Cultivator Application – Filing Packet Notarized Cover Sheet

Instructions are provided in a separate document: Cultivator Application – Request for Applications / Instructions Packet (MMCP-C-1000).

Acknowledgement and Notarized Signature

☐ I hereby acknowledge that knowingly making a statement that is untrue or which is intended to mislead the Medical Marijuana Control Program (MMCP), the Department of Commerce, the State Board of Pharmacy, or the State Medical Board, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code. As the duly authorized representative of the applicant, I hereby attest to the accuracy to the best of my knowledge of the submitted information on this application and make the submitted certifications on behalf of the applicant.

☐ I hereby acknowledge that this application was formulated with the assistance of outside consultants knowledgeable in the industry. If applicable, please include the information requested below regarding the individuals or entities that provided this assistance.

☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-referenced organization harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Please verify the application level and submit the corresponding, non-refundable application fee:

☐ Level I: I understand and am prepared to submit the non-refundable application fee of $20,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level II cultivator. (3796:5-1-01)

-OR-

☐ Level II: I understand and am prepared to submit the non-refundable application fee of $2,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level I cultivator (3796:5-1-01).
**Business Represented:**
Ohio Grown Therapies, LLC

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew</td>
<td></td>
<td>Joseph</td>
</tr>
</tbody>
</table>

**Signature:**

**Application/Assistance Information**

Name of Company Providing Application Assistance (If Individuals, please provide information below)

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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</table>

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)

Signature of Responsible Party

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)

NOTARY PUBLIC
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

Business Represented: Ohio Grown Therapies, LLC

First Name  M.I.  Last Name

Signature

Application Assistance Information
Name of Company Providing Application Assistance (If individuals, please provide information below)
Apeks LLC

First Name  M.I.  Last Name

Address
150 Commerce Blvd, Johnstown OH 43031

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)
None

Signature of Responsible Party

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
<table>
<thead>
<tr>
<th>Business Represented:</th>
<th>Ohio Grown Therapies, LLC</th>
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<tbody>
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<td>First Name</td>
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<td>M.I.</td>
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<td>Signature</td>
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</table>

**Application Assistance Information**

Name of Company Providing Application Assistance (If individuals, please provide information below)

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Brian</td>
<td>K</td>
<td>Becker</td>
</tr>
</tbody>
</table>

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)

Hourly rate of pay (only)

Signature of Responsible Party

06.20.17

Subscribed and sworn to before me this 20th day of June, 2017.

[Seal]

Nancy J Olmstead
Notary Public - Arizona
Pima County
My Comm. Expires Nov 30, 2019

Nancy J Olmstead
NOTARY PUBLIC
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

<table>
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<tr>
<th>Business Represented:</th>
<th>Ohio Grown Therapies, LLC</th>
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Application Assistance Information
Name of Company Providing Application Assistance (If individuals, please provide information below)

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<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Patrick</td>
<td>D</td>
<td>Catanzarite</td>
</tr>
</tbody>
</table>

Address: [Redacted]

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)
none

Signature of Responsible Party:

[Signature]

Subscribed and sworn to before me this 23rd day of June, 2017.

[Notary Seal]

Valerie H. Carlson
Attorney At Law
Notary Public, State of Ohio

[Notary Signature]

Valerie H. Carlson
Notary Public
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

Business Represented:
Ohio Grown Therapies, LLC

<table>
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<th>First Name</th>
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Signature

Application Assistance Information
Name of Company Providing Application Assistance (If individuals, please provide information below)

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<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>CHRISTOPHER</td>
<td>A</td>
<td>COLE</td>
</tr>
</tbody>
</table>

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.):

NONE

Signature of Responsible Party

Subscribed and sworn to before me this 20th day of June, 2017.

NOTARY PUBLIC
DANNY SIMPSON
My commission expires 11/14/2018
Ohio Department of Commerce  
Medical Marijuana Control Program (MMCP)

<table>
<thead>
<tr>
<th>Business Represented:</th>
<th>Ohio Grown Therapies, LLC</th>
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<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Andrew</td>
<td>P</td>
<td>Joseph</td>
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</tbody>
</table>

**Signature**

**Application Assistance Information**

Name of Company Providing Application Assistance (If individuals, please provide information below)
Curphey Communications, LLC

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Susan</td>
<td>E</td>
<td>Curphey</td>
</tr>
</tbody>
</table>

**Address**
P.O. Box 21695 Columbus, OH 43221

**Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)**
hourly fee

**Signature of Responsible Party**

**Susan E. Curphey**

Subscribed and sworn to before me this **26th** day of June, 2017.

(Signature)
ALEXANDER M. BROWN  
ATTORNEY AT LAW  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03 R.C.

NOTARY PUBLIC
### Ohio Department of Commerce

**Medical Marijuana Control Program (MMCP)**

**Business Represented:**
Ohio Grown Therapies, LLC

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**Signature**

**Application Assistance Information**

**Name of Company Providing Application Assistance (If individuals, please provide information below):**
Dickinson Wright, PLLC

<table>
<thead>
<tr>
<th>First Name</th>
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</table>

**Address**
150 E. Gay St, Suite 2400, Columbus OH 43215

**Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.):**
Hourly Fee

**Signature of Responsible Party**

---

Subscribed and sworn to before me this 12th day of June, 2017.

(Ronald D. Johnson Jr., Attorney At Law)

NOTARY PUBLIC
## Medical Marijuana Control Program (MMCP)

**Business Represented:** Ohio Grown Therapies, LLC

<table>
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<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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**Signature**

### Application Assistance Information

Name of Company Providing Application Assistance (If individuals, please provide information below)

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<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tr>
<td>Miles</td>
<td>R</td>
<td>Gilburne</td>
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**Address**

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<tr>
<th>Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)</th>
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<td>None</td>
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</table>

**Signature of Responsible Party**

Subscribed and sworn to before me this **27th** day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
Medical Marijuana Control Program (MMCP)

Business Represented:

Ohio Grown Therapies, LLC

First Name
M.I.
Last Name

Signature

Application Assistance Information

Name of Company Providing Application Assistance (If individuals, please provide information below)

First Name
M.I.
Last Name

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)

None

Signature of Responsible Party

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

<table>
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<tr>
<th>Business Represented:</th>
<th>Ohio Grown Therapies, LLC</th>
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<tbody>
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<td>First Name</td>
<td>M.I.</td>
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<tr>
<td>Signature</td>
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</table>

**Application Assistance Information**

Name of Company Providing Application Assistance (If individuals, please provide information below):

**Maui Wellness Group LLC**

<table>
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<th>First Name</th>
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<th>Last Name</th>
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</table>

Address

44 Paa Street, Kahului, HI 96732

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.):

None

Signature of Responsible Party

[Signature]

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has Expiration Section 147.03 R.C.

NOTARY PUBLIC
Business Represented:
Ohio Grown Therapies, LLC

First Name M.I. Last Name

Signature

Application Assistance Information
Name of Company Providing Application Assistance (If individuals, please provide information below)

First Name
M.I.
Last Name

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)
Hourly Fee

Signature of Responsible Party

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)
ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.06 R.C.

NOTARY PUBLIC
**Ohio Department of Commerce**

**Medical Marijuana Control Program (MMCP)**

<table>
<thead>
<tr>
<th>Business Represented:</th>
<th>Ohio Grown Therapies, LLC</th>
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<tbody>
<tr>
<td><strong>First Name</strong></td>
<td><strong>M.I.</strong></td>
</tr>
<tr>
<td><strong>Signature</strong></td>
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</tbody>
</table>

**Application Assistance Information**

Name of Company Providing Application Assistance (If individuals, please provide information below)

**Northpoint Architects, LLC**

<table>
<thead>
<tr>
<th><strong>First Name</strong></th>
<th><strong>M.I.</strong></th>
<th><strong>Last Name</strong></th>
</tr>
</thead>
</table>

**Address**

825 North 21st Street, Newark, OH. 43055

**Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)**

**Hourly Fee**

**Signature of Responsible Party**

[Signature]

Subscribed and sworn to before me this **20** day of **June** , **2017**.

(SEAL)

[Seal]

NOTARY PUBLIC

exp 4-29-18
Business Represented: Ohio Grown Therapies, LLC

First Name          M.I.      Last Name

Signature

Application Assistance Information
Name of Company Providing Application Assistance (If individuals, please provide information below)
RBI Builders LLC

First Name       M.I.      Last Name
  RICHARD  S  RICE

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)

Hourly Fee

Signature of Responsible Party

Subscribed and sworn to before me this 20 day of JUNE, 2017.

LYDIA R. SPEICHER
Notary Public, State of Ohio
My Commission Expires 04-19-2020

NOTARY PUBLIC
Cultivator Application – Filing Packet Section 1 Identifiable Information Checklist

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Application Cover Sheet</strong></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>Acknowledgement and Notarized Signature</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td><strong>Section 1: Identifiable Information Section</strong></td>
<td></td>
</tr>
<tr>
<td>IA</td>
<td>Business Entity and Contact Information Form</td>
<td>✓</td>
</tr>
<tr>
<td>IB</td>
<td>Liquid Assets Form</td>
<td>✓</td>
</tr>
<tr>
<td>IC</td>
<td>Financial Responsibility Form – Insurance</td>
<td>✓</td>
</tr>
<tr>
<td>ID</td>
<td>Financial Responsibility Form – Escrow / Surety</td>
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</tr>
<tr>
<td>IE</td>
<td>Property Owner Approval for Use Form</td>
<td>✓</td>
</tr>
<tr>
<td>IF</td>
<td>500 Foot Compliance Cover Page</td>
<td>✓</td>
</tr>
<tr>
<td>IG</td>
<td>Notice of Proper Zoning Form</td>
<td>✓</td>
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<tr>
<td>IH</td>
<td>Zoning Permit Cover Page</td>
<td>✓</td>
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<tr>
<td>II</td>
<td>Owners and Officers Roster Form</td>
<td>✓</td>
</tr>
<tr>
<td>IJ</td>
<td>Organizational Chart Cover Page</td>
<td>✓</td>
</tr>
<tr>
<td>IK</td>
<td>Individual Background Information Form (Include copy for each person listed on Attachment 11)</td>
<td>✓</td>
</tr>
<tr>
<td>IL</td>
<td>Business in Other Jurisdictions Form</td>
<td>✓</td>
</tr>
<tr>
<td>IM</td>
<td>Copies of Licenses from Business in Other Jurisdictions Cover Page</td>
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<tr>
<td>IN</td>
<td>Tax Payment Records Cover Page</td>
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<td>Disadvantaged Group Applicant Form</td>
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<td>IP</td>
<td>Entity Identifier Legend Form</td>
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<tr>
<td>IQ</td>
<td>Trade Secret and Infrastructure Record Notification Form</td>
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</table>
# Cultivator Application – Filing Packet - Section 1: Identifiers

Instructions are provided in a separate document titled Cultivator Application – Request for Applications/Instructions Packet (MMCP-C-1000).

## IA Business Entity and Contact Information Form

<table>
<thead>
<tr>
<th>Business Entity Information</th>
</tr>
</thead>
</table>
| 1. Legal Name of Applicant (3796:2-1-02(B)(2)(a)):
| Ohio Grown Therapies, LLC |
| 2. Trade Name of Applicant:
| Ohio Grown Therapies |
| 3. Type of Organization/ Applicant Business Type (3796:2-1-02(B)(2)(b)):
| ☑ Limited Liability Corporation |
| 4. Ohio Secretary of State Business Identification Number (3796:2-1-02(B)(2)(c)):
| 4034676 |
| 5. Business Address:
| 150 Commerce Blvd |
| 6. City:
| Johnstown |
| 7. State:
| OH |
| 8. Zip Code:
| 43031 |
| 9. Proposed Facility Physical Address (if different than above) (3796:2-1-02(B)(2)(d)):
| 231 Commerce Blvd |
| 10. City (if different than above):
| Johnstown |
| 11. State:
| OH |
| 12. Zip Code:
| 43031 |
| 13. Business Phone Number:
| 740-809-1160 |
| 14. Email Address: [Redacted] |

**Primary Contact or Registered Agent Information**

| 15. First Name
| Andrew |
| 16. M.I. |
| P |
| 17. Last Name
| Joseph |
| 18. Title (i.e., Owner, President, etc.)
| President |
| 19. Mailing Address (if different than Business Address):
<p>| |
| |
| 20. City: |</p>
<table>
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<tr>
<td>24. Email Address (if different than Business Email):</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>(Optional) Alternative Contact Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. First Name</td>
<td>26. M.I.</td>
<td>27. Last Name</td>
</tr>
<tr>
<td>David</td>
<td>C</td>
<td>Cole</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Title (i.e., Owner, President, etc.):</td>
<td>Chairman</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td>29. Mailing Address (if different than Business Address):</td>
<td>30. City:</td>
<td></td>
</tr>
<tr>
<td>150 Commerce Blvd</td>
<td>Johnstown</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. State:</td>
<td>32. Zip Code:</td>
<td>33. Phone Number:</td>
</tr>
<tr>
<td>OH</td>
<td>43031</td>
<td>740-809-1160</td>
</tr>
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<tr>
<td>34. Email Address (if different than Business Email):</td>
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<tr>
<td><strong>Identifying Tax Information</strong></td>
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<tr>
<td>35. EIN/SSN</td>
<td></td>
<td>36. CAT Account #</td>
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<tr>
<td>37. Vendor’s License #:</td>
<td></td>
<td>38. Employer Withholding Account #:</td>
</tr>
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</tr>
<tr>
<td>39. Other Accounts at the Department of Taxation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

1B Liquid Assets Form
3796:2-1-03(A)(1), 3796:2-1-03(B)(5)(c)

To be Completed by Applicant

Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:
Ohio Grown Therapies, LLC

To be Completed by Applicant or CPA

☐ Level I: I hereby certify the above listed Applicant has at least $500,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.

-OR-

☐ Level II: I hereby certify the above listed Applicant has at least $50,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.

Date of Certification (must be within 30 days of Application submission) (3796:2-1-03(B)(5)(c)(ii)),
June 1, 2017

Printed Name of CPA or Applicant
Andrew P Joseph

CPA Company Name (if applicable)
N/A

Phone Number:

Signature:

Subscribed and sworn to before me this ___ day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
To be Completed by Applicant

Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

Ohio Grown Therapies, LLC

☐ I hereby certify the intent to purchase insurance coverage and terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations, if such products are in existence at the time of issuance or the time of renewal.

-OR-

☐ I hereby certify insurance coverage has been purchased with terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations. Coverage documentation is ATTACHED to this application following this form.

Date: 6-27-17

Signature:

Subscribed and sworn to before me this 27th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
Ohio Grown Therapies, LLC

Type of Security:

☐ Escrow Account (3796:2-1-05(B)(2))

☑ Surety Bond (3796:2-1-05(B)(3))

☐ Level I: I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of $750,000, consistent with the Level I application requirements, prior to being awarded a Cultivator Certificate of Operations.

