The documents contained in this packet have been redacted. Documents containing phone numbers and driver's license numbers have been redacted pursuant NRS 239B.040 & NRS 603A.040 If you have any questions please, contact us at (702) 455-7710.
Activity Card

A14-052483-28  ADMIN  Priority Level: 1-PD  Total Animals: 1  Animal Type: DOG

Activity Address: 8674 WILDCAT CANYON AVE
Activity Comment: CALLED KRISTEN @ FOR E-MAIL/ADDRESS AS WITNESS FOR SUSAN TO SEND

<table>
<thead>
<tr>
<th>Owner Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P457581  SUZI LEE</td>
</tr>
<tr>
<td>7066 SEAT WALL RD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caller Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A805027</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officer:</th>
<th>Clerk:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1043</td>
</tr>
</tbody>
</table>

| Call Date:     | 10/06/14 02:15 PM |
| New Date:      | 10/10/14 04:20 PM |
| Dispatch Date: | 10/10/14 04:20 PM |
| Working Date:  | 10/10/14 04:20 PM |
| Complete Date: | 10/10/14 04:20 PM |

Memo:
Activity Card

09/11/14 18:33 Dispatch spoke with metro RP Stephanie @ she advised the dog ran out of an open garage and attacked the victim and her dog. RP did not want to fill out a w/s form. cc1034

09/11/14 20:11

Victim: Susan Johnson
Date/Time of Bite: 09/11/14 @ 1830 DOB:
Address: 8674 Wildcat Canyon
Phone:
Verified by: S. Logan Treated by: UMC Trauma
Extent of Injury/Exposure: Left hand middle finger bit off at first knuckle
Circumstances of bite Vic was walking her leashed dog, Dog ran from open garage door and attacked vic and her dog.

Owner/Custodian: Suzi Lee Phone:
Address: 8674 Wildcat Canyon Zip: 89178 Date/Time Advised: 09/11/14 @ 1940

Animal: Breed Terrier mix color Black Size Med age: 3 sex N
Name Bear

Location of Occurrence: 8674 Wildcat Canyon A crossed street At large
Quarantined at: Lied Suspicious

09/13/14 09:21 Received call from Suzi Lee, she was inquiring about the dangerous meeting in 5 days. I advised I did not see information in regards to a dangerous declaration at this time but that I did see the responding officer is to meet with the Chief. I contacted CC096, she advised to have CC108 call owner 09/14/14. Suzi stated that the responding officer told her that her dog would be euthanized after 10 days and that she had 5 days to contact us regarding a meeting. 1036

09/14/14 I returned call to the owner who wanted to know about their hearing. I advised them that at this point there was no hearing scheduled. I explained to them the Dangerous and Vicious process and that if the dog is declared Dangerous or Vicious that they would have an opportunity to appeal the declaration. I advised them that we would contact them if a Dangerous or Vicious declaration was served. CC108

09/20/14 16:58 Called Vic. Number still states not reachable as it has before. CC090

09/23/2014 22:15 Hrs. I responded to assist Officer S. Logan CC#030 to Serve a Vicious declaration at the first address CCAC made contact with the parents of the animal in questions owner, the owner and dog were not Present Officer Logan made phone contact and got an address that CCAC could respond to and served the Vicious this address was a Henderson address and contact was made with our Chief J. allswang for his approval and to be briefed CCAC made contact with Henderson pd as their Animal control agency was Closed they accepted our courtesy notification to serve the vicious in their jurisdiction.

At the Henderson address CCAC met with the owner and her husband we served the vicious they argued the details of the verbiage of the Vicious and we proceeded to attempt to clarify the wording and I CC#107 D. Hampton of CCAC advised that in short their Possession of the animal was not permitted and that I would issues cites and impound the dog , I asked for and got there Ids Henderson Police department was requested to help keep the Order, the owners stated that they were refusing to abide by the vicious declaration and would not provide the dog, and wanted to see a warrant, it was then that I advised that if a warrant needed to be obtained there would be citations issued for interfering and resisting. CCAC again we called and Briefed our Chief J. allswang and I informed the Parties that I would be contacting a District attorney for a telephonic warrant I made contact with Amy Ferreira and she was advised and briefed of the situation that was now Problematic and at a standstill. Officer Logan made his case that in their best interest surrendering the dog and appealing the decision of Vicious through the hearing of the animal advisory board. Will I was getting telephonic warrant in Play Officer Logan advised Myself that the owners would bring out the dog, all parties were advised and Briefed, CC#107
Activity Card

