

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: October 27, 2021

APPLICANT: Guifang Qin

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Qin’s massage application is before you today for review that could not be approved administratively. Ms. Qin was arrested on April 10, 2019 for a fugitive warrant or extraditable offense by San Luis Obispo Sheriff’s Office. Ms. Qin had an outstanding balance of \$13,772.00 owed to Aria Casino for issuing two counterfeit or fraudulent checks in total of \$50,000.00. Arrest or charges were dismissed after final payment was paid on April 12, 2019. Ms. Qin is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- Probation

- Denied – NRS 640C.700(1)(2)(9)ee
- Tabledee

PROBATION CONDITIONS Per NRS 640C 710 Options for Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate	

Required for Respondent:

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.

Board Meeting Application review: Guifang Qin

4/12/2019: \$13,772.00 – Final payment received

4/10/2019: Ms. Qin was arrested by San Luis Obispo Sheriff's office for an arrest warrant on an extraditable offense.

Payments received:

5/31/2018: \$4,592.00

4/27/2018: \$13,776.00

1/12/2018: \$4,592.00

12/15/2017: \$4,592.00

11/15/2017: \$4,592.00

10/13/2017: \$4,592.00

9/15/2017: \$4,592.00

8/1/2017 – Letter issued to Ms. Qin for failure to make restitution arrangements, a criminal complaint has been filed and a warrant was issued. Total amount owed of \$55,100.00.

8/1/2017 – A criminal case has been filed with Case number 17F12628X created by Clark County Office of District Attorney for outstanding debt.

6/1/2017 – Notice of Bad Check letter issued to Guifang Qin from the Clark County District Attorney office for \$55,100.00. Attached letter with breakdown including fees including a bad check class fee.

4/28/2017 – Aria issued a demand letter to Ms. Qin to pay the referenced outstanding balance within ten (10) days. Letter was sent to address in China.

4/19/2017 – Bank of America notified Aria Casino that two checks were returned for Counterfeit/fraudulent reasons: 1) Check number 12225498 for \$20,000.00 and 2) Check number 1222580 for \$30,000.00.

3/15/2017 – Ms. Qin issued 2 checks to Aria: 1) Check number 12225498 for \$20,000.00 and 2) Check number 1222580 for \$30,000.00. Both checks were drawn on the Bank of China using the same account number.

12/14/2016 – Marker account created with Aria (MGM Resorts) – signed by Guifang Qin. Account created with address in China.

I have reviewed CAMTC website and cannot locate a certificate for Guifang Qin. A name check or records check with CAMTC also resulted in no certificate holder.

Violation of NRS.640C.700(1)(2)(6)(9)

1.ee Has submitted false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government;ee

2.ee Has violated any provision of this chapter or any regulation adopted pursuant thereto;ee

6.ee Is, in the judgment of the Board, guilty of gross negligence in the practice of massage therapy, reflexology or structural integration;

9.ee Has, in the judgment of the Board, engaged in unethical or unprofessional conduct;ee

noun

noun: **negligence**; *plural noun:* **negligences**

1. *failure to take proper care in doing something.*

adjective

adjective: **gross**

1. 1.

(especially of wrongdoing) very obvious and unacceptable; blatant.

Prepared by Tereza Van Horn, Executive Assistant



Nevada State Board of Massage Therapy

1753 E. Flamingo Lane, Suite 252, Reno, NEVADA

Application: License Application
Application Number: 01201212 002491

Fee: \$30.00

APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 500 hours? : Yes No
2. Did you take and pass the National Exam (NEMT, NCEMT, NCEMBA, NILEX, SASE, ITEC, ARCB, IIR, and NCEMTB-R)? : Yes No

Section 1: Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will NOT ACCEPT the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : Massage Therapist Structural Integration Reflexology

Applicant Name

Last Name : QIN
First Name : QIYANG
Middle Name :



List all legal names previously or currently being used by you :

No record found.

Mailing address :

Street :
City : State : Zip :

Residence address (if different than the mailing address) : Same as mailing address

Street :
City : State : Zip :

Social Security Number : Date of Birth :
Place of Birth : HUNAN CHINA Gender: Male Female

Home/Cell Phone :

Indicate the appropriate selection, which address you would prefer to be public knowledge.

Home Mailing Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

notifications)

Yes No

Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Section 3 : Previous Licensure Information

Previous Licensure

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

Check here if you have never been licensed in any state jurisdiction.

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

Section 4 : Training and Education

Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
FuZuBa	Las Vegas	2020 - 2021	550

Transcript(s)

Document Name	User Defined Document Name	Document Link
201212092491-149920-Transcript.pdf	FUZUBA-TRANSCP	Document Detail

Exam Taken	Where Taken	Date Taken
ITEC	las vegas	11/30/2020

National Exam Status : Pa
 Pass

Date Received : 01/27/2021

Score Report Received

Document Name	User Defined Document Name	Document Status
201212092491-150310-ScoreReportCard.pdf	ITEC	Pass

Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

Yes No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

Yes No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes No

If Yes, please explain in below textbox:

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

Yes No

If yes, fill in the following with complete and accurate information for each accusation or arrest

No record found.

Fingerprint Background Waiver

NOTICE OF NON-CRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the Nevada State Board of Massage Therapy that your fingerprint(s) will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulation's Section 16.314 provides for the proper procedure to do so:

16.314 - Procedure to obtain change, correction or updating of identification records. (i) After reviewing his/her identification record, the subject herein believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SICU, Mail. D-2, 1400 Custer Hollow Road, Clarksburg, WV 26305. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Last Name : GUIFANG

First Name : QIN

Middle Name :

Street :

City :

State

Zip :

Date : 1/28/2021

Submitting Agency : Nevada State Board of Massage Therapy

Address : 1755 E. Plumb Ln. Suite 252,
Reno, NV 89502

VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Have you ever served in the military: Yes No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

Military Occupation Speciality/Specialities:

Date(s) of Service: From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

Affidavit of Applicant / Authorization of Release

I, **QIN GUIFANG** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Gulfang Qin

Date : 1/28/2021

Upload

Have you uploaded a current passport quality photo?
Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

Yes No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

Yes No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

Yes No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Score Report Card	201212092491-150310-ScoreReportCard.pdf	ITEC	
Transcript	201212092491-149920-Transcript.pdf	FUZUBA-TRANSCP	
Certificate of Completion	201212092491-149918-Certificate-of-Completion.pdf	FUZUBA-DIPL	
Photo	13301-144092-QIN, GUIFANG.jpeg		
Social Security Card	0L201212085590-143491-Social-Security-Card.jpg		
Government Issued ID Card	0L201212085590-143490-Government-Issued-ID-Card.jpg		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:

