

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Las Vegas Medical Store

Physical Address: 4527 W. Sahara Ave. Las Vegas, NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4527 W. Sahara Ave

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-803-1365 Fax: 702-920-8366

E-mail: info@lasvegasmedicalstore.com Website: lasvegasmedicalstore.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 5pm Tue: 10am to 5pm Wed: 10am to 5pm Thu: 10am to 5pm
Fri: 10am to 5pm Sat: By appointment Sun: By Appointment Holidays: to closed.

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Latoyria Oliphant

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Latoyria Oliphant Telephone: (314) 732-9421

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.
- | | |
|-----------------------------------------------------------|------------------------------|
| <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 checked="" type="checkbox"/> Respiratory Therapist | Name: <u>Ara P. Gonzalez</u> |

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

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

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

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

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


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

Armenak Muradyan
Print Name of Authorized Person

9-6-2017
Date

Board Use Only

Received: _____

Amount: _____

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

License Contact Person: _____

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

4. _____ %:

Stock Exchange: _____

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APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Armenak Muradyan

Business Name: Las Vegas Medical Store

Current Business Address: 4527 W. Sahara Ave

City: Las Vegas State: NV Zip: 89102

Telephone: 702-803-1365 Fax: 702-920-8346

SOLE OWNER

Include with the application for a sole owner

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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 9.4.17

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 Latoyia Oliphant
Nature of MDEG
4527 W. Sahara Ave Las Vegas, NV 89102
Name and Address of Business for Which MDEG Administrator Is Requested
Las Vegas Medical Store
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Oliphant Latoyria Shiense
Last Name First Name Middle Name

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

Acropolis Ave North Las Vegas NV 89031
Present Residence Address-Street or RFD City State/Zip

4527 W. Sahara Ave Las Vegas, NV 89102
Present Business Address City State/Zip

Admin
Present Position with the MDEG Dates

Phone: Fax:

Email address:

31 Saint Louis, Missouri
Date of Birth Place of Birth (City, County, State)

34 Female
Age Social Security Number Sex

dark brown dark brown 145 4'11
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics leg tattoo on
left leg, right upper arm & left upper arm tattoo

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

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

EMPLOYMENT:

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

6/12/2017	Comforcare - 7477 West Lake Mead Blvd 89128	300
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Medical office supervisor	Staffing, payroll, schedules	Robin Scamela
Title	Description of Duties	Name of Supervisor
5/23/2008 - 6/7/2017	4126 seven Hills Dr 63033 Alliance In Home Health care	9,600
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Medical office Manager	Payroll, Schedules, billing insurance, timesheets Staffing, work hand & hand with nurses	Zondra Jones
Title	Description of Duties	Name of Supervisor
12/2003 - 4/2007	Walgreens 8000 St. Charles Rock Rd	3,840
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Pharmacy Tech	Inventory, filling prescriptions typing in prescriptions work with medical equipment & prescriptions	
Title	Description of Duties	Name of Supervisor
4/2007 - 9/2008	Walmart Pharmacy	3,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	Inventory, filling prescriptions typing in prescriptions work with medical equipment	Chris
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 explanation.

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



PHOTOGRAPH

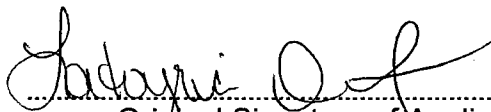
WITHIN LAST

DAYS HERE

09.04.2017

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

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


.....
Original Signature of Applicant

12pm -

Latoyria Oliphant

Medical Administrative Manager - Alliance In Home Care Service

North Las Vegas, NV 89031

To be able to excel in the medical field while applying what i know. I would like the opportunity to work hands on in a medical facility.

Authorized to work in the US for any employer

WORK EXPERIENCE

Medical administrator Manager

Alliance In Home Care Service - St. Louis, MO - 2007-04 - Present

I am responsible for the overall operation of the medical office. I also staff aides with clients

- Demonstrated proficiency with staffing aides with clients. Making sure that the aide will be able to accommodate the needs of the client.
- Answering the phone on the first ring or before the third ring. Making sure that all client and aides files are in order and neatly organized.
- Handles all payroll duties such as calculating all of the hours that the aides work on their particular client. Putting hours worked on a spread sheet and forwarding information to payroll department.
- Preparing schedules for the aides.

Staffing Veteran cases, preparing files

Prepares Schedules for in home and veteran clients and aides.

Billing for the in home clients

Staff nurses with new clients

Set up files

Write up DA's

Write up 80%

Interviews

Orientations

Etc

Pharmacy Technician

Walgreens - St. Louis, MO - 2001-12 - 2007-01

Not only did I act as a cashier or clerk that managed money, but I answer the telephone, stock shelves and perform other administrative duties.

- Setting up and maintaining patient records, handling insurance claims and handling supplies.