09/20/14 18:07 I spoke to the victim at her house. She apologized for not getting back with me sooner but that she had been hospitalized for a heart attack shortly after the attack. Today is the first day she had been out of bed since. She promised that she would work on the witness statement tonight and fax it in with all of her medical records. She also stated the her neighbors, The owners of the attacking dog have moved out. CC090

09/22/14 13:38 recvd w/s, vet records, sent to cc090/supas, saved in pdrive 1031

09/24/14 16:16 Spoke to PR. He was asking if attacking dog has any priors. CC090

09/24/14 20:38 Owner and dog not at this location at this time. The mother of the owner called her daughter. I spoke to Suzie on the phone she gave me the address of her current location. Myself and CC107 will be in route. CC090

09/24/14 20:51 called CC102 to inform. Called Henderson PD they approved. CC090

09/24/14 22:10 I arrived at 2950 N Groon Valley #1036. The owner Ms. Lee And Mr. Lee Met myself and CC107 outside without the dog. Speaking with them they refused to surrender the animal. CC102 and Henderson PD were informed. Henderson officers Schmitz #1091 and Cyr # 1402 responded. After some time we were able to take custody of the animal without incident. Mr. Lee retrieved the dog from inside the apartment and placed the animal on my vehicle. The owner Ms. Lee signed the vicious declaration, I provided her with a request for hearing form and a copy of the declaration as well. CC090

09/25/14 14:48 Called Vic no answer.CC090
09/25/14 20:41 Spoke to Vic on the phone about med records. She stated she would call UMC in the AM to req records.CC090

10/09/14 14:14 I spoke to Mr. Lee, owner of the bite dog on the phone. He was asking why the vic's dog was not quarantined as well. I stated that the vic did not say that her dog bit her. He stated that how did we know for sure and why would we trust her word. He asked if he received a bite and stated it was her dog if we would quarantine it with no proof. I stated that a dog could be placed under suspicion of bite. CC090

10/10/14 16:13 Called the vic. She gave me the phone number of 2 witnesses. Stephenir .4 And Kristen Smith CC090
SOUTHERN NEVADA REGIONAL
ANIMAL CONTROL BITE REPORT

Case Number: A14-052483
Activity Number: 
AID Number: 603027

Owner/Custodian: Sue Lee
Address: 8630 W. Wildcat Canyon
Zip: 89178
Date/Time Advised: 9.11.14

Animal: Breed: Jaffa m x Color: B Size: m Age: 3 Sex: M F A F C S

Name: Bear
Pet Lic #:
Microchip: 98512017762

Rabies Vaccination Expiration: unk
Clinic: —Shots large
Location of Occurrence:

Citation issued: Citation #:
Stray: No Bite Occurred: Suspicious

Code: 

Animal Quarantined at: Home: Animal Shelter: Veterinarian Hosp: Other

Comments/Priors: unk
Investigating Officer: S. Logan
Supervisor: D. Stackman

Release Date: 9.21.14
Quarantine visit by: Date/Time
Animal appears healthy and released by: Date/Time

Died during Quarantine: Euthanized during Quarantine: Animal never located: Survey Only

Specimen delivered to SNHD by: Date/Time
SNHD Lab Results Received from: by: Date/Time

I have read, fully understand and abide by the provisions listed on the back page. I am also aware that any violation of the QUARANTINE may lead to prosecution.

NOTE: Agreement to quarantine is not an admission of liability or guilt.