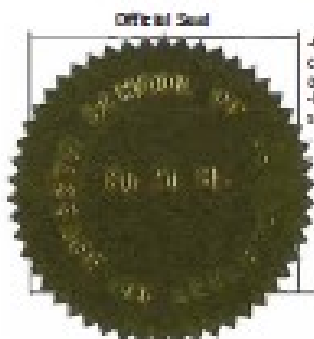


Transcript
 3884 Schiff Dr.
 Las Vegas, NV 89103

Student: Guilting Qin SSN: Gender: Female Birth Date: Start Date: 09/10/2010 Graduation Date: 01/22/2011	Grade: 3-48 Total Earned Hours: 550
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Massage W/2600 Class		NV Massage Training Program 550-Hr		GPA: 3.49	
Course	Mark	Grade	Credits	Earned	
0620 Unit A: Anatomy, Physiology, & Kinology	84	A-	125	125	
0620 Unit B: Theory and Practice of Massage	80	B+	220	220	
0620 Unit C: Client Modalities of Massage Therapy	80	A-	125	125	
0620 Unit D: Pathology for Massage Therapists	81	A-	40	40	
0620 Unit E: Standards of Professional Practice	88	B	40	40	
Total Credits					550

Grading Scale				
87 - 100 = A+	83 - 86 = A	80 - 82 = A-	87 - 89 = B+	83 - 86 = B
80 - 82 = B-	77 - 79 = C+	73 - 76 = C	70 - 72 = C-	D - 81 = F



Notes
 -Grade points are for comparison purposes only
 -ITEC scores are reported separately

Signature of the Registrar
Nathan O'Hara
 Not official without school seal
 IN ACCORDANCE WITH THE FAMILY EDUCATIONAL ACT OF 1974, THIS RECORD CANNOT BE RELEASED TO A THIRD PARTY WITHOUT THE CONSENT OF THE STUDENT

NSERT

JAN 29 2021



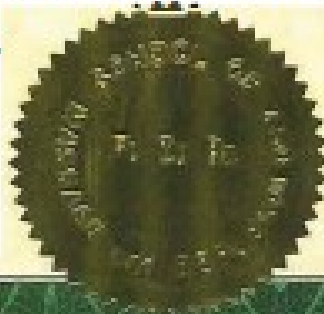
RECEIVED

Fu u Ba
SCHOOL OF
Massage reflexology



Certificate of Graduation

I certify that that Ms. Guifang Qin, having successfully completed the 550 hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this twenty-second day of January, 2021 with all the rights and responsibilities thereto pertaining.



Nathan O'Hara

Nathan O'Hara, Ph.D.
Director

Cert Number
133079/2132/130792/131820

Student
Guifang Qin - E133079

Qual
Level 3 Diploma in Holistic Massage (603/4097/6) - 2132

issued
25/01/2021

Centre
Fu Zu Ba School of Massage and Reflexology (X500377)

NSBMT

JAN 27 2021

RECEIVED

MAR 29 2021

RECEIVED

Dear board officer,

Here is what happened to me:

On 04/10/2019, I was helping my friend to take a short time eye on her massage spa located in the city of St Louis California as she was picking up her child from school around noon time. At this a police came in to perform a regular inspection. The police officer recorded my ID then let me leave the spa. I was about to leave when the police stopped me, handcuffed me and put me in the jail. I didn't know the reason why the cop arrested me. Later I was told that I owned some money to a Casino of Las Vegas. An arrest warrant was issued by metro police of Las Vegas. I asked my friend to go to Las Vegas to pay off all the money which I owned casino on 04/12/2019. The court of Las Vegas withdraw charge to me and cancelled the arrest warrant the second day after my paying the money. Then I appeared at the St Louis city court on 04/15/2019 and was released free of charge after

court. Shall you have any questions
please let me know.

Thank you!

Gui Fang Qin

03/23/2021

NSBMT

MAR 29 2021

RECEIVED

SAN LUIS OBISPO
CASE SUMMARY
 CASE NO. 19F-02698

People Of The State Of California
 vs.
 GUIFANG QIN

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Location: San Luis Obispo - CR
 Filed on: 04/15/2019
 District Attorney Number: 079-638687
 DMV Docket Number: 000HM79

CASE INFORMATION

Offense
 Jurisdiction: CO35 - County Distinctions
 001 of Fugitive
 Charge #: 001 ACN: 079-638687
 Arrest: 04/10/2019 DA - San Luis Obispo County District Attorney

Status: Drg Date: 04/10/2019
 Position: F

Case Type: Fugitive Complaint/ Petition
 Case Status: 04/15/2019 Dismissed
 Case Flags: Interpreter Needed

Statistical Closure:
 04/15/2019 Before hearing - Other dismissal

Bonds
 Remanded to Custody: \$0.00
 4/15/2019 Sentenced
 4/13/2019 Remanded
 Counts: 001

DATE

CASE ASSIGNMENT

Current Case Assignment
 Case Number: 19F-02698
 Court: San Luis Obispo - CR00
 Date Assigned: 04/11/2019

PARTY IDENTIFICATION

Plaintiff: People Of The State Of California

Lead Attorney:
 Drann, Linda Joyce
 805-781-5800 (W)

Defendant: QIN, GUIFANG

DATE

EVENTS & ORDERS OF THE COURT

- 04/11/2019 001 Fugitive Complaint Petition - Filed
- 04/12/2019 1151 Arraignments (8:00 AM) (Judicial Officer: Judge Covello, Timothy S.; Location: San Luis Obispo Department 7)
 Reporter: Court Reporter: McMillin, Carolyn
 Reporter: Courtroom Clerk: O'Donnell, Frances
 Reporter: Hearing Location: San Luis Obispo Department 700
 Events: 04/11/2019 Fugitive Complaint Petition - Filed
 In Custody: no

MINUTES

Defendant in custody: no
 Matter continued at request of: no
 The Court at defendant needs a Mandarin interpreter.
 Matter continued due to unavailability of interpreter.
 Remanded to the custody of the Sheriff. Bail is set at
 No Bail.
 Continued Court's Motion;
 Continued Court's Motion

NSBMT

MAR 29 2019

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San Luis Obispo
CASE SUMMARY
CASE NO. 19F-02698

Parties Present: Plaintiff *People Of The State Of California*
Prosecuting Attorney *Dana, Linda Lopez-*
Defendant *QIN, GUYFANG*

SCHEDULED HEARINGS

1951 Arraignment (04/15/2019 at 8:30 AM) (Judicial Officer: Assigned Judge Mullin, Hugh F.)
Location: San Luis Obispo Department 3

Resource: Court Reporter, Melissa, Donna

Resource: Courtroom Clerk, St. Cyr, Sara

Resource: Hearing Location: San Luis Obispo Department 3.
Hold

Parties Present: Plaintiff *People Of The State Of California-*
Prosecuting Attorney *Cadema, Andy-*
Defendant *QIN, GUYFANG*

04/12/2019 Defendant in custody.

04/12/2019 Matter continued at request of
the Court as defendant needs a Mandarin interpreter.

04/12/2019 Matter continued due to unavailability of interpreter.

04/12/2019 Remanded to the custody of the Sheriff. Bail is set at
No Bail.

04/13/2019  Remand/Resurrection form.

04/15/2019 1951 Arraignment (8:30 AM) (Judicial Officer: Assigned Judge Mullin, Hugh F.)
Location: San Luis Obispo Department 3)

Resource: Court Reporter, Melissa, Donna

Resource: Courtroom Clerk, St. Cyr, Sara

Resource: Hearing Location: San Luis Obispo Department 3.

MATTERS

Defendant in custody.

