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September 2, 2016

Via U.S. Certified Mail and Facsimile – (775) 850-1444

Nevada State Board of Pharmacy
Attention: S. Paul Edwards
431 W. Plumb Lane
Reno, Nevada 89509

Re: Our Client: Emmanuel Biabene
Entity : Ozomor Medical Supplies, Inc.
Purpose: Petition for Reconsideration

Dear Mr. Edwards:

Please be advised that Emmanuel Biabene (“*Mr. Biabene*”) has retained this office in connection with your denial of Ozomor Medical Supplies, Inc.’s application for MDEG licensure. Accordingly, please do not contact Mr. Biabene directly, except for purposes of scheduling inspections. Instead, you should direct any and all future communication regarding this matter to the attention of the undersigned.

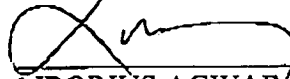
In your denial letter, dated August 4, 2016, you state various grounds for the denial of Mr. Biabene’s application for Ozomor’s license, including the fact that Mr. Biabene’s 50 percent partner, Festus Ebonka, is an APRN. Please note that by August 4, 2016, when the Board denied his application, Mr. Biabene owned, and still owns, 100 percent of the shares of Ozomor. Mr. Biabene further denies that he did not address the deficiencies identified by the Board’s inspectors prior to the Board’s decision to deny his application.

In light of the foregoing, please accept this letter as Mr. Biabene’s official petition to the Board for reconsideration of his application. Indeed, Mr. Biabene has taken all corrective measures necessary to cure any and all deficiencies previously identified, and is prepared to submit such evidence to the Board. Mr. Biabene requests the Board to conduct re-inspections of the Ozomor Medical Supplies, Inc. facilities to confirm that these corrective measures have been successfully implemented, and that compliance has been achieved.

Re: Ozomor Medical Supply

Should you have any questions or need additional information, please do not hesitate to contact this office.

Yours Truly,



LIBORIUS AGWARA, ESQ.

LA/btd

CC: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

-- Emmanuel Biabene



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

August 4, 2016

VIA U.S. CERTIFIED MAIL

9171 9690 0935 0097 3147 66

Emmanuel Biabene
Ozomor Medical Supplies, Inc.
1729 E. Charleston #C
Las Vegas, NV 89104

Re: Notice of Denial of Application

Dear Mr. Biabene:

As you are aware, on July 20, 2016, the Nevada State Board of Pharmacy (Board) considered and denied your application for either a change of ownership, or a new Nevada Medical Device, Equipment & Gases license, for Ozomor Medical Supplies, Inc. (Ozomor).

The Board denied the application to the extent it sought a change of ownership because Nevada law does not allow for a change of ownership of a MDEG product provider license. *See* NAC 639.6947. A proposed new owner's only option is to apply for a new MDEG license.

In light of that regulation, the Board also considered your application as an application for a new MDEG license. It also denied that application. That decision was based in part on your disclosure that fifty percent (50%) of the business would be owned by Festus Ebonka, an Advanced Practice Registered Nurse (APRN). An APRN is a practicing health professional, as that term is defined in NAC 639.6943(2). The law prohibits the Board from issuing an MDEG license to an entity where a practicing health professional owns or controls ten percent (10%) or more of the facility. NAC 639.6943(1).

Additionally, the Board asked you, as the proposed owner and current operator of Ozomor, to address significant deficiencies found by the Board Inspectors during various visits to your facilities. You were unable to address those deficiencies to the Board Members' satisfaction.

The Board Members further expressed concerns with the condition of the facility, the condition of the inventory, inadequacies in Ozomor's records, and the failure by you and the prior owner of Ozomor to notify the Board of an ownership change—which you testified occurred approximately 12 months ago—and to apply for a new MDEG license as required by

NAC 639.6947. Based on the information presented and hearing testimony regarding those prior issues, the Board found various grounds under NRS 639.210 to deny the application.

Therefore, Ozomor Medical Supplies, Inc., does not have a MDEG license. It therefore cannot operate, except to service, maintain, repair or otherwise satisfy the prior outstanding obligations of the business. The business should temporarily continue to meet those servicing, maintenance and report obligations until all patients find new licensed service providers. Without a license, Ozomor cannot do any new business, or take on any new patients.

You have the right under NRS 639.139 to petition the Board for reconsideration of your application if you feel you could present additional evidence that would result in a different outcome. The statute provides in relevant part:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within **30 days after receipt of the notice of denial** of an application, the applicant **may petition the Board for reconsideration** of the application. The petition must set forth a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.

....

(Emphasis added.)

If you opt to exercise your right to petition the Board for reconsideration, please submit that petition and all supporting evidence you wish to present to the Board's offices at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of receipt of this notice.

Please feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

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 checked="" 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 checked="" 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: EMMANUEL BIABENE Ozomor medical Supplies INC.

Physical Address: 4481 W. RENO AVE, LAS VEGAS, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: LAS VEGAS State: NV Zip Code: 89118

Telephone: 702 629-6845 Fax: 702 629 5054

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9:00 to 5PM

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: EMMANUEL BIABENE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" 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: EMMANUEL BIABENE Telephone: 702 629 6845

92465

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>6466110001</u>	_____	_____
<u>1720306889</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: _____
<input checked="" type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>FESTUS EBONKA</u>
<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.

Emmanuel Biabene

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

EMMANUEL BIABENE

Print Name of Authorized Person

11/20/2015

Date

Board Use Only

Received: 4/12/16

Amount: 500-

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: EMMANUEL BIABENÉ %: 50
Name: FESTUS EBONKA %: 50
Name: N/A %: N/A
Name: N/A %: N/A

Partnership Name: OZOMOR MEDICAL SUPPLIES

Mailing Address: 4481 W. RENO AVE

City: LAS VEGAS State: NV Zip Code: 89118

Telephone Number: 7026296845 Fax Number: 7026295054

Contact Person: EMMANUEL BIABENÉ

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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 03/31/2016

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 MDEG
Nature of License
020MOR MEDICAL SUPPLIES INC, 4481 W. RENO AVE., LAS VEGAS, NV 89118
Name and Address of Establishment for Which License Is Requested
NOT APPLICABLE
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>BIABENE</u>		First Name <u>EMMANUEL</u>		Middle Name <u>MOMATE</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>BIABENE MOMATE EMMANUEL</u>					
Present Residence Address-Street or RFD <u>4481 W. RENO</u>		City <u>LAS VEGAS</u>		State/Zip <u>NV 89118</u>	
Present Business Address <u>DIRECTOR OF OPERATION</u>		City <u>LAS VEGAS</u>		State/Zip <u>702 629 6845</u>	
Occupation <u>DIRECTOR OF OPERATION</u>		Phone: Residence <u>702 629 6845</u>		Business <u></u>	
Date of Birth <u>3/9</u>		Place of Birth (City, County, State) <u>GOMA, CONGO-KINSHASA</u>			
Age <u>39</u>		Social Security Number <u></u>		Sex <u>MALE</u>	
Color of Eyes <u>BROWN</u>		Color of Hair <u>BLACK</u>		Complexion <u>180</u>	
Weight <u>180</u>		Build <u>5'7"</u>		Height <u>5'7"</u>	

Scars, tattoos or distinguishing marks and/or characteristics PRESCRIBED GLASSES

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

If naturalized, certificate N Date 01/25/2013

Place US DISTRICT COURT, LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged
Applicant's initial EB