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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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input 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: Henry Schein, Inc.

Physical Address: 875 E. Patriot Blvd. Suite #202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Reno State: NV Zip Code: 89511

Telephone: 775-853-1230 Fax: 775-853-1479

E-mail: mitchell.cobb@henryschein.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Mitchell A. Cobb

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>RX Medical Devices(non-drug only)& Podiatry to physicians</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: _____

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:

N/A	_____	_____
_____	_____	_____
_____	_____	_____

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. No

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) 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.

Mitchella Cobb

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

Mitchell Cobb
Print Name of Authorized Person

1/30/19
Date

Board Use Only	Received: _____	Amount: <u>5000.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Henry Schein, Inc.

Corporation Name: Henry Schein, Inc.

Mailing Address: 135 Duryea Road

City: Melville State: NY Zip: 11747

Telephone: 276-688-4121 Fax: 276-688-2063

License Contact Person: Lisa McKee ext. 2434590

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|--|-----------------|
| 1. <u>The Vanguard Group, Inc.</u> | %: <u>10.67</u> |
| 2. <u>Longview Partners LLP</u> | %: <u>8.96</u> |
| 3. <u>Generation Investment Management LLP</u> | %: <u>8.90</u> |
| 4. <u>Fidelity Management & Research Company</u> | %: <u>5.59</u> |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 12/23/1992

Registration number issued: 2320192

Stock Exchange: NASDAQ - HSIC

Include with the application for a publicly traded corporation

✓ List of officers and directors. Please see Attached

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



Henry Schein, Inc. • 135 Duryea Road • Melville, NY 11747

HENRY SCHEIN, INC

Fein: 113136595

Officers & Directors

Stanley M. Bergman	Chairman Chief Executive Officer Chairman of the Board
James P. Breslawski	President Vice Chairman of the Board
Steven Paladino	Executive Vice President Chief Financial Officer Board of Directors
Mark E. Mlotek	Executive Vice President Board of Directors
Michael S. Ettinger	SR Vice President Secretary Board of Directors
Gerald A. Benjamin	Board of Directors

Incorporated Delaware 1992

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 1/30/19

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 non drug Rx medical/podiatry devices warehouse & ship to practices
 Nature of MDEG
Henry Schein, Inc. 875 E. Patriot Blvd. Ste #202 Reno, Nv. 89511
 Name and Address of Business for Which MDEG Administrator Is Requested
Henry Schein West Coast Medical Equipment
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cobb Last Name Mitchell First Name Allen Middle Name

none Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Falcon Ridge Ct. Sparks NV. 89436 Present Residence Address-Street or RFD City State/Zip

875 E Patriot Blvd ste 202 Reno NV. 89511 Present Business Address City State/Zip

N/A Dates Present Position with the MDEG

775 853 1230 Phone: Fax: 775-853-1479

mitchell.cobb@henryschein.com Email address:

5/10/1960 Date of Birth Reno, Washoe, NV. Place of Birth (City, County, State)

58 Age Social Security Number Sex M

blue Color of Eyes brown Color of Hair 220 Weight 5'9" Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes [checked] 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.)

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.

March 2006	Henry Schein 875 E Patriot	≈ 26,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Facility mgr.	Ship & receive, inventory control	Mark Benson
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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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. *N/A*

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

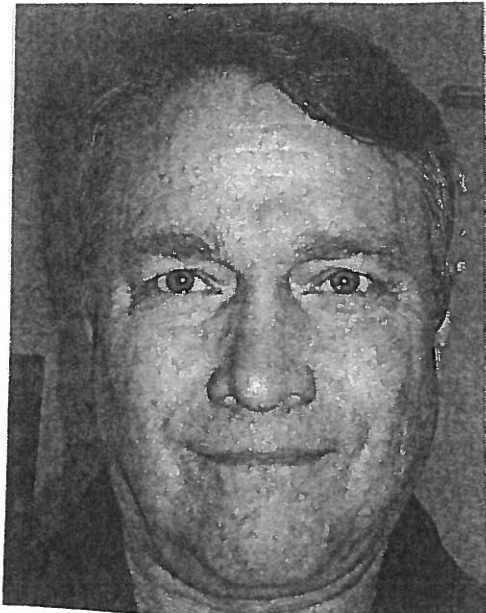
Court: _____

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

5 or 6 please provide a written letter of explanation. *N/A*



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph *1/30/19*

I, Mitchell A. Cobb

, 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.