Dismissed on

motion of the Df in the interest of justice (PC1385).

Disposition (Judicial Officer: Assigned Judge Mullin, Hugh F.)

001 - Fugitive

* Dismissal - Other - Before Hearing.

Charge #: 001 Allegation.

Contract Interpreter Verification Statement

Michael Hong appearing this date as an interpreter in this matter, interpreting Mandarin to

English and English to Mandarin. The interpreter's current certification number is 301303.

The certification registration has been verified by the Court and a copy of their

identification badge is on file with the Court, and a signed oath is also on file with the

Court.

Hold

Hold

Parties Present: Plaintiff *People Of The State Of California*
Prosecuting Attorney *Cadema, Andy*
Defendant *QIN, GUYFANG*

04/15/2019 Defendant in custody.

04/15/2019 Dismissed on
motion of the Df in the interest of justice (PC1385).

04/15/2019  Remand/Resurrection form.

04/15/2019 Disposition (Judicial Officer: Assigned Judge Mullin, Hugh F.)
001 - Fugitive.

* Dismissal - Other - Before Hearing.

Charge #: 001 Allegation.

04/15/2019 **Contract Interpreter Verification Statement**

Michael Hong appearing this date as an interpreter in this matter, interpreting Mandarin to
English and English to Mandarin. The interpreter's current certification number is 301303.

NSBMT

MAR 29 2019

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SAN LUIS OBISPO
CASE SUMMARY
CASE NO. 19F-02698

The certificate of registration has been verified by the Court and a copy of their identification badge is on file with the Court, and a signed oath is also on file with the Court.

04/15/2019

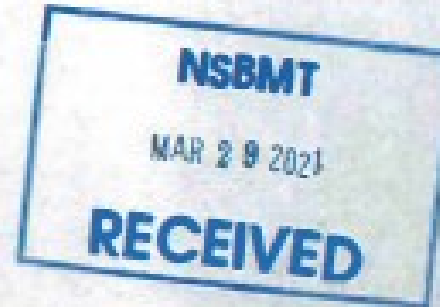
 Admonition of Rights Filed

NSBMT
MAR 29 2021
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Receipt of Payment
Receipt N°: 354034

04/12/2019

BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155



GUIFANG QIN
C/O KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Use N°	Payee	Amount
-111661	CLARK COUNTY TREASURER'S OFFICE	\$ 50.00
17-410747	ARIA RESORT & CASINO	\$ 13,722.00
	Total Received	\$ 13,772.00

Full Name (Print Name) QIN, QIN STANG

Date of Birth 03/18/78

Title (Company, State, Department, etc.) NSBMT

Send Address of Remitter

City San Jose State CA Zip Code 95128

Remitter's Bank Name and Branch

Bank Name NSBMT Branch San Jose

City San Jose State CA Zip Code 95128

Remitter's Address of Beneficiary (if different)

City San Jose State CA Zip Code 95128

Account Name

Account Number

Remittance From (in American Dollars)

Bank Name

Branch

Beneficiary Name QIN, QIN STANG

Relationship MANAGER

Bank Name

Branch

Type of Payment

City

State

Zip Code

Send Address of Remitter

Account Name

Account Number

City San Jose State CA Zip Code 95128

Remitter's Bank Name and Branch

Bank Name and Branch

City

State

Zip Code

Remitter's Address of Beneficiary (if different)

Account Name

City

State

Zip Code

City San Jose State CA Zip Code 95128

Account Name

Remittance From (in U.S. Dollars)

QIN, QIN STANG
San Jose, CA 95128
03/18/78

10360000

Routing Number

NSBMT
71574303
Money Order, Required

Serial No.

Aria

Payment from your personal account is required unless otherwise noted. This form is not valid if not filled out correctly. For more information, visit us online at www.fedex.com.

J. J. O'Shea
Authorized Signatory

11-11-14
Date

06
Deposit

[Signature]
Money Order Number

[Signature]
Authorized Signatory

NSBMT

12/14/2016
Date

AUG 20 2021

Money Order Number

Money Order Type

Application Required

000

cash money other

RECEIVED

Back of form must be signed correctly

MGM Resorts (the material in each of its subsidiaries and affiliates ("MGMRI") ENDORSES RESPONSIBLE GAMING. At your request, we will provide you with information on our self-limit program. We will also cancel or limit your access to marker signing privileges at your written request. We reserve the right to administratively self-limit you if you or anyone you know may have a problem gaming responsibly; please call the 24-hour Problem Gamblers Help Line at 800.522.4700.

I give MGMRI authorization to obtain and verify at various times as it deems reasonable my financial information (including but not limited to account balance information) and employment history from any sources. I further consent to and acknowledge that the information on this application (as well as subsequent information obtained by MGMRI) and my financial and account experiences and transactions with MGMRI may be shared among MGMRI and with their business partners. I do not share such information with other third parties.

I acknowledge that all such information will be subject to MGMRI's Privacy Policy, which is located at mgmresorts.com/privacy.htm or will be made available on request. I agree not to hold any of the individuals or MGMRI entities and any other parties with whom such information is shared, responsible or liable for the information released, received, or used (or the action taken by MGMRI) as a result of the receipt of use of such information. I agree that MGMRI may retain and use the information on this application and any information it receives based on my authorization whether or not I am granted marker limit privileges. I further agree that upon request of MGMRI I will provide updated personal and financial information.

I understand that certain MGMRI subsidiaries are considered to be financial institutions under the United States' Bank Secrecy Act and are subject to State of Nevada gaming and other laws. As such, I agree that information on this Marker Limit Application and other information MGMRI may obtain about me (including but not limited to my permanent address and SSN or passport information) may be used by MGMRI to comply with MGMRI's obligations under both federal and state law.

As a condition to being granted marker limit privileges, I agree to sign credit instruments, AKA markers or checks (hereinafter "markers"), in the amount of the funds (e.g. chips, cash, tokens, etc.) issued to me. Further, I authorize MGMRI to complete any of the following information on those markers: (1) name of payee; (2) a date; (3) name, account number and/or address of any of my banks and financial institutions; (4) electronic encoding any of the above; and (5) as otherwise authorized by law. The information inserted may be for any account from which I now or may in the future have the right to withdraw funds, regardless of whether that account now exists, and whether I provided the information on the account to MGMRI. I agree that the marker does not become a negotiable instrument until such time as MGMRI inserts information necessary to transform the marker into a negotiable instrument, which time I agree may be subsequent to the date that I signed the marker. I REPRESENT THAT AT THE TIME I SIGN ANY MARKER, I HAVE ON DEPOSIT IN ACCOUNTS ON WHICH I AM AN AUTHORIZED SIGNATORY FOR ALL PURPOSES, WITHOUT RESTRICTION, FUNDS SUFFICIENT TO PAY SUCH MARKER UPON DEMAND OR PRESENTMENT.

I acknowledge that irrespective of any currency exchange laws in the country in which I reside, I have the ability and intend to legally pay through my bank or financial institution the funds represented by the markers signed by me and given to MGMRI.

I also acknowledge that an independent agent collecting bank money deposit or payment on my outstanding balance is my agent and not an agent for MGMRI.