Typed and filled prescriptions

Did prior authorization on insurance

Called physicians for customer/patients refills

Inventory

Worked side by side with the pharmacist

Substitute Teacher

YWCA - Overland, MO - 2000-04 - 2003-12

Under the direction of the Youth and Family Director, the Pre-K Instructor supervises groups of children and implements YMCA activities.

Conducts and organizes class activities. Follows specific YMCA Standard Operating

EDUCATION

Bachelor's in human service in Human service/minor sociology and criminal justice

Columbia College - St. Louis, MO

2015 - 2018

Associate in Medical Administrative Assistant/dental Assistance

Everest College - St. Louis, MO

2012 - 2013

Certification in Clinical laboratory assistant with phlebotomy

Saint Louis school of phlebotomy - St. Louis, MO

SKILLS

Pharmacy tech, Aba para professional, EKG, Vital sign, Venipuncture, Collecting specimen, Finger sticks

CERTIFICATIONS/LICENSES

Pharmacy Technician

2003-12 - 2007-09

Pht

ADDITIONAL INFORMATION

I am currently working on receiving my bachelors degree in human service and psychology with a continuation to work towards my masters. I am also minoring in sociology and criminal justice. I have worked hand and hand with children and adults with mental illness and disabilities. I also have experience in counseling

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9-4-2017

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG

Las Vegas Medical Store - 4527 W. Sahara Ave Las Vegas, NV 89102
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Muradyan Armenak
Last Name First Name Middle Name

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

Cotillion Ct. Las Vegas NV 89147
Present Residence Address-Street or RFD City State/Zip

4527 W. Sahara Ave. 3/17 - Present Las Vegas, NV 89102
Present Business Address Dates City State/Zip

Owner 3/17 - Present
Occupation Dates

Phone: 702-803-1365
Residence Business

Yerevan, Armenia
Date of Birth Place of Birth (City, County, State)

30 Male
Age Sex

Brown Brown Fair 210 Medium 5'11
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial Am

MARITAL INFORMATION-Continued

A. **Current Marriage** 06-07-2015 Las Vegas, NV Clark County
Date City, County and State
 Spouse's full name (Maiden) AyVAZYAN, Lilit
S.S. No.
 Date of Birth Place of Birth Yerevan, Armenia
 Resident address Cotillion Ct. Las Vegas NV 89147
Street City State Zip
 Telephone: Residence Business n/a
 Spouse's employer n/a Occupation n/a
 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
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n/a

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

Name	Street	City	State	Zip	Telephone
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n/a

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
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<u>Narine Muradyan</u>	<u></u>	<u>Las Vegas, NV</u>	<u>Cotillion Ct. Las Vegas NV 89147</u>
<u>Sophia Muradyan</u>	<u></u>	<u>Las Vegas, NV</u>	<u>Cotillion Ct Las Vegas, NV 89147</u>

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 AW

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Stepan Muradyan		Somera Way Las Vegas, NV 89113	Manager
Mother			
Narine Muradyan		Somera Way Las Vegas, NV 89113	cake Designer
Father-in-Law			
Karapet Ayvazyan		Yerevan, Armenia	
Mother-in-Law			
Karina Ayvazyan		Yerevan, Armenia	

Father

Stepan Muradyan

Somera Way Las Vegas, NV 89113 - Manager

Mother

Narine Muradyan

Somera Way Las Vegas, NV 89113 - cake Designer

Father-in-Law

Karapet Ayvazyan

Yerevan, Armenia

Mother-in-Law

Karina Ayvazyan

Yerevan, Armenia

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
Spouse			
Georg Muradyan		Somera Way Las Vegas, NV 89113	Self Employee
Spouse			
Spouse			
Spouse			

Georg Muradyan

Somera Way Las Vegas, NV 89113 - Self Employee

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Glendale High School	Glendale, CA 2000-2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial

Am

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation.....Type of discharge.....

Rating at separation Serial number

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

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

County _____ State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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- 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 _____
- Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2009-2009	524 E. Acacia Ave.	Glendale	CA 91205
2009-2014	7083 Sonoma Way	Las Vegas	NV 89113
2014-Present	Cotillion Ct.	Las Vegas	NV 89147

Applicant's initial

Am

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
Title	Description of Duties	Name of Supervisor
MAY 2017 - Present	Las Vegas Medical Store 4527 W. Sahara Ave. Las Vegas, NV 89102	
Owner	Owner	n/a
MAY 2015 - DEC 2016	CPAP STORE Las Vegas 4533 W. Sahara Ave. Las Vegas, NV 89102	Resigned Position
Assistant	Assistant to Owner.	George
2009 - 2016	POBTRY Palace	
Marketing	Marketing	Stephan
		owner.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial AW

