

# CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2002314-062-101  
LICENSE PERIOD: 02/01/2017 - 07/31/2017

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:  
Sunrise Behavioral Health L.L.C.  
5915 S Rainbow Blvd Suite 105  
Las Vegas, NV 89118

BUSINESS LOCATION ADDRESS:  
5915 S Rainbow Blvd Suite 105  
Las Vegas, NV 89118

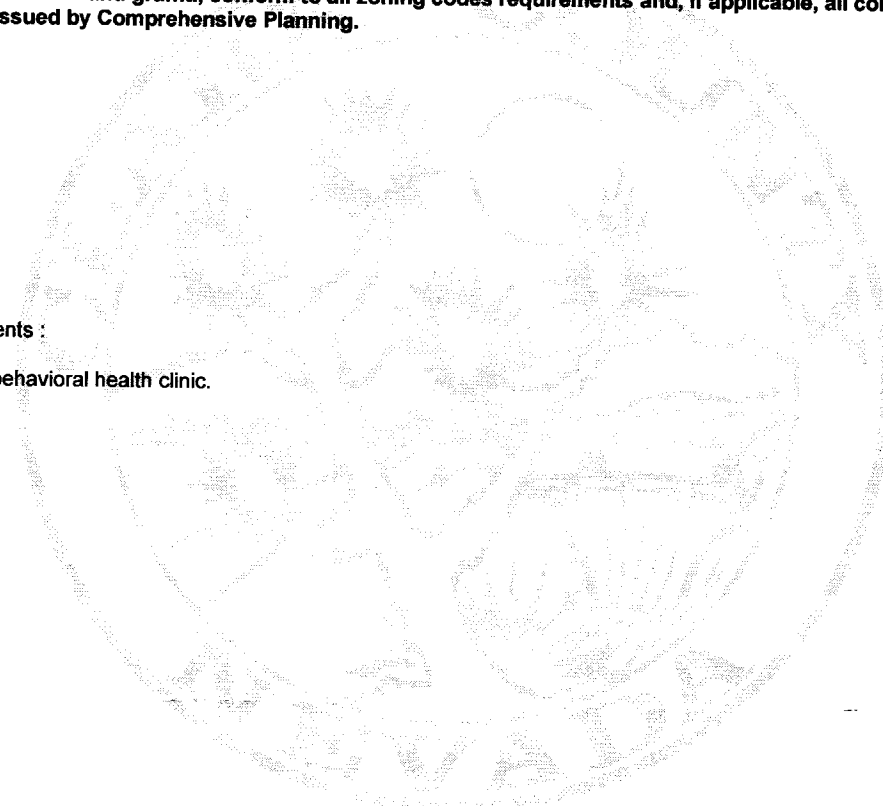
TYPE OF LICENSE: Healthcare & Social Services - Group 1

LAND USE: C-2

All signage must conform to standards set forth in Clark County Codes 30.72 and 30.48. Business owners are responsible to keep business property free of trash and graffiti, conform to all zoning codes requirements and, if applicable, all conditions set forth in a Notice of Final Action issued by Comprehensive Planning.

Current Planning Comments :

C-2 zone. Approved for behavioral health clinic.



### DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.  
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

*Jacqueline R. Holloway*

JACQUELINE R. HOLLOWAY  
DIRECTOR OF BUSINESS LICENSE

DEPARTMENT OF BUSINESS LICENSE  
500 S GRAND CENTRAL PARKWAY  
BOX 551810  
LAS VEGAS NV 89155-1810  
PHONE: (702) 455-4252

STATE OF NEVADA

BRIAN SANDOVAL  
*Governor*

RICHARD WHITLEY, MS  
*Director*



CODY PHINNEY  
*Administrator*

LEON RAVIN, MD  
*Interim Chief Medical Officer*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE  
4220 S. Maryland Parkway, Suite 810, Bldg D, Las Vegas, NV 89119  
Telephone: 702-486-6515, Fax: 702-486-6520  
dphh.nv.gov

May 2, 2016

Kendreaia Dickens-Williams, M.D.  
Sunrise Clinics  
5915 S. Rainbow Blvd. Ste. 105  
Las Vegas, NV 89118

Dear Dr. Kendreaia Dickens-Williams,

Enclosed is a Statement of Deficiencies which was generated as a result of the initial on-site State licensure survey conducted at your facility for State License #8533 EXL on April 26, 2016.