I agree that each marker I sign is a separate transaction. If I receive the funds before I execute a marker, I promptly will sign a marker when presented to me in the amount of the funds I received.

I agree (a) to pay all costs of collection, including attorney's fees; (b) to waive any requirements of presentment; (c) that the debt to which this credit instrument is issued was incurred in the State of Nevada; (d) that Nevada law exclusively applies to this credit instrument and the enforcement thereof; and (e) submit to the jurisdiction of any court, state or federal, in the State of Nevada.

I agree that the information set forth above and information I may provide in the future to MGMRI is, and will be, true and accurate to the best of my knowledge.

Signature 曹桂芬

Date 12-14-16

Warning: for the purposes of Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.

Signature 曹桂芬

Date 12-14-16

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Bad Check/Marker Complaint Form
Clark County District Attorney
 Bad Check Diversion Unit
 200 Lewis Avenue LL 246, Las Vegas, NV 89101
 (702) 671-4701 Fax (702) 458-6410

05/20/17 12:59 CDM.BOL

Any "yes" answer indicates that the check/marker should be handled through the appropriate courts.



Does this complaint involve a post-dated check?
 Does this complaint involve a two-party check?
 Was partial payment received on this account?
 Does this complaint involve an extension of credit?

Yes

No

Case # 2017-410746

Complainant Information (Regarding)

First Name SHANE	Middle Name	Last Name OH
SSN	Date of Birth	
Address FROM CHINA		

Check/Marker Information

Case #	Issued	Female <input type="checkbox"/> Male <input type="checkbox"/>
--------	--------	---

First Name	Other's	Date When Issued
Address	ID	
Country	Eye	Hair
CHINA	BROWN	Black

Check/Marker Information

Check/Marker # 1222408	Date 12/14/2016	Check/Marker Amount \$20,000.00	Returned Item Fee \$75.00	Get Out Mail Code 112.88
----------------------------------	---------------------------	---	-------------------------------------	------------------------------------

Name & Address of Person Accepting Check/Marker DERA HEITMAN, DIRECTOR OF CASE OPERATIONS	Get Out Mail Code Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Purpose: **detained cop in the U.S. (various)**
 (e.g., for membership, travel, gaming, etc.) **GAMING**

Physical location where check/marker was issued
ARIA RESORT & CASINO

Issued to (Bank/Check/Marker-Or) BANK OF C	Account Number
--	----------------

Complainant Information

Name of Business ARIA RESORT & CASINO	Complainant (Title)
---	---------------------

Address 379 S LAS VEGAS BLVD ST	
---	--

City LAS VEGAS NV	State NV	Zip 89158
-----------------------------	--------------------	---------------------

Country (Other than U.S.)	Phone	Fax
---------------------------	-------	-----

I (we) have read this Clark County District Attorney Notice and agree to endorse and cash any negotiable instrument issued by or on behalf of the drawer of the check/marker for collection by the requestant and to obtain any fund or instrument attached thereto regarding the drawer's (s) check/marker which may be issued.

Michelle Bates

MICHELLE BATES

NSBM

12225680 48969010222

March 15, 2017

Pay to the order of

THIRTY THOUSAND DOLLARS AND 00 CENTS

Payable in United States Dollars

BANK OF CHINA
HONG KONG ISLAND, HONGKONG

Signature

Electronic transfer of funds... (faint text)

12225680

48969010222 / 000000



Pay to the order of
Any Bank, Branch or Agency
29,000.00
MAR 2 2017
Prior Endorsement Required
Bank of America, N.A.
FOREIGN DEPOSIT COLLECTIONS
DALLAS, TEXAS

FOR THE BANK OF
AMERICA
215
215
215

NSBMT

AUG 30 2021

RECEIVED

0001000000

Foreign Clear Collections
 TX14602618
1800 N. Greenwood Hwy, #3700
 Dallas, TX 75207
 Fax: 41 534 30020

ARIA RESORT & CASINO HOLDINGS LLC
 CAGE DEPOSITORY

April 19, 2017

We're returning the enclosed collection item because it has been returned unpaid by the drawee bank.

Our reference: **BA02 250030MAR17**

Collection details:
 Your reference: **12225680**
 Amount: **30000.00/USD**
 Check number: **12225680**
 Drawn by: **GUNFANG QIN**

Reason for return:

- | | |
|--|--|
| <input type="checkbox"/> Payment stopped | <input type="checkbox"/> The paper did not endorse the check |
| <input type="checkbox"/> Refer to maker | <input type="checkbox"/> Check is not cashed |
| <input checked="" type="checkbox"/> Cash on hand/ Fraudulent | <input type="checkbox"/> The maker did not sign check |
| <input type="checkbox"/> Insufficient funds | <input type="checkbox"/> Modified check |
| <input type="checkbox"/> Account closed | <input type="checkbox"/> Post dated |
| <input type="checkbox"/> Out of date | <input type="checkbox"/> Invalid signature |
| <input type="checkbox"/> The words and figures disagree | <input type="checkbox"/> Exchange Control Regulation |
| <input type="checkbox"/> Other | |

Bank of America disclaims liability of the accuracy of the stated reason for the return of the check(s). The reason for return has been provided by the drawee bank. The reader should rely on his or her own investigation and contact the drawee bank for further information.

We have debited your account today for 41.00/USD representing the following fees:
 Our Processing fee: 15.00/USD
 Foreign / drawing bank fee: 26.00/USD
 Total fees: 41.00/USD

Questions?

We appreciate the opportunity to serve your financial needs. If you have questions or need additional information, email us at ForeignClearCollections@bankofamerica.com.



Please Type or Print Clearly

SECTION A - FINANCIAL CENTER INFORMATION

City _____ Postal Identifier _____ Company or Division No. _____

Propriety _____ Telephone Number _____

Address and full name of your financial center (TOP/MP/CP/Sole Collector) on Single Cardholder applications
Full Address _____ Full Name _____

SECTION B - BUSINESS INFORMATION

Name: APRINEL S CLOVE No. of Offices _____ Telephone No. 773-330-3150

Customer ID: 838 688 2778 346 82

City: LAURENS State: SC Zip: 29568

Is your business active? No Yes

Do you keep 1 set of books for each location? No Yes (State which location was opened)

Check agreement: Yes No

Check deposit: Yes No

Country's Central Bank (Call for more information)

TYPE OF BUSINESS (SEE INSTRUCTIONS above check only)

Selling goods of various kinds to RETAIL (See instructions concerning a party)

Trade/Service: RETAIL or Service Business

Selling merchandise (See self-liquidating mortgage loan if the firm is involved) Other

Other _____

Other _____

Selling non-merchandise (See self-liquidating mortgage loan if the firm is involved) Other

SECTION C - SOURCE OF FUNDS OR DEBITOR DATA PAYER IS A DEBITOR

Acct Name _____ Party's age _____

Occupat _____ Grad Y _____

Number of Dependents _____ Value of real estate owned _____ Yes/No _____

What is your annual gross income? (Include all sources of income)

Your annual net income (after taxes) _____

Your annual household assets _____

I am self-employed, working freelance for the federal government or a nonprofit organization or I am a seasonal worker for a firm in the retail industry. Please advise me of your status (see instructions for FTD/FDM)

I am not self-employed, but I am doing business for the federal government. Please advise me of my status (see instructions for FTD/FDM). The contractor's pay is reported on the federal government contract.

