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MINUTE ORDER  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 12/01/20

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CASE NO. 5AV00750

THE PEOPLE OF THE STATE OF CALIFORNIA  
VS.  
DEFENDANT 01: MITCHELL BRYANT FAIRLESS

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BAIL: APPEARANCE AMOUNT DATE RECEIPT OR SURETY COMPANY REGISTER  
DATE OF BAIL POSTED BOND NO. NUMBER

CASE FILED ON 02/24/15.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED,  
ON OR ABOUT 11/26/14 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S)  
OF:

COUNT 03: 23103 VC MISD

ON 11/20/20 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT A04

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: MARIO BARRERA (JUDGE) NONE (CLERK)  
NONE (REP) NICHOLAS J. KANG (DA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

AS TO COUNT (03):

MOTION PURSUANT TO SECTION 1203.4/1203.4A OF THE CALIFORNIA PENAL CODE IS  
HEREBY GRANTED. IT IS HEREBY ORDERED THAT THE PLEA, VERDICT, OR FINDING OF  
GUILT BE SET ASIDE AND VACATED AND A PLEA OF NOT GUILTY BE ENTERED; AND THAT  
THE COMPLAINT BE, AND IS HEREBY DISMISSED

COUNT (03): IS DISMISSED: DISMISSED PER 1203.4 P.C.

COURT ORDERS AND FINDINGS:

MOTION PURSUANT TO 1203.4 OR 1203.4A PENAL CODE GRANTED.

PETITION AND ORDER FOR DISMISSAL PURSUANT TO 1203.4 OF THE  
PENAL CODE IS READ AND CONSIDERED AND GRANTED.

THE DEFENDANT PAID THE \$120.00 PROCESSING FINE.

### APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 05/20/2020

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 Durable Medical Equipment  
 Nature of MDEG  
Sleep Management, LLC dba VieMed 200 S. Virginia St. Ste 829 Reno, NV 89501  
 Name and Address of Business for Which MDEG Administrator Is Requested  
Vie Med  
 If applicable, Name Under Which It Is Now Operated



**EMPLOYMENT:**

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

01/2007 - Present	Sleep Management LLC dba Viemed 625 E. Kaliste Saloom Road Lafayette, LA 70508	29,000
COO / CCD	Daily Operations / Licensure	Casey Hoyt
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
10/1998 - 01/2007	Praxair Healthcare 1019 W. Vine Street Opelousas, LA 70570	16,900
Marketing Director	Sales / Management	Marla Calloun
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: \_\_\_\_\_

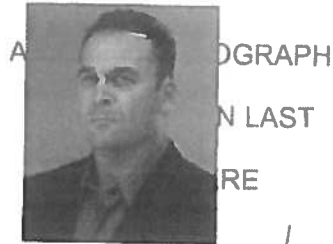
County: \_\_\_\_\_

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.

I am a Regional  
Manager of locations.  
I travel to several  
offices throughout the  
year.



Date of photograph 04/25/20

I, DANIEL BRETT STOUTE, 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.

  
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Original Signature of Applicant