-OR-

☐ Level II: I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of $75,000, consistent with the Level II application requirements, prior to being awarded a Cultivator Certificate of Operations.

Surety Insurance Company Name (if applicable) (3796:2-1-05(C)):

Printed Name:
Andrew P Joseph

CPA Company Name (if applicable):

Phone Number:

Signature:

Subscribed and sworn to before me this 27th day of June, 2017.

(Seal)
ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

1E Property Owner Approval for Use Form
3796:2-1-02(B)(2)(h)

To be Completed by the Applicant

Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

Ohio Grown Therapies, LLC

Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:

231 Commerce Blvd

City: Johnstown  County: Licking

State: Ohio  Zip Code: 43031  Phone Number: 740-809-1160

Legal Description of the Property:
The real property consists of all of Licking County tax parcel number 053-174324-00.002, containing a total of approximately 20,566 acres of land, inclusive of an office and warehouse building measuring a total of approximately 98,266 square feet and any other improvements located thereon and all rights and appurtenances thereto (collectively referred to hereina as the "Real Estate"). located at 231 Commerce Boulevard, Johnstown, Ohio.

To be Completed by the Owner of the Physical Address of the Proposed Cultivator

Name of Owner of the Physical Address of the Proposed Medical Marijuana Cultivator Facility:

Thirty-One Real Estate LLC

Length of Lease/ Expiration:

Property will be sold to the applicant, its affiliate, or a designee if awarded a provisional license

☐ The individual or entity applying for a Medical Marijuana Cultivator Certificate of Operations is the owner of the physical address of the proposed Medical Marijuana Cultivator.

☐ The owner of the physical address of the proposed Medical Marijuana Cultivator gives permission to the individual or entity applying for a Medical Marijuana Cultivator Certificate of Operations to operate a Medical Marijuana Cultivator facility at the physical address.

PROPERTY OWNER SIGNATURE  DATE SIGNED

[Signature]

06 JUNE 2017

Subscribed and sworn to before me this 6th day of June, 2017.

Deanna Vance
Notary Public, State of Ohio
My Commission Expires 04-21-2018

NOTARY PUBLIC
Attach a location map of the area surrounding the proposed cultivator facility. Include representation of the area within at least a 750 foot radius of the proposed facility in all directions. Identify the relative locations of any prohibited facilities on the map, establishing the facility is at least 500 feet from the boundaries of any parcel of nearby real estate having situated on it a prohibited facility, as measured under rule 3796:5-5-01 of the Administrative Code.

At a minimum, the location map should include representation of any of the following prohibited facilities, as defined in ORC 3796.30:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in ORC 5104.01 and 2950.034);

- Church (as defined in ORC 1710.01);

- Public library (as defined in ORC Chapter 3375);

- Public Playground (including state or local government property); and

- Public Park (including state or local government property).

Include this cover page with the appropriate attachment.

Map may be divided into 8.5x11 page sections or may be folded to fit into an 8.5x11 packet. Map must be clearly labeled and legible.
### Ohio Grown Therapies, LLC

**Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:**

**231 Commerce Blvd**

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnstown</td>
<td>Licking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Zip Code:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>43031</td>
<td>740-809-1160</td>
</tr>
</tbody>
</table>

### Village of Johnstown, Ohio

- The Applicant has applied for local zoning approval to operate a Medical Marijuana Cultivation facility at the address listed above. *(If Permit Issued, include as Attachment 1H.)*
- The Applicant complies with local zoning laws and regulations to operate a Medical Marijuana Cultivation facility at the address listed above at this time.
- The area of Village of Johnstown, Ohio has no local moratorium on Medical Marijuana facilities in place at this time. *(3796:2-1-03(A)(4))*
- **☐** The area of __________________________ has no zoning in place at this time.

<table>
<thead>
<tr>
<th>Printed Name of Authorized Zoning Representative:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Lenner</td>
<td>Village Manager</td>
</tr>
</tbody>
</table>

Signature: [Signature]

Subscribed and sworn to before me this 7 day of June, 2017.

(SEAL)

Teresa R. Monroe
Notary Public State of Ohio
My Commission Expires 05/16/2019

NOTARY PUBLIC
1H Zoning Permit Cover Page
3796:2-1-02(B)(2)(k)

☐ Applicant has received local zoning approval and was issued a permit. Permit is attached after this cover page.

☐ No permit is attached.

Mark one of the boxes above.

Include this form in application even if no permit is attached.
To be Completed by Applicant

Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

Ohio Grown Therapies, LLC

I certify, to the best of my knowledge, that the following requirements comply as to the date of the application:

- No owner or officer is a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code.
- No owner or officer has ownership, financial interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or is an applicant for a license to conduct laboratory testing.

I certify, that I acknowledge the following condition of the review of my application:

- No owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one person's application or entity's application, the Department of Commerce will remove both applications from consideration.

Provide the following list for every individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in O.A.C. 3796:1-1-01, in the Applicant's business or will directly or indirectly participate in the management of the operation. If the financial interest is in an entity, provide the individuals with an equity or profit interest in the entity. Attachment 1K is to be completed for each individual listed. Entries in the Identifier Legend column (Person A, Person B, etc.) must be used in place of an individual's name if that individual is referenced in Section 2 of the application.

<table>
<thead>
<tr>
<th>Identifier Legend</th>
<th>Name (First, Middle, Last)</th>
<th>Role</th>
<th>% Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Person A</td>
<td>John Q. Public</td>
<td>Owner</td>
<td>5%</td>
</tr>
<tr>
<td>Person A</td>
<td>Andrew P Joseph</td>
<td>Owner</td>
<td>27.37</td>
</tr>
<tr>
<td>Person B</td>
<td>David C Cole</td>
<td>Owner</td>
<td>7.99</td>
</tr>
<tr>
<td>Person C</td>
<td>Kristen M Joseph</td>
<td>Owner</td>
<td>27.37</td>
</tr>
<tr>
<td>Person D</td>
<td>Allen Grogan</td>
<td>Owner</td>
<td>8.50</td>
</tr>
<tr>
<td>Person F</td>
<td>Miles Gilburne</td>
<td>Owner</td>
<td>7.74</td>
</tr>
<tr>
<td>Identifier Legend</td>
<td>Names (First, Middle, Last)</td>
<td>Role</td>
<td>% Interest</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------</td>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Physician #1</td>
<td>Dr Andrew Weil</td>
<td>Owner</td>
<td>3.87</td>
</tr>
<tr>
<td></td>
<td>Margaret M Cole</td>
<td>Owner</td>
<td>5.55</td>
</tr>
<tr>
<td></td>
<td>Nina Zolt</td>
<td>Owner</td>
<td>7.74</td>
</tr>
<tr>
<td></td>
<td>Richard Baxter</td>
<td>Owner</td>
<td>3.87</td>
</tr>
<tr>
<td></td>
<td>Jeremy Didion</td>
<td>Manager</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Jeremy Sexton</td>
<td>Manager</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Nicholas J Yerico</td>
<td>Manager</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Patrick Catanzarite</td>
<td>Manager</td>
<td>0</td>
</tr>
<tr>
<td>Physician #2</td>
<td>Dr Donald Abrams</td>
<td>Chief Medical Officer</td>
<td>0</td>
</tr>
<tr>
<td>Physician #3</td>
<td>Dr Brian Becker</td>
<td>Institutional Review Officer</td>
<td>0</td>
</tr>
</tbody>
</table>
I. Organizational Chart Cover Page
3796:2-1-02(B)(2)(c), 3796:2-1-03(B)(1)(b)

Submit an organizational chart of the proposed cultivation business. At a minimum, include representation of all principal officers, board members, and any other individual associated with the cultivation business.

Names on the organizational chart should match those listed on Attachment II.

Organizational chart should be represented on 8.5 x 11 pages and may use multiple pages to represent all individuals. Chart may be presented either in portrait or landscape views.

Chart should be clearly marked and legible.

Include this cover page.
# Medical Marijuana Control Program (MMCP)

**1K Individual Background Information Form**  
(3796:2-1-02(B)(2), 3796:2-1-03(A))

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>David C Cole</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Role (Owner, Officer, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Manager</td>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

- [ ] I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

- [ ] I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

- [ ] I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

- [ ] I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

- [ ] I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

- [ ] I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

- [ ] I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referred organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]

Date: 6/26/14

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
To be Completed by each Individual Owner or Officer as listed on Attachment II

Name of Individual
DONALD IRA ABRAHAMS

Date of Birth:

Title (if applicable)

Role (Owner, Officer, etc.)

Mailing Address:

Phone Number:

Email Address:

☒ I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

☒ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

☒ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

☒ I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

☒ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

☒ I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

☒ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: _______________________________ Date: ________________

Subscribed and sworn to before me this 23rd day of June, 2017.

ZAYDA BONILLA
Commission # 2142291
Notary Public - California
San Francisco County
My Comm. Expires Feb 9, 2020

NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

On June 23, 2017 before me, Zayda Bonilla

Date

personally appeared Donald A. Abrams

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: 

Document Date:

Number of Pages: 

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)
Signer’s Name:

[ ] Corporate Officer — Title(s):

[ ] Partner — [ ] Limited [ ] General

[ ] Individual [ ] Attorney in Fact

[ ] Trustee [ ] Guardian or Conservator

[ ] Other:

Signer Is Representing:

Signer’s Name:

[ ] Corporate Officer — Title(s):

[ ] Partner — [ ] Limited [ ] General

[ ] Individual [ ] Attorney in Fact

[ ] Trustee [ ] Guardian or Conservator

[ ] Other:

Signer Is Representing:
1K Individual Background Information Form

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHARD T. BAYTER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Role (Owner, Officer, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OWNER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

- I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

- I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

- I certify that I have no ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

- I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant's application, the Department will deny both applications.

- I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

- I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature:

Date: 6/16/17

Subscribed and sworn to before me this 16th day of JUNE, 2017.

NANCY J. OLMSHEAD
Notary Public - Arizona
Pima County
My Comm. Expires Nov 30, 2019

NOTARY PUBLIC
I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2:1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]          Date: 06-20-2017

Subscribed and sworn to before me this 20th day of JUNE, 2017.

NANCY J OLMMSTEAD
Notary Public - Arizona
Pima County
My Comm. Expires Nov 30, 2019

NOTARY PUBLIC
I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(1)(B)(2)(F)).

☐ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

☐ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

☐ I certify that I have no ownership interest, or a compensation arrangement with a laboratory licensed under Chapter 3796, of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(3)).

☐ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

☐ I certify that I am in compliance with all provisions of Chapter 3796, of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick D. Chavagnes</td>
<td>6/26/17</td>
</tr>
</tbody>
</table>

Subscribed and sworn to before me this 26 day of June, 2017.

(SEAL)

REGINA BOMAR
NOTARY PUBLIC
STATE OF OHIO
Recorded in Franklin County
My commission expires Feb. 4, 2019
1K Individual Background Information Form
(3796:2-1-02(B)(2), 3796:2-1-03(A))

To be Completed by each Individual Owner or Officer as listed on Attachment 11

Name of Individual
Margaret M Cole

Role (Owner, Officer, etc.)
Owner

Mailing Address

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone Number: [Redacted] Email: [Redacted]

☐ I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

☐ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2a)).

☐ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2b)).

☐ I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

☐ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

☐ I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

I hereby declare that, to the best of my knowledge, the information submitted under oath is true and correct, and that, to the best of my knowledge, the referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: Margaret Cole
Date: 6/26/17

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
1K Individual Background Information Form  
(3796:2-1-02(B)(2), 3796:2-1-03(A))

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Jeremy M Didion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role (Owner, Officer, etc.)</td>
<td>Manager</td>
</tr>
</tbody>
</table>

- I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).
- I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).
- I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).
- I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).
- I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.
- I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.
- I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
Medical Marijuana Control Program (MMCP)

referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: 

Date: 6-26-17

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.09 R.C.

NOTARY PUBLIC
1K Individual Background Information Form

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miles R Gilburne</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Role (Owner, Officer, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owner</td>
</tr>
</tbody>
</table>

☐ I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

☐ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

☐ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

☐ I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

☐ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

☐ I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [signature]  Date: 6/26/17

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
I declare that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

referenced organizations harmless with respect to the disclosure herein. I certify under the
penalties of perjury that I am the taxpayer identified below.

Signature: [Signature] Date: 26 June 2017

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.63 R.C.

NOTARY PUBLIC
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

1K Individual Background Information Form
(3796:2-1-02(B)(2), 3796:2-1-03(A))

To be Completed by each Individual Owner or Officer as listed on Attachment 11

Name of Individual
Andrew P Joseph

Title (if applicable)
President

Role (Owner, Officer, etc.)
Owner

☐ I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

☐ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

☐ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(3)(b)).

☐ I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

☐ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

☐ I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referred organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]  Date: 6-26-17

Subscribed and sworn to before me this 20th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant's application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]
Date: 6-26-17

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.08 R.C.

NOTARY PUBLIC
I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796, of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796, of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referred organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature] Date: June 17, 2017

Subscribed and sworn to before me this 17th day of June, 2017.

[Signature]

ANTIA J. MERCER
Notary Public, State of Ohio
My Commission Expires 04-14-2019

NOTARY PUBLIC
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

1K Individual Background Information Form
(3796:2-1-02(B)(2), 3796:2-1-03(A))

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW T. WEIL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Role (Owner, Officer, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIEF SCIENCE OFFICER</td>
<td>OFFICER</td>
</tr>
</tbody>
</table>

- I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

- I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

- I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

- I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

- I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

- I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

- I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]

Date: 06/15/2017

Subscribed and sworn to before me this 15th day of June, 2017.

NANCY J. OLINSTEAD
Notary Public - Arizona
Pima County
My Comm. Expires Nov 30, 2019

Nancy J. Olmstead
NOTARY PUBLIC
I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>6/26/17</td>
</tr>
</tbody>
</table>

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

NOTARY PUBLIC

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

1K Individual Background Information Form
(3796:2-1-02(B)(2), 3796:2-1-03(A))

To be Completed by each Individual Owner or Officer as listed on Attachment 11

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nina B. Zolt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if applicable)</th>
<th>Role (Owner, Officer, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owner</td>
</tr>
</tbody>
</table>

✓ I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

✓ I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

✓ I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

✓ I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

✓ I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

✓ I certify that I am in compliance with all provisions of Chapter 3796 of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

✓ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-
referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature: [Signature]  
Date: 6/29/17

Subscribed and sworn to before me this 23rd day of June, 2017.

