last Name Charles First Name Michael Middle Name

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

Hilltop Road Reno NV 89509
Present Residence Address-Street or RFD City State/Zip

142 Bell Street 12/1/17 → Present Reno NV 89509
Present Business Address Dates City State/Zip

Business Owner 10/17 → Present Reno
Occupation Dates City

Phone:
Residence 775-583-8226
Business

Date of Birth 28 Place of Birth (City, County, State) Reno, Washoe, NV Sex M
Age Social Security Number

Color of Eyes Blue Color of Hair Blond Complexion White Weight 160 Build Normal Height 5'9"

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial CF Page 1

MARITAL INFORMATION-Continued

A. Current Marriage N/A

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

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

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

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

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
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N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial JS

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
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Father

Michael Smart Hilltop Road Reno NV 89509 Retired

Mother

Lisa Reed Hilltop Road Reno NV 89509 Retired

Father-in-Law

N/A

Mother-in-Law

N/A

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
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Christine Smart Yosemite Pl. Reno 89503 Business Owner

Spouse

Matt Maxwell Yosemite Pl. Reno 89503 Business Owner

Robert Smart

Spouse

Richelle Lydick Bejay Pl. Reno 89509 Insurance Broker

Mary Jo Smart

Spouse

N/A Hilltop Rd Reno 89509 Student

Spouse

N/A

Spouse

N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Jessie Beck Elementary	Reno	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Reno High School	Reno 6/2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nevada, Reno	Reno 8/2008 - 5/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Electrical Engineering

College or university where obtained UNR, University of Nevada, Reno

Applicant's initial

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County Washoe State NV Date registered 2008

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
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N/A

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

Name	Relationship	Charge	Location	Date
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N/A

Applicant's initial ed

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
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N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
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8/2002 → Present

Hilltop Rd

Reno

NV

11/2001 → 8/2002

Granite Mtn Ln.

Las Vegas

NV

7/1997 → 11/2001

2336 Pleasure Dr.

Reno

NV

7/1993 → 7/1997

3188 University Ct.

Elko

NV

Applicant's initial

G

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
10/2017 → Present	Sleep 142 Bell St, Reno, NV, 89503	N/A
Title	Description of Duties	Name of Supervisor
Co-Owner	Technology & Logistics	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2016 → Present	Maxwell Mechanical	N/A
Title	Description of Duties	Name of Supervisor
Welder	Fabricate & install Systems	Matt Maxwell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2013 → 10/2016	General Electric, 1631 Bently Pkwy, Minden, NV, 89423	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Manufacturing/Test Engineer	Create tests for Products	Mike Arthurs / Ben Dykes
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2010 - 5/2012	NV Energy 6100 Neil Rd, Reno, NV, 89511	Employment Expired
Title	Description of Duties	Name of Supervisor
Intern	Fuse Size Calculations for Grid Protection	Chris Hoffman / Eric Troška
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

gj

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Trent Winkel</u>	Home	<u>7 East Drachman St.</u>	<u>Tucson</u>	<u>AZ</u>	<u>21</u>	
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-772-8050</u>	<u>85719</u>	
Name <u>Shane McGuire</u>	Home	<u>Applewood Ct.</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>16</u>
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-223-9283</u>	<u>801-623-2380</u>	
Name <u>Morgan Dailey</u>	Home	<u>1 N. 570 E American Fork</u>	<u>UT</u>	<u>84003</u>	<u>14</u>	
Employer <u>Opinion, Inc</u>	Business	<u>387 S. 520 W. STE 100</u>	<u>Lincoln</u>	<u>UT</u>	<u>84042</u>	
Name <u>Jack Wayman</u>	Home	<u>Lyman Ave.</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>775-527-1785</u>
Employer <u>Retired Teacher</u>	Business	<u>N/A</u>				
Name <u>Jerome Worthington</u>	Home	<u>Gold Creek Loop</u>	<u>Hamilton</u>	<u>MT</u>	<u>59840</u>	<u>5</u>
Employer <u>WCSC</u>	Business	<u>911 Parr Blvd</u>	<u>Reno</u>	<u>NV</u>	<u>89512</u>	<u>775-219-5440</u>

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

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

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

N/A

Applicant's initial

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

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

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

N/A

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 9/7/2018

Applicant's initial J

STATE OF Nevada

SS.

COUNTY OF Washoe

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

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

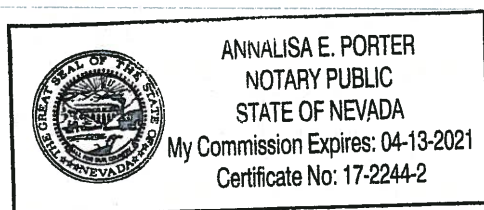

Original Signature of Applicant

Subscribed and Sworn to before me this 7th day of

September 2018


Notary Public

(seal)



Applicant's initial



ADDITIONAL INFORMATION

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 31 Aug 2018

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG
Nature of License
isleep 142 Bell St. Reno, NV. 89503
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HICKOK First Name John Middle Name Lee
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
Present Residence Address-Street or RFD Shadow Park Dr. Reno NV 89503
City Reno State/Zip NV 89503
Present Business Address 142 Bell St. Present Reno NV 89503
City Reno State/Zip NV 89503
Occupation Business Owner Dates 10/17 to present
Phone: Residence 775-583-8226 Business 775-583-8226
Date of Birth 26 Place of Birth (City, County, State) Providence, Providence County, RI
Age 26 Social Security Number Sex Male
Color of Eyes Hazel Color of Hair Brown Complexion White Weight 215 Build Heavy Height 5'8"