Mitchell A. Cobb

.....
Original Signature of Applicant

8B

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: RIDER MOBILITY INC.

Physical Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G

City: LAS VEGAS State: NV Zip Code: 89128

Telephone: 702-272-0230 Fax: 702-272-0289

E-mail: kirsten@ridermobility.com Website: www.ridermobility.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM

Fri: 9 AM to 5 PM Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KIRSTEN WENDER

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> 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: KIRSTEN WENDER Telephone: 702-445-2675

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:

1174094163		

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.

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

KIRSTEN WENDER
Print Name of Authorized Person

01/09/2019
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION?

State of Incorporation: NV

Parent Company if any: N/A

Corporation Name: RIDER MOBILITY INC.

Mailing Address: 7320 SMOKE RANCH ROAD SUITE G

City: LAS VEGAS State: NV Zip: 89128

Telephone: 702-272-0230 Fax: 702-272-0289

Contact Person: KIRSTEN WENDER

For any corporation non publicly traded, disclose the following:

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

a)	<u>KIRSTEN WENDER</u>	<u>5516 GREEN FERRY AVE. LAS VEGAS, NV 89131</u>
	Name	Address

b)	<u>KYLE WENDER</u>	<u>5516 GREEN FERRY AVE. LAS VEGAS, NV 89131</u>
	Name	Address

c)	<u></u>	<u></u>
	Name	Address

d)	<u></u>	<u></u>
	Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

N/A

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 01/09/2019

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.

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GENERAL INSTRUCTIONS

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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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLI

Nature of MDEG

RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

fw

1. PERSONAL INFORMATION:

WENDER KIRSTEN ALLISON
Last Name First Name Middle Name

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

GREEN FERRY AVE. LAS VEGAS NV 89131
Present Residence Address-Street or RFD City State/Zip

01/01/2019 - PRESENT
7320 SMOKE RANCH RD. SUITE G Dates LAS VEGAS NV 89128
Present Business Address City State/Zip

11/08/2018 - PRESENT
COO Dates
Present Position with the MDEG

Phone: 702-445-2675 Fax: 702-272-0289

Email address: KIRSTEN@RIDERMOBILITY.COM

LAS VEGAS, NV
Date of Birth Place of Birth (City, County, State)

26 FEMALE
Age Social Security Number Sex

HAZEL BLONDE 145 5'10"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON LOWER RIGHT CHEEK

Are you a citizen of the United States? Yes [x] 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.)

KW

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.

NOV 2012 - APRIL 2015	ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128	3100
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE ENFORCED MEDICARE MEDICAID COMPLIANCE	MAXINE PAUL 702-303-4220
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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FW

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.

.....
.....
.....
.....
.....



Date of photograph 01/09/2019

KW

I,.....KIRSTEN WENDER....., 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 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.

Kirsten Wender

 Original Signature of Applicant

KW

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/09/2019

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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT

Nature of License
RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name WENDER First Name KIRSTEN Middle Name ALLISON

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

Present Residence Address-Street or RFD GREEN FERRY AVE. City LAS VEGAS State/Zip NV 89131
 Dates 7/1/2016 - PRESENT

Present Business Address 7320 SMOKE RANCH RD. SUITE G City LAS VEGAS State/Zip NV 89128
 Dates 12/28/2018 - PRESENT

Occupation ASSISTIVE TECHNOLOGY PROFESSIONAL Phone: Residence _____ Business 702-272-0230