(SEAL)

DENISE GREER  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires May 01, 2021

Denise Green  
NOTARY PUBLIC
Ohio Grown Therapies, LLC

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Dates of Issue/Expiry</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI</td>
<td>Medical Marijuana Dispensary</td>
<td>May 31, 2016/May 31, 2017</td>
<td>A01-MM</td>
</tr>
<tr>
<td>HI</td>
<td>Medical Marijuana Dispensary</td>
<td>May 24, 2017/May 31, 2018</td>
<td>A01-MM</td>
</tr>
<tr>
<td>HI</td>
<td>Medical Marijuana Dispensary (Production Center)</td>
<td>Feb 1, 2017/May 31, 2017</td>
<td>A01-MM-PC1</td>
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<td>HI</td>
<td>Medical Marijuana Dispensary</td>
<td>May 26, 2017/May 31, 2018</td>
<td>A01-MM-PC1</td>
</tr>
<tr>
<td>HI</td>
<td>Medical Marijuana Dispensary</td>
<td>May 18, 2017/May 31, 2018</td>
<td>A01-MM-PC2</td>
</tr>
</tbody>
</table>

☑️ I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana.  

☑️ I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following:

a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and
b. A copy of documentation so indicating; or
c. A statement that the applicant was so licensed or authorized and was never sanctioned.

☑️ I certify that, to the best of my knowledge, the attached documentation indicates proof of tax compliance for individuals and businesses at the state level for all jurisdictions outside the State of Ohio in which applicant has operated as a business. Acceptable documentation includes tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority. This documentation shall be provided for every person or entity with a financial interest of one percent or greater in the applicant covering the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**
Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)

Signature:

Date 6/26/17

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
To be Completed by Applicant

Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

Ohio Grown Therapies, LLC

Provide information regarding all other medical marijuana licenses, permits, or registrations ever held, current or expired, by the Applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Dates of Issue/Expiration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
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<td>MMJD 2016-01</td>
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<td>HI</td>
<td>Controlled Substances - Production</td>
<td>4/30/2018</td>
<td>MMJD2016-01A</td>
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<td>Controlled Substances - Retail Dispensing</td>
<td>4/30/2018</td>
<td>MMJD2016-01B</td>
</tr>
</tbody>
</table>

☐ I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana. (3796:2-1-02(B)(2)(j)(iii))

☐ I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following:
  a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and
  b. A copy of documentation so indicating; or
  c. A statement that the applicant was so licensed or authorized and was never sanctioned. (3796:2-1-02(B)(2)(j)(iii))

☐ I certify that, to the best of my knowledge, the attached documentation indicates proof of tax compliance for individuals and businesses at the state level for all jurisdictions outside the State of Ohio in which applicant has operated as a business. Acceptable documentation includes tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority. This documentation shall be provided for every person or entity with a financial interest of one percent or greater in the applicant covering the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns, would be considered a “public record” as defined in R.C. 149.43(A)(1).**
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

Signature: [Signature] Date: 6/26/2017

Subscribed and sworn to before me this 26th day of June, 2017.

(SEAL)

ALEXANDER M. BROWN
ATTORNEY AT LAW
Notary Public. State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

NOTARY PUBLIC
IM Copies of Licenses from Business in Other Jurisdictions Cover Page
3796:2-1-02(B)(2)(j)(i)

☒ Applicant has licenses from one or more businesses in other jurisdictions. License copies are attached after this cover page.

☐ No license copies are attached.

Mark one of the boxes above.

Include this form in application even if no license copies are attached.
STATE OF HAWAII
DEPARTMENT OF HEALTH

Medical Marijuana Dispensary License

MAUI WELLNESS GROUP, LLC

This license is granted to operate a Medical Marijuana Dispensary.

Effective Date: May 18, 2016
Date Issued: May 31, 2016

This license is valid for one (1) year ending May 31, 2017, unless revoked for just cause.

This license is granted in accordance with provisions of the State Public Health Laws and Regulations, specifically, Chapter 339, Hawaii Revised Statutes, and the Hawaii Administrative Rules, Chapter 11-850.

OHCA License No.: A01-MM

By Office of Health Care Assurance

This license shall be displayed in plain view at all times. This license is not transferable.
**STATE OF HAWAII**
**DEPARTMENT OF HEALTH**

**Medical Marijuana Dispensary License**

MAUI WELLNESS GROUP, LLC d/b/a MAUI CROWN THERAPIES

This license is valid for ONE (1) YEAR ending May 31, 2018. Medical Marijuana Dispensary

This license is granted in accordance with provisions of the State Public Health laws and regulations, specifically, Chapter 329D, Hawaii Revised Statutes, and the Hawaii Administrative Rules Chapter 11-850.

Effective Date: May 31, 2017

Date Issued: May 24, 2017

Director of Health

By [Signature]

Office of Health Care Assurance

OHCA License No.: A01-MM

This license shall be displayed in plain view at all times. This license is not transferable.
STATE OF HAWAII
DEPARTMENT OF HEALTH

Medical Marijuana Dispensary License

MAUI WELLNESS GROUP, LLC DBA MAUI GROWN THERAPIES

is hereby granted a license to operate a Medical Marijuana Dispensary Production Center

at 13500 Haleakala Highway, Kula, Hawaii 96790.

This license is valid until May 31, 2017 unless revoked for just cause. This license is granted in accordance with provisions of the State Public Health laws and regulations, specifically, Chapter 329D, Hawaii Revised Statutes, and the Hawaii Administrative Rules Chapter 11-850.

Effective Date: February 1, 2017

Date Issued: February 1, 2017

Director of Health

By Margaret Levin
Office of Health Care Assurance

OHCA License No.: A01-MM-PC1

This license shall be displayed in plain view at all times. This license is not transferrable.
MAUI WELLNESS GROUP, LLC d/b/a MAUI GROWN THERAPIES

Medical Marijuana Dispensary License

is hereby granted a license to operate a Medical Marijuana Dispensary at
13500 Haleakala Highway, Kula, Hawaii 96790

This license is valid for ONE (1) YEAR ending
May 31, 2018 unless revoked for just cause.

This license is granted in accordance with provisions of the State Public Health laws and regulations, specifically, Chapter 329D, Hawaii Revised Statutes, and the Hawaii Administrative Rules Chapter 11-850.

Effective Date: May 31, 2017
Date Issued: May 26, 2017

Director of Health
By

OHCA License No.: A01-MM-PC1

This license shall be displayed in plain view at all times. This license is not transferable.
STATE OF HAWAII
DEPARTMENT OF HEALTH

Medical Marijuana Dispensary License

MAUI WELLNESS GROUP, LLC

is hereby granted a license to operate a Medical Marijuana Dispensary
at 13500 Haleakala Highway, Kula, Hawaii 96790

This license is valid for ONE (1) YEAR ending May 31, 2018 unless revoked for just cause.

This license is granted in accordance with provisions of the State Public Health laws and regulations,
specifically, Chapter 329D, Hawaii Revised Statutes, and the Hawaii Administrative Rules Chapter 11-850.

Effective Date: May 31, 2017
Date Issued: May 18, 2017

Director of Health
By Margaret Dunn
Office of Health Care Assurance

OHCA License No.: A01-MM-PC2

This license shall be displayed in plain view at all times. This license is not transferrable.
CERTIFICATE OF REGISTRATION FOR
CONTROLLED SUBSTANCES

This is awarded to: MAUI WELLNESS GROUP, LLC
DBA/MAUI GROWN THERAPIES
13500 HAIEKA ALA HWY. (RTE 377)
KULA, HAWAII 96768

by the Department of Public Safety, Narcotics Enforcement Division, pursuant to provisions of Chapter 329 and 329D, Hawaii Revised Statutes

Registrar is authorized for
(☐) Production (☐) Retail Dispensing (☐) Laboratory Analysis

Controlled Substances listed in the following Schedules:
(☐) Schedule I: Medical Marijuana and Marijuana Manufactured Products

This certificate of registration must be prominently displayed at the business address as shown.

This registration is not transferable.

State of Hawaii

DEPARTMENT OF PUBLIC SAFETY
NARCOTICS ENFORCEMENT DIVISION

Registration Number: NACD 15010-01
Expires: 07/31/2017

By Authorized Signature
CERTIFICATE OF REGISTRATION FOR
CONTROLLED SUBSTANCES

This is awarded to: MAUI WELLNESS GROUP, LLC
DEA/MAUI GROWN THERAPIES
13500 HALEAKALĀ HWY. BLDG 2
KĪLUA, HAWAII 96768

by the Department of Public Safety, Narcotics Enforcement Division,
pursuant to provisions of Chapter 329, and 329D, Hawaii Revised Statues
Registrant is authorized for

( ) Production
( ) Retail Dispensing
( ) Laboratory Analysis

Controlled Substances listed in the following Schedules:

( ) Schedule I: Medical Marijuana and Marijuana Manufactured Products

THIS CERTIFICATE OF REGISTRATION MUST BE PROMINENTLY DISPLAYED
AT THE BUSINESS ADDRESS AS SHOWN.

THE REGISTRATION IS NOT TRANSFERABLE.

DEPARTMENT OF PUBLIC SAFETY
NARCOTICS ENFORCEMENT DIVISION

Registration Number: MNTD2016-01A
Expires: 04/30/2018

By Authorized Signature

STATE OF HAWAII

LAW022 MedMJ Disp (HRS 329/329D)
CERTIFICATE OF REGISTRATION FOR
CONTROLLED SUBSTANCES

This is awarded to: MAUI WELLNESS GROUP, LLC
DEA/MAUI CROWN THERAPIES
44 PA‘A STREET
KAHULUI, HAWAII 96732

by the Department of Public Safety, Narcotics Enforcement Division,
pursuant to provisions of Chapter 329, and 329D, Hawaii Revised Statutes

Registrant is authorized for
( ) Production
( ) Retail Dispensing
( ) Laboratory Analysis

Controlled Substances listed in the following Schedules:
( ) Schedule I: Medical Marijuana and Marijuana Manufactured Products

This Certificate of Registration must be prominently displayed
at the business address as shown.

The registration is not transferable.

State of Hawaii
DEPARTMENT OF PUBLIC SAFETY
NARCOTICS ENFORCEMENT DIVISION

Registration Number:
MMT2016-01B 04/30/2018

By Authorized Signature

LAW0222 Medical Disp (HRS 329/329D)
IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**

Include this cover page.
IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a ‘public record’ as defined in R.C. 149.43(A)(1).**

Include this cover page.
IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(c), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(c)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a "public record" as defined in R.C. 149.43(A)(1).**

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IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

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IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**

Include this cover page.
IN Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(6)(e)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a "public record" as defined in R.C. 149.43(A)(1).**

Include this cover page.
IN Tax Payment Records Cover Page
3796:2-1-62(B)(6)(c), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(c)

Attach a record of tax payments in the form of tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a "public record" as defined in R.C. 149.43(A)(1).**

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Include this cover page.
Ohio Department of Commerce
Medical Marijuana Control Program (MMCP)

10 Disadvantaged Group Applicant Form
3796:2-1-03(C)(1)(a), 3796:2-1-03(C)(4)(a), 3796:2-1-03(C)(4)(b)

<table>
<thead>
<tr>
<th>To be Completed by Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:</td>
</tr>
<tr>
<td>Ohio Grown Therapies, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate which (if any) of the following additional criteria apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] I certify that the principal place of business and headquarters of this organization is Ohio.</td>
</tr>
<tr>
<td>(3796:2-1-03(C)(1)(a))</td>
</tr>
<tr>
<td>[ ] I certify that the applicant's business is owned and controlled by a U.S. citizen who is a resident of Ohio and is a member of one of the economically disadvantaged groups set forth in division (C) of section 3796.09 of the Revised Code. For purposes of this section, &quot;owned and controlled&quot; means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(a))</td>
</tr>
<tr>
<td>[ ] I certify that the applicant's business is owned and controlled as a woman-owned business by a U.S. citizen who is a resident of Ohio, principal place of business and headquarters of this organization is Ohio. For purposes of this section, &quot;owned and controlled&quot; means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(b))</td>
</tr>
</tbody>
</table>

Note: Additional criteria, as described in 3796:2-1-03, may be submitted in Section 2 of the Ohio Cultivator Application Filing Packet. See MMCP-C-1001B.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>6-26-17</td>
</tr>
</tbody>
</table>

* The members of the economically disadvantaged groups must be identified in Form II along with their percentage of ownership.
**1P Entity Identifier Legend Form**

In addition to Form 11 Owners and Officers Roster Form for individuals, entries in the Entity Identifier Legend must be used in place of an entity’s name for any entity that is referenced in Section 2 of the application.

<table>
<thead>
<tr>
<th>Identifier Legend</th>
<th>Entity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Entity A</td>
<td>ACME Construction</td>
</tr>
<tr>
<td>Example: Entity B</td>
<td>Capital Investors, LLC</td>
</tr>
<tr>
<td>Entity A</td>
<td>Ohio Grown Therapies, LLC</td>
</tr>
<tr>
<td>Entity B</td>
<td>Maui Wellness Group, LLC</td>
</tr>
<tr>
<td>Entity D</td>
<td>OGT Management, LLC</td>
</tr>
<tr>
<td>State X</td>
<td>State of Maine</td>
</tr>
<tr>
<td>State Y</td>
<td>State of Hawaii</td>
</tr>
<tr>
<td>State Z</td>
<td>State of Ohio</td>
</tr>
<tr>
<td>Person E</td>
<td>Michael Backes</td>
</tr>
<tr>
<td>Chief Cultivation Advisor</td>
<td>Jeffery B McElroy</td>
</tr>
<tr>
<td>Production Operations Liaison</td>
<td>Christopher A Cole</td>
</tr>
<tr>
<td>Person A</td>
<td>Andrew P Joseph</td>
</tr>
<tr>
<td>Person C</td>
<td>Kristen M Joseph</td>
</tr>
<tr>
<td>Person B</td>
<td>David C Cole</td>
</tr>
<tr>
<td>Person D</td>
<td>Allen Grogan</td>
</tr>
<tr>
<td>Person F</td>
<td>Miles Gilburne</td>
</tr>
<tr>
<td>Physician #1</td>
<td>Dr Andrew Weil</td>
</tr>
<tr>
<td>Physician #2</td>
<td>Dr Donald Abrams</td>
</tr>
<tr>
<td>Physician #3</td>
<td>Dr Brian Becker</td>
</tr>
</tbody>
</table>
The undersigned is an Applicant for a medical marijuana cultivator license. The Applicant understands that the Department of Commerce is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.

Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.

Applicant understands that there are additional requirements in order to claim a trade secret or infrastructure record exception. Applicant understands that materials consisting of trade secrets or infrastructure records must be clearly marked, specifying the pages of the application submission that are to be restricted and justifying the trade secret designation or infrastructure designation for each item.