OWNER/CUSTODIAN SIGNATURE: DATE: 9.11.14

WITNESSED BY: DATE: 9.11.14

Clark County
Animal Control
2901 E. Sunset Rd. Las Vegas, NV 89120
(702) 455-7110
Fax Number: (702) 229-6348

Las Vegas Animal Control
416 N. 7th St. Las Vegas, NV 89101
(702) 267-4970
Fax Number: (702) 293-9283

Henderson Animal Control
300 E. Galleria Henderson, NV 89011
(702) 346-5268
Fax Number: (702) 633-1750

Boulder City Animal Control
810 Yucca St. Boulder City, NV 89005
(702) 346-5268
Fax Number: (702) 633-1750

Mesquite Animal Control
500 Hillside Dr. Mesquite, NV 89027
(702) 346-5268
Fax Number: (702) 633-1750

North Las Vegas Animal Control
655 N. Mojave Rd. Las Vegas, NV 89101
(702) 455-7110
Fax Number: (702) 229-6348
DECLARATION of VICIOUS ANIMAL

Suzi Lee
7066 Seat Wall Rd
Las Vegas, NV 89148

Activity Number: A14-052483
Animal I.D: A605027

This is to inform you that on September 11, 2014 at 6:30 pm, a black hound-type dog, approximately 3 years of age, named “Bear” belonging to you, was running at large from 8674 Wildcat Canyon Avenue located within the unincorporated area of Clark County when he aggressively attacked another person and animal.

Your dog was not properly restrained by means of adequate control allowing him to attack and bite the person and animal, causing substantial bodily harm to the person.

Because your dog was not lawfully restrained, and because of the severity of injury it caused, the Animal Control Officer has declared the above-described dog vicious, as authorized under the provisions of Clark County Code 10.16.010. Ownership of a vicious animal in Clark County and the State of Nevada is unlawful.

In accordance with Clark County Code 10.16.050, you have 7 days after this notice is personally served or deposited in the mail to do one of the following:

1. Voluntarily relinquish ownership of the animal for euthanasia.
2. Provide written proof to the Animal Regulation Officer that the animal has been euthanized by a properly licensed veterinary clinic.
3. File with the Animal Regulation Officer a written request for a hearing before the Animal Advisory Committee to determine if the vicious declaration should be upheld.

The owner may not maintain possession of the animal during the hearing process and is responsible for all costs incurred.

Date personally served: 9-24-14 By: 

Date mailed: 9/24/14 By: 

Received by: Date:
CLARK COUNTY ANIMAL CONTROL  
2901 E. Sunset Rd  
Las Vegas NV 89120  
(702)455-7710  
(702)455-8102

REQUEST FOR HEARING  
ON A VIOCIOUS ANIMAL DECLARATION

<table>
<thead>
<tr>
<th>Date:</th>
<th>Activity:</th>
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<tbody>
<tr>
<td>9/25/14</td>
<td>A\1490528483</td>
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</table>

Animal ID Number(s): A605027

I hereby request a hearing before the Clark County Animal Advisory Committee to dispute the decision of the Animal Control Officer to declare my dog(s) vicious.

I understand that a hearing will be scheduled within 45 days of this letter and that my dog(s) will be held at the Animal Shelter pending the outcome of this hearing. I further understand that I am solely responsible for all fees associated with the care and boarding of my dog(s) including an veterinary care.

Print Name: SUZI LEE

Signature: [Signature]