The following is my telephone number: _____

SSN _____ or _____

Is your present employment status: Married/Divorced Single Married/Advised for Divorce

If you are self-employed, please describe your business, including all, and give an estimate of monthly income (Include Federal Income Tax Return/1099s for the current year and all previous years and please include other income for 1991 for the federal income tax. Form 990-B for 1991 or other relevant information regarding your business is OK.

Include business information if it is not self-employed or you are a sole proprietor or a partner in a partnership. Do not include information for multiple businesses or other income for 1991.

SECTION D - CHECK OR PAY INFORMATION

Printed Checks

Check No. 600000 Reference 600000 Amount 100.00 Reason for check 600000

Maker APRINEL S CLOVE Name RETAIL

Check Date 12/12/91

Name and address of the collection center (See instructions)

Bank Name Bank of America Branch LAURENS, SC Phone 773-330-3150

ACCOUNTING INFORMATION REQUEST

Forward to: Collection Agency (Bank or Company ID/ISSN/ID# or EIN)

123-456-789

10000, Annual Income, 1991

123-456-789

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The undersigned ("Customer") requests Bank of America, N.A. (the "Bank") to send the item or items listed for collection. This request is non-negotiable and is not intended to establish any credit directly or indirectly, unless the proceeds of the collection items in actual cash come into the Bank's possession. Customer agrees that the Bank is acting as collection agent only, that the Bank will send the items for collection at the sole risk of Customer, and that the Bank shall in no way be liable for the loss of or damage to, or for any cause whatsoever that is beyond the Bank's reasonable control, including without limitation acts of God, strikes, lock-outs, wars, riots, civil commotion or acts of terrorism. The Bank will use its discretion regarding the method of transmitting items for collection. The Bank is responsible only for its usual acts which constitute a failure to exercise ordinary care, and the measure of damages for such failure shall be limited to the reasonable expenses of obtaining duplicate items should the originals be misdirected, lost or destroyed, or such other damages as are otherwise expressly provided for under applicable law. The Bank's fee for acting as collection agent will be deducted from the proceeds, or charged to any of Customer's accounts at the Bank ("Accounts"). The domestic bank and foreign banks that the Bank uses as collection agents may charge additional fees that will be deducted from the proceeds. Domestic banks may charge an upfront processing fee. If the domestic bank requires an upfront processing fee, the Bank will notify the Customer of the fee. In this instance, the upfront processing fee must be paid by the Customer in the form of a Bank of America customer's check payable to the domestic bank. Special handling or services after their collection of the items will be charged to the customer with the Bank's special handling fees. We may determine at our discretion a currency exchange fee and apply it to your transaction without notice to you. Our exchange rates are based upon many factors including but not limited to current exchange rates in the retail and inter-bank markets, risks of capital fluctuations in rates, costs and related returns. The currency exchange rate for this transaction will be determined the day your account is credited. You agree to this procedure and accept our determination of the currency exchange rate. Exchange rates for consumer and commercial transactions are different from rates applicable to very large inter-bank transactions as reported in The Wall Street Journal or other news, exchange rates offered by other dealers, or listed in other sources (including online sources) may be different from our rates. We are not liable to you if our rates are different from rates offered or reported by third parties, or offered by us at a different time, or a different location, for a different transaction amount, or involving a different payment method (such as banknotes, checks and wire transfers). Any credit given for items received for collection is provisional only, and is subject to the Bank's actual receipt of cash proceeds. The Bank may charge back any item at any time before final payment, whether the item is returned or not. The customer bears all risk of payment, including without limitation the risk of late returns and delayed items. If the Bank takes an item payable in foreign currency for collection, the customer will bear all exchange rate risk. The collection process generally takes 4 to 8 weeks, and longer for some foreign items. Collection of foreign items is subject to the regulations of the foreign country, and such regulations are different from U.S. Federal Reserve regulations. The Bank will contact the customer when information is received. If the customer requests the Bank to determine the status of any collection item, the Customer agrees to pay phone or wire charges incurred for such a request.

I warrant in least 15 days from the date of this transaction received before requesting that the Bank trace domestic items.

Customer Signature: *Ronald Harrison* Date: *3/15/2017*

Original 4 Documents 630 copies Customer 630 copies 1 Internal Copy

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Bad Check/Marker Complaint Form

Clark County District Attorney

Bad Check Diversion Unit

200 Lewis Avenue L.L. 248, Las Vegas, NV 89101
(702) 671-4701 Fax (702) 455-6410

05/07/17 1:26:03 PM (1061808) (89) (1) (06/15)

Any "yes" answer indicates that this matter could be handled through the appropriate civil courts.



Does this complaint involve a post-dated check?
Does this complaint involve a check that was partly cashed?
Was a partial payment received on this account?
Does this complaint involve an extension of credit?

Yes
No
No
No

Case # 2017-410747

Information Regarding Plaintiff					
First Name: GUMING	Middle Name:	Last Name: GIN	Date of Birth:		
F. Name (Print):		Race (Print):		Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
Address 1:					
Address 2:					
Race:		Country:			
Date of Birth:		State Where Issued:		State Where Issued:	
Picture ID: Present: <input type="checkbox"/>	Country:	Height:	Eye Color:	Hair Color:	Weight:

Check/Marker Information					
Check/Marker #: 1234567	Date: 12/15/2016	Check/Marker Amount: \$50,000.00	Face Value: \$2500	Item Type: Certified Mail Code: 5	Employed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name & Address of Person Accounting Check/Marker: GIBBY HADYMAN, DIRECTOR OF GAME OPERATIONS 3888 W. Sahara Ave., Suite 200, Las Vegas, NV 89102					
Purpose of Check/Marker (Required) - please attach detailed explanation of transaction: (e.g., car, rent, utilities, child support, etc.) GAMING					
Physical location where check was issued: ARIA RESORT & CASINO					
Name of Bank/Check Cashing Co. (Required) BANK OF CHINA					

Victim Information		
Victim or Business Name: ARIA RESORT & CASINO		Corporate Name (if relevant):
Mailing Address: 3700 LAS VEGAS BLVD S		
City: LAS VEGAS	State: NV	Zip: 89158
Phone Number (Area Code):		
Fax Number (Area Code):		

I (we) hereby authorize the Clark County District Attorney and his/her agents to on-site and conduct any appropriate investigation needed to or on behalf of the driver of the at-risk vehicle for collection by the suspect and to deliver any bank or financial institution information regarding the driver of the at-risk vehicle which we may be entitled to all information in this complaint to the extent possible in the best of my knowledge.