Signature of Person or Authorized Representative

Date 6-26-17

Printed Name of Applicant

Andrew P Joseph
Explanation and Justification of Trade Secret Designations

Section 1331.61, Ohio Revised Code defines a trade secret as follows:

"Trade secret" means information, including the whole or any portion or phase of any scientific or technical information, design, process, procedure, formula, pattern, compilation, program, device, method, technique, or improvement, or any business information or plans, financial information, or listing of names, addresses, or telephone numbers, that satisfies both of the following:

1. It derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.

2. It is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

Information identified in records by its owner as a trade secret is not automatically exempted from disclosure under R.C. 149.43(A)(1)(v) of the Public Records Act as "records the release of which is prohibited by state or federal law." State Ex Rel. Besser v. Ohio State University, 87 Ohio St.3d 535, 540 (Ohio 2000). Rather, identification of a trade secret requires a fact-based assessment. "An entity claiming trade secret status bears the burden to identify and demonstrate that the material is included in categories of protected information under the statute and additionally must take some active steps to maintain its secrecy." Fred Siegel Co, L.P.A. v. Arter & Hadden, 85 Ohio St.3d 171, 181 (1999) (finding that the time, effort, or money expended in developing a law firm's client list, as well as amount of time and expense it would take for others to acquire and duplicate it, may be among factfinder's considerations in determining if that information qualifies as a trade secret).

The Ohio Supreme Court has adopted the following factors in analyzing a trade secret claim:

"(1) The extent to which the information is known outside the business; (2) the extent to which it is known to those inside the business, i.e., by the employees; (3) the precautions taken by the holder of the trade secret to guard the secrecy of the information; (4) the savings effected and the value to the holder in having the information as against competitors; (5) the amount of effort or money expended in obtaining and developing the information; and (6) the amount of time and expense it would take for others to acquire and duplicate the information." State ex rel. Besser v. Ohio State Univ., 89 Ohio St.3d 396, 2000-Ohio-475, citing State ex rel. The Plain Dealer v. Ohio Dept. of Ins. (1997), 80 Ohio St.3d 513, 524-525, 687 N.E.2d 661, 672.

The maintenance of secrecy is important but does not require that the trade secret be completely unknown to the public in its entirety. If parts of the trade secret are in the public domain, but the value of the trade secret derives from the parts being taken together with other secret information, then the trade secret remains protected under Ohio law. Besser, 89 Ohio St. at 399-
400. Trade secret law is underpinned by “[t]he protection of competitive advantage in private, not public, business.” State ex rel. Toledo Blade Co. v. Univ. of Toledo Found., 65 Ohio St.3d 258, 264 (1992).

Further, Ohio’s trade secret law protects information in all forms, including trade secrets in hard-copy or electronic form, regardless of electronic-storage medium, including social media; and even those trade secrets that have been committed to an employee’s memory. Al Minor & Associates, Inc. v. Martin, 227 Ohio St.3d 58 (2008).

This underlying information is important because Applicant has developed processes and procedures for the cultivation of marijuana as well as financial projections and cost structure information, including projected costs and expenses of cultivation operations and staffing, that fit squarely within the scope of trade secret protection under Ohio law. These processes, procedures and information are not generally known outside of Applicant; they are known only to those individuals inside Applicant’s business that have a need to know and are subject to contractual limitations on use and disclosure; Applicant has taken substantial precautions to guard the secrecy of this information; these processes, procedures and information are extremely valuable and are not known to competitors; they were developed by Applicant through the expenditure of substantial effort and money; and independent development of these processes and procedures by competitors would require the expenditure of substantial time, effort and expense.

Ohio courts have recognized that trade secret protection extends to these kinds of processes, procedures and information. See, e.g., Exal Corporation v. Roeslein & Associates, Inc., Case No. 4:12cv1830, Memorandum of Opinion and Order (U.S District Court, Northern District of Ohio 2013) (recognizing that trade secret protection may apply to financial projections and cost structure information, including without limitation production, labor, material, facility, utility, and other operational information fundamental to design, construction, and operations; information concerning the identity and method of use of all raw materials used by in operations, including without limitation chemicals, temperatures and settings; necessary adjustments and settings required to facilitate proper operations; and operational information and materials shared, collected, and reviewed in the creation of maintenance manuals and standard operating procedures).

Accordingly we are designating as Trade Secret information the following pages of the application:

Pages 2A-7 and 2A-8 of Section 2A Business Plan

Pages 2B-3 through 2B-7; pages 2B-9 through 2B-25; page 2B-29; and page 2B-30 of Section 2B Operations Plan

Pages 2C-2 through 2C-25 of Section 2C Quality Assurance Plan

Pages 2D-3 through 2D-26; page 2D-29; and page 2D-30 of Section 2D Security Plan
IQ Trade Secret and Infrastructure Record Notification Form (Attachment)

Pages 2E-2 through 2E-9 of Section 2E Financial Plan

Each of these pages sets forth confidential trade secret processes and procedures for the cultivation of marijuana, confidential trade secret standard operating procedures, and/or confidential trade secret financial projections and cost structure information relating to costs and expenses of cultivation operations and staffing.

Pursuant to R.C. 149.433 of the Revised Code, this information is voluntarily submitted to a public office in expectation of protection from disclosure as provided by section 149.433 of the Revised Code.

Applicant acknowledges that the State of Ohio does not assume liability for the use or disclosure of unmarked or unclearly marked trade secret information.
Cultivator Application – Filing Packet Section 2: Non-Identifiers

Instructions are provided in a separate document: Cultivator Application – Request for Applications / Instructions Packet (MMCP-C-1000).

Cultivator Application – Filing Packet Section 2 Non-Identifiable Information Checklist

*Please note: All of the following must be submitted in a non-identified format.*

<table>
<thead>
<tr>
<th>To be Completed by Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ I hereby acknowledge and understand that if I include identifiable information in this section (Section 2) of the application, the identifiable information will be redacted and two points will be deducted from the applicant’s total raw score for every instance that identifiable information is used and redacted in this section, not to exceed five instances that require redaction. I also acknowledge and understand that if more than five pieces of identifiable information need redacted from Section 2 of the application, the application will be denied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Completed (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 2: Non-Identifiable Information Section</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Business Plan</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Experience in Business</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Business Model</td>
<td>☑</td>
</tr>
<tr>
<td>2B</td>
<td>Operations Plan</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Experience in Agriculture / Cultivation</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Cultivation Methods and Proposed Strains</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Product Time and Production Schedule</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Marijuana Cultivation Area Layout and Environment</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Standard Operating Procedures</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Staffing and Training</td>
<td>☑</td>
</tr>
<tr>
<td>2C</td>
<td>Quality Assurance Plan</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Packaging and Labeling</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Production Control</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Inventory Control</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Disposal and Waste Removal</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Adverse Events and Recall Procedures</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Record Keeping and Regulatory Compliance</td>
<td>☑</td>
</tr>
<tr>
<td>2D</td>
<td>Security Plan</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Surveillance Technology and Physical Security</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Facility Plot Plan and Specifications</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Emergency Notification Procedures</td>
<td>✓</td>
</tr>
<tr>
<td>2E</td>
<td>Financial Plan</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Funding Analyses</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Operating Expense Breakdown</td>
<td>✓</td>
</tr>
</tbody>
</table>
2A Business Plan  
(Maximum of 15 pages, see instructions for formatting)

*Please note: The following must be submitted in a non-identified format. Include this form as a cover page.*

Applicant should provide a narrative detailing support for the following:

**Part I: Experience in Business**

*Experience, which includes generic, non-specific information on business licenses held by any person affiliated with the applicant. (3796:2-1-03(B)(1)(c))*

**Part II: Business Model**

**(A) A proposed business model demonstrating a likelihood of success, a sufficient business ability, and experience on the part of the applicant. (3796:2-1-03(B)(1)(a))**

**(B) (OPTIONAL) If applicant is seeking additional scoring considerations on an Ohio Based Jobs and economic development plan, the applicant may also provide a plan for generating Ohio-based jobs and economic development. (3796:2-1-03(C)(1)(b))**
Section 2A Business Plan
Part I: Experience in Business

The business experience of the applicant, Entity A, an LLC, is established by its principal members, who are all successful business owners holding multiple state-issued business licenses, including licenses for the cultivation of medical cannabis. Their abilities and accomplishments reflect long careers with proven track records of regulatory compliance in complex industries, as demonstrated by the absence of any business license suspensions or revocations. In addition, to verify and substantiate their suitability to conduct businesses concerned with controlled substances, third party background checks have been performed on all principals, officers and board members in advance of application.

The owners of Entity A each has more than 25 years of business experience, participating as executives, principals and investors, spanning in the aggregate a wide range of industries including medical cannabis, agriculture, horticulture, software, semiconductors, education, biotechnology, drug development and medical device manufacturing. Affiliates of the applicant have all maintained full legal and regulatory compliance in their business activities. State licensing agencies include the Radiologic Department of Public Health, Department of Public Safety, Department of Environmental Health, as well as state-awarded licenses issued by the state Department of Health for cultivation, processing and dispensing operations of medical cannabis. During the period that any person associated with Entity A managed or served on a board, none of these businesses was convicted, fined, censured or had a registration or license suspended or revoked in an administrative or judicial proceeding.

We have ensured that each member of our organization has appropriate business and professional experience and a verifiable history of ethical business practice. We recognize the strong correlation between maintenance of exemplary ethical standards in personal, professional, and business practices and the assurance of patient safety, product safety and public safety.

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Licensing Agency</th>
<th>Date Obtained</th>
<th>License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>License to cultivate medical cannabis (production center)</td>
<td>Department of Health</td>
<td>2016</td>
<td>Active</td>
</tr>
<tr>
<td>License to cultivate medical marijuana</td>
<td>Department of Health</td>
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</tr>
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<td>License to operate a medical cannabis dispensary and certified to handle controlled substances</td>
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<td>License to operate a medical cannabis dispensary and certified to handle controlled substances</td>
<td>Department of Health/Department of Public Safety</td>
<td>2016</td>
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<td>Licenses to test and distribute medical devices or pharmaceuticals</td>
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<td>Various licenses issued from 2000 to present</td>
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*Table 1 Summary Chart of State and Federal-Issued Business Licenses of Owners*

**Part II: Business Model**

To demonstrate the considerable likelihood of success, exemplary business abilities, and substantial relevant industry experience of the applicant, the Proposed Business Model response has been organized to comprehensively address the requirements of (3796-2-1-03(B)(1)(a) and provides the following:

1) **Overview and Executive Summary** – Company Description and Executive Summary listing key objectives for success of the proposed cultivation operation
2) **Likelihood of Success** – Summary of the Business Operations Plan demonstrating how the key objectives will be met, the cultivation timeline for market readiness, and profitability
3) **Sufficient Business Ability and Experience of the Applicants** – Management and Organizational Structure of the Business Model with Brief Biographical Profiles demonstrating the abilities and current and prior business experience of the applicants, board members and executive management team

**Overview and Executive of Summary**

In compliance with the Ohio Medical Marijuana Control Program (OMMCP) cultivation rule 3796:2, Entity A, our proposed cannabis cultivation operation, will provide Ohio’s licensed processors, dispensaries, and Ohio’s qualified patients with a reliable, sufficient and uninterrupted supply of quality-assured medical cannabis. Our therapeutic botanicals will be produced safely and cost-effectively, using advanced cultivation technologies, including efficiency-driven procedures for propagating, cloning, growing, harvesting, drying, trimming, curing, testing, packaging and labeling medical cannabis, as well as optimized protocols for storage, equipment cleaning and facilities maintenance.

The cultivation operation is led by a proven executive management team and guided by the Board of Managers. Therapies chosen for cultivation are based on the recommendations of a Science and Medical Advisory Board, comprised of academic authorities from across the country with expertise across multiple fields including medical research, analytics, toxicology, regulatory compliance, clinical application of cannabinoids, Integrative Medicine, and patient care.

**Likelihood of Success**

We have recruited a talented and accomplished team representing the full spectrum of expertise in the cultivation and production of cannabis and cannabinoid therapies. We are physicians, botanists, plant geneticists, cultivators, quality control and security advisors, investment managers and business executives. We are also mothers, fathers, brothers, sisters, friends and family members of patients who
suffer from cancer and other debilitating diseases, which unites us in our goal to provide safe and effective medical cannabis to qualified patients.

Our owners have secured rights to a 98,000-square-foot Leadership in Energy and Environmental Design ("LEED") production facility. This building is ready to accept installation of the necessary equipment to begin cultivation of medical cannabis. As a LEED-certified facility, the construction and design conform to environmental performance standards established by the United States Green Building Council (USGBC). Sustainability and energy conservancy are integral aspects of our business model, as detailed in the Operations Plan of this application. This building has been verified and approved as fully compliant with zoning and operational regulations of the municipality in which it is located. Local approval of operations prior to application enables us to begin assembling the components of the proposed cultivation operation without delay.

Our experience with the use of sophisticated indoor cultivation technologies in other medical-only states, in combination with the financial and operations expertise of our owners and executive management team, enables us to immediately meet the requirements of the Ohio Medical Marijuana Control Program without exception, and to provide for the ongoing needs of Ohio’s qualifying patients quickly and successfully following license grant.

Key objectives for success:

- Provide licensed processors, and ultimately the qualified patients of Ohio with consistent, quality-assured cannabis produced safely and cost efficiently in accordance with rules 3796:2-2:01 through 3796:2-2:08
- Leverage the experience of owners and synergies of a proven executive management team
- Improve therapeutic formulations based on Science and Medical Advisory Board recommendations
- Ensure employee and public safety
- Promote community health and awareness
- Secure facilities and obtain all related government approvals for operations prior to application
- Obtain strong, flexible financial backing from knowledgeable, experienced investors
- Vertically integrate to maintain integrity and safety of product
- Execute comprehensive employee training
- Foster community support
- Develop a diversified workforce
- Partner with companies operating in Ohio

**Business Operations Plan**

*Provide licensed processors, and ultimately the qualified patients of Ohio with consistent, quality-assured cannabis produced safely and cost efficiently in accordance with rules 3796:2-2:01 through 3796:2-2:08.*

Principal members of the applicant entity are currently and successfully cultivating cannabis under a state-awarded license in State Y. Our Chief Cultivation Advisor brings his experience as the former Director of Production Operations at a vertically integrated, state-licensed medical cannabis cultivation center in State X and has formulated customized cultivation plans for our operations in Ohio. These include hydroponic methods with an automated nutrient delivery system, a state-of-the-art climate control and gas exchange system, and a proven Biosafety program. Our cultivation and production
efficiencies enable us to operate cost effectively, and our protocols for incorporating patient outcomes are designed to facilitate continuous improvement in our strain selections and products.

**Leverage the Experience of Owners and Synergies of a Proven Executive Management Team**

Several principal members of the applicant entity are investors or participants in a company that is presently and actively engaged in the cultivation, processing and dispensing of medical cannabis under a state-awarded license. One member is a vendor of equipment to hundreds of licensed cannabis businesses across the country. Our owners have extensive experience in corporate finance and business operations across multiple industries, from start-ups to Fortune 500 companies. The combined experience of the members provides a diverse background in product planning, production, regulatory compliance, finance, administration and security, and the owners have applied this business acumen to developing the business model in Ohio.