Date: 9/25/14.
VOLUNTARY WITNESS STATEMENT FORM
CLARK COUNTY ANIMAL CONTROL
2911 E SUNSET RD, LAS VEGAS, NV 89120

DATE OF INCIDENT: Sept 11th 2014
ACTIVITY NUMBER: n/a

ADDRESS OF INCIDENT: n/a

**NATURE OF INCIDENT**

On Sept 11th 2014, I was driving home in the Arlington Estates Subdivision. I was going around the corner when I heard a lady scream, "someone help me!" I noticed a grey dog (breed unknown) had a small white bichon by its ear and was tugging at it. The lady was on her knees, holding onto the small dog. The grey dog had the strength to pull both of them. I parked my car and went behind the grey dog grabbing its upper neck by its coat (it didn’t have a collar) with my right hand. I then went under its throat with my left arm and grabbed onto my right arm. I proceeded to lift the grey dog up while I was choking it. He let go of the small dog ear. I did this because I felt if I had kicked the grey dog or punched it, it would of either attacked me or really gotten a hold of the small dog. I walked away with the grey dog holding him tight in my arms while I kept a firm grip on his fur. During this time, I couldn’t help the lady nor the dog because I was struggling with the grey dog. After screaming for a while, Stephanie heard us and drove down to see what was going on. She went to the house where the grey dog came from. The garage door was opened and no one was in the garage. After a few rings of the doorbell and knocking, they finally opened the door. The older man came and got the dog from me. The Korean lady went inside and got a bag of ice to put the ladies finger in. By this time, Stephanie had called 911. I went to the house of the lady and informed her husband to what just happened. From there, the ambulance took her away. During one time, when the firefighters were there, the older man brought out the grey dog. He was informed to keep the dog inside the house.

<table>
<thead>
<tr>
<th>WITNESS NAME: Kristin Smith</th>
<th>OFFICER NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH</td>
<td>OFFICER NUMBER: CE</td>
</tr>
<tr>
<td>ADDRESS: 8842 Tangerine Sky Ave 89178</td>
<td>PHONE: 702-455-7710</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td>FAX: 702-455-7710</td>
</tr>
<tr>
<td>DATE:</td>
<td><a href="mailto:animalcontrolinfo@clarkcountynv.gov">animalcontrolinfo@clarkcountynv.gov</a></td>
</tr>
<tr>
<td>WITNESS SIGNATURE: Kristin A. Smith</td>
<td></td>
</tr>
</tbody>
</table>
Fax Cover Sheet

Date 9/22/14  Fax No.
Attention SHANE LOGAN  Phone 702/455-5102
From SUSAN JOHNSON  Phone
E-mail

# of pages transmitted (including this page)

☐ URGENT  ☑ FOR REVIEW  ☐ PLEASE COMMENT  ☐ PLEASE RECYCLE

Notes

Re: Activity No. A16-052 468
Volunteer Income Statement Form
507 N. Desert Canyon Ave, L.V.

NOTE: This facsimile is CONFIDENTIAL and contains information intended only for the party to which it is addressed. No reproduction of this fax may be made without the written consent of the addressee.
For more information about our franchise opportunities, visit www.postnetfranchise.com or call 800-338-7401.

**VOLUNTARY WITNESS STATEMENT FORM**

**CLARK COUNTY, NEVADA**

<table>
<thead>
<tr>
<th>DATE OF INCIDENT:</th>
<th>9-11-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY NUMBER:</td>
<td>A14-058483</td>
</tr>
</tbody>
</table>

**ADDRESS OF INCIDENT:** 8674 Wildcat Canyon

**NATURE OF INCIDENT:** Dog Bite

---

On 9/11/2014, my small dog & I returned home from our evening walk. As we turned the opposite side of the street near our house, my dog began to bark. A neighbor dog, a large black dog, approached my dog. My dog barked back. The neighbor dog began to run at my dog, attempting to get to my dog. I tried to keep the two apart, but the neighbor dog continued to attack my dog. My dog was not aggressive, and I was able to get it to calm down. We called a woman in the area who was able to calm down the dogs. She stopped to help and calmed the dog down. We then called the police, and the officer arrived to help. The dog was not injured, and we were able to continue our walk. We called the police, and the officer arrived to help. The dog was not injured, and we were able to continue our walk.

**WITNESS NAME:** Sarah Johnson

**ADDRESS:** 8674 Wildcat Canyon

**PHONE NUMBER:**

**WITNESS SIGNATURE:** 

**OFFICER NAME:** S. Logan

**OFFICER NUMBER:** CC90

**OFFICER PHONE:** 

**OFFICER FAX:**
On Friday, 9/11, I took my dog to the Vet for evaluation. Luckily, he was not severely injured, although the pain from his bite was still present.

Later that evening, I had a heart attack, most likely brought on by the excitation and pain. I was rushed to the hospital and transported via helicopter to a nearby hospital.

After surgery, I was left in the hospital for 5 days, due to the extent of my injuries.

Without the help of the two young women who came to our rescue, I doubt the outcome for my dog would have been as good.