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

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

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

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

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

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

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

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial _____



FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
John Hickok		Jerry Tarkanian Way	CFO
Father			
Margaret Hickok	N/A	N/A	CFO
Mother			
Margaret Hickok	3/20/63	N/A	N/A
Father-in-Law			
	N/A		
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Hannah Hickok			N/A
Spouse			
	N/A		
Heidi Hickok		Geldard St. Cumberland RI 02864	Paralegal
Spouse			
	N/A		
Spouse			
	N/A		
Spouse			
	N/A		

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	North Attleboro Middle School	North Attleboro, MA 2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Palo Verde High School	Las Vegas, NV 2006-2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes ☒ No ☐County Clark State Nevada Date registered 2010**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
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N/A

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

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

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

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

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

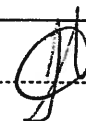
G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

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

Name	Relationship	Charge	Location	Date
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N/A

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
04/16 Present.	Shadow Park	Dr. Reno	NV
06/2015 - 04/16	3766 Dewitz Dr.	Sparks Reno	NV
12/2014 - 06/2015	1085 Chert Ct.	Sparks	NV
12/2013 - 12/2014	2055 Longley Ln	Reno	NV
06/13 - 12/13	4500 Mira Loma Dr.	Reno	NV
06/2012 - 06/2013	3990 Redwood Burl Ln.	Sparks	NV
08/2009 - 06/2012	11844 Ampacia Ct.	Reno Las Vegas	NV
08/2006 - 08/2009	2600 S. Town Center Dr.	Las Vegas	NV
03/92 - 08/2006	154 Menabin Rd	North Attleboro	MA

Applicant's initial



8. EMPLOYMENT:

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

10/2017 - Present	15 Sleep 142 Bell St. Reno, NV. 89503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Co. Owner	Clinical Director/Marketing	N/A
Title	Description of Duties	Name of Supervisor
04/2016 - 03/2018	Renown 990 Caughlin Xing	Started business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run/Analyze Sleep studies	Matt Freeman
Title	Description of Duties	Name of Supervisor
06/2012 to 04/2016	Pulmonary Medicine Assoc. Caughlin Xing	Bought by Renown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run/Analyze sleep studies	Matt Freeman.
Title	Description of Duties	Name of Supervisor
07/2012 to 10/2012	Sleep Medicine Assoc. 2415 Green Vista Dr.	Schedule change @ full time job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
RPSGT	Run sleep studies	Doug Freeman
Title	Description of Duties	Name of Supervisor
01/2012 to 06/2012	Run Sleep studies	Moved to Reno
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run Sleep studies	Marcus Laurico
Title	Description of Duties	Name of Supervisor
06/2009 to 01/2012	Red Rock Medical Group.	Got better job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run sleep studies	Teddy Naidenova
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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>James Angel</u>	Home	<u>8 Indian Cove Way</u>	<u>Reno, NV</u>	<u>89523</u>		<u>2 10</u>
Employer <u>NHP</u>	Business	<u>1547 Virginia St. #A</u>	<u>Reno</u>			
Name <u>Andrew Kim</u>	Home	<u>25. Interstate Hwy 35 #107</u>	<u>Austin TX</u>			<u>12</u>
Employer <u>Amico Kim</u>	Business					
Name <u>Cindy Lowman</u>	Home	<u>Bess Bay Dr.</u>	<u>Lynden, WA</u>			<u>10</u>
Employer <u>Corollo Engineering</u>	Business	<u>3706 E Warm Springs Rd.</u>	<u>Las Vegas, NV</u>	<u>89119</u>		
Name <u>Nick Losh</u>	Home	<u>Shadow Park Dr.</u>	<u>Reno, NV</u>	<u>89503</u>		<u>3 12</u>
Employer <u>Martin Ross</u>	Business	<u>350 S. Rock Blvd Suite 200</u>				
Name <u>Phueli Sheldon</u>	Home	<u>Pineridge Rd.</u>	<u>Reno NV</u>	<u>89509</u>		<u>10</u>
Employer <u>VA Hospital</u>	Business	<u>975 Korman Ave.</u>	<u>Reno, NV</u>	<u>89502</u>		

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

If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

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

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

Yes ☐ No ☒

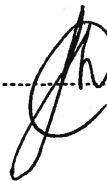
If yes, state type, where and years held

N/A

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

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

Applicant's initial



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

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

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

N/A

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 07 Sept. 2018

Applicant's initial

[Handwritten signature/initials]

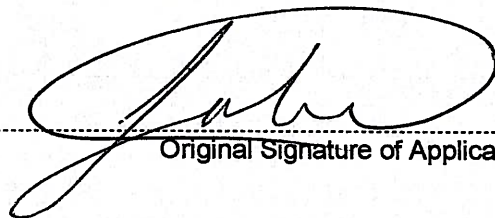
STATE OF Nevada

SS.

COUNTY OF Washoe

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

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Original Signature of Applicant

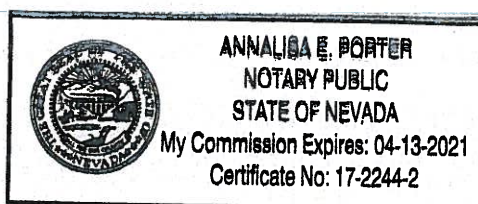
Subscribed and Sworn to before me this 7th day of

September, 2018



Notary Public

(seal)



Applicant's initial



ADDITIONAL INFORMATION