Additionally, we are advantaged by a cohesive executive management team that has worked together the past several years to successfully grow a start-up business into a profitable multi-million-dollar company. Each executive team member has 15 to 25 years of experience in one or more of the following areas: operations, regulatory compliance, quality control, security, sales and service, project management, marketing, human relations and finance.

**Improve Therapeutic Formulations Based on Science and Medical Advisory Board Recommendations**

Successful patient care in other states is characterized by therapeutics addressing qualified conditions and tailored to specific patient requirements. Our operations plan and product development strategies are systematically supported by the physicians and scientists serving on the Science and Medical Advisory Board (SMA). Each member of the SMA has a professional background in the science and study of cannabinoids. The SMA is tasked with monitoring, evaluating, and prioritizing the current research to provide actionable recommendations for the safety and efficacy of cannabis based therapies. A current priority of our SMA is identifying the cannabinoid therapies that have contributed specifically to the reduced rates of opioid related deaths in other states that have enacted medical marijuana legislation.

**Ensure Employee and Public Safety**

Principal members of the applicant entity are currently and successfully cultivating cannabis under state awarded licenses. Pursuant to the current state-approved cultivation operations, we have fully developed and successfully implemented extensive security protocols which employ active and passive methods to prevent theft, loss and diversion, as well measures as to keep our employees and the community safe. These plans utilize multi-type cameras, lighting, access controls, security personnel, employee background checks and proven security SOP’s. Our established policies and procedures for employee safety and security have been adapted for our Facility and cultivation operation in Ohio. We have procured the services of a professional security company with multi-state experience in medical cannabis facilities to create a comprehensive security plan in compliance with rule 3796:2-2-05. In addition, we have reviewed our plans for security with the local fire and police chiefs in advance of application, and have incorporated multiple improvements based on their recommendations.

**Promote Community Health and Awareness**

The applicant recognizes the importance of State advertising regulations directed at the protection of community health, and has made provision for the approval of promotional print and digital materials in compliance with rule 3796:5-7. Several of the applicant’s members have been active for many years in community-based learning and have successfully employed patient and customer outreach platforms in other states. We have selected specific advertising and media outlets with appropriate demographic
focus to reach qualified patients only, and ones that are unlikely to reach persons under the age of 18. Our company logo, which does not depict cannabis, is representative of our commitment to patient care and the promotion of integrative health, which considers the full range of physical, emotional, mental, social and environmental influences that affect a person's health and well-being. Our marketing efforts are designed to promote patient awareness and facilitate access to therapies. Our methods of patient engagement, including direct feedback regarding the efficacy of our therapies, has contributed markedly to the success of our business model elsewhere and will be incorporated in the model for Ohio.

**Proactively Secure Facilities and Obtain All Related Government Approvals for Operations Prior to Application**
We have secured a 98,000 square-foot facility in advance of application and are prepared to begin build-out and initiate cultivation operations upon license grant. In addition to the environmentally friendly features of the LEED building, we will utilize a Biosafety program to promote botanical health, product safety, and Facility security. The cultivation areas will be equipped with energy-efficient LED grow lights, a regenerative closed-loop heating and cooling system, and dehumidification systems for water recapture. These environmental conservation technologies further support the efficiency and cost-effectiveness of the proposed cultivation operation and help ensure its success.

Members of the local city safety and services department have toured the proposed cultivation Facility and we incorporated their recommendations in our security plans developed in accordance with rule 3796:2-2-05. We have procured compliance authorizations of the proposed cultivation Facility from local city and safety services, and letters of support from a state representative, county commissioners, and the economic development committee in the local jurisdiction.

**Obtain Strong, Flexible Financial Backing from Knowledgeable, Experienced Investors**
We have ready access to substantial funding for all phases of our business from practiced investors, including members of our executive team and Board of Managers who have run successful venture capital funds and have raised well in excess of $500 million for a wide variety of businesses using a diverse set of financial instruments appropriate to specific contexts. Several of these investors are familiar with the financial characteristics of the medical cannabis businesses from prior investments while others have successfully invested in supporting businesses such as real estate, technology and healthcare. We are confident in our ability to access all necessary capital for the business.

**Vertically Integrate to Maintain Integrity and Safety of Product**
Our experience and research in other states enacting medical marijuana legislation provides compelling evidence that product and patient safety is best achieved and maintained by vertical integration of production, processing and dispensing. Prudently designed vertical protocols reduce the potential for contamination and degradation of cannabinoids, decrease opportunities for diversion, and facilitate patient-directed development of therapeutics. In addition to this license application, Entity A is applying to the State of Ohio for processing and dispensary licenses to create a vertically integrated platform to cultivate, process, and dispense medical cannabis. Housing both cultivation and processing operations under one roof supports greater production efficiencies and reduces transportation and security challenges so we have secured a facility suited for that purpose. We are well positioned to meet the requirements of the OMMCP for cultivating, processing and dispensing medical cannabis.

**Execute Comprehensive Employee Training**
Although cannabis cultivation is a new industry to Ohio, the applicant member holding a cannabis cultivation license in State Y has significant experience training employees in our state-of-the-art cultivation processes and procedures using both on-site and online formats. This fully-developed
training platform incorporates both physical and digital media, and reflects the best practices in learning theory and professional education. Our team includes executives with extensive experience building education products and companies, and we believe that continuous learning across our employee base will be fundamental to our success. To this end, we maintain a “One Team” attitude throughout the company. All team members are responsible for the success of the operation and are encouraged to be resources for one another for cross-disciplinary learning and continuous improvement in their respective positions. Our Employee Handbook has been assembled, and it details company policies and procedures to maintain a safe, fair, and non-discriminatory workplace. Training modules have been prepared to educate all employees on:

- Workplace Safety
- Labor Laws
- Company Policies and Procedures
- Technical Aspects of Cultivation
- Inventory Control
- Security and Panic Button Procedures
- Required Regulatory Reporting
- Use of Personal Protection Equipment (PPE)
- Evacuation Procedures
- Compliance with the Biosafety Program

These training and employee education strategies have been fully developed prior to application. They have proven highly successful and have been customized for the proposed operation in Ohio.

**Foster Community Support**

Our experience in cultivating cannabis in other states has proven that the decision to authorize the use of medical cannabis is not universally embraced, and the decision by many patients is complex and emotional. We therefore believe strongly in the value of personal interaction with stakeholders and patients in the communities where we operate. A principal owner of Entity A has established positive relationships with the local government officials and other business leaders in the community where our Facility is located, and we are active in the education of community leaders and citizens regarding medical cannabis therapies. We believe our adoption of a pro-active platform of compliance with local and state regulations will help ensure qualified patients have reliable access to safe, quality-assured and analytically proven cannabis.

**Develop a Diversified Workforce**

Our strong background in media and media technology provides us multiple platforms to disseminate employment opportunities, and the ability to focus our intended demographic outreach within populations of diversity. Our staffing strategy has proven itself in emerging industries, and its concepts were recently applied in the recruitment and hiring practices of the business owner of other cannabis cultivation licenses. We will implement programs in Ohio to source a broad range of potential applicants from a wide variety of economic and demographic backgrounds and produce an inclusive workforce, encouraging women and U.S. Military Veterans to explore employment opportunities through focused outreach. We will actively recruit minorities by working with the career placement offices at Ohio colleges serving minority populations, hosting job fairs, and posting job opportunities on university career placement websites. We will also invite students, faculty and staff to attend Entity A open houses. Recruitment plans for working professionals include participation in minority-focused job fairs, establishing relationships with local minority organizations, and advertising on job sites offering minority demographics.

**Partner with Companies Operating in Ohio**

We are exploring partnerships with Ohio companies to license their equipment, processes, and product materials for use in producing medical cannabis products in accordance with rule 3796:3-2-01. These developing partnerships further increase the likelihood of our success, and allow our operations to begin
physicians are active in the ongoing study of cannabis and its clinical application to patient care. They present their research findings and recommendations to the Board each month, and meet quarterly to review and update the SOP and training materials, and to formulate plans on how best to direct their research efforts to promote therapeutic efficacy and patient safety.

**Brief Biographical Profiles of Owners, Teams, and Board Members**

**Person A: Chief Executive Officer/Board Member/Co-owner:** Person A brings his executive leadership experience, the support of a proven corporate level team, and the demonstrated ability to generate strong community support to Entity A.

He is the founder and president of a multi-million-dollar manufacturing company in State Z. His company currently supplies products to hundreds of licensed cannabis customers in nearly every legalized medical cannabis state.

Person A has evidenced his business ability by growing his enterprise extraordinary quickly, without any loans or outside equity investments. He continues to maintain 100% ownership of the company.

He has been recognized multiple times at both local and national levels for his business achievements, and for leading his company from its earliest days as a start-up to its current status. His engagement with community leaders regarding the economic development potential of Entity A has prompted significant encouragement from the community, endorsement by the fire and police departments, and affirmation from the government agencies where the proposed cultivation operation will be located.

The recognition of his executive leadership includes being named a regional winner and national finalist of a prestigious multinational professional services award, which honored him for his outstanding leadership, ingenuity and entrepreneurial spirit. His company was also selected from a competitive international field as one of the best-performing for providing exemplary product and services, and he was named Executive of the Year by a business news organization for his positive contributions to technology and innovation.

Person A is also a decorated military veteran.

**Person B: Chairman of the Board/Co-owner:** Person B is a licensed cultivator with expertise in botanical-based therapies and organic farming, and he brings appreciable first-hand cannabis cultivation experience to Entity A. He is a founding member, lead investor and general manager of Entity B, a physician-led, patient-centered medical cannabis complex licensed in State Y, consisting of cultivation, processing and dispensary operations. For Entity B, he leads a multi-disciplinary management team, including executives responsible for product planning, production, regulatory compliance, finance, administration, and security. He structured and led all financings and has personally directed the design, construction and commissioning of all cultivation, manufacturing and dispensary facilities of Entity B.

Person B became a strong advocate of patient access to medical cannabis after personally witnessing its positive therapeutic effects. Two of his children, one having survived brain cancer and one living with PTSD, have experienced life-changing and life-saving effects using cannabis. Witnessing the health benefits realized by patients suffering from debilitating diseases first-hand compelled him to launch his current medical cannabis business and the subsequent co-founding of Entity A.

In addition to his knowledge, ability and experience with the cultivation of medical cannabis, he possesses notable previous business experience in other industries. He has led multiple public and
private companies over the past three decades including five years as Chairman, President & CEO of a landholding and operating company that included expansive agriculture operations. He also has extensive experience in guiding start-up enterprises from inception to profitable commercial operations, including the development and manufacturing of federally regulated consumer products.

Other accomplishments include:

- As chairman of the food & nutrition advisory board for an industrial biotechnology company, he commercialized the company’s biotechnology platform by securing state, federal and international regulatory approvals, and organized $150 million in financing for the company’s first industrial-scale manufacturing Facility.
- As chairman, president & CEO of a diversified company with operations in resort management, agriculture, and land development, he reduced debt and operating losses, and managed the company to profitability.
- As co-owner and lead investor in a five-star resort, he successfully directed extensive changes in the company’s service portfolio to increase revenue and cash flow.
- As co-founder and general partner of a seed capital firm, he generated a return of more than $70 million, representing six times the invested capital in start-up enterprises.

**Person C:** Chief Quality Assurance Officer/Board Member/Co-owner: Person C serves as Chief Quality Control Officer. She has worked for several years as the Safety Officer and Quality Assurance Manager for a manufacturing company. Prior to that, she was a Quality Assurance Manager for a leading manufacturing technologies company. A metallurgical engineer, she has substantial experience in developing and implementing Standard Operating Procedures, in addition to considerable practical skill in developing and implementing compliance measures based on industry standards, state regulatory frameworks, and production protocols. This expertise, combined with her years of project management experience, will be instrumental in the production of safe, quality-assured cannabis at Entity A.

**Person D:** Chief Legal Counsel /Co-owner: Person D guides Entity A in corporate strategy, business concerns and legal matters. He is an attorney and business executive with more than 35 years of experience working with software, Internet and entertainment industry companies and entrepreneurs. He has served as a business executive and general counsel at both public and private companies. He also has extensive experience in formulating corporate strategy, structuring strategic alliances and securing venture capital financing. He is admitted to practice law in another state, and subsequent to Entity A receiving a Provisional License, he will register for corporate counsel status in Ohio in accordance and compliance with Rule VI, Section 6 of the Supreme Court Rules for the Government of the Bar of Ohio.

**Person F:** Chair of Investment Committee / Board member /Co-owner: Person F spearheads capital formation, industry partnerships and investor relations for Entity A. He has been active for nearly 30 years as a venture capitalist, corporate executive, board member of public and private companies, and as a technology lawyer representing clients in the media, communications and technology industries. He is the managing member and founder of an early-stage venture capital firm focused on education media, information technology, pharmaceutical development and bioinformatics.

Companies for which he has served as a senior executive, board member or early investor include: a global children’s publishing business; a large public media company with diversified interests around the world; a public online services company; an FDA-approved medical device company that has
received over $25 million in military funding; several drug development companies that have gone public or been acquired by larger companies; and a publicly held government services company serving both military and commercial customers.

Recent investment portfolio activities include sales of a data analytics company and an energy storage company to larger organizations, participation and formation of a state licensed medical cannabis business and investments in several start-up companies in Israel, a recognized epicenter of research and innovation in medical cannabis.

**Chief Cultivation Advisor (CCA):** Leading our cultivation operations is a Ph.D. in plant breeding and biometry, with 40 years of experience in agricultural operations and research, including extensive work in medical cannabis cultivation. He has fully developed the performance specifications for the cultivation operating systems and the cultivation procedures, protocols, grow schedule, Biosafety program and SOP’s for Entity A. He ensures the policies, procedures and protocols detailed in the Operations Plan of this application will be fully executed. He also helps train the cultivation team employees in optimal workflow and growing techniques.

Prior to joining our team, he served as Director of Production Operations at a vertically integrated, State-licensed medical marijuana dispensary servicing qualifying patients in State X. Additionally, he is the current Chief Cultivation Advisor for a medical cannabis production and dispensary program licensed in State Y. He is a plant scientist and agricultural expert specializing in indoor production facilities, including design, growing operations and post-harvest handling, hydroponics and plant nutrition, biological pest and disease control, and plant breeding. He holds degrees from two of the country’s top-rated universities and sits on a number of Scientific Advisory Boards serving the cannabis industry.

**Chief Science Officer (CSO), Physician #1:** A graduate of a leading medical school and a traditionally trained botanist and physician, he has researched and published extensively on the use of botanical therapies and psychoactive substances in addressing illness and disease. He has collaborated personally and professionally with principal investigators in National Institutes of Health (NIH)-sponsored clinical trials of cannabinoids and cancer, and the potential effects of cannabis on human health. He is a clinical professor of medicine and professor of public health for a large university in the U. S. and a founder and director of one of the university’s medical centers.

**Chief Medical Officer (CMO), Physician #2:** A board-certified oncologist, his formal cannabis research began two decades ago when he received funding to conduct clinical trials on the safety of cannabinoids in chronic, debilitating infection. Subsequently, he was granted funding to continue studies on the effects of cannabis in a number of clinical conditions. He is currently conducting clinical trials investigating vaporized cannabis inpatient care. He is the Chief of a sub-division of Oncology at a large U.S. hospital and a professor of clinical medicine in the state’s university system, where he also maintains an integrative oncology consultation practice.

**Institutional Review Officer (IRO), Physician #3:** Working in the field of Integrative Medicine for three decades, he presently leads a corporation promoting integrative therapies in both private business and professional practices. In his role as a corporate consultant in Integrative Medicine related product development, he served as an FDA compliance officer for seven years. Under provisions of the Department of Health Services in state Q, he also served as the Medical Director and Chief Compliance Officer for the first medical cannabis dispensary and first cultivation center approved to operate in that
state. He is currently engaged as the Medical Director and compliance consultant for a state-licensed dispensary, and conducts the state required training of dispensary employees.

**Person E: Curriculum and Training Advisor:** Person E is a professional writer, curriculum designer and training advisor specializing in cannabis science and the endocannabinoid system. Dispensaries and healthcare practitioners throughout the United States have referenced his published materials to develop clinical protocols for medical cannabis. He is the founder and former director of a medical cannabis dispensary and author of an industry-acclaimed book on medical cannabis.

**Summary**

The owners of Entity A have assembled an accomplished and experienced team to realize their common goal of providing medical cannabis to the qualifying patients of Ohio. The members have demonstrated business ability and possess considerable experience specific to the development and operation of a state-licensed cannabis cultivation Facility. They have secured all the resources necessary to produce a consistent supply of safe, quality-assured medical cannabis. The operations team includes nationally recognized authorities in medical cannabis therapies, cultivation, and production. Our company is purposely structured to incorporate the scientific knowledge, recommendations, and clinical experience of a Science and Medical Advisory Board with the practical and proven experience of our Executive Management Team.

We possess the scientific knowledge, business ability and financial resources to build and operate a state compliant, energy-efficient cultivation Facility. The use of sophisticated, sustainable, energy-efficient and proven cultivation methods will allow the operation to be cost-efficient, and the acquisition of an environmentally sensitive LEED Facility allows us to begin operations quickly.

We have secured the support of the local community, the review of local law enforcement and the approval of local government in advance of application.

We are well positioned for success.

**(OPTIONAL) A plan for generating Ohio-based jobs and economic development.**

Entity A has purposefully developed its business model to act as a catalyst in attracting other new business into Ohio, and we anticipate further opportunities for local economic growth and development as our own business grows. Our principals have run successful venture capital funds and incubated numerous successful high growth companies. In the community where our Facility is located, we intend to found a business incubator to jumpstart complementary businesses such as publishers, website operators, educators, extraction equipment manufacturers and others serving the medical cannabis market. In so doing, we will serve as a catalyst for regional economic development by generating a virtuous cycle of innovation, education, and job creation.

**Business Model as a Catalyst for Growth**

Person A has dedicated considerable time and personal resources in educating community leaders about the potential health benefits of medical cannabis, especially for those who suffer from PTSD and chronic pain. He has strongly encouraged community leaders to consider and critically evaluate the medical cannabis industry as a format to both offer relief to qualified patients, as well as to capitalize on new opportunities for economic growth and development. Largely because of these efforts, many
communities now support the pending implementation of cultivation sites, dispensaries, and the establishment of medical cannabis-related industries in their business districts. Historically, companies offering services complementary to medical cannabis enterprises exhibit strong interest in locating nearby. Regarding Ohio, according to the chairperson in one of the local economic development committees, the operation of these ancillary businesses could result in another 200 to 300 Ohio-based jobs, in addition to those positions offered locally by Entity A’s proposed cultivation Facility.

**Partnerships with Ohio Companies**
We are exploring partnerships with two established Ohio companies to license their equipment for the manufacture of medical cannabis products (in compliance with rule 3796:3-2-01 and subject to Entity A receiving a processing license). These partnerships will increase employment opportunities and tax revenues generated by each company to further promote economic development in Ohio.

**Jobs/Career Opportunities**
With our executive management team already in place, we are ready to hire additional staff and production personnel, and to initiate training in anticipation of starting operations in the fall of this year. Initially, our cultivation operations will provide 30 jobs, with salaries ranging from $30,000 to $150,000 annually, with plans to hire additional employees as the company grows. These employment opportunities cover a considerable scope of duties, from maintenance workers and growers to administrative staff and production managers to directors of compliance and quality control, and, respectively, span a wide spectrum of experience and educational and pre-requisites. Many are higher-skilled jobs requiring, for example, horticultural education or technical expertise of automated systems, while others require only on-the-job training.

Accompanying the long-term jobs created at the proposed cultivation Facility, we expect to offer significant additional employment opportunities subsequent to the award of licenses for processing and dispensary operations. We estimate those operations could gainfully employ another 100 Ohio job applicants. Furthermore, there will be considerable opportunities for focused employment in the local construction and technical trade industries as we prepare for our cultivation operations, including installation of the grow rooms, lighting, interiors, and heating and cooling systems. Along with creating new jobs, we have developed plans and programs to train and educate our employees to further their career opportunities, as described in Section 2B, Operations Plan, Part VI: Staffing and Training.
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2B Operations Plan
(Maximum of 30 pages, see instructions for formatting)

Please note: The following must be submitted in a non-identified format.
Include this form as a cover page.

Applicant should provide a narrative detailing support for the following:

Part I: Experience in Agriculture / Cultivation

Demonstrating experience with the cultivation of medical marijuana or agricultural or horticultural products, operation of an agriculturally related business, or operation of a horticultural business. (3796:2-1-02(B)(3)(b), 3796:2-1-03(B)(2)(b))

Part II: Cultivation Methods and Proposed Strains

(A) Agricultural cultivation techniques / Documentation of cultivation methods and standards that will provide a steady, uninterrupted supply of medical marijuana. (3796:2-1-02(B)(3)(a), 3796:2-1-03(B)(2)(a))

(B) A list of medical marijuana varieties proposed to be grown with estimated cannabinoid profiles, if known, including varieties with high cannabidiol content. (3796:2-1-02(B)(3)(c), 3796:2-1-03(B)(2)(c))

(C) (OPTIONAL) If applicant is seeking additional scoring considerations on a research plan, the applicant may provide the department with a detailed proposal to conduct or facilitate a scientific study or studies related to the medicinal use of marijuana. (3796:2-1-03(C)(5))

Part III: Product Timeline and Production Schedule

Indicate the estimated timeline and production schedule. Describe how all raw materials will proceed from the assignment of a plant identifier to the shipment to a dispensary as dried product or to the processor for production of a processed product. Please indicate the estimated time elapsed for each area of production and/or each process involved at that particular stage of production.

Part IV: Marijuana Cultivation Area Layout and Environment

Facility specifications, including the cultivation environment, layout of the marijuana cultivation area (i.e. grow tables, tiered or stacked orientation, etc.) evidencing that the applicant will comply with the requirements of Chapter 3796 of the Revised Code and will operate in
accordance with the rules promulgated pursuant to Chapter 3796 of the Revised Code. (3796:2-1-02(B)(3)(d), 3796:2-1-03(B)(2)(d))

Part V: Standard Operating Procedures

(A) The implementation of standards and guidelines for cultivating, propagating, vegetating, flowering, and harvesting medical marijuana, including safety protocols and equipment. (3796:2-1-02(B)(3)(e))

(B) (OPTIONAL) If applicant is seeking additional scoring considerations for submitting an environmental plan, the applicant may demonstrate an environmental plan of action to minimize the carbon footprint, energy usage, environmental impact, and resource needs for the production of medical marijuana. (3796:2-1-03(C)(2)(a))

(C) (OPTIONAL) If applicant is seeking additional scoring considerations for submitting an environmental plan, the applicant may describe any plans for the construction or use of a greenhouse cultivation facility, energy efficient lighting, use of alternative energy, the treatment of waste water and runoff, and scrubbing or treatment of exchanged air. (3796:2-1-03(C)(2)(b))

Part VI: Staffing and Training

(A) Staffing and training guidelines/ Facility staffing and employment matters, including employee training and employee compliance with Chapter 3796 of the Revised Code and in accordance with the rules promulgated pursuant to Chapter 3796 of the Revised Code. (3796:2-1-03(B)(2)(e), 3796:2-1-02(B)(3)(f))

(B) (OPTIONAL) If applicant is seeking additional scoring considerations on employment practices, the applicant may demonstrate a plan of action to inform, hire, and educate minorities, women, veterans, disabled persons, and Ohio residents. (3796:2-1-03(C)(3))
Section 2B Operations Plan
Part I: Experience in Agriculture / Cultivation

Introduction
We have assembled a team of experts possessing considerable experience with the cultivation of medical cannabis, the operation of cultivation facilities, and the management and administration of cultivation-related businesses. Development of our operational plan has been overseen and directed by a plant science professional with over 40 years’ experience in agricultural research and crop production, including first-hand experience in medical cannabis cultivation operations and facility design. He was formally the Director of Production and Product Development at a successful, vertically integrated medical cannabis operation licensed in State X, which entailed the production, processing and dispensing of medical cannabis. He also supervised the design and implementation of both pilot and industrial scale cultivation and production facilities in a vertically integrated medical cannabis business currently operating successfully under license in State Y. (Both X and Y are “medical only” states).

Chief Cultivation Advisor
The Chief Cultivation Advisor (CCA) has worked for more than four decades in commercial agriculture. He was engaged as a plant breeder and research manager in the vegetable seed industry, where he directed scientific research and greenhouse and field cultivation operations, in addition to managing based plant pathology and molecular biology laboratories. The CCA has experience in plant breeding and genetics, research management, greenhouse hydroponic production, growth facility design, field, greenhouse and indoor cultivation operations, and several years’ experience in medical cannabis production specifically. The CCA has previously designed and built a number of plant breeding stations throughout the United States, as well as a sophisticated, commercial, hydroponic tomato research facility. Notably, he recently served as Production Director for a medical-only cannabis cultivation and dispensary company in State X, where he was tasked with optimizing cultivation operations. The CCA is presently an active member of several Scientific Advisory Boards within the medical cannabis industry. He is also currently serving as CCA for a cannabis cultivation, processing and dispensary enterprise under license in State Y, where he assists in the evaluation and selection of plant genetics and conducts formal reviews of plant breeding protocols and cultivation methods.

As part of the applicant’s team, the Chief Cultivation Advisor developed the design of the Facility, the Biosafety program, the Grow Schedule, the Operations Plan and the Quality Assurance Plan. His duties include implementation of the Operations and Quality Assurance Plans and training of the Cultivation team on compliance, efficient workflow, regulatory reporting and optimal growing techniques. The CCA also serves as a member of the applicant’s Science and Medical Advisory Board.

Production Operations Liaison
The Production Operations Liaison (POL) has extensive experience with medical cannabis cultivation operations as well as grow facility design and construction. He is engaged as a principal member of a production, processing and dispensary operation licensed in State Y, and functioned as project manager for the construction of a sophisticated and environmentally innovative grow facility that is currently operating. He has a comprehensive understanding of indoor grow systems and cultivation methodology, has expertise in Cannabis strains and their therapeutic application, and possesses practical knowledge of the current technologies utilized in the formulation of medical cannabis products. In addition, he is well versed in regulatory and compliance issues pertaining to medical cannabis and he has substantial experience working in collaboration with state regulatory agencies regarding the oversight of cultivation, processing and dispensary operations. The POL has been instrumental in the development of the cultivation SOP in this application.
Part II: Cultivation Methods and Proposed Strains

Our operations plan incorporates best practice agricultural techniques and systems for cultivating a continuous and reliable supply of safe, quality assured medical cannabis. Key features include:

1) State of the art climate control and gas exchange systems using air filtration, CO2 supplement and energy recovery ventilation tailored for optimum indoor plant growth
2) Integrated hydroponic cultivation with automated nutrient delivery system
3) Energy efficient LED grow lights
4) Biosafety program to ensure healthy plants, safe products and a secure facility
5) Integrated Pest Management – emphasizing minimal chemical inputs and utilizing efficient biological controls to address predatory insects and support plant health
6) Grow schedule and workflow logistics that provides for a weekly harvest of plants
7) BioTrackTHC seed to sale software program for inventory tracking, production data and regulatory compliance in all data management

Methodology

Ideal cultivation methodology for growing medical cannabis is determined by the biology of the plant. *Cannabis* is a short day annual plant that is triggered to flower by a photoperiod of 12 hours of light and 12 hours of dark. If the plant is grown under long photoperiods, i.e. longer light and shorter dark periods, the plant will not flower and will remain vegetative. Once induced to flower, however, the plant grows to maturity in 8–12 weeks depending on the particular species and strain. Therefore, the production techniques for growing medical cannabis under controlled conditions involve a period of growth under long artificial days (18 hours light and 6 hours dark) until the plants reach the desired size, then a period of short artificial days (12 hours of light and 12 hours of dark) to flower the plants and grow them to maturity. *Cannabis* is also a dioecious species, having male and female plants. For commercial production of medical cannabis, female plants are grown in the absence of male plants to produce seedless flower buds, which comprises the medical cannabis. In order to ensure that all the plants for a cultivated crop are female, mature plants from a seed grown population that have the desired growth characteristics and cannabinoid profile are selected to be mother plants. New plants are then propagated by clone cuttings to maintain the female genetics of the mother plant. Our cultivation/production methodology follows this proven template:

1) Mother plants are selected from seed grown plants.
2) Clones are taken from mother plants and rooted in flats of growing media in an incubator under long days and high humidity.
3) Rooted clones are transplanted to pots with growing media and grown under long days for about a month.
4) When the plants reach the desired size, the light regime is changed to short days, and the plants flower and grow to maturity in 8–12 weeks. An internal laboratory analysis is performed at week six of flowering growth as part of quality assurance and quality control.
5) At maturity, the plants are harvested and put into a drying room for seven days.
6) When the harvested plants dry to 10–12% moisture level, the flower buds from the dry plants are rough trimmed off the stems and placed in quarantine in sterilized plastic totes for curing, a slow drying process that takes another seven days.
7) After curing, the remaining leaves and small stems are trimmed off and the fine trimmed buds (as well as usable trim material) are submitted for microbial testing and compliance analysis.
8) Flowers and useable trim that have met quality assurance criteria and standards are released from quarantine and packaged for distribution.
• Security checks
• Facility and systems checks
• Daily inventory counts
• Organization of daily workflow
• Facility cleaning
• Waste disposal
6. Plant Waste Disposal
7. Product Quality Testing
8. Cultivation Methods
  • General
  • Fertigation
  • Supplies, equipment and tools list
  • Plant propagation – seeds and mother plants
  • Cloning
  • Vegetative stage one
  • Vegetative stage two
  • Flowering stage 1 – 8 weeks
  • Harvest
9. Drying
10. Rough Trim
11. Curing
12. Quarantine
13. Fine Trim, Packaging and Labeling
14. Storage
15. Facility Cleaning
16. Facility Maintenance

THE FOLLOWING STANDARD OPERATING PROCEDURES ARE DEVELOPED IN STRICT COMPLIANCE WITH THE OHIO CHAPTER 3796 RULES OF THE ADMINISTRATIVE CODE THAT REGULATE THE CULTIVATION OF MEDICAL CANNABIS AND CANNOT BE ALTERED WITHOUT WRITTEN APPROVAL FROM THE COMPANY CEO.

1. Introduction: This document is an operations manual containing instructions and directions for the secure, safe, sustainable and proper cultivation of medical cannabis. It has been developed to ensure compliance with the rules set out in Chapter 3796 of the Administrative Code, the safety of employees, and the health of the plants in the Facility. This operations manual must be used in conjunction with the employee handbook, where general Facility policies are found, and in coordination with other company SOP documents to assist in the management of the Production activities. Quality Assurance (QA) is an integral component of the cultivation methodology, and specific QA action steps in the production process will be referenced for clarity and completeness. A comprehensive narrative of QA topics is presented in Section 2C Quality Assurance Plan of this application.

2. Facility Safety: The safety and health of employees is a top priority. The Chief Operating Officer (COO) is responsible for implementing and enforcing the workplace safety program. The safety program complies with state workplace safety requirements and labor laws. Workplace safety rules, regulations, protocols and procedures include and reflect the following underlying principles:
  • All hazards are controllable.
Upon hiring, employees will be required to participate in a comprehensive training program, including completing a written examination to verify necessary comprehension of their training and demonstrate basic skills required for their job. The curriculum is based on the considerable experience of the principals of the applying entity, and our training guidelines address several critical components of employee education identified by successful cultivation in other states, including an appropriate training interval, training format, a requirement for familiarization with baseline reference training materials, and objective measures of training verification and efficacy.

Although many states require annual staff training, we have found that new information and the results of medical research published within that timeframe often leaves staff behind the curve on implementing the best practices in cultivation. A primary function of our Science and Medical Advisory Board is to review and update training curriculum on a quarterly basis. To maintain “state-of-what’s known” procedural currency and staff proficiency we have adopted mandatory training every six months. This training is performed in an efficacy-driven format, utilizing didactic, electronic, and audio-visual components and incorporating techniques that reflect the best practices in education and proven principles of learning theory. Our operational model requires new employees to read and become familiar with a standard Cultivation Employee Training Manual. This manual covers the topics of the required training curriculum, as well as expanding the scope and background in each of the topic areas. In addition, new hires are required to complete training modules on Workplace Safety, Labor Laws, Company Policies and Procedures, Inventory, Required Reporting and Recordkeeping, Technical Aspects of Cultivation, the use of Personal Protection Equipment (PPE), Evacuation Procedures, compliance with the Biosafety program, Security procedures and Panic Button protocols. This manual and the training modules have been fully developed prior to application. In addition, under our operational model an employee is unable to participate in cultivation activities or begin employment until an initial training has been completed. Furthermore, an employee cannot continue employment without attendance and participation in the twice-yearly training performed by the CCA. A completed written examination has proven to be an effective verification method and provides an objective measure of training efficacy. The completed examination, along with its score, is kept on file. The completed test provides reliable, consistent and tangible verification, assuring not only that the training was performed by the CCA, and attended by the individual, but also indicating how well the employee performed. This verification method dovetails with the requirement for employees to review and become familiar with the Cultivation Employee Training manual, as test scores help reflect the efforts dedicated to its review and comprehension.

**Employment Matters**

As executive leaders and entrepreneurs, the owners of Entity A have over three decades of experience in ensuring the implementation of fair and lawful employment practices in compliance with federal and state regulations. We are prepared to fully comply with all employee matters required of companies operating businesses in Ohio, including those specific to medical cannabis businesses, and those currently under development. We have adopted many of the procedures and policies for hiring and educating employees that have proven effective in the medical cannabis operations in State X and State Y and that adhere to Chapter 3796 of the Revised Code, including:

- **Maintenance of Comprehensive Employee Records:** Our procedures utilize computer software to document and keep on file all records relating to the hiring of employees including job applications and verification of references. Our data management system has the capability to keep logs on all employees (past and present) with contact information, registration number and
access credentials, and pertinent work history and compensation in compliance with 3796:2-2:08. (Quality Assurance procedures for maintaining employee records are detailed in Section 2C of this application).

- **Criminal records check:** Prior to application for an employee identification card, all Entity A employees will be screened, with third party verification, for any disqualifying offenses, and in compliance with 3796.13 of the Revised Code.
- **Employee identification cards:** Every owner, officer, board member, employee and all other persons specified in 3796:5-2-01 will be required to apply for identification cards.
- **Employee compliance:** For all training and employee communications, including informing associates on all matters of regulatory compliance, we will utilize both on-site and online formats, incorporating physical and digital media reflecting best practices in professional education and training. Our Employee Handbook is fully developed and details company policies and procedures including detailed employee compliance rules and regulations set forth by the OMMCP, as well as those of Entity A. We will review thoroughly all compliance matters with our employees to ensure they are fully aware of non-allowable behaviors, on and off work hours, including driving while drugged or intoxicated, and other **prohibited activities** pursuant to 3796:5-6-02. Any employee who is not in full compliance will face disciplinary actions, up to and including termination.

(OPTIONAL) Employment Practices Plan of Action to inform, hire, and educate minorities, women, veterans, disabled persons, and Ohio residents.

**Diversity as an Actionable Workplace Principle**

Diversity makes a strong workplace. The validity of this principle has been well demonstrated in many traditional businesses, and has been proven in our many years of experience as executive leaders in both public and private companies. The owners of Entity A have long supported diversity as a core principle, and have practiced and developed successful strategies for sourcing, hiring, training, motivating and retaining employees from different economical, educational and racial backgrounds. Our strong background in media and media technology provides us multiple platforms to disseminate employment opportunities, and the ability to focus our intended demographic outreach within populations of diversity. Our staffing strategy has continued to prove itself in emerging industries and its concepts were recently applied in our recruitment and hiring practices as business owners of cannabis cultivation enterprises in another state.

**Action to Hire**

In addition to traditional recruiting channels, we have found that contemporary avenues are critically important to identifying and securing today’s top talent. This is particularly true in Ohio where we intend to hire exclusively and where the average age of the workforce is about 40, indicating a significant number of prospective employees are “digital natives” accustomed to using technology in all aspects of their lives. We are well versed in the utilization of popular commercial sites optimized to assist digital natives in finding jobs, including Monster.com, LinkedIn, Indeed.com and Glassdoor.com. Our initial hiring strategy within the state will use a variety of **targeted** approaches to search for talent among minorities, women, veterans and people with development disabilities. In addition, Entity A creates job descriptions free of bias and conducts structured interviews that have been shown to be effective for assessing non-traditional talent. Ancillary targeted strategies in demographics of diversity include:

**Minorities**

- We use onestopsimplicity.com to post job openings on the websites of Ohio colleges and
universities with substantial numbers of African American and other minority students.

- We are actively engaged in sourcing qualified candidates from: The Ohio State University career center, Ohio’s statewide network of 23 community colleges, other job placement firms matching employers with underrepresented racial minorities, especially from historically black colleges such as Wilberforce.
- We have made inroads to engage in professional minority-focused job fairs.

**Military Veterans**

- We continue to host and underwrite educational events on the therapeutic potential of cannabis for PTSD, which has elicited regular positive feedback from veterans for volunteering and employment opportunities.
- We have experience using popular veteran websites: ohiomeansjobs.com, military.com, gijobs.com, vetjobs.com, and postings with the American Legion.

**Women**

- We maintain outreach efforts to women’s organizations, including the local chapter of the National Association of Professional Women (NAPW) and to career placement personnel at women’s colleges.

**Persons with Developmental Disabilities**

- Our considerable experience has provided us the real-world experience in identifying cultivation activities that are appropriate for the developmentally disabled on a case-by-case basis with mutually beneficial results.
- We plan to engage InReturn Strategies, an aggregator of job placement services for the disabled, to help match candidates with specific employment opportunities.

**Seniors and Others**

- We will continue to connect with candidates through well-established diversity job sites such as employseniors.org, employdiversity.com and diversityjobs.com.

**Onboarding**

We have a fully developed onboarding program that provides for diversity in building and maintaining the workplace, and that has been successfully implemented in our cultivation Facility operating in another state. Our onboarding efforts begin prior to hiring and strive to create an environment that is respectful and motivating, inviting them into a welcoming and inclusive company culture. Our advanced employment policies and practices already in place will ensure that management is fair, employee concerns are handled effectively, and that assignments, performance evaluations and promotions are completed without bias. The engagement and job satisfaction of our diverse workforce will be monitored with periodic employee surveys, allowing for identification and resolution of employee issues
2C Quality Assurance
(Maximum of 30 pages, see instructions for formatting)

Please note: The following must be submitted in a non-identified format.
Include this form as a cover page.

Applicant should provide a narrative detailing support for the following:

Part I: Packaging and Labeling

Elements of a quality assurance plan shall include best practices for the packaging and labeling of medical marijuana. (3796:2-1-02(B)(4)(b), 3796:2-1-03(B)(3)(b))

Part II: Production Control

Intended use of pesticides, fertilizers, and other agricultural products or production control factors in the cultivation of medical marijuana. (3796:2-1-02(B)(4)(a), 3796:2-1-03(B)(3)(a))

Part III: Inventory Control

An inventory control plan. (3796:2-1-02(B)(4)(d), 3796:2-1-03(B)(3)(d))

Part IV: Disposal and Waste Removal

Standards for the disposal/destruction of medical marijuana waste and other wastes. (3796:2-1-02(B)(4)(e), 3796:2-1-03(B)(3)(e))

Part V: Adverse Events and Recall Procedures

Recall policies and procedures in the event of contamination, expiration or other circumstances that render the medical marijuana unsafe or unfit for consumption, including, at a minimum, identification of the products involved, notification to the dispensary or others to whom the product was sold or otherwise distributed, and how the products will be disposed of if returned to or retrieved by the applicant. (3796:2-1-02(B)(4)(f), 3796:2-1-03(B)(3)(f), 3796:2-2-03)
Part VI: Record Keeping and Regulatory Compliance

(A) Record keeping policies and procedures that will ensure the facility complies with rule 3796:2-2-08 of the Administrative Code. (3796:2-1-02(B)(5)(a))

(B) Implementation and compliance with the inventory tracking system. (3796:2-1-02(B)(4)(c), 3796:2-1-03(B)(3)(c), 3796:2-2-04)
Section 2C Quality Assurance Plan

Introduction
Quality Assurance is a proactive process. Entity A’s Quality Assurance Plan has been purposefully integrated throughout the policies and procedures of our Operations Plan and SOP, and has been designed to ensure that processors, dispensaries and patients receive safe, consistent, reliable and effective medical cannabis from the cultivator. These measures also ensure that throughout each and every step of the production process, the handling of the medical cannabis is secure, completely accounted for, and compliant with the rules and regulations of the state of Ohio (3796:2-2-01). The key features of the Quality Assurance Plan include:

- Post-harvest processing and storage procedures, including quarantine design, that preserves the characteristics and safety of the plant material prior to packaging.
- The incorporation of child resistant, light-resistant, tamper-evident, CFR and ISO compliant packaging that maintains the integrity and stability of the plant’s cannabinoid constituents.
- Labeling practices that allow full characterization of the product, provisions for consumer reporting, and reliable traceability.
- Cultivation practices that incorporate proven bio-agricultural techniques for plant health and optimal yield, and that have minimal reliance on chemical pesticides or other production control factors.
- Provisions for scheduled quality control measures, including rigorous internal and required external analytical testing to characterize the cannabinoid constituents of each batch of medical cannabis and to detect any contamination.
- Comprehensive record keeping procedures with BioTrackTHC during all aspects of the production and operations processes, which provide an accurate and complete history of the source material and handling for every plant in each batch of plant material, as well as the final disposition of all plants and discarded cannabis.
- An Inventory Control Plan incorporating mandatory compliance steps for the daily recording and weekly reporting of required information to the Department’s inventory tracking system.
- Effective, environmentally sensitive, and community friendly procedures for the destruction of unused cannabis and, whenever possible, the re-utilization of disposed medical cannabis and cultivation waste.
- Internal and external quality assurance measures to allow identification, notification, and rapid recall of any product.

Brief Note to Department Reviewer
The successful implementation of focused and purposefully developed quality assurance steps, in conjunction with analytical quality control, result in a product that is “quality-assured.” The terms “pharmaceutical grade cannabis” and “pharmaceutical grade marijuana” do not appear in our responses to the Department. While it is our intent to produce products and establish industry standards that equate to published requirements for pharmaceutical manufacturing in other contexts, no pharmaceutical standard exists for cannabis. As currently used in the industry, the phrases “pharmaceutical grade cannabis” and “pharmaceutical grade marijuana” are only marketing terms with no applicable meaning or actual regulatory reference for quality assurance. These terms have no defensible place within an application for medical cannabis cultivation that is to be scored on objective merit.
Applicant should provide a narrative detailing support for, at a minimum, the following:

**Part I: Surveillance Technology and Physical Security**
*Physical equipment used to monitor the facility and meet the security requirements under Chapter 3796 of the Revised Code and the rules promulgated in accordance with Chapter 3796 of the Revised Code. (3796:2-1-03(B)(4)(b) and 3796:2-2-05)*

(A) Camera feed should traverse the IP network from the camera source to the server utilizing Motion JPEG (MJPEG) or MPEG-4/H.264/Advanced Video Coding codec technology.

(B) Data should be transmitted over the Real-time Protocol (RTP) or Real Time Streaming Protocol (RTSP).

(C) Camera should support pan, tilt, and zoom functionality and controls.