MICHELE GATTI

MICHELE GATTI

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*Complete even for partial card when relevant

Additional Information Needed from Gaming Establishments for Prosecution

Credit Application Name on Credit App: ORGANIZATION Card applicants: English <input type="checkbox"/> or <input checked="" type="checkbox"/> No Did card someone help fill this out? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of person helping:	
Residential Address (List on this Application):	State: IN
Business Address (List on this Application):	

Business Accounts Name: BANK OF AMERICA Address: City: State: Date of Application: 12/14/2018 Date card takes: Flagged or threatened on application: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Casino Employee(s) filling above information: UNKNOWN	Account Number: Account Name: Account Name: Are information referenced: 12/14/2018 Government issued ID used (Type & item) Flagged or threatened on marks (or checked): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> To obtain a copy of application <input type="checkbox"/> Government issued ID information provided in corresponding report form <input type="checkbox"/> Other	

MARKERS & CHECKS Date(s) marker(s) or check(s) signed: 12/14-12/15/2018		
Name: DEBRA HEYMAN	<input checked="" type="checkbox"/> YES DISBURSE OF CASH CRYSTALS	<input type="checkbox"/> Did he/she observe marker being signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Did he/she observe marker being signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> Did he/she observe marker being signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where did he/she complete same: <input type="checkbox"/> On checkout <input type="checkbox"/> At <input type="checkbox"/> Other If to an individual (filling number for this person): val of Ca. # 030408		
What do you recall course of business involved in this event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Were there any signs/credit/lost/other issues? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Miscellaneous Arrived on file: 12/14/2018 Departure date: 01/23/2019	<input type="checkbox"/> Paid <input checked="" type="checkbox"/> Complimentary
Number of times played/played with/lost/lost: 1	Were pictures of items received by casino or submitted to bank? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Have you received notice of any hearings or proceedings? No Yes

Name of Person Contacting Customer Regarding these Marks or Checks:	Date:	What was said:
Person:	Date:	What was said:
Person:	Date:	What was said:

NSBMT
AUG 24 2021
EC IVD

March 15, 2017

TWENTY THOUSAND DOLLARS AND 00/100

BANK OF CHINA
HONG KONG ISLAND/HONG KONG

Payable in United States Dollars

Signature

6222040599824

20000000

Figure



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 AUG 30 2021
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Bank of America, N.A.

Foreign Clean Collections
Toll -180-06-18
Toll-Free, Standard Mailbox, Ste 6007
Dallas, TX 75207
Fax-415-343-0520

ARIA REPORT & CRISMO HOLDINGS LLC
CAGE DIRECTORY

April 15, 2017

We're returning the enclosed collection item because it has been returned unpaid by the drawee bank.

Our reference: BACC 2580-244817

Collection details:
Your reference: 12225498
Amount: 31,000.00/USD
Check number: 1292549-8
Drawn by: GLIFANG QIN

Reason for return:

- | | | | |
|-------------------------------------|--------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Payment stopped | <input type="checkbox"/> | The payee did not endorse the check |
| <input type="checkbox"/> | Refer to maker | <input type="checkbox"/> | Check is not dated |
| <input checked="" type="checkbox"/> | Counterfeit / Fraudulent | <input type="checkbox"/> | The maker did not sign check |
| <input type="checkbox"/> | Insufficient funds | <input type="checkbox"/> | Voided check |
| <input type="checkbox"/> | Account closed | <input type="checkbox"/> | Is it dated |
| <input type="checkbox"/> | Out of date | <input type="checkbox"/> | Irregular signature(s) |
| <input type="checkbox"/> | The name and fig were disagree | <input type="checkbox"/> | Exchange Control Regulation |
| <input type="checkbox"/> | Other | | |

Bank of America disclaims liability of the accuracy of the stated reason for the return of the check(s). The reason form can be seen provided by the drawee bank. The maker should rely on his or her own investigation and contact the drawee bank for further information.

We have debited your account totally for 41,000/USD representing the following fees:
Our Processing fee: 1500/USD
Foreign / drawee bank fee: 2600/USD
Total fees: 41,000/USD

Questions?

We appreciate the opportunity to serve your financial needs. If you have questions or need additional information, email us at foreignCleanCollections@BankofAmerica.com.

Member FDIC Equal Housing Opportunity

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Member FDIC

Enter Type or Plan (if any)

SECTION 1 - PERSONAL CHECK INFORMATION

Service Account Owner Name Company and Care Center No.
 Requested By Telephone Number
 Facility name and address & payee's address (if different) (SEE INSTRUCTIONS) & Care Center Service No. & alternate payee account
 facility address (1) Email address (2)

SECTION 2 - BUSINESS INFORMATION

Name (SEE INSTRUCTIONS) Identification Telephone No.
 Description (SEE INSTRUCTIONS)
 City State Zip Day Office
 PAYEE'S BUSINESS (SEE INSTRUCTIONS)
 Check by Business/Trade or Service (SEE INSTRUCTIONS) Check by Personal (SEE INSTRUCTIONS)
 Check by Address Is a service account? Yes No
 Or: Designated account Yes No
 Check by Other (SEE INSTRUCTIONS) (Check) (1) No Service account (see above)
 NAME OF BUSINESS (SEE INSTRUCTIONS) (please check one)
 Sole proprietorship (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Check by Name Or: Designated
 Check by Business (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Check by Personal (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Check by Other (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 *Business bank accounts (checking, savings, money market, etc.) are subject to garnishment for the amount of the debt. Funds available for withdrawal through automatic bank transfers are also subject to garnishment. Funds in a business bank account are not subject to garnishment. Funds in a personal bank account are not subject to garnishment. Funds in a business bank account are not subject to garnishment. Funds in a personal bank account are not subject to garnishment.

Business (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Location Payroll paid or
 Owner Social Class
 Master/Trade Account Value/Trade/Account Total
 *See an adult guarantor (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Are you employed? Yes No N/A
 I am self-employed, and I would need to be listed here. Attached to this application is Form 990. Please report other 990s that you submit each year. (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 I am an officer, partner, or shareholder in a corporation. Attached to this application is Form 990. Please report other 990s that you submit each year. (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 The check is my: Paper Check Other
 EFT or
 The above responses (check one) apply to: Federal Tax Exempt Non-Fed Exempt Federal & Non-Fed Exempt
 If you are a Federal or Non-Fed tax exempt organization, please check one of the above. If you are a Federal or Non-Fed tax exempt organization, please check one of the above. If you are a Federal or Non-Fed tax exempt organization, please check one of the above. If you are a Federal or Non-Fed tax exempt organization, please check one of the above.

SECTION 3 - CHECK OR MONEY ORDER INFO

Payee Depositor
 Check/Order # Check/Order Current Amount of the check
 Value Amount
 Check/Order Information
 *Check/Order info subject to change. (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)
 Check/Order Bank/Order Pay/Order Name

SECTION 4 - SOCIAL SECURITY INFORMATION

Forward To: (Business Center over 25000, 25000+ to 50000)
 100
 100
 100

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AUG 30 2021

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The undersigned ("Customer") requests that of Account No. (the "Bank") in accordance with the terms of the attached Declaration. The undersigned hereby certifies and warrants that the information provided on the attached Declaration is true and correct to the best of the undersigned's knowledge and belief. The undersigned understands that the Bank is not responsible for any errors or omissions on the Declaration, and that the Bank shall be under no obligation to verify or investigate the accuracy of any information provided on the Declaration, and that the Bank shall be under no obligation to disclose any information provided on the Declaration to any other party, and that the Bank shall be under no obligation to disclose any information provided on the Declaration to any other party, and that the Bank shall be under no obligation to disclose any information provided on the Declaration to any other party.