The 2 witnesses were: 
1. Stephanie C. 
2. Kristen Smith

As to the type of dog: My dog is a 2 year old Becher Frise. The attacking dog appeared to be a black mix, which was 2-3 times the size of my dog.
Blue Diamond Animal Hospital
8090 Blue Diamond Road suite 100
Las Vegas, NV 89178
(702) 944-8440

Susan Johnson
8674 Wildcat Canyon Ave
Las Vegas, NV 89178

Client ID: 7858
Invoice #: 3340
Date: 9/12/2014

Patient ID: 12115
Species: Canine
Breed: Bichon Frise
Weight: 10.80 pounds
Birthday: 06/01/2005
Sex: Spayed Female

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAM COMPREHENSIVE</td>
<td>1.00</td>
<td>$42.00</td>
</tr>
<tr>
<td>Polyflex 25g 200mg/ml</td>
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<td>$25.00 T</td>
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<tr>
<td>Rimadyl Injectable 50MG/ML</td>
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<tr>
<td>RIMADYL 75 MG TAB</td>
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<td>$185.50 T</td>
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<tr>
<td>Clavamox 125 mg</td>
<td>14.00</td>
<td>$28.50 T</td>
</tr>
<tr>
<td>BIO HAZARD FEE</td>
<td>1.00</td>
<td>$4.50</td>
</tr>
</tbody>
</table>

Patient Subtotal: $144.50

Instructions
Clavamox: This medication is an antibiotic. Use it as prescribed on the label. Occasionally, a pet that is sensitive to an antibiotic may show some side effects, including vomiting, loose stools, loss of appetite, or a rash. Should any of these occur, stop the medication and call the hospital.

Reminder
01/21/2015 BORDETELLA Injection 6MONTH booster
07/10/2015 DHLPCC YEARLY BOOSTER
07/21/2015 HEART WORM TEST WITNESS
11/12/2015 RABIES CANINE 3 YEAR BOOSTER

Invoice Total: $144.50
Default Tax Rate : $7.95
Total: $152.45
Balance Due: $152.45
Previous Balance: $0.00
Balance Due: $152.45
Visa: ($152.45)
Less Payment: ($152.45)
Balance Due: $0.00

ON ALL PRESCRIPTIONS REFILLS PLEASE GIVE 24-48 HOURS ADVANCE NOTICE.
REMEMBER to have your pet microchipped so lost pets are returned home safely.
Yearly Dental Checkups and cleanings are recommended on all pets over 5 years of age.
**MEDICAL NOTE TEMPLATE INFORMATION**

**Patient:** 1211S Lamb Chop  
**Species:** Canine  
**Breed:** Bichon Frise  
**Age:** 9 Yrs. 3 Mos.  
**Sex:** Spayed Female  
**Date:** 09/12/2014  
**Staff:** MSH Maninder S. Hurr, DVM  
**Weight:** 16.6 pounds

---

**Blue Diamond SOAP**

<table>
<thead>
<tr>
<th>Temp</th>
<th>Pulse</th>
<th>Respiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>102.2</td>
<td>182</td>
<td>30</td>
</tr>
</tbody>
</table>

**Abdomen:** Unremarkable

**Cardiovascular:** The heart is strong and healthy. Each heart valve sounds normal. There are no murmurs (abnormal sounds). The pulse has a normal rate and strength with a regular rhythm. The capillary refill rate is rapid, indicating good peripheral circulation.

**Ears:** Left ear painful to touch, no visible puncture wounds seen.

**Eyes:** Some clouding in the left eye seen.

**Gastrointestinal:** There is no history of vomiting or diarrhea and the pet has a normal healthy appetite.

**Mouth/Teeth:** Left side base of the has some bruise.

**Mucous Membranes/Lymph Nodes:** Gums are a healthy pink color with normal hydration and capillary refill time. Precaudal, popliteal, inguinal, submandibular lymph nodes are of normal size and shape.

**Musculoskeletal:** Muscle soreness on the left side of the face and ears.

**Nervous System:** Unremarkable

**Respiratory:** Unremarkable

**Skin/Hair Coat:** Hair coat was stained with blood, but no puncture marks we visual. I believe the blood could be from the other dog or from the owner. Owner said she got bit by the other dog in the process of separating both the dogs when they got into fight.

