

# **EXHIBIT 1**

**(Para. 2.1033(b)(1))**

## **FULL NAME & MAILING ADDRESS OF MANUFACTURER & APPLICANT**

### **MANUFACTURER**

NAME: PHYSIO SYSTEMS, INCORPORATED STREET ADDRESS:  
37053 CHERRY STREET CITY, STATE AND ZIP: NEWARK,  
CALIFORNIA 94560

TELEPHONE NUMBER: 510-796-3901

FAX NUMBER: 510-796-2649

### **APPLICANT**

NAME: DAVID E. LIEBERMAN

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CITY, STATE AND ZIP: NEWARK, CALIFORNIA 94560

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