I have read and I understand the terms of the attached Declaration, and I hereby agree to the terms and conditions of the attached Declaration.

Customer Signature: [Signature] Date: 8/18/2021

Deposit | Loans | Mortgage | Insurance | Investing | Payment Services

NSBMT

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April 28, 2017

Personal and Confidential

Mr. Gullang Qin

Ac: 10360000
Balance: \$50,000

Dear Mr. Qin:

Demand is hereby made for you to pay the above referenced outstanding balance in full within ten (10) days from receipt of this letter.

Your failure to comply with this demand may compel us to file suit against you wherein you may be held liable for attorney's fees, interest and court costs as prescribed by law.

If you dispute your balance, please contact your Representative who will be happy to attempt to resolve this issue. Any amount sent to us that is less than the full amount owed, must be sent to the Aria Resort Holdings, LLC, P.O. Box 77797 Las Vegas, Nevada 89168 and will be considered as a partial payment and not as payment in full, unless it words to that effect are stated on the check.

Sincerely,

Jennifer McEwin
ARIA Resort, LLC

2010 Las Vegas Boulevard, Las Vegas, NV
702-486-0000

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AUG 20 2017

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OFFICE OF THE DISTRICT ATTORNEY

BAD CHECK DIVERSION UNIT • 200 Lewis Ave, LL #246 • PO Box 332212 • Las Vegas • NV 89155
(702) 671-4701 • (702) 455-6410

STEVEN B. WOLFSON
DISTRICT ATTORNEY

Notice of Bad Checks(s)

GUIPANG QIN

June 1, 2017

This office has received the following bad check(s) for prosecution. Passing a bad check is a crime which is punishable by fine and/or imprisonment. Your failure to comply with the terms of this letter will be taken as evidence of your intention to defraud, pursuant to section 205.130 of the Nevada Revised Statutes. If you wish to avoid having to appear in court on these charges, you must present full payment of the checks, together with the statutory administrative and penalty fees, to this office within ten (10) days from the date of this letter.

All restitution must be made by MONEY ORDER, CASHIER'S CHECK or WIRE TRANSFER and should be made payable to the "Clark County District Attorney's Office" in the total amount as shown below. Make sure to place our file number on each money order or cashier's check to ensure that payment is credited to your case.

You may also make your payments in person at the Regional Justice Center, 200 Lewis Avenue, Lower Level #246, Las Vegas, NV. If you send payment via REGULAR MAIL, you need to use the zip code 89155-2211. If you use UPS, FEDEX, DHL, or USPS Express delivery services, you need to use the zip code 89101.

We will proceed to take criminal action under Nevada law and a warrant for your arrest will be issued if we do not receive payment from you within ten (10) days.

<u>Victim</u>	<u>Check No.</u>	<u>Chk Amt.</u>	<u>F. Fee</u>	<u>St. Fee</u>	<u>Cash. Fee</u>	<u>Case No.</u>
ARIA RESORT & CASINO	12225498	20,000.00	25.00	2,000.00	0.00	2017-410746
ARIA RESORT & CASINO	12225680	30,000.00	25.00	3,000.00	0.00	2017-410747
*Class Fee	12225498	0.00	0.00	0.00	5000	86-111650

Make your MONEY ORDER payable to:

Clark County District Attorney's Office

For:

\$55,100.00

*Fee for required Bad Check Class.

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AUG 20 2021

This is the only notice you will receive

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CLARK COUNTY
OFFICE OF THE DISTRICT ATTORNEY
Criminal Division

STEVEN B. WOLFSON
District Attorney

200 Lewis Avenue • Las Vegas, NV 89101 • 702-671-4701 • Fax: 702-455-6410 • TDD: 702-385-7486

MARY-ANNE MILLER CHRISTOPHER LALLI ROBERT DASKAS JEFFREY J. WITTHUN BRIGID J. DUFFY
County Counsel *Assistant District Attorney* *Assistant District Attorney* *Director D.A. Family Support* *Director D.A. Juvenile*

August 1, 2017

Attn: MGM Casino Collections
ARIA RESORT AND CASINO
3730 S. Las Vegas Blvd.
Las Vegas NV 89158

Regarding your bad check case(s) listed below, please be advised that our office has filed a criminal case against GUIFANG QIN, the issuer of the bad check(s). There is also a warrant issued for her arrest. The case(s) are as follows:

CASE NUMBER

17F12628X

If the defendant contacts you, please advise her that she must go to the D.A. Bad Check Diversion Unit to **make payment and clear the warrant**. If the defendant is arrested, she will appear before a judge to answer to the charges.

Thank you for your cooperation.

Sincerely,

Glen O'Brien
DEPUTY DISTRICT ATTORNEY

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CLARK COUNTY
OFFICE OF THE DISTRICT ATTORNEY
Criminal Division

STEVEN B. WOLFSON
District Attorney

200 Lewis Avenue • Las Vegas, NV 89101 • 702-671-4701 • Fax: 702-455-6410 • TDD: 702-385-7486

MARY-ANNE MILLER CHRISTOPHER LALLI ROBERT DASKAS JEFFREY J. WITTHDN BRIGID J. DUFFY
County Counsel Assistant District Attorney Assistant District Attorney Director D.A. Family Support Director D.A. Juvenile

August 1, 2017

GUIFANG QIN

RE: 17F12628X

Dear GUIFANG QIN:

Due to your failure to make restitution arrangements with this office regarding the bad checks you issued, a criminal complaint has been filed and a warrant for your arrest has been issued. You may be arrested at anytime as long as this warrant remains outstanding.

The total amount owed (including fees and penalties) on the above entitled case is **\$55,100.00.**

If you wish to resolve this matter before you are arrested on this warrant, you may contact the District Attorney's Office Bad Check Diversion Unit at the number above. All restitution must be in the form of a money order or cashier's check only.

Please find enclosed a copy of the Criminal Complaint.

Sincerely,

Glen O'Brien
DEPUTY DISTRICT ATTORNEY

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JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,
Plaintiff,

-vs-

GUIFANG QIN,
Defendant.

CASE NO: 17F12628X
DEPT NO: 7

CRIMINAL COMPLAINT

The Defendant above named having committed the crimes of DRAWING AND PASSING A CHECK WITHOUT SUFFICIENT FUNDS IN DRAWEE BANK WITH INTENT TO DEFRAUD (Category D Felony - NRS 205.130, 205.132 - NOC 55999) and THEFT (Category B Felony - NRS 205.0832, 205.0835 - NOC 55991), in the manner following, to-wit: That the said Defendant, on or between December 14, 2016 and December 15, 2016, at and within the County of Clark, State of Nevada,

COUNT 1 - DRAWING AND PASSING A CHECK WITHOUT SUFFICIENT FUNDS IN DRAWEE BANK WITH INTENT TO DEFRAUD

did willfully, unlawfully, and with intent to defraud, draw and pass two (2) checks to obtain cash and/or gaming chips, drawn upon Bank of China, Account No. 622201 0599 82, made payable to ARIA RESORT AND CASINO, at 3730 South Las Vegas Boulevard, Las Vegas, Clark County, Nevada, in the amounts of \$20,000.00, check no. 12225498, and \$30,000.00, check no. 12225680, when the said Defendant had insufficient money, property, or credit with the drawee of the instrument to pay it in full upon its presentation.