Date of Birth _____ Place of Birth (City, County, State) LAS VEGAS, CLARK, NV

Age 26 Social Security Number _____ Sex FEMALE

Color of Eyes HAZEL Color of Hair BLONDE Complexion WHITE Weight 145 Build FIT Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON LOWER RIGHT CHEEK

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 KW

MARITAL INFORMATION-Continued

A. **Current Marriage** 05/17/2014 LAS VEGAS, CLARK, NV
 Spouse's full name (Maiden) ^{Date} KYLE BEAUGUE WENDER ^{City, County and State}
 S.S. No. ¹
 Date of Birth Place of Birth CLOVIS, CA
 Resident address 3 GREEN FERRY AVE. LAS VEGAS NV 89131
 Street City State Zip
 Telephone: Residence Business 702-272-0230
 Spouse's employer SELF Occupation ASSISTIVE TECHNOLOGY PROFESSIONAL
 Address of employer N/A
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	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
ISABELLA WENDER	1/1/11	CLOVIS, CA	3 GREEN FERRY AVE. LAS VEGAS, NV 89131
ELIJAH WENDER	1/1/11	LAS VEGAS, NV	GREEN FERRY AVE. LAS VEGAS, NV 89131

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 KW Page 2

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
Father ERIK VALAINIS		1 GAULT CT. NORTH LAS VEGAS, NV 89032	ASSISTIVE TECHNOLOGY PROFESSIONAL
Mother MAXINE FIELD		5 N. CONQUISTADOR ST. LAS VEGAS, NV 89149	DIRECTOR OF SALES @ NUMOTION
Father-in-Law JOHN LOUIS WENDER JR		1 E. PALO ALTO AVE. FRESNO, CA 93710	INSURANCE BROKER
Mother-in-Law CHRISTINA DAVIES		FILBERT AVE. CLOVIS, CA 93611	SUBSTITUTE TEACHER

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
JAMIE POST	3	1 PATRICK HENRY AVE. LAS VEGAS NV 89149	MEDICAL RECORDS DOCUMENT COORDINATOR
Spouse FRANCISCO ABREGO	1	5 N. DURANGO DR. #3025 LAS VEGAS NV 89149	DRIVER
SKYLAR POST		PEGGOTTY AVE LAS VEGAS, NV 89130	ASSISTIVE TECHNOLOGY PROFESSIONAL
Spouse SARAH HERRERA		1 PEGGOTTY AVE LAS VEGAS, NV 89130	HOMEMAKER
ERIN VALAINIS		1 N. CONQUISTADOR ST. LAS VEGAS, NV 89149	RN
Spouse N/A			
TEDDY CONCEPCION		16 PATRICK HENRY AVE. LAS VEGAS NV 89149	COSMETOLOGY STUDENT
Spouse N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School MERRYHILL ELEMENTARY SCHOOL	LAS VEGAS, NV	2002-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School FAITH LUTHERAN JR SR HIGHSCHOOL	LAS VEGAS, NV	2003-2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University COLLEGE OF SOUTHERN NEVADA		2010-2011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other TOBLER ELEMENTARY SCHOOL 1997-2002			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Applicant's initial KW

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch N/A Date of entry-active service N/A
 Date of separation N/A Type of discharge N/A
 Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No
 County N/A State N/A Date registered N/A

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

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

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

Applicant's initial KW Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	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	N/A	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
NOV 1992 - MAY 2010	6412 STORMY CREEK RD.	LAS VEGAS, NV	89108
FEB 2000 - OCT 2011	9041 EAGLE HILLS DR.	LAS VEGAS NV	89131
OCT 2011 - APRIL 2012	2470 C ST. APT #5	SAN DIEGO, CA	92102
APRIL 2012 - JAN 2015	436 W ALAMOS AVE. UNIT #1	CLOVIS, CA	93612
JAN 2015 - JULY 2016	2559 SAMPLE AVE.	CLOVIS, CA	93611
JULY 2016 - PRESENT	GREEN FERRY AVE.	LAS VEGAS, NV	89131