The survey and subsequent information and documentation received from your facility revealed no regulatory deficiencies, and therefore, no further action is required. Retain this letter and enclosed copy for your files.

Should you have any questions concerning this, or other laboratory matters, please call me at (702) 486-6515 Ext. 237 or Vickie Estes at (775) 684-1030.

Sincerely yours,

A handwritten signature in cursive script that reads "Doris F. Litman MT(ASCP)".

Doris F. Litman, MT (ASCP)  
Health Facilities Inspector II  
Medical Laboratory Services

Enclosures: As stated.

Effective Date : 05/04/2016  
Expiration Date : 05/03/2018

State of Nevada  
Department of Health and Human Services  
Division of Public and Behavioral Health

License Number  
8533-EXL-0

This Is To Certify That

**SUNRISE CLINICS**

5915 S RAINBOW BLVD STE 105  
LAS VEGAS, NV 89118

Is hereby registered as an

**Exempt Laboratory**

as provided for in Chapter 652 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

**This facility is licensed to provide the following categorized tests:**

MICROSCOPY CATEGORIZED PURSUANT TO 42 CFR 493.19 - All direct wet mount preparations for the presence or absence of bacteria, fungi, parasites, and human cellular elements, All Fern tests, All potassium hydroxide (KOH) preparations  
WAIVED TESTS PURSUANT TO 42 C.F.R. PART 493, SUBPART A - Blood glucose tests, Urinalysis/Dipstick Urine, Urine pregnancy tests,  
Other: Urine Drug Screen

KENDREIA W / Director  
DICKENS-WILLIAMS

Beschelle Lockhart, Herschel Roper / Owner

Cody Phinney, MPH /  
Administrator

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
*CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES*

LABORATORY NAME AND ADDRESS  
SUNRISE CLINICS  
5915 S RAINBOW BLVD STE 105  
LAS VEGAS, NV 89118

CLIA ID NUMBER  
29D2106312

EFFECTIVE DATE  
12/15/2015

LABORATORY DIRECTOR  
KENDREIA W DICKENS-WILLIAMS

EXPIRATION DATE  
12/14/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

1802 Certs1\_122915

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

State of Nevada • Office of the State Fire Marshal

Certificate of Compliance for Non-Structural Fire and Life Safety

This certificate is issued certifying that, at the time of issuance, this structure was in compliance with the State Fire Marshal regulations, NAC 477, State of Nevada, regulating building construction, use, or occupancy.

This certificate does not create and express or implied warranty or guarantee.

Building Name SUNRISE CLINICS

Owner / Administrator BESHELLE LOCKHART, ADMINISTRATOR

Address 5915 S. RAINBOW BLVD., SUITE 105, LAS VEGAS, NV 89118

Use AN OUTPATIENT FACILITY FOR SERVICES OF GENERAL ANESTHESIA

Occupancy Classification B Type of Construction UNKN.

Inspector Garcia, NSFM Division

Inspected By

Project Number N/A

*Peter F. Marshall*  
Nevada State Fire Marshal

Date Issued JUNE 3, 2016

Please Post in a Conspicuous Place

SECRETARY OF STATE



**NEVADA STATE BUSINESS LICENSE**

**SUNRISE BEHAVIORAL HEALTH L.L.C.**  
Nevada Business Identification # NV20141642973

**Expiration Date: October 31, 2017**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 3, 2016

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.***

**License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.**

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNRISE BEHAVIORAL HEALTH L.L.C.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 13, 2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 3, 2016.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20161003-0829  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **SUNRISE BEHAVIORAL HEALTH L.L.C.** did on October 13, 2014, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 13, 2014.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20141013-1539  
You may verify this certificate  
online at <http://www.nvsos.gov/>



**State of Nevada**  
**Office of Governor Brian Sandoval**

**CERTIFICATE OF RECOGNITION**

**Sunrise Behavioral Health**

Presented to

In recognition of your ribbon cutting in Las Vegas.  
As Governor of the State of Nevada, I commend you for driving economic growth  
and job creation in our state, and I wish you continued success.



Given under my hand and by the Seal of the Great State of Nevada  
this 12th day of July, 2016.

A handwritten signature in black ink, appearing to read "Brian Sandoval".

Brian Sandoval  
Governor of the State of Nevada