COUNT 2 - THEFT

did then and there knowingly, feloniously, and without lawful authority, commit theft by obtaining personal property in the amount of \$3,500.00 or more, lawful money of the United States of ARIA RESORT AND CASINO, 3730 South Las Vegas Boulevard, Las Vegas, Clark County, Nevada, in the following manner, to wit: by defendant drawing and passin two (2) checks numbered 12225498 and 12225680 in the sum of \$50,000.00 drawn

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1 upon Bank of China, Account No. 622201059982, in exchange for obtaining property or
2 services, to wit: cash and/or gaming chips, knowing that the checks will not be paid when
3 presented; and/or by material misrepresentation.

4 All of which is contrary to the form, force and effect of Statutes in such cases made and
5 provided and against the peace and dignity of the State of Nevada. Said Complainant makes
6 this declaration subject to the penalty of perjury.

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[Signature]
7/25/2019

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27 DA#17P12628X/ms
28 DAO EV# 1707018092
(TK7)

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CLARK COUNTY DISTRICT ATTORNEY
DECLARATION OF WARRANT/SUMMONS

CASE NO. 17F12628X

Glen O'Brien does hereby declare under penalty of perjury that the assertions of this Declaration are true.

1.aa That your declarant is a duly appointed and acting Deputy District Attorney with the Clark County District Attorney's Office and is familiar with Clark County District Attorney's Bad Check Unit case number 17F12628X, concerning the alleged criminal activities of GUIFANG QIN. Further, your declarant is informed and believes, and thereupon alleges, that the following is a representation of facts which would give rise to a finding of probable cause herein.

2.nn That a person identified as GUIFANG QIN by means of People's Republic of China Passport No. E20632477, did, on or between December 14, 2016, and December 15, 2016, draw and pass two (2) checks, drawn upon Bank of China, Account No. 622201059982, made payable to ARIA RESORT AND CASINO, 3730 South Las Vegas Boulevard, Las Vegas, Nevada 89158, for which GUIFANG QIN received cash and/or gaming chips of the stated value. Furthermore, the checks were deposited and returned unpaid as counterfeit/fraudulent. Further, a certified letter was mailed to the name and address contained on the checks notifying GUIFANG QIN of the returned items and demanding payment thereon. That more than 10 days have passed since the mailing of the certified letter and GUIFANG QIN has failed to pay the checks in full.

That the above described events occurred in Clark County, Nevada.

CHECK NO.	AMOUNT
12225498	\$20,000.00
12225680	\$30,000.00

///  ///
/// **NSBMT** ///
/// **AUG 20 2021** ///

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HAD CHECK INVERSION UNIT
200 Lewis Ave, LL #246
PO Box 532212
Las Vegas NV 89155

Receipt of Payment
Receipt N° 354134

09/12/2019

GUIFANG QIN
CO KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

REF 12628X
paid in full

Case N°	Payee	Amount
M-111661	CLARK COUNTY TREASURER'S OFFICE	\$ 50.00
2017-410741	ARIA RESORT & CASINO	\$ 13,722.00
	Total Received	\$ 13,772.00

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BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

TKT

Receipt of Payment
Receipt N^o: 347896

05/31/2018

GUIPANG QIN
C/O KELVIN YAO WEN, ESQ
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17F1212514
Balance owing including bad
check school.
\$ 13,592.00

Case N ^o	Payee	Amount
2017-410747	ARIA RESORT & CASINO	\$ 4,592.00
	Total Received	\$ <u>34,592.00</u>

ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant

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AUG 30 2021

RECEIVED

BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552312
Las Vegas NV 89155

TK

Receipt of Payment

Receipt N#: 347167

04/27/2018

GUIFANG QIN
C/O KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17F 10238
Balance owing including bad
check(s) \$ 13,726.00

Case N°	Payee	Amount
2017-410746	ARIA RESORT & CASINO	\$ 2,065.00
2017-410747	ARIA RESORT & CASINO	\$ 11,711.00
	Total Received	<u>\$ 13,776.00</u>

ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant

NSBMT

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BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

Receipt of Payment
Receipt N°: 344789

01/12/2018

GUIFANG QIN
CO KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17F12028X
Balance owing including bad
check amount
\$ 32,140.00

Case N°	Payee	Amount
2017-410746	ARIA RESORT & CASINO	\$ 4,392.00
	Total Received	\$ <u>24,592.00</u>

ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant

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BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

Receipt of Payment
Receipt N°: 344203

12/15/2017

GUIFANG QIN
C/O KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17F12020X
Balance owing including bad
check set off.
\$ 30,732.00

Case No	<u>Payee</u>	Amount
2017-410746	ARIA RESORT & CASINO	4 592.00
	Total Received	\$ <u>\$4,592.00</u>

**ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant**

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BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

TK-7

Receipt of Payment
Receipt N°: 343509

11/15/2017

GUIFANG QIN
C/O KELVIN YAO WEN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. DF121028X
Balance owing including bad
check school
\$ 48,324

Case N°	Payee	Amount
2017-410746	ARIA RESORT & CASINO	4 592.00
	Total Received	\$ <u>24,592.00</u>

ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant

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AUG 30 2021

RECEIVED

BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

TK7

Receipt of Payment
Receipt N°: 342753

10/13/2017

GUIFANG QIN
C/O KELVIN YAO WBN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17 F 1210284
Balance owing including bad
check school.
\$. 45,916.00

Case N°	Payee	Amount
2017-410746	ARIA RESORT & CASINO	\$ 4,184.00
2017-410747	ARIA RESORT & CASINO	\$ 408.00
	Total Received	\$ <u>4,592.00</u>

**ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant**

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AUG 20 2021

RECEIVED

BAD CHECK DIVERSION UNIT
200 Lewis Ave, LL #246
PO Box 552212
Las Vegas NV 89155

TCT

Receipt of Payment
Receipt No: 342119

09/15/2017

GUEFANG QIN
C/O KELVIN YAO WIN, ESQ.
601 SOUTH 10TH STREET, SUITE 204
LAS VEGAS NV 89101

Case No. 17F1268K
Balance owing including bad
check as total
\$ 52,592.00

Case No	Payee	Amount
2017-410746	ARIA RESORT & CASINO	\$ 2,000.00
2017-410747	ARIA RESORT & CASINO	\$ 2,592.00
	Total Received	<u>\$ 4,592.00</u>

ARREST WARRANT STANDS
UNLESS OTHERWISE
ORDERED BY THE JUDGE
Out-of-State Defendant

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AUG 20 2021

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Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

September 24, 2021

Guifang Qin

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. Qin:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting(s) on October 27, 2021. There will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m.:

Zoom sign-in available at 8:30 a.m.

Register in advance for both meetings:

<https://us06web.zoom.us/join/register/tZUvd-GsrTltHNdpKoazc-fXcopS9-Becp0F>

Meeting ID: 812 0843 9763

Password: 227133

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,


Sandra J. Anderson
Executive Director

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