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>Rafael Kottukjian</u>	Home	<u>Las Vegas, NV</u>				<u>12</u>
Employer <u>Self-employed</u>	Business	<u>Body Shop.</u>				
Name <u>Arthur Stephens</u>	Home	<u>Las Vegas, NV</u>				<u>10</u>
Employer <u>Self-employed</u>	Business	<u>Body Shop.</u>				
Name <u>Rafael Shanaat</u>	Home	<u>Las Vegas, NV</u>				<u>20</u>
Employer <u>Self-employed</u>	Business	<u>UBER-TRANSPORTATION</u>				
Name <u>Hovakess Babayan</u>	Home	<u>Las Vegas, NV</u>				<u>12</u>
Employer <u>Self-employed</u>	Business	<u>Transportation.</u>				
Name <u>Robert Kottukjian</u>	Home	<u>Las Vegas, NV</u>				<u>8</u>
Employer <u>Self-employment</u>	Business	<u>Body Shop.</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

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

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

Applicant's initial Am

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 ☐ MDEG Application Tabelect.

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

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 9-4-2017

Applicant's initial AM

STATE OF Nevada

ss.

COUNTY OF Clark

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

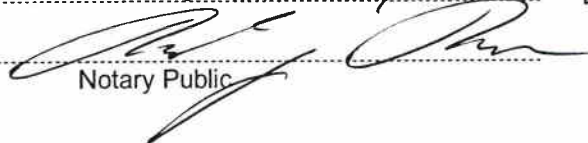
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of Sept., 2017 ~

by Armenak Muradyan ~ (2)



Notary Public

(seal)

Applicant's initial AM

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Nordstrom

Physical Address: 3200 Las Vegas Blvd. South Las Vegas, NV 89109
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1617 6th Ave.

City: Seattle State: WA Zip Code: 98101-1707

Telephone: (206) 454-4060 Fax: (206) 454-1279

E-mail: Kresha.b.britton@nordstrom.com Website: Nordstrom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10amto 9pm Tue: 10amto 9pm Wed: 10amto 9pm Thu: 10amto 9pm

Fri: 10amto 9pm Sat: 10amto 9pm Sun: 11amto 7pm Holidays: 10amto 9pm

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michelle Carlos

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

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

**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: Angel Yanes Telephone: (702) 862-2525

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:

PTAN	0435530095	
NPI	1508882960	

- 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 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.



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

Michelle Carlos
Print Name of Authorized Person

10/10/17
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Washington

Parent Company if any: _____

Corporation Name: Nordstrom Inc.

Mailing Address: 1617 6th Ave.

City: Seattle State: WA Zip: 98101-1707

Telephone: (206) 454-4060 Fax: (206) 454-1279

License Contact Person: Corporate Prosthesis Claims Manager : Kresha Britton

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>Bruce Nordstrom</u>	%: <u>15.40</u>
2. <u>Anne Gittinger</u>	%: <u>9.23</u>
3. <u>Blake Nordstrom</u>	%: <u>2.11</u>
4. <u>Peter Nordstrom</u>	%: <u>1.97</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: September 28, 1946

Registration number issued: Nordstrom Inc. CIK# 0000072333

Stock Exchange: NYSE

Include with the application for a publicly traded corporation

List of officers and directors.

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.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 10/10/17

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 DME (Durable Medical Equipment) Mastectomy

Nature of MDEG

Nordstrom 3200 Las Vegas Blvd. South Las Vegas, NV 89109

Name and Address of Business for Which MDEG Administrator Is Requested

Nordstrom

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Carlos Michelle C.
Last Name First Name Middle Name

MAIDEN NAME - CRUZET

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

: CAGNEY COURT, LAS VEGAS, NEVADA 89103

Present Residence Address-Street or RFD City State/Zip

3200 Las Vegas Blvd. South 9/09-11/14
Dates 8/16-PRESENT Las Vegas NV 89109

Present Business Address City State/Zip

Department Manager 9/09-11/14
Dates 8/16-PRESENT

Present Position with the MDEG

Phone: (702) 862-2525 X-1240 Fax: (702) 862-2545

Email address: Michelle.c.carlos@nordsrtom.com

43 KOLKATTA - INDIA
Date of Birth Place of Birth (City, County, State)

43 Female
Age Sex

D-BROWN D-BROWN 170 5.2
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON RIGHT
SIDE OF CHIN

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

EMPLOYMENT:

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

9/09 - 11/14

8/16 - PRESENT Nordstrom 3200 Las Vegas Blvd. South, Las Vegas NV, 89109

12800 HOURS TOTAL

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Department Manager	Lingerie/DME Fittings, sales manager	Angel Yanes (Store Manager)
Title	Description of Duties	Name of Supervisor

NA

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

NA

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

NA

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

NA

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

NA

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

I, MICHELLE C CARLOS, 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.



.....
Original Signature of Applicant

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

ation.

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GRAPH

I LAST

RE

Date of photograph 10/10/17