**Part II: Security and Transportation Policies and Procedures**

(A) A security plan in accordance with rule 3796:2-2-05 of the Administrative Code, that establishes policies and procedures to ensure a secure, safe facility to prevent theft, loss, or diversion and protect facility personnel. (3796:2-1-03(B)(4)(a))

(B) Transportation policies and procedures, which includes the transportation of medical marijuana from a cultivator to a processor or dispensary and from a cultivator to a testing laboratory in the state of Ohio, in accordance rule 3796:5-3-01 of the Administrative Code. (3796:2-1-02(B)(5)(c), 3796:2-1-03(B)(4)(e))

**Part III: Facility Plot Plan and Specifications**
*A plot plan of the cultivation facility drawn to a reasonable scale that designates the different areas of operation, including the marijuana cultivation area, with the mandatory access restrictions. (3796:2-1-03(B)(4)(d), 3796:2-1-02(B)(5)(d))

(A) If the building is in existence at the time of the application, the applicant shall submit plans and specifications drawn to scale for the interior of the building.*
(B) **If the building is not in existence at the time of application, the applicant shall submit a plot plan and a detailed drawing to scale of the interior and the architect’s drawing of the building to be constructed.**

**Part IV: Emergency Notification Procedures**

*Emergency notification procedures with the department, law enforcement, and emergency response professionals. (3796:2-1-03(B)(4)(c))*
Section 2D Security Plan

Introduction
The applicant, Entity A, has developed the protocols and secured the necessary resources and professional relationships needed to fully comply with the security requirements of the Ohio Revised Code (ORC) 3796:2-2-05 and 3796:5-3-01. Our policies and procedures are based on the proven security techniques and operational model adapted from a licensed medical cannabis cultivation site currently in operation in State Y, which earned a 100% compliance Security rating. Our resources include nationally recognized equipment manufacturers with exemplary reputations for service and reliability in regulated industries. The integrated access control and surveillance systems capabilities enable permission management to the level of individual employees and high-resolution monitoring of all personnel and plant activities in and around the Facility. In addition, the logistical systems enable precision tracking of vehicles and personnel in a secure and safe manner when transporting materials to, or products from the Facility.

Entity A is positioned to immediately begin implementing this comprehensive Security Plan, fully developed prior to application, and based on systems and methods currently deployed by one of our owners, a licensed operator at two medical cannabis facilities in State Y. Our security protocols employ active and passive methods to prevent theft, loss or diversion, as well measures as to keep our employees and the community safe. These plans feature 24/7/365 real time facility monitoring and cyber-security, precise inventory and information control systems, and comprehensive, operationally proven personnel policies and Standard Operating Procedures (SOPs).

Our established protocols for employee safety and security have been adapted for our Facility and cultivation operation in Ohio to meet or exceed all requirements set forth in the Revised Code. We have reviewed our security plans with the local fire and police chiefs and have incorporated multiple improvements based on their recommendations. Our Security installation plan clearly shows the placement of all security devices and equipment, which are detailed in the drawings provided, labeled as Figures 1 and 2 in Part III of this Security Plan. Below is a brief overview of each subsection of our response, summarizing how we will demonstrate our capabilities and compliance in all matters of security:

Part I Overview: Surveillance Technology and Physical Security
We have selected equipment manufacturers with multi-state experience supplying security systems to pharmaceutical laboratories, hospitals, and federal and state government facilities. The integrated access control and surveillance system mirrors the fully deployed state-of-the-art security systems placed in service earlier this year in State Y. Advanced intrusion detection and security incident monitoring are linked to both rapid internal and external responses as further described in this subsection of the plan.

Part II Overview: Security and Transportation Policies and Procedures
In this subsection, we establish the Security procedures to both track and trace all cannabis products and by-products within the Facility, all individuals present in and around the Facility, and all personnel and vehicles transporting cannabis products that originate from the Facility, or that are being returned to the Facility.
Part III Overview: Facility Plot Plan and Specifications
To ensure Facility-wide safety of our employees and building occupants, as well as to adhere to our Biosafety program protocols, we have established five Security Assessment Levels (SAL 0 through SAL 4) and their Security Zone Identifications. These are listed in Table 2 of this subsection, along with a detailed illustration, Figure 2.

Part IV Overview: Emergency Notification Procedures
In this subsection, we detail the placement and utilization of Security equipment to empower our security team for emergency response. Our training procedures and curriculum ensure security personnel are thoroughly familiar with the interior and exterior of the Facility, and able to handle any and all security matters decisively, expediently and effectively. Policies and procedures have been established to address nearly every foreseeable emergency situation. Action plans for emergency notification are described in detail in our Standard Operating Procedures (SOPs), and a thorough understanding of the procedures by all employees is mandatory in their orientation training. Those plans include clear procedures regarding appropriate notification of the police and local emergency services.

We have provided expansive and detailed explanations in our complete responses to each of these subsections below, inclusive of physical descriptions, operational capabilities, and technical specifications. In the following narrative, present tense is used to describe aspects of the proposed security plan. Future tense is used when referring to post license activities and actions.

Part I: Surveillance Technology and Physical Security
We have selected modes of surveillance and types of equipment best suited for cultivation security and determined ideal placements within our 98,000 sq.-ft. Facility. Person B has supervised the design and successful deployment of these measures in two medical cannabis facilities operating in another state, and has adapted that proven platform for the Facility in Ohio.

The Video Surveillance and Security Alarm Equipment drawing is found in Part III, Figure 1, and shows our monitoring methodologies, including cameras, security and intruder lighting and video displays.

The Security Assessment Levels/Zone ID &Access Controls drawing is found in Part III, Figure 2, and illustrates the Security zones and supporting equipment. The hardware and software systems used to monitor operations in the Facility are presented in the following categories:

1. Video Surveillance
2. Intrusion Detection
3. Access Control
4. Integration and Network
5. Security Officers
6. Security Lighting
7. Locks
8. Fencing
9. Mobile Access
10. Backup Systems
11. Emergency Equipment
12. Equipment Maintenance
if deemed necessary.
e) Reconcile all inventory information and data within BioTrackTHC to accurately reflect the change in inventory and prevent the deficit from creating future accounting and audit discrepancies.

**Other Conditions Requiring Notification**
We will notify the Department within 24 hours and will submit a written report with 10 days of any of the following events:

1) Any alarm activation or other event that requires response from any emergency response professionals. *(3796:5-4-01(C)(1))*
2) A breach of security. *(3796:5-4-01(C)(2))*
3) Failure of the security alarm system due to electrical or mechanical failure. *(3796:5-4-01(C)(3))*

We will notify the Department within 24 hours in the event of a fire or hazardous material related incident, or any incident requiring an emergency response to the Facility. *(3796:5-4-01(D))*

**Documentation Retention**
All documentation related to occurrences identified in the immediately preceding sections titled “Loss, Theft or Diversion of Medical Cannabis”, or “Other Conditions Requiring Notification” will be maintained and made available to the Department. *(3796:5-4-01(E))*

**Part V: Record Keeping**

**General**
As required by rule 3796:2-1-02(5)(a), we will comply with all record keeping requirements of rule 3796-2-2-08, and will maintain for a period of seven years and make available if requested by the Department true, complete, legible and current books and records that include the following:

1) Records relating to the disposal of medical cannabis, medical cannabis products, and waste in accordance with paragraph (E) of rule 3796-2-2-08 and rule 3796:2-2-03.
2) Records related to the sale of medical cannabis in accordance with paragraph (C) of rule 3796:2-2-04.
3) Transportation records in accordance with rule 3796:5-3-01.
4) Records of all samples sent to an independent testing laboratory and the quality assurance test results.
5) Security records in accordance with paragraph (B) of rule 3796:2-2-05.
6) Inventory tracking records and inventory records maintained in the inventory tracking system, as well as records maintained by the facility outside the inventory tracking system, in accordance with rule 3796:2-2-04.
7) Cultivation records, which, at a minimum, shall include the following: (a) Forms and types of medical cannabis maintained at the Facility on a daily basis; (b) Soil amendment, fertilizers, pesticides, or other chemicals applied to the growing medium or plants or used in the process of growing medical cannabis in accordance with paragraph (C) of rule 3796:2-2-01; and (c) Production records, including planting, harvesting and curing, weighing, and packaging and labeling.
8) Financial records retained at a location determined by Entity A in accordance with paragraph (C) of rule 3796-2-2-08.
9) Employee records in accordance with paragraph (D) of rule 3796-2-2-08.
10) Records of any theft, loss, or other unaccountability of any medical cannabis as described in rule 3796:5-4-01.
11) Records that clearly reflect all financial transactions and the financial condition of the business, including contracts for services performed or received that relate to Entity A.
12) Purchase invoices, bills of lading, manifests, sales records, copies of bills of sale, and any supporting documents, including the items or services purchased, from whom the items were purchased, and the date of purchase.
13) Bank statements and canceled checks for all accounts relating to Entity A, if applicable.
14) Accounting and tax records related to the cultivator and all investors in the Facility.
15) All records relating to the hiring of employees, including applications, documentation of verification of references, and any other related materials;
16) A History of Facility Employment (employee log) that includes the following information for every current and former employee: (a) Employee name, address, phone number and emergency contact information; (b) Registration number and access credential designation; (c) Date of hire and date of separation from employment, if applicable, and the reason for the separation; (d) All training, education, and disciplinary records; and (e) Salary and wages paid to each employee, and any executive compensation, bonus, benefit, or item of value paid to any individual affiliated with any medical cannabis entity, including members of a non-profit corporation, if any.
17) Visitor logs maintained in accordance with rule 3796:5-2-01 of the Administrative Code.
18) Medical cannabis production and disposal records including: (a) the registered product name, strain and quantity of medical cannabis involved; (b) the date of production or removal from production; (c) the reason for removal from production, if applicable; (d) a record of all medical cannabis sold, transported, or otherwise disposed of; (e) the date and time sale, transportation, or disposal of the medical marijuana; and (f) if the medical cannabis is destroyed, records in accordance with paragraph (D) of rule 3796:2-2-03.

**Electronic Records**

If we elect to use an electronic system for storage and retrieval of any of these records or other records relating to medical cannabis, we will use a system that: (1) guarantees the confidentiality of the information stored in the system; (2) is capable of providing safeguards against erasures and unauthorized changes in data after the information has been entered and verified by the cultivator; (3) is capable of placing a litigation hold or enforcing a records retention hold for purposes of conducting an investigation or pursuant to ongoing litigation; and (4) is capable of being reconstructed in the event of a computer malfunction or accident resulting in the destruction of the data bank.
2E Financial Plan
(Maximum of 10 pages, see instructions for formatting)

Please note: The following must be submitted in a non-identified format.
Include this form as a cover page.

Applicant should provide a narrative detailing support for the following:

Funding Analyses
A breakdown of the applicant's actual and anticipated sources of funding.

Operating Expense Breakdown
A cost breakdown of the applicant's anticipated costs in building the facility and implementing the policies and procedures submitted as part of the application. (3796:2-1-02(B)(6)(b), 3796:2-1-03(B)(5)(b))
Section 2E Financial Plan

Introduction
Entity A is fully able to meet all financial responsibility requirements, including those set forth in rule 3796:2-1-02 and rule 3796:2-1-05. We have established a detailed financial plan and provide below a comprehensive breakdown of our anticipated costs in building our cultivation facility and implementing the policies and procedures presented in previous sections of this application. In addition, we have detailed the source of funding for these costs, all in accordance with rule 3796:2-1-02(B)(6) and rule 3796:2-1-03(B)(5).

Entity A is financially stable and has immediate and unrestricted access to the financial resources required to develop its cultivation facility, render it fully operational and achieve a self-sustaining business.

Entity A intends to apply for a processing and five dispensary licenses in addition to a Level I cultivation license. We have fully developed additional detailed financial plans for a vertically integrated business in which we hold all three types of licenses, as well as plans for an expansion of our initial cultivation license in the future to include an additional 25,000, and then 50,000 square feet of cultivation area; however, for purposes of this application and our response to this section, we are presenting a financial plan based only upon an initial cultivation license authorizing 25,000 square feet of cultivation area.

Our financial plan includes detailed modeling of patient demand in Ohio to provide a realistic assessment of revenue and growth, a thorough analysis of capital expenditures and operating costs required to implement the policies and procedures detailed in our application, and a comprehensive analysis of funding required to make our operations self-sustaining.

Part 1: Funding Analyses

Unencumbered liquid assets
Entity A has $600,000 in unencumbered liquid assets under its immediate control, and these assets are readily convertible to cash within thirty days after a request to liquidate such assets. This is significantly more than the $500,000 minimum liquid assets required under rule 3796:2-1-02(B)(6). Funding to date has been provided by our board of managers, our executive management team and members of our Science and Medical Advisory Board.

Capital Resources and Anticipated Sources of Funding
Entity A’s current investors are committed to provide all of the capital needed to become self-sustaining. That amount is estimated to be approximately $16.75 million if we elect to retain ownership of the cultivation facility, or approximately $9.5 million assuming we elect a sale lease-back arrangement for the cultivation facility. In addition to the liquid assets above, Entity A has separate funds on hand to meet the costs of completing the application and planning process, including application fees and the expenses incurred to create and provide the detailed estimates of materials, equipment, building, and operational costs reported in our financial plan.

We have ready access to substantial funding for all phases of our business from experienced investors, including members of our executive team and Board of Managers, each having substantial individual net worth. These investors have previously managed successful venture capital funds, incubated successful high growth companies requiring large amounts of capital, and raised well in excess of $500 million for
**Provisions for Insurance Coverage and Escrow or Surety Bond**

Upon being awarded a provisional cultivation license, and prior to issuance of a certificate of operation, Entity A will meet the insurance, escrow and surety bond requirements of rule 3796:2-1-05, including:

1. providing and maintaining at its own expense any insurance coverage and terms of insurance required and approved by the Department in compliance with rule 3796:2-1-05 (B)(1); and EITHER
   2. establishing and maintaining an escrow account in the amount of seven hundred fifty thousand dollars in full compliance with all requirements of rule 3796:2-1-05(B)(2); OR
   3. providing a surety bond in full compliance with all requirements of rule 3796:2-1-05(B)(3).

With respect to insurance, Founders and Directors of Entity A have successfully secured insurance coverage for Entity B, which operates cultivation, processing and dispensary operations in State Y, and we have received verification in advance of application that we can secure such insurance for Entity A in Ohio. With respect to the escrow account and surety bond requirements, we are confident we can put a surety bond in place promptly after being granted a provisional cultivation license. However, if at the time of provisional license grant, a surety bond is not available in the marketplace or not available on terms approved by the Department of Commerce, our founders are committed and able to place $750,000 into an escrow account on the terms outlined in subparagraph (2) of rule 3796:2-1-05(B).

**Additional Information Required for Inclusion in Financial Plan Under the Rules**

Although not appropriate for inclusion in the Non-Identifiable Information Section of the application (Section 2), we note that we have submitted in the Identifiable Information Section of this application (Section 1) as required by rule 3796:2-01-01(B)(6)(a), (c) and (e) and 3796:2-1-03(B)(6)(a), (c) and (e) the following:

- The identity and ownership interest of every person, association, partnership, other entity, or corporation having a financial interest, direct or indirect, in the cultivator with respect to which licensure is sought.
- Documentation acceptable to the department that the individual or entity filing the application has at least $500,000 in liquid assets, which are unencumbered and can be converted within thirty days after a request to liquidate such assets, dated within thirty calendar days before the date that the application was submitted.
- A record of tax payments in the form of tax summary pages for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business and for every person with a financial interest of one per cent or greater in the applicant for the three years before the filing of the application.