Applicant's initial kw

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
NOV 2012 - APRIL 2015	ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128	PREGNANCY
Title	Description of Duties	Name of Supervisor
BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE	MAXINE PAUL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2012 - NOV 2012	G7 MEDICAL SUPPLY 230 W Fallbrook Ave #107, Fresno, CA 93711	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2009 - NOV 2010	GYRO TIME RESTAURANT 7660 W Cheyenne Ave. Las Vegas, NV 89129	SCHOOL
Title	Description of Duties	Name of Supervisor
MANAGER	REPORT CASH, SUPERVISE EMPLOYEES, COOK, CLOSE RESTAURANT	MIKE PISTONE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	

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

Applicant's initial KW
Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>DIANA ESCALERA</u>	Home	<u>MARSH CT.</u>	<u>NV</u>	<u>89128</u>	<u>4</u>	<u>10 YEARS</u>
Employer <u>ATLAS SOFTWARE</u>	Business	<u>2400 N TENAYA SUITE 150 LAS VEGAS NV 89128 (855) 221-4860</u>				
Name <u>ERANDI ACALA</u>	Home	<u>PINO DR.</u>	<u>CA</u>	<u>92040</u>	<u>7</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>8195 Mercury Ct #120, San Diego, CA 92111 (858) 571-6544</u>				
Name <u>COLE JOHNSON</u>	Home	<u>SAMPLE AVE.</u>	<u>CA</u>	<u>93611</u>	<u>5</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>4010 N Chestnut Diagonal suite #106, Fresno, CA 93726</u>				
Name <u>TIM STOCKTON</u>	Home	<u>CORD WAY</u>	<u>CA</u>	<u>95828</u>	<u>1</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>1650 Tribute Rd, Sacramento, CA 95815 (916) 489-3651</u>				
Name <u>JACOB CONNELL</u>	Home	<u>1 THOR MOUNTAIN LN.</u>	<u>NV</u>	<u>89166</u>	<u>1</u>	<u>14 YEARS</u>
Employer <u>AMR</u>	Business	<u>7201 W Post Rd, Las Vegas, NV 89113 (702) 384-3400</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>	<u>N/A</u>	<u>N/A</u>	<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 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.

N/A

Applicant's initial KW

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 01/09/2019

Applicant's initial KW

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, KIRSTEN WENDER, 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,

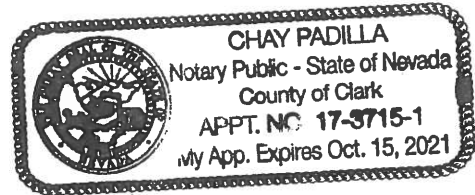
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Kirsten Wender

Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of January 2019 By Kirsten Wender

[Signature] Notary Public



(seal)

Applicant's initial KW

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/08/2019

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 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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLIER

Nature of License
RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name WENDER First Name KYLE Middle Name BEAUGUE

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

Present Residence Address-Street or RFD GREEN FERRY AVE. City LAS VEGAS State/Zip NV 89131
 Dates 7/1/2016 - PRESENT

Present Business Address 7320 SMOKE RANCH RD. SUITE G City LAS VEGAS State/Zip NV 89128
 Dates 12/28/2018 - PRESENT

Occupation ASSISTIVE TECHNOLOGY PROFESSIONAL Phone: Residence _____ Business 702-272-0230

Date of Birth _____ Place of Birth (City, County, State) CLOVIS, CA

Age 32 Social Security Number _____ Sex MALE

Color of Eyes BROWN Color of Hair BROWN Complexion WHITE Weight 200 Build FIT Height 6'0

Scars, tattoos or distinguishing marks and/or characteristics CAULIFLOWER EAR, LONG HAIR


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 
 Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 05/17/2014 LAS VEGAS, CLARK, NV
Date City, County and State
 Spouse's full name (Maiden) KIRSTEN ALLISON VALAINIS S.S. No.
 Date of Birth _____ Place of Birth LAS VEGAS, NV
 Resident address GREEN FERRY AVE. LAS VEGAS NV 89131
Street City State Zip
 Telephone: Residence _____ Business 702-272-0230
 Spouse's employer SELF Occupation DME SUPPLIER / PART TIME PHOTOGRAPHER
 Address of employer N/A
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	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
ISABELLA WENDER		CLOVIS, CA	GREEN FERRY AVE. LAS VEGAS, NV 89131
ELIJAH WENDER		LAS VEGAS, NV	GREEN FERRY AVE. LAS VEGAS, NV 89131

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  Page 2

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
Father	JOHN LOUIS WENDER JR		E. PALO ALTO AVE. FRESNO, CA 93710	INSURANCE BROKER
Mother	CHRISTINA DAVIES		2 FILBERT AVE. CLOVIS, CA 93611	SUBSTITUTE TEACHER
Father-in-Law	ERIK VALAINIS		2 GAULT CT. NORTH LAS VEGAS, NV 89032	ASSISTIVE TECHNOLOGY PROFESSIONAL
Mother-in-Law	MAXINE FIELD		N. CONQUISTADOR ST. LAS VEGAS, NV 89149	DIRECTOR OF SALES @ NUMOTION

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
	DANIELLE WENDER	9	FILBERT AVE. CLOVIS, CA 93611	OFFICE MANAGER
Spouse	FRED EDWARDS		FILBERT AVE. CLOVIS, CA 93611	FIREMAN
	CHARITY WENDER	1	FILBERT AVE. CLOVIS, CA 93611	ESTHETICIAN
Spouse	TRAVIS GODDEN		2 FILBERT AVE. CLOVIS, CA 93611	BUSINESS OWNER
	SHANNA WENDER	3	LOS ALTOS AVE. CLOVIS, CA 93611	MEDICAL RECORDS DIRECTOR
Spouse	ERIC DAVIES	2	LOS ALTOS AVE. CLOVIS, CA 93611	EMT
	KARIN WENDER		ATHENS AVE. CLOVIS, 93611	HOMEMAKER
Spouse	BRETT PRIETO		ATHENS AVE. CLOVIS, 93611	LANDSCAPE CONTRACTING

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	CLOVIS EAST HIGH SCHOOL	CLOVIS, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	FRESNO CITY COLLEGE	FRESNO, CA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	N/A			Yes <input type="checkbox"/> No <input checked="" 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/A
 Date of separation N/A Type of discharge N/A
 Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No
 County N/A State N/A Date registered N/A

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
05/07/2008	22	Disorderly Conduct: Under Influence of Alcohol	FRESNO, CA	05/07/2008	Fresno County Jail

I was leaving a bar after celebrating my birthday, a man made some obscene remarks to my sister, so I pushed him, and a police officer witnessed it. I was immediately arrested.

- 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
N/A	N/A	N/A	N/A	N/A

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	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	N/A	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
MAY 1986 - MAR 2003	8313 E. HEDGES AVE.	CLOVIS, CA	93727
MAR 2003 - AUG 2009	2042 FILBERT AVE.	CLOVIS, CA	93611
AUG 2009 - APRIL 2012	2470 C ST. APT #5	SAN DIEGO, CA	92102
APRIL 2012 - JAN 2015	436 W ALAMOS AVE. UNIT #1	CLOVIS, CA	93612
JAN 2015 - JULY 2016	2559 SAMPLE AVE.	CLOVIS, CA	93611
JULY 2016 - PRESENT	GREEN FERRY AVE.	LAS VEGAS, NV	89131

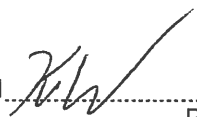
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8. EMPLOYMENT:

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
AUG 2018 - DEC 2018	INVACARE	STARTING MY OWN DME COMPANY
Title	Description of Duties	Name of Supervisor
SALES REP	MARKETING DME PRODUCT TO SUPPLIERS AND MEDICAL PROFESSIONALS	JOE BLUM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEP 2017 - MAY 2018	NUMOTION	PERSONAL
Title	Description of Duties	Name of Supervisor
ATP	EVALUATE PATIENTS FOR WHEELCHAIRS	MAXINE PAUL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
NOV 2012 - AUG 2017	ACADEMY MEDICAL EQUIPMENT, INC. FRESNO & LAS VEGAS	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
ATP	EVALUATE PATIENTS FOR WHEELCHAIRS	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2012 - NOV 2012	G7 MEDICAL SUPPLY	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
SERVICE MANAGER	MANAGE SERVICE DEPARTMENT AND REPAIR OF WHEELCHAIRS	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2009 - APRIL 2012	ACADEMY MEDICAL EQUIPMENT, INC. SAN DIEGO	MOVED TO NEW CITY
Title	Description of Duties	Name of Supervisor
TECHNICIAN	REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES	STEVE PZISKIN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN 2008 - JUL 2009	G7 MEDICAL SUPPLY	MOVED TO NEW CITY
Title	Description of Duties	Name of Supervisor
TECHNICIAN	REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES	COLE JOHNSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAR 2006 - JUN 2008	TAHOE JOE'S RESTAURANT	G7 WAS HIRING
Title	Description of Duties	Name of Supervisor
WAITER	TAKE ORDERS & SERVE PATRONS	CLINT CROUCH
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>DIANA ESCALERA</u>	Home	<u>3 MARSH CT. LAS VEGAS, NV 89128</u>			<u>()</u>	<u>10 YEARS</u>
Employer <u>ATLAS SOFTWARE</u>	Business	<u>2400 N TENAYA SUITE 150 LAS VEGAS NV 89128 (855) 221-4860</u>				
Name <u>ERANDI ACALA</u>	Home	<u>4 PINO DR. LAKESIDE CA 92040</u>			<u>()</u>	<u>10 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>8195 Mercury Ct #120, San Diego, CA 92111 (858) 571-6544</u>				
Name <u>COLE JOHNSON</u>	Home	<u>SAMPLE AVE. CLOVIS CA, 93611</u>			<u>()</u>	<u>15 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>4010 N Chestnut Diagonal suite #106, Fresno, CA 93726</u>				
Name <u>TIM STOCKTON</u>	Home	<u>3 CORD WAY SACRAMENTO CA 95828</u>				<u>5 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>1650 Tribute Rd, Sacramento, CA 95815 (916) 489-3651</u>				
Name <u>CHRIS MOYLE</u>	Home	<u>E TENAYA FRESNO CA 93710</u>			<u>()</u>	<u>20 YEARS</u>
Employer <u>FRESNO FIRE DEPT</u>	Business	<u>911 H. Street Fresno, CA 93721 (559) 621-4199</u>				

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

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

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
 Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
 Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
 Accountant Pilot Sports promoter Trainer or manager Educator
 Yes No
 If yes, state type, where and years held

N/A

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.

N/A

Applicant's initial EW

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 01/09/2019

Applicant's initial *RW*

STATE OF _____ NEVADA _____

ss.

COUNTY OF _____ CLARK _____

I, _____ KYLE WENDER _____, 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,

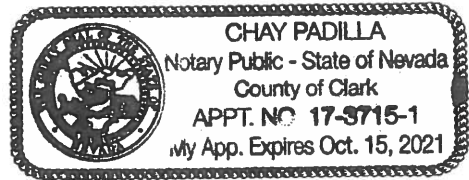
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

_____ *Kyle Wender* _____
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of

January 2019 By Kyle Wender

Notary Public



(seal)

Applicant's initial KW
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ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial

[Handwritten signature]