**Urogenital:** Unremarkable

**Comments:** Dog fight. No puncture marks seen, but bruised and soreness of the muscles, the left ear is sore. Gave Inj Rimadyl 50mg/ml/0.6 ml s/c, Polylex 200mg/ml:1.0 ml s/c. Dispensed Rimadyl 75mg/#10: 1/2 chew s/c. Clavamox 125mg/#14:1 tab bid. msh
CONDITIONS OF ADMISSION AND GENERAL
CONSENT FOR TREATMENT /
CONDICIONES DE INGRESO Y
CONSENTIMIENTO GENERAL DE TRATAMIENTO

I understand that, in most instances, there will be a separate charge for professional services rendered by physicians to me or on my behalf, and that I will receive a bill for these professional services that is separate from the bill for hospital services.

Entiendo que en la mayoría de los casos, habrá costos por servicios profesionales que se cobrarán por separado de los que se cobrarán por los servicios de la hospital.

Personal Valuables / Valores Personales
I understand that UMC does not accept responsibility for the loss or damage to any money, jewelry, glasses, dentures, or any other item that would be considered lost or misplaced, unless deposited with UMC for safekeeping.

Entiendo que UMC no acepta responsabilidad por el daño o robo de dinero, joyas, gafas, prótesis dentales o cualquier otro elemento que se considere perdido o mal colocado, a menos que se haya depositado en UMC para su custodia.

Weapons, Explosives or Drugs / Armas, Explosivos o Drogas
I understand and agree that if UMC believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or with my belongings while on UMC premises, UMC may:

Entiendo y concuerdo que si UMC sospecha que hay una arma, dispositivo explosivo, sustancia ilegal o droga, o cualquier bebida alcohólica en mi habitación o con mis pertenencias, UMC puede:

1. Search my room and my belongings.
2. Search for any of the above items on or in my room.
3. Arrest or prosecute any of the above persons.
4. Dispose of any of the above items on or in my room.

Entiendo que UMC puede:

1. Buscar mi habitación y mis pertenencias.
2. Buscar los elementos mencionados en mi habitación.
3. Detener a cualquier persona o tomar acciones legales.
4. Disponer de cualquier elemento en mi habitación.

Joint Notice of Privacy Practices / Notificación Conjunta de Políticas de Privacidad
The Joint Notice of Privacy Practices describes the ways in which the hospital may use and disclose my healthcare information for its treatment, payment, healthcare operations and other described and permitted uses and disclosures. I hereby certify that I have read and fully understand these Conditions of Admissions and General Consent for Treatment, and that I agree to be bound by its terms.

Yo, el signatario, por la presente certifico que la información aquí consignada es verdadera y completa, y que he leído y entendido completamente estas Condiciones para Admisión y Consentimiento General de Tratamiento, y que acepto estar comprometido a sus términos. Por la presente certifico que no he recibido promesas o garantías de cualquier persona o a la que se responde en la información que se obtengan de los tratamientos médicos o servicios.
Dignity Health  
St Rose Dominican Hospitals – San Martin Campus  
8280 West Warm Springs Rd  
Las Vegas, NV 89113  
(702) 492-8000

Patient Discharge Instructions

Name: JOHNSON, SUSAN V  
Current Date: 09/17/14 16:38:49  
DOB: 12:00 AM  
MRN: 10021961  
FIN: 33972266

Patient Address: 8674 WILDCAT CANYON AVE LAS VEGAS NV 891787247  
Patient Phone:

Primary Care Provider:  
Name: SRDH, No PCP, Not given  
Phone:

Discharge Diagnosis: Acute myocardial infarction 410.90; Atrial fibrillation with rapid ventricular response

St. Rose Dominican-San Martin would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

With:  
Address:  
When:

PCP  
Within 2 to 4 days

Comments:  
Take all medications as prescribed

With:  
Address:  
When:

Jose Hernani Aquino  
500 E Windmill Ln, Suite 140  
Las Vegas, NV 89123  
7022406482 Business (1)  
Within 1 week

Comments: