<table>
<thead>
<tr>
<th>A-1.1</th>
<th>Business Name, as it appears on the Applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Buckeye Medigreen, Ltd.</td>
</tr>
<tr>
<td>A-1.2</td>
<td>Other trade names and DBA (doing business as) names</td>
</tr>
<tr>
<td></td>
<td>Ohio Medigreen</td>
</tr>
<tr>
<td>A-1.3</td>
<td>Business Street Address</td>
</tr>
<tr>
<td></td>
<td>7771 Concord Road</td>
</tr>
<tr>
<td>A-1.4</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Delaware</td>
</tr>
<tr>
<td>A-1.5</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>OH</td>
</tr>
<tr>
<td>A-1.6</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>43015</td>
</tr>
<tr>
<td>A-1.7</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
<td>6145157594</td>
</tr>
<tr>
<td>A-1.8</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ohiomedigreen@gmail.com">ohiomedigreen@gmail.com</a></td>
</tr>
</tbody>
</table>
### Demographic Information (Primary Contact/Registered Agent)

**A-2.1** Please select: Primary Contact, or Registered Agent for this Application

<table>
<thead>
<tr>
<th>PRIMARY CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A-2.2</strong> First Name</td>
</tr>
<tr>
<td>John</td>
</tr>
<tr>
<td><strong>A-2.3</strong> Middle Name</td>
</tr>
<tr>
<td>Allan</td>
</tr>
<tr>
<td><strong>A-2.4</strong> Last Name</td>
</tr>
<tr>
<td>Van Sickle</td>
</tr>
<tr>
<td><strong>A-2.5</strong> Street Address</td>
</tr>
<tr>
<td>7771 Concord Road</td>
</tr>
<tr>
<td><strong>A-2.6</strong> City</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td><strong>A-2.7</strong> State</td>
</tr>
<tr>
<td>OH</td>
</tr>
<tr>
<td><strong>A-2.8</strong> Zip Code</td>
</tr>
<tr>
<td>43015</td>
</tr>
<tr>
<td><strong>A-2.9</strong> Phone</td>
</tr>
<tr>
<td>6145157594</td>
</tr>
<tr>
<td><strong>A-2.10</strong> Email</td>
</tr>
<tr>
<td><a href="mailto:ohiomedigreen@gmail.com">ohiomedigreen@gmail.com</a></td>
</tr>
</tbody>
</table>
Demographic Information (Applicant Organization and Tax Status)

A-3.1 Select One
Limited Liability Company

A-3.1A If other, explain
No response provided by applicant

A-3.2 State of Incorporation or Registration
OH

A-3.3 Date of Formation
06/08/2017

A-3.4 Business Name on Formation Documents
Buckeye Medigreen, Ltd.

A-3.5 Federal Employer ID number
This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number
No response provided by applicant

A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio)
No response provided by applicant

A-3.8 Ohio Workers’ Compensation Policy Number (if Applicant is currently doing business in Ohio)
No response provided by applicant

A-3.9 The Applicant attests that workers’ compensation insurance will be obtained by the time the State of Ohio Board of Pharmacy determines the Applicant to be operational under the Act and regulations.

YES

A-3.10 Has the Applicant operated and conducted business in any jurisdiction other than Ohio in the past three years? If you select "Yes", answer question A-3.10.1 below.

NO

A-3.10.1 If "Yes" to question A-3.10, for each instance relevant to question A-3.10, provide the following:
- Legal Business Name
- Business Address
- Federal Employee ID Number
No response provided by applicant
A-4.1 The Applicant attests that at least fifty-one percent of the business, including corporate stock if a corporation, is owned by persons who belong to one or more of the groups set forth in this division, 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. ORC 3796.10

YES
### Demographic Information (District Information)

**A-5.1** Please select to indicate the medical marijuana dispensary Ohio district for which you are applying for a dispensary license

<table>
<thead>
<tr>
<th>SOUTHEAST-3</th>
</tr>
</thead>
</table>

**A-5.2** Please select to indicate the medical marijuana dispensary Ohio county for which you are applying for a dispensary license

<table>
<thead>
<tr>
<th>Franklin</th>
</tr>
</thead>
</table>
Demographic Information (Prospective Associated Key Employees Details)

Item 1 of 3

A-6.1 First Name
Cara

A-6.2 Middle Name
C

A-6.3 Last Name
Shope

A-6.4 Suffix
No response provided by applicant

A-6.5 Occupation
Health Care Provider, Chiropractic Assistant, Freelance Writer/Editor

A-6.6 Title in the Applicant’s business
Chief Executive Officer, Member-Manager, Dispensary Manager

A-6.7 Applicant's business related compensation
Owner - Share of Profits

A-6.8 Number of shares owned
51%

A-6.9 Types of shares owned
LLC Member

A-6.10 Percent interest in Applicant's business
51%

A-6.11 Voting percentage
51 Percent

A-6.12 Proposed Role
OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise
Contribution of Money and active day to day involvement in management and operation of Dispensary
<table>
<thead>
<tr>
<th>A-6.14 Date of birth</th>
<th>This response has been entirely redacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-6.15 Social Security Number (use &quot;N/A&quot; if unavailable)</td>
<td>This response has been entirely redacted</td>
</tr>
<tr>
<td>A-6.16 Street Address</td>
<td>5303 Giehl Rd</td>
</tr>
<tr>
<td>A-6.17 City</td>
<td>Delaware</td>
</tr>
<tr>
<td>A-6.18 State</td>
<td>OH</td>
</tr>
<tr>
<td>A-6.19 Zip Code</td>
<td>43015</td>
</tr>
<tr>
<td>A-6.20 Phone</td>
<td>6142962564</td>
</tr>
<tr>
<td>A-6.21 Email</td>
<td><a href="mailto:cara.shope@frontier.com">cara.shope@frontier.com</a></td>
</tr>
<tr>
<td>A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)</td>
<td>Hispanic</td>
</tr>
<tr>
<td>A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:</td>
<td>Lifetime Ohio Resident - Fourty Four (44) Years</td>
</tr>
<tr>
<td>A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:</td>
<td>This response has been entirely redacted</td>
</tr>
<tr>
<td>- Unexpired, valid state-issued driver's license.</td>
<td></td>
</tr>
<tr>
<td>- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.</td>
<td></td>
</tr>
<tr>
<td>- Unexpired, valid United States passport.</td>
<td></td>
</tr>
<tr>
<td>A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent</td>
<td></td>
</tr>
</tbody>
</table>
ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10, OAC 3796:6-2-02]

This response has been entirely redacted
A-6.1 First Name
Friedrich

A-6.2 Middle Name
W.

A-6.3 Last Name
Harsh

A-6.4 Suffix
No response provided by applicant

A-6.5 Occupation
Business Owner, Management, Consulting

A-6.6 Title in the Applicant’s business
Chief Operations Officer, Member-Manager

A-6.7 Applicant’s business related compensation
Owner - Share of Profits

A-6.8 Number of shares owned
25%

A-6.9 Types of shares owned
Member Limited Liability Company

A-6.10 Percent interest in Applicant's business
25%

A-6.11 Voting percentage
25%

A-6.12 Proposed Role
OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise
Contribution of Capital of not Less than $100,000 and Management experience
A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

9970 Ketch Road

A-6.17 City

Plain City

A-6.18 State

OH

A-6.19 Zip Code

43064

A-6.20 Phone

6145625515

A-6.21 Email

Fred.Harsh@yahoo.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

Non-Minority

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

Forty (40) Years Plus - Lifetime resident

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent
ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10, OAC 3796:6-2-02]

This response has been entirely redacted
<table>
<thead>
<tr>
<th>A-6.1 First Name</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-6.2 Middle Name</td>
<td>D.</td>
</tr>
<tr>
<td>A-6.3 Last Name</td>
<td>Otto</td>
</tr>
<tr>
<td>A-6.4 Suffix</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>No response provided by applicant</em></td>
</tr>
<tr>
<td>A-6.5 Occupation</td>
<td>Medical Sales/Accountant</td>
</tr>
<tr>
<td>A-6.6 Title in the Applicant's business</td>
<td>Chief Financial Officer, Member Manager, Dispensary Manager</td>
</tr>
<tr>
<td>A-6.7 Applicant's business related compensation</td>
<td>OWNER</td>
</tr>
<tr>
<td>A-6.8 Number of shares owned</td>
<td>24%</td>
</tr>
<tr>
<td>A-6.9 Types of shares owned</td>
<td>Limited Liability Membership Interests</td>
</tr>
<tr>
<td>A-6.10 Percent interest in Applicant's business</td>
<td>24%</td>
</tr>
<tr>
<td>A-6.11 Voting percentage</td>
<td>24%</td>
</tr>
<tr>
<td>A-6.12 Proposed Role</td>
<td>OWNER</td>
</tr>
<tr>
<td>A-6.13 Please include any contributions of money, equipment, real estate and expertise</td>
<td>Contributions of Capital of at least $150,000.00, and expertise in accounting and Medical and</td>
</tr>
<tr>
<td>A-6.14</td>
<td>Date of birth</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>This response has been entirely redacted</td>
</tr>
<tr>
<td>A-6.15</td>
<td>Social Security Number (use &quot;N/A&quot; if unavailable)</td>
</tr>
<tr>
<td></td>
<td>This response has been entirely redacted</td>
</tr>
<tr>
<td>A-6.16</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>455 Clear Run Road</td>
</tr>
<tr>
<td>A-6.17</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Delaware</td>
</tr>
<tr>
<td>A-6.18</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>OH</td>
</tr>
<tr>
<td>A-6.19</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>43015</td>
</tr>
<tr>
<td>A-6.20</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
<td>6145815818</td>
</tr>
<tr>
<td>A-6.21</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:markdanielotto@gmail.com">markdanielotto@gmail.com</a></td>
</tr>
<tr>
<td>A-6.22</td>
<td>Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)</td>
</tr>
<tr>
<td></td>
<td>Non-Minority</td>
</tr>
<tr>
<td>A-6.23</td>
<td>If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:</td>
</tr>
<tr>
<td></td>
<td>Lifetime Resident - Forty Three (43) Years</td>
</tr>
<tr>
<td>A-6.24</td>
<td>Attach verification of identity. The following are acceptable forms of verification of identity:</td>
</tr>
<tr>
<td></td>
<td>- Unexpired, valid state-issued driver's license.</td>
</tr>
<tr>
<td></td>
<td>- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.</td>
</tr>
<tr>
<td></td>
<td>- Unexpired, valid United States passport.</td>
</tr>
<tr>
<td></td>
<td>This response has been entirely redacted</td>
</tr>
<tr>
<td>A-6.25</td>
<td>Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax</td>
</tr>
</tbody>
</table>
Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. ORC 3796.10, OAC 3796:6-2-02

This response has been entirely redacted
### Compliance (Compliance with Applicable Laws and Regulations)

**B-1.1** By selecting “Yes”, the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.

| YES |

**B-1.2** By selecting “Yes”, the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of $50,000 as a condition precedent to receiving a medical marijuana certificate of operation. [OAC 3796:6-2-11](https://ohrsc.ohio.gov/ohr/ohrdocuments/122018/3796/3796-6-2-11)

| YES |
### Compliance (Civil and Administrative Action)

**B-2.1** Has the Applicant been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

| NO |

**B-2.2** Has the Applicant been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

| NO |

**B-2.3** Has criminal, civil, or administrative action been taken against the Applicant for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

| NO |

**B-2.4** Has criminal, civil or administrative action been taken against the Applicant under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to any of the Applicant's Prospective Associated Key Employees' profession or occupation?

| NO |

**B-2.4.1** If "Yes" to any question in B-2, provide the following: Respondent / Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and the Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

*No response provided by applicant*
<table>
<thead>
<tr>
<th><strong>B-3.1 First Name</strong></th>
<th>Cara</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B-3.2 Middle Name</strong></td>
<td>C.</td>
</tr>
<tr>
<td><strong>B-3.3 Last Name</strong></td>
<td>Shope</td>
</tr>
<tr>
<td><strong>B-3.4 Proposed Role</strong></td>
<td>OWNER</td>
</tr>
<tr>
<td><strong>B-3.5 Position/Title</strong></td>
<td>Chief Executive Officer/ Member-Manager, Manager, Pharmacy Tech.</td>
</tr>
<tr>
<td><strong>B-3.6 Brief description of role</strong></td>
<td>Chief Executive Officer/ Member-Manager, Manager, Pharmacy Tech.</td>
</tr>
<tr>
<td><strong>B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>B-3.7.1 If &quot;Yes&quot; to B-3.7, please provide the entity Name and Address.</strong></td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td><strong>B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>B-3.8.1 If &quot;Yes&quot; to B-3.8, please provide the entity Name and Address.</strong></td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td><strong>B-3.9 Has this individual ever been convicted of, or are charges pending for, a disqualifying offense?</strong></td>
<td>NO</td>
</tr>
<tr>
<td>Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.</td>
<td></td>
</tr>
</tbody>
</table>
B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO
B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?
B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES
Compliance(Prospective Associated Key Employee Compliance)

**Item 2 of 3**

<table>
<thead>
<tr>
<th>B-3.1 First Name</th>
<th>Friedrich</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-3.2 Middle Name</td>
<td>W.</td>
</tr>
<tr>
<td>B-3.3 Last Name</td>
<td>Harsh</td>
</tr>
<tr>
<td>B-3.4 Proposed Role</td>
<td>OWNER</td>
</tr>
<tr>
<td>B-3.5 Position/Title</td>
<td>Chief Operations Officer, Dispensary Manager</td>
</tr>
<tr>
<td>B-3.6 Brief description of role</td>
<td>Overall management of the day to day affairs of the Entity, Day to day Operations, Hiring and Firing personell, Compliance and Regulatory Matters.</td>
</tr>
<tr>
<td>B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?</td>
<td>YES</td>
</tr>
<tr>
<td>B-3.7.1 If &quot;Yes&quot; to B-3.7, please provide the entity Name and Address.</td>
<td>Individual was a 15% Member-Manager Ohio Medigreen, Ltd., 7771 Concord Road, Delaware, Ohio 43015 which applied for a Level 2 Cultivators License but was not selected as one of the 12 selected provisional licenses. Individual has completely withdrawn from Ohio Medigreen and is no longer an owner or member or any other interest in said Ohio Medigreen, Ltd.</td>
</tr>
<tr>
<td>B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?</td>
<td>YES</td>
</tr>
<tr>
<td>B-3.8.1 If &quot;Yes&quot; to B-3.8, please provide the entity Name and Address.</td>
<td>Individual was a 15% Member-Manager Ohio Medigreen, Ltd., 7771 Concord Road, Delaware, Ohio 43015 which applied for a Level 2 Cultivators License but was not selected as one of the 12 selected provisional licenses. Individual has completely withdrawn from Ohio Medigreen and is no longer an owner or member or any other interest in said Ohio Medigreen, Ltd.</td>
</tr>
<tr>
<td>B-3.9 Has this individual ever been convicted of, or are charges pending for, a disqualifying offense?</td>
<td></td>
</tr>
</tbody>
</table>

- disqualifying offense
Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

**NO**

**B-3.9.1** If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

*No response provided by applicant*

**B-3.10** Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

**NO**

**B-3.10.1** If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

*No response provided by applicant*

**B-3.11** Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

**NO**

**B-3.11.1** If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

*No response provided by applicant*

**B-3.12** Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

**NO**

**B-3.12.1** If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

*No response provided by applicant*

**B-3.13** Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

**NO**

**B-3.13.1** If "Yes" to B-3.13, the reason for doing so must be provided below.
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes/No/No response provided by applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-3.14</td>
<td>Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?</td>
<td>NO</td>
</tr>
<tr>
<td>B-3.14.1</td>
<td>If &quot;Yes&quot; to B-3.14, the reason for doing so must be provided below.</td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>B-3.15</td>
<td>Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?</td>
<td>NO</td>
</tr>
<tr>
<td>B-3.15.1</td>
<td>If &quot;Yes&quot; to B-3.15, the reason for doing so must be provided below.</td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>B-3.16</td>
<td>By selecting &quot;Yes&quot;, this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.</td>
<td>YES</td>
</tr>
<tr>
<td>B-3.17</td>
<td>Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?</td>
<td>NO</td>
</tr>
<tr>
<td>B-3.17.1</td>
<td>If &quot;Yes&quot; to B-3.17, the reason for doing so must be provided below.</td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>B-3.18</td>
<td>Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?</td>
<td>NO</td>
</tr>
<tr>
<td>B-3.18.1</td>
<td>If &quot;Yes&quot; to B-3.18, the reason for doing so must be provided below.</td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>B-3.19</td>
<td>Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?</td>
<td>NO</td>
</tr>
</tbody>
</table>
B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting “Yes”, you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting “Yes”, you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES
B-3.1 First Name
Mark

B-3.2 Middle Name
W.

B-3.3 Last Name
Otto

B-3.4 Proposed Role
OWNER

B-3.5 Position/Title
OWNER, Member-Manager/ Chief Financial Officer, Dispensary Manager

B-3.6 Brief description of role
OWNER, Member-Manager/ Chief Financial Officer, Dispensary Manager

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?
NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.
No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?
NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.
No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a disqualifying offense? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.
NO
B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO
If "Yes" to B-3.14, the reason for doing so must be provided below.

**No response provided by applicant**

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

**NO**

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

**No response provided by applicant**

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

**YES**

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

**NO**

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

**No response provided by applicant**

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

**NO**

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

**No response provided by applicant**

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

**NO**

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

**No response provided by applicant**

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?
B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions).

No response provided by applicant

B-3.21 By selecting “Yes”, you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting “Yes”, you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES
C-1.1 Attach one of the following:
- Evidence of the Applicant’s clear legal title to or option to purchase the proposed site and facility.
- A fully-executed copy of the Applicant’s unexpired lease for the proposed site and facility and a written statement from the property owner that the Applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the initial provisional license.
- Other evidence that shows that the Applicant has a location to operate its medical marijuana organization.

Uploaded Document Name: **Option to Lease - 1192 Mound Street Buckeye Medigreen Ver 2.pdf**
NOTE: This applicant uploaded document is the next 14 page(s) of this document.
LEASE OPTION AGREEMENT

This Lease Option Agreement (the "Option Agreement") is made and entered into effective as of the day of November, 2017 (the "Effective Date") by and between HELLAS INVESTMENTS, LTD. and JOHN VLAHOS, Individually ("Herein collectively referred to as "Owner"), and Buckeye Medigreen, Ltd., an Ohio limited liability company, its successors and assigns ("Buckeye"). Owner and Buckeye are sometimes referred to herein individually as a "Party" and together as the "Parties".

RECITALS:

A. Buckeye is interested establishing retail establishment specifically including, but not limited to the sales of Marijuana and Marijuana products and accessories as a regulated Medical Marijuana Dispensary under the laws and regulation of the State of Ohio. Buckeye’s intended use sometimes referred to as ("Medical Marijuana Dispensary").

B. Buckeye has identified a number of potentially suitable sites, including Owner's real property in Franklin County, Ohio, including but not limited to the existing building being approximately 1,400 square feet +/- more particularly described and known as 1192 W. Mound Street, Columbus, Ohio (Parcels 010-027110, and 010-187888 and 010-52219 ) described on Exhibit A (the "Property"), on which to operate a Medical Marijuana Dispensary.

C. Buckeye desires to acquire the right (but not the obligation) to lease the Property for the purpose of a regulated and licensed Marijuana Dispensary, and Owner desire to grant such option to Buckeye, all on the terms set forth herein.

NOW THEREFORE, in consideration of these premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Buckeye do hereby agree as follows:

1. GRANT OF EXCLUSIVE OPTION.

Owner hereby unconditionally and irrevocably grants, bargains, sells and conveys to Buckeye, the exclusive right and option (the "Option") to lease the Property (or such portion thereof as may be designated by Buckeye) in accordance with the terms and conditions of a Commercial Lease Agreement ("Lease") to be entered into, which Lease shall contain provisions substantially similar to those set forth on Exhibit B and such other terms and conditions as are customary in transactions of this nature or that are reasonably requested by Buckeye. During the Option Term (as defined below), and other than the Option granted herein, Owner shall grant no option or other right in the Property on the Property or any right related thereto. Owner shall grant Buckeye reasonable access to the premises for professionals to inspect and render drawings and plans for Buckeye's intended use. By executing this Option Agreement, Owner acknowledges that (i) Owner has the full power and authority to enter into and perform its obligations under this Option Agreement and (ii) Owner holds fee simple title to the Property and is the sole owner of the Property.
2. **TERM OF OPTION**

The term of the Option shall commence on the Effective Date and shall continue until the sixth (6) month following the Effective Date (the "Option Term") unless extended pursuant to the terms of Section 4 below or unless earlier terminated pursuant to the terms hereof.

3. **CONSIDERATION FOR OPTION.**

This Option Agreement is granted in consideration of a payment by Buckeye to Owner (the "Option Payment") two payments to Ten Dollars ($10.00) each as follows: The First option payment shall be paid to Owner by check within seven (7) days of the Effective Date. The Second Payment shall be paid to the Owner by check on or before Ninetieth (90) day following the Effective Date.

4. **EXTENSION OF OPTION TERM.**

Buckeye shall have the right to extend the Sixth (6) month Option Term for an additional (3) months (the "Extended Term"), upon satisfaction of the following conditions:

(a) Buckeye notifies the Owner in writing of its intent to extend the Option Term no later than thirty (30) days before the expiration of the Option Term and that as of that date the State of Ohio has not granted its 60 provisional licenses for Medical Marijuana dispensaries;

(b) Buckeye tenders its check in the amount of Ten Dollars ($10.00) made payable to the Owner, along with the notice provided in paragraph (a); and

(c) Buckeye is not in default at the time notice of such extension is given or, if Buckeye is in default at such time, Buckeye has undertaken to cure such default and such default is cured prior to the end of the Option Term.

(d) In the event that Buckeye exercises the Option during the extended Option Term, the Option Payment for the extended term shall be prorated and applied toward Rent under the lease from the date of the exercise of the Option.

The Option Term and Extended Term may collectively be referred to herein as the "Term".
5. **METHOD OF EXERCISING OPTION.**

In the event Buckeye elects to exercise all or portions of the Option from time to time during the Term, Buckeye shall give written notice (the "Option Notice") to the Owner specifying (a) the Property (or such portion thereof as may be designated by Buckeye) with respect to which the Option is exercised and (b) a copy of the Lease terms, containing terms substantially similar to those contained or outlined on Exhibit B, to be executed and the date on which the Lease is expected to commence, which shall be a date that in no event is later than thirty (30) days after the date of delivery of the Option Notice to Owner.

6. **TERMINATION.**

Buckeye may terminate all or portions of this Option from time to time with respect to the Property during the Term by giving written notice to Owner. If Buckeye fails to pay the Option Payment by the date specified in Section 3 above, and such failure continues for thirty (30) business days after Buckeye's receipt of notice thereof from Owner, this Option shall terminate. Upon any such termination, Buckeye shall, upon the request of the Owner, execute and deliver to Owner a recordable release of all or portions of the Property so terminated under the Option.

If Buckeye fails to exercise the Option within the Term, then this Option Agreement and the rights of Buckeye granted hereunder shall automatically and immediately terminate without notice or any liability whatsoever to Owner or Buckeye and the Parties shall have no further rights or obligations hereunder. If this Option Agreement is terminated for any reason, then Owner shall not be required to refund any payments received from Buckeye under the terms of this Option Agreement prior to the date of termination.

7. **BINDING NATURE AND ASSIGNMENT.**

Buckeye shall have the absolute right at any time and from time to time, without obtaining Owner's consent, to assign, or otherwise transfer all or any portion of its right, title or interest under this Option Agreement, to any person including any affiliate of Buckeye.

8. **NOTICE.**

Any notice or communication required or permitted to be given by any provision of this Option Agreement will be in writing and will be deemed to have been given when delivered personally or by tele-facsimile or e-mail (with a confirming copy sent within one (1) business day by any other means described in this Section) to the Party designated to receive such notice, on the first business day following the day sent by nationally-recognized overnight courier, or the third Business day after the same is sent by certified mail, postage and charges prepaid, directed to the following addressees or to such other or additional addressees as either Party to this Option Agreement might designate by written notice to the other Party:
To OWNER: Hellas Investments, Ltd
  c/o John J. Vlahos
Address: 10085 Wellington Blvd.
City Powell
State Ohio
Zipcode: 43065
E-mail: lifetimejohn@gmail.com
Telephone: 614-537-4475

To BUCKEYE: Buckeye Medigreen, Ltd.
         9970 Ketch Road
         Plain City, Ohio 43064
Email: Buckeyemedigreen@gmail.com
Telephone: 614-562-5515

9. ZONING AND OWNER COOPERATION FOR BUCKEYE’S INTENDED USE.

Owner understands that Buckeye’s intended use is as a Medical Marijuana Dispensary under the laws and regulation of the State of Ohio. Seller agrees to cooperate and consent to any necessary documentation in connection with Buckeye’s preparation of an application for a dispensary license with the State of Ohio which must be filed no later than 2:00 pm on November 17, 2017.

Buckeye’s obligations are contingent upon the proper Zoning Authority (The City of Delaware, Ohio) signing off before November 16, 2017 on the Notice of Proper Zoning Form which certifies as follows:

◆ The area of __________________ HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.
◆ The area of __________________ HAS zoning in place at this time and applicant’s proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.

In the event that the Zoning Authority has not signed off on the Notice of Proper Zoning by November 17, 2017, this Option to Lease shall be Null and Void and the Buckeye’s the option deposit shall be returned.

Owner consents for Buckeye applying for any necessary zoning permits to use the facility as a Retail Establishment, specifically including but not limited to the selling of
Marijuana and Medicinal Marijuana products as permitted and licensed by the State of Ohio. Buckeye’s initial intended use shall be limited to the existing building footprint based upon remodeling of the interior, plans of which shall be prepared by the Buckeye. Owner shall cooperate with the Buckeye in any necessary zoning change use within the Zoning Authority.

10. AMENDMENTS

This Option Agreement shall not be amended or modified in any way except by an instrument signed by Owner and Buckeye.

11. GOVERNING LAW

This Option Agreement shall be governed by and construed in accordance with the laws of the State of Ohio without giving force and effect to its conflicts of law provisions. The Parties agree that the subject matter of this Agreement is unique, and that specific performance shall be available to enforce the obligations undertaken under this Option Agreement.

12. OTHER USES

Notwithstanding anything herein to the contrary, nothing herein shall prohibit Owner from conveying the Property, subject to this Option to Lease or any Lease thereunder; or granting easement or uses of the Property so long as such use does not interfere with Buckeye’s use of said Property under this Option Agreement or under the Lease in accordance with the terms of the Lease if the Option is exercised by Buckeye.

13. MISCELLANEOUS

13.1 Construction. Owner agrees that it will keep the terms of this Option Agreement strictly confidential and will not disclose the same to any other person or entity, except as may be required by the order of a court with jurisdiction. The Parties shall at all times hereafter execute any documents and do any further acts that may be necessary or desirable to carry out the purposes or intent of this Option Agreement. The representations and warranties of Owner contained in this Agreement, and the various covenants of the Parties set forth herein, shall all survive the exercise of the Option and the granting of the Lease to Buckeye. This Option Agreement may be executed with counterpart signature pages and in duplicate originals, each of which shall be deemed an original, and all of which together shall constitute a single instrument.

13.2 Prior Agreements Superseded. This Option Agreement constitutes the Parties’ sole and entire agreement and supersedes any prior understandings or written or oral agreements between the Parties with respect to the subject matter hereof which are of no further force or effect. The Exhibits referred herein are integral parts hereof and are made a part of this Option Agreement by reference. The recitals at the beginning of this Option Agreement shall be deemed to constitute a part of this Option Agreement.
Agreement are hereby incorporated herein and expressly made a part of this Option Agreement.

13.3 Successors and Assigns: Runs with the Land. The Property shall be held, conveyed, assigned, hypothecated, encumbered, leased, used and occupied subject to the Option and the covenants, terms and provisions set forth in this Option Agreement, which Option, covenants, terms and provisions shall run with the Property and each portion thereof and interest therein, and shall be binding upon and inure to the benefit of the Parties and any other person and entity having any interest therein during their ownership thereof, and their respective grantees, heirs, executors, administrators, successors and assigns, and all persons claiming under them.

SIGNATURES TO FOLLOW

OWNER: HELLAS INVESTMENTS, LTD.

By: 

John J. Vlahos, Member-Manager

JOHN J. VLAHOS, Individually

BUCKEYE: BUCKEYE MEDIGREEN, LTD.

By: 

Friedrich W. Harsh, Member-Manager
EXHIBIT A
THE PROPERTY
PARCEL 1

ParcelID: 010-027110-00
019-00
HELLAS INVESTMENTS LTD
ST

Map-Rt: 010-F048 -
1192 W MOUND

2017 Reappraisal

View your 2017 Reappraisal Values: Tentative Value

Owner

Owner

HELLAS INVESTMENTS

10085

POWELL OH
43065

Legal Description
1192 W MOUND
ST HAMILTON
PLACE LOT 132
EX

Calculated Acres
.08

Legal Acres
0

Tax Bill Mailing
VLAHOS

J ohn

10085 WELLINGTON
BLVD POWELL OH
43065-7671
<table>
<thead>
<tr>
<th>Property Class</th>
<th>499 - OTHER COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>010 - CITY OF</td>
</tr>
<tr>
<td></td>
<td>2503 - COLUMBUS</td>
</tr>
<tr>
<td></td>
<td>COLUMBUS</td>
</tr>
<tr>
<td></td>
<td>2016: No 2017: No Homestead Credit</td>
</tr>
<tr>
<td></td>
<td>2016: No 2017: No</td>
</tr>
</tbody>
</table>
THE PROPERTY
PARCEL 2

ParcelID: 010-187888-00 Map-Rt: 010-F048-019-01
VLAHOS JOHN J W MOUND ST
2017 Reappraisal
View your 2017 Reappraisal Values: Tentative Value

Owner
Owner VLAHOS JOHN J
Owner Address
Legal Description MOUND STREET
50 FT X 80 FT NACE
AVE VAC
Calculated Acres .09
Legal Acres 0
Tax Bill Mailing JOHN VLAHOS
10085 WELLINGTON BLVD
POWELL OH 43065-7671
View Google Map

Most Recent Transfer
Transfer Date MAR-26-1981
Transfer Price $0
Instrument Type

2016 Tax Status
Property Class C - Commercial
Land Use 499 - OTHER COMMERCIAL STRUCTURE
Tax District 010 - CITY OF COLUMBUS
School District 2503 - COLUMBUS CSD
City/Village COLUMBUS CITY
Township
Appraisal Neighborhood X9200
Tax Lien No
CAUV Property No
Owner Occ. Credit 2016: No 2017: No
Homestead Credit 2016: No 2017: No
Rental Registration No
Franklin County Auditor http://property.franklincountyauditor.com/_web/Datalets/PrintDatalet.as...
1 of 2 10/31/2017 2:51 PM
Board of Revision No
Zip Code 43223

2016 Current Market Value
Land Improvements Total
Base 14,000 400 14,400
TIF
Exempt
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>14,000</td>
</tr>
<tr>
<td>CAUV 0</td>
<td>400</td>
</tr>
<tr>
<td><strong>2016 Taxable Value</strong></td>
<td></td>
</tr>
<tr>
<td>Land Improvements Total</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td>4,900</td>
</tr>
<tr>
<td>TIF</td>
<td>140</td>
</tr>
<tr>
<td>Exempt</td>
<td>5,040</td>
</tr>
<tr>
<td>Total</td>
<td>4,900</td>
</tr>
<tr>
<td><strong>2016 Taxes</strong></td>
<td></td>
</tr>
<tr>
<td>Net Annual Tax Taxes Paid CDQ</td>
<td>438.60</td>
</tr>
<tr>
<td>Site Data</td>
<td></td>
</tr>
<tr>
<td>Frontage Depth Acres Historic District</td>
<td>.0918</td>
</tr>
</tbody>
</table>

Franklin County Auditor [http://property.franklincountyauditor.com/_web/Datalets/PrintDatalet.aspx](http://property.franklincountyauditor.com/_web/Datalets/PrintDatalet.aspx)
THE PROPERTY

PARCEL 3

ParcelID: 010-052219-00 Map-Rt: 010-F048-020-00
VLAHOS JOHN J W MOUND ST
2017 Reappraisal
View your 2017 Reappraisal Values: Tentative Value

Owner
Owner VLAHOS JOHN J
Owner Address
Legal Description 1186 MOUND ST
HAMILTON PLACE
SE LOT 130-1
Calculated Acres .12
Legal Acres 0
Tax Bill Mailing JOHN VLAHOS
10085 WELLYNIGHTON BLVD
POWELL OH 43065-7671
View Google Map

Most Recent Transfer
Transfer Date FEB-27-1987
Transfer Price $8,260
Instrument Type

2016 Tax Status
Property Class C - Commercial
Land Use 499 - OTHER COMMERCIAL STRUCTURE
Tax District 010 - CITY OF COLUMBUS
School District 2503 - COLUMBUS CSD
City/Village COLUMBUS CITY
Township
Appraisal Neighborhood X9200
Tax Lien No
CAUV Property No
Owner Occ. Credit 2016: No 2017: No
Homestead Credit 2016: No 2017: No
Rental Registration No
Franklin County Auditor http://property.franklincounty auditor.com/_web/Datelets/PrintDatelet.as...
1 of 2 10/31/2017 2:46 PM
Board of Revision No
Zip Code 43223

2016 Current Market Value
Land Improvements Total
Base 17,000 500 17,500
TIF
Exempt

11
Total 17,000 500 17,500
CAUV 0
2016 Taxable Value
Land Improvements Total
Base 5,950 180 6,130
TIF
Exempt
Total 5,950 180 6,130
2016 Taxes
Net Annual Tax Taxes Paid CDQ
533.46 533.46
Site Data
Frontage Depth Acres Historic District
.1239
Franklin County Auditor http://property.franklincountyauditor.com/_web/Datalets/PrintDatalet.as...
EXHIBIT B

THE LEASE TERMS:

1. BUCKEYE’S INTENDED USE: To be used in Retail and Patient consulting with respect to the Licensing by the State of Ohio as a Medical Marijuana Dispensary, and any permitted uses under such licenses, as granted or subsequently amended or renewed.

2. RENTAL TERM(S)

First Term: A Five (5) year Period beginning on the initial Commencement Date and continuing for a five (5) year period.
Second Term: An additional (5) year period at the option of Buckeye, which shall be exercised by written notice on or before Ninety (90) days the expiration of the first term.

3. RENTAL PAYMENTS: Buckeye shall make monthly payments to OWNER or its assigns as follows:

First (5) Year Term: Monthly Rental Payment of Five Thousand Dollars per Month ($5,000.00) (Annual Rental - 60,000.00).
Second (5) Year Term: Monthly Rental Payments of Seven Thousand Five Hundred Dollars Per Month ($7,500.00) (Annual Rental -90,000.00.).

Additional Rent: Buckeye in addition to the base rental shall pay a pro-rata portion of the Real Estate Taxes, Property Insurance on the premises based on the square footage occupied by Buckeye in relation to the total square footage of the Buildings as set forth in the Property description as they become due on the property.

4. OPTION TO PURCHASE: Buckeye shall have the Option to purchase the Real Estate during the first five (5) years of the lease for the purchase price of Five Hundred Thousand Dollars ($500,000.00) by Buckeye giving Owner notice of its intent to purchase at least 90 days prior to intended closing dates. The Parties shall use the terms and prorations and other conditions contained in the standard Columbus Bar Association/Columbus Board of Realtors contract in existence at the time of the exercise of the Option. In addition to the parcels described in Exhibit A, Owner agrees to convey the additional adjacent lots that it owns inclusive of Parcels 010-027110, 010-187888 and 010-52219 as indicated in the office of the Auditor for Franklin County, Ohio.
5. UTILITIES: Tenant shall pay the Utilities that are separately metered to the space occupied by the Tenant.

6. BUILDING AND LEASEHOLD IMPROVEMENTS: Buckeye may at its discretion make leasehold improvements, including tenant Build outs to the Building, the existing roof and for remodeling the interior of the Building consistent for use as a medical marijuana dispensary. Buckeye shall submit architects’ plans for such improvements for Owners consent which shall not be unreasonably withheld. Buckeye shall also be permitted to erect a sign on the Building or premises in compliance with the regulations of the State of Ohio for Medical Marijuana Dispensaries.

7. OWNER ACKNOWLEDGEMENT OF USE: Owner agrees to complete documentation requested by Buckeye to support its Medical Marijuana Dispensary License, including but not limited to a notarized statement that the Owner will grant Buckeye a leasehold interest if a Medical Marijuana Dispensary provisional License is issued from the Ohio Board of Pharmacy.

8. OWNER RESPONSIBILITIES: The Owner as Landlord shall maintain the HVAC, roof, foundation, structure and exterior of the premises including glass and doors. Tenant may require additional security doors and a security system which shall be installed and maintained by Buckeye at its expense. In the event that Buckeye requires the installation of a backup power generator that can power Buckeye’s security system, the Owner will work with Buckeye on the location and installation of the backup system, however the cost, installation and maintenance shall be the sole expense of Buckeye.

9. OTHER TERMS: The Parties shall agree to such other terms and conditions which are reasonable and consistent with Commercial Leases for Retail Properties within the City of Columbus, State of Ohio.

10. BROKERS: There are No Brokers involved in this Transaction.
<table>
<thead>
<tr>
<th>C-1.2</th>
<th>Business Name, as it appears on the Applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Buckeye Medigreen, Ltd.</td>
</tr>
<tr>
<td>C-1.3</td>
<td>Trade names and DBA (doing business as) names</td>
</tr>
<tr>
<td></td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>C-1.4</td>
<td>Business Address</td>
</tr>
<tr>
<td></td>
<td>1192 West Mound Street</td>
</tr>
<tr>
<td>C-1.5</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Columbus</td>
</tr>
<tr>
<td>C-1.6</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>OH</td>
</tr>
<tr>
<td>C-1.7</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>43223</td>
</tr>
<tr>
<td>C-1.8</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
<td>6145625515</td>
</tr>
<tr>
<td>C-1.9</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Buckeyemedigreen@gmail.com">Buckeyemedigreen@gmail.com</a></td>
</tr>
</tbody>
</table>
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

- If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
- If the facility is in existence at the time that the provisional license application is submitted, and the Applicant plans to make alterations to the facility, submit renovation plans and specifications for the interior and exterior of the facility.
- If the facility does not exist at the time that the provisional license application is submitted, submit a plot plan that shows the proposed location of the facility and an architectural drawing of the facility, including a detailed drawing, to scale, of the interior of the facility.

Uploaded Document Name: Buckeye Final Building - 2017.11.16_1192-W-Mound-St_Design Set-1.pdf
NOTE: This applicant uploaded document is the next 4 page(s) of this document.
C-2.2 The Applicant also must submit evidence that it is in compliance with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration, license or permit. If no relevant zoning restrictions have been enacted, provide a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code. OAC 3796:5-5-01

Uploaded Document Name: Notice of Zoning Approved - Mound Street 201711091253.pdf
NOTE: This applicant uploaded document is the next 2 page(s) of this document.
Zoning (required to check one box)

☐ The area of the State of Ohio

[Signature]

[Date: 6/4/2015]

Statement of Zoning Officer or Local Government

[Address]

[City of Columbus]

[County: Franklin]

[State: Ohio]

[Zip Code: 43224]

Business Name of Applicant:

 NOTICE OF PROPER ZONING FORM
C-2.3 Provide a location map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a prohibited facility or a community addiction services provider as defined under section 5119.01 of the Revised Code. In establishing the distance between a proposed dispensary and such a facility, the distance shall be measured linearly and shall be the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider. The map must be clearly legible and labeled and may be divided into 8.5*11 inch sections. OAC 3796:5-5-01

Uploaded Document Name: 1192 W Mound Street - 500 Radius.pdf
NOTE: This applicant uploaded document is the next 1 page(s) of this document.
C-3.1 A business startup plan is required for all dispensary provisional license applications. The business startup plan must provide a comprehensive set of activities necessary for the startup of the facility within six months of receiving a provisional license. Provide a timeline describing the process, methods, or steps used to execute a compliant business startup plan that includes, at a minimum:

1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

BUSINESS START UP PLAN
This is the written Business Start Up Plan for Buckeye Medigreen, Ltd. (“Buckeye”, “We”, “Us”, “Our”, “Applicant”). This plan addresses and meets the application requirements of the Ohio Department of Pharmacy Medical Marijuana Program Rules and Regulations (“Department”). More detailed discussions of Buckeye’s various Plans are discussed and included in the Operations part of the Application for a Medical Marijuana Dispensary and the reader is directed toward those sources. Buckeye is going to focus in this section at the timeline plan for implementation of the various steps and phases necessary to be operational as an approved Medical Marijuana Dispensary for a target opening on or before September 8, 2018. Estimated Dates Times to implement shall be measured from the date Buckeye would receive a provisional license from the Department of Pharmacy.

FACILITY RENOVATIONS AND BUILD OUTS

Presently the existing building where the proposed Dispensary is to be located is owned by one of the Member Managers of Buckeye which shall be leased and/or purchased by Buckeye pursuant to the attached Option to Lease Agreement to this Application. The following Tasks Timelines within 60 days are as follows:

- Deconstruction of areas where water plumbing electrical are to be located in the bathrooms;
- Build out of Tower New Entry to Building;
- Installations of Secured Windows and 42 inch Waiting Room Door;
- Exterior Block repaired and installation of Hardiboard siding and stucco exterior;
- Installation of HVAC – 60 days;
- Installation of Water and Electrical runs;
- Construction of walls with metal studs and heavy duty drywall/Concrete Board for Waiting Room Partition; 2 Bathrooms and the restricted access rooms for Mechanicals; Office Vault/Safe Room and the Delivery Room as shown in the plans;

90 Day Timeline items:
- Finish Bathrooms;
- Install Reception area and file area in dispensary;
- Install display shelving behind the counter in the dispensary;
- Install Display Counters and Patient Stools in Dispensary area;
- Install Cashier check-out counters;
- Pave and Stripe Parking area;
- Construct and Install Security Fence on the North side of the Building to secure the delivery area;
- Install Heavy Duty Steel Secured access Door to the Delivery area;
- Install Auxiliary standby power generator in secured delivery area.
SECURITY AND SURVEILLANCE

Buckeye’s surveillance technology and physical security as they relate to the proposed site and operations includes but is not limited to:

• Secure perimeter barriers equipped with intrusion detection system monitored twenty-four hours per day by a U.L. Listed Central Station;
• Video surveillance systems that work in tandem with the intrusion detection and alarm systems for providing perimeter detection and video verification of potential intrusion threats; and
• Access Control System for entrance onto the premises and within the facility that utilizes card readers for all entry points.

Timeline 90 day tasks:
• Retain Security Company Contractor to Layout the Building for placement of security Cameras on the interior and exterior of the Building;
• Install and secure internet connections;
• Install Motion Detectors;
• Install Security Door Access Points;
• Install Video Surveillance systems, that connect to dedicated computer and stream online;
• Install PMZ Cameras;
• Install Security lighting that is on 24 Hours a day and make Backup power connection switches;

EMPLOYEE QUALIFICATIONS AND TRAINING

The Description of the Key Associated Employees Roles and Functions and Qualifications are discussed elsewhere in this application. Presently the Member managers of Buckeye will fill the Key Associate Positions of Chief Executive Officer and Chief Operating Officer and Chief Financial officer, and both have submitted an updated Criminal Background check as required by Board of Pharmacy under Section 3796. The Remaining positions to be filled and hired by Buckeye within the first 120 days are as follows:

• Medical/ Pharmacy Director (1) – Part Time Position
• Dispensary Managers (3) – Full time
• Security Officer (1) – Part Time
• Budtenders/ Patient Consultants – (4) Full or Part Time
• Receptionist (1) – Full Time Duties can be handled by other dispensary employees;

Mandatory Educational Training Of all Dispensary Employees As described and discussed in Employee Education and Training Section shall be completed with 120 days of the time the issuance of the provisional license. Training shall be in the use of the following software systems:
• OARRS
• METRC
• FLOW HUB

INVENTORY MANAGEMENT

This is the written Inventory Control Plan for Buckeye Medigreen, Ltd. is specifically more detailed in the Operations section Application and the same is incorporated herein by this reference.
INTRODUCTION

The tracking and control of inventory is essential to all aspects of our venture, from keeping our products and facility secure to fulfilling our compassionate mission. While preventing opportunities for diversion, we seek to provide a steady supply of high-quality marijuana to meet the medical needs of our patients. The goal of inventory control is to create a wholly transparent process of distribution so that at any time the condition and quantity of every product, regardless of its production stage, is documented. This will allow us to maintain exceptional quality while avoiding over- or underproduction, and it allow us to prevent or promptly recognize any misallocation or theft.

The goals of our inventory policies and procedures are:

- ensuring product integrity for our patients,
- preventing internal or external product diversion,
- complying with Department regulations, and
- tracking key statistics related to our patients, products, and business.

There are four components to Buckeye’s comprehensive inventory control system:

- well-trained and well-supervised staff;
- state-of-the-art electronic inventory tracking;
- information security; and
- rigorous operational protocols of management, oversight, and accountability.

The 120 Day Time line for implementing the Inventory Management Plan is 120 days and it shall include to registering, purchasing the following software systems and computers and scanners and training to make sure all items are functioning:

- OARRS
- METRC
- FLOWHUB

RECORDKEEPING

Buckeye has provided a Detailed Record Keeping plan in the Operations Section of this Application and that section is hereby incorporated herein by this reference. Although Recordkeeping policies are and on going process, Buckeye has a target date of having all record-keeping software, including but not limited to OARRS, METRC and FLOW HUB up and ready for operation on Computers and scanners not later than 120 days from the date of the issuance of a provisional license by the Board of Pharmacy. In addition to the electronic record-keeping, Buckeye shall within this time period have copiers, scanners and computers, servers and filing cabinets all up and operational as within this time frame.

PREVENTION OF MEDICAL MARIJUANA DIVERSION

Buckeye has adopted and discussed policies with respect to DIVERSION PREVENTION OF Medical MARIJUANA in the Operations Section of this Application, which is incorporated herein by this reference. These written policies shall be distributed and acknowledged by all employees with 120 days of the receipt of the provisional license from the Board of Pharmacy.

To prevent diversion of medical marijuana Buckeye will take the following measures:

- Any personnel that is aware of any such theft or diversion will result in immediate termination and
Applicants may include images or diagrams, in PDF format, demonstrating the measures described in C-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

C-3.2 The Business Startup Plan also must describe how the Applicant’s proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to:

1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

BUSINESS PLAN COMPLIANCE WITH 3796

Buckeye has demonstrated more specifically in its detailed Operation Plan how its proposed operations as a licensed dispensary meets all of the statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to:

- Security and surveillance
- Employee qualifications and training
- Storage of medical marijuana products
- Inventory management
- Record-keeping
- Prevention of medical marijuana diversion

Buckeye plans to have all its policies and facilities up and operational and compliant with all the provisions of 3796 of the Ohio Revised Code and regulations promulgated there under and ready for inspection and issuance of the license by the Board of Pharmacy not later than 120 days from the date
of the issuance of a provisional license.
### Classification/Skills Assessment/Education for Prospective Associated Key Employees

**A. CEO / Executive Director**

**Summary:** Establishes credibility throughout the organization and with the Board as an effective developer of solutions to dispensary and dispensary business challenges. Provides leadership and management to ensure that the mission and core values of the company are put into practice. Responsible for driving the company to achieve and surpass business goals and objectives.

**Position requires:**
- Strong problem solving skills, ability to identify and resolve problems in a timely manner and gather and analyzes information skillfully.
- Must have strong written and verbal communication skills. Ability to effectively delegate work assignments and set expectations.
- Strong ability to inspire and motivate others to perform well and accepts feedback from others.
- Have ability to improve and promote quality processes and demonstrates accuracy and thoroughness.
- Exhibit strong talent to display willingness to make decisions, exhibits sound and accurate judgment, and makes timely decisions.
- Demonstrate strong ability to prioritize and plan work activities, uses time efficiently and develop realistic action plans.

**Experience:** Previous Experience—must have at least five years previous experience as CEO or general manager.

**Education:** BS in Business or MBA preferred or equivalent; or ten to fifteen years related experience and/or training; or equivalent combination of education and experience.

**B. CFO / COO**

**Summary:** The CFO/COO is responsible for directing the fiscal and operations compliance functions of the corporation in accordance with generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the private and public industries.

**Position Requires:**
- Ability to plan, develop, organize, implement, direct and evaluate the organization's fiscal function and performance.
- Participate in the development of the corporation's plans and programs as a strategic partner.
- Possesses the ability to evaluate and advise on the impact of long range planning, introduction of new programs/strategies and regulatory action.
- Strong ability to provide timely and accurate analysis of budgets, financial reports and financial trends in order to assist the CEO/President and the Board and other senior executives in performing their responsibilities.
- Ability to enhance and/or develop, implement and enforce policies and procedures of the organization by way of systems that will improve the overall operation and effectiveness of the corporation.
- Senior level experience optimizing the handling of bank and deposit relationships.
- Ability to develop a reliable cash flow projection process and reporting mechanism which includes minimum cash threshold to meet operating needs.
- Skillful advisor from the financial perspective on any contracts into which the Corporation may enter.

**Experience:** Must have 10+ years recent controllership experience and progressively responsible...
financial leadership roles.

Education: BS in Accounting or Finance, Marketing, Masters in Taxation or MBA and/or CPA highly desirable with a combination of ten to fifteen years related experience and/or training.

C. Medical Director/Pharmacy Director

Summary: The Medical Director/Pharmacy drives the advancement of patient safety by rigorously and creatively applying their scientific and medical expertise. Medical Director possesses and leverages his or her credibility to inform and influence, leads activities on cannabis, provide insights for supporting patient’s. Works collaboratively with dispensaries to understand needs of patients.

Position Requires:
• Provide high-level commentary on Medical Cannabis Reports (MCR’s). Responds to potential crises involving MCRs. Communicates with Dispensary Director. Communicates with outside industry entities as needed to support MCR surveillance.
• Provides high-level commentary on vital complaints. Responds to crises involving cannabis complaints. Communicates to Dispensary Director. Communicates with outside industry entities as needed.
• Proactively identifies need for analysis of potential safety issue. Communicates results of analysis to Dispensary Director as needed.
• Serves as a key physician advisor in management review meetings.
• Advises in business critical, high risk or high visibility Product Inquiry Report (PIR) issues, provides authoritative opinion; anticipates challenges and poses unasked questions; may request additional investigation; provides critical review at all phases of PIR.
• Provides specific Cannabis medical education across division and entity around specific issues. May provide focused educational sessions, including for senior management, to address high profile, high risk or business critical issues. Experience: Minimum 3 years clinical experience with direct patient care (clinical years of medical school count towards direct patient care).
• Education: Medical degree or Pharmacy Degree required. Residency training, board certification or additional advanced degree in medical patient treatment.

D. DISPENSARY MANAGER

Summary: The Dispensary Manager is responsible for training and oversight of budtenders and receptionists, for ensuring a professional, friendly, respectful and hospitable environment filled with compassion for patients, visitors and associates.

Position Requires:
• Possess a passion and enthusiasm for medical cannabis?
• Remarkable ability to manage a large group of employees
• Ability to provide an excellent customer service experience and build rapport
• Extensive knowledge of medical cannabis: including but not limited to: strains, genetics, dispensary practices, modes of administration, selection of strains for ailments
• Capability to produce sales reports, identify market trends, and provide analysis?
• Ability to partner and collaborate both in and outside of the sales department
• Inspire trust to form strong working relationships with diverse groups of people

Experience:
• 3+ Years Recent Management Experience of a team of 10+;
• 5+ Years Recent Retail/Service Experience; Experience with high volume patient/customer intake?
• Previous health care and/or dispensary experience highly desirable
• Education: Bachelor’s Degree or Equivalent Experience

E. Security Officer/Consultant

Positions Requires:
• Patrols assigned areas on foot, checking for fires, vandalism, suspicious activity or persons or safety/fire hazards.
• Investigates and/or reports hazards, unusual or suspicious circumstances to police unit for correction or follow-up actions; maintains contact with police.
• Checks doors and windows of buildings to ensure they are tightly closed and locked; notes in written log any unlocked doors/windows; submits information to supervisor.
• Escorts people/property to desired destination when monies, documents or safety of property or persons are a concern.
• Responds to alarms and dispatched calls; decides what actions to take based on situation, facts known and position limitations.
• Maintain streaming surveillance cameras and recording devices per Company policies
• Unlocks buildings/doors after checking identification and compliance with company policies.

Experience
• Establish environment and sets standards for cleanliness, hygiene, product and patient safety.
• Education: High school diploma or equivalent required plus any Security/Law Enforcement experience preferred. Must be at least 21 years of age.

C-4.2 Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Uploaded Document Name: Buckeye Medigreen Organizational Chart.pdf
NOTE: This applicant uploaded document is the next 1 page(s) of this document.
Buckeye Medigreen, Ltd.

- Chief Executive Officer/Owner: Cara C. Shope
- Chief Financial Officer/Owner: Mark D. Otto
- Chief Operations Officer/Owner: Fred W. Harsh
- Advisory Board (Advisory Only)
- Medical/Patient Rep: Gayle Enstrom
- Medica/Patient Rep: Charley White
- Medical/Patient Rep: Mary Allen
- Veteran Group Rep: Community Outreach Rep: Tim Horinek
- Dispensary Managers: Cara Shope, Mark Otto
- Security
  - Security Services
- Receptionist
  - Cashier
  - Patient Care Advocate
<table>
<thead>
<tr>
<th>C-5.1 Type of Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Commercial Loan From Building Owner Landlord of not more than $250,000.00 to Applicant to be Used in Building Modifications to 1192 W. Mound Street, Columbus, Ohio..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.2 Source of Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>John J. Vlahos, Landlord</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.3 Name and Address of financial institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>This response has been entirely redacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.4 Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>This response has been entirely redacted</td>
</tr>
</tbody>
</table>

| C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than $250,000. Provide unredacted documentation from the Applicant's financial institution to support these capital requirements. (ORC 3796:6-2-02) |
| This response has been entirely redacted |

| C-5.5.1 Please attach a redacted copy of documentation from the Applicant's financial institution to support the capital requirements. (ORC 3796:6-2-02) |

Uploaded Document Name: John Vlahos Funds Available - Redacted.pdf

NOTE: This applicant uploaded document is the next 3 page(s) of this document.
November 15, 2017

John Vlahos
10085 Wellington Blvd
Powell, OH 43065

Dear Mr. Vlahos,

In response to your request that Security National Bank, Division of The Park National bank provide written verification concerning your checking/savings/certificate of deposit/loan accounts, we are providing the following information:

<table>
<thead>
<tr>
<th>Account No</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-07-16</td>
<td>$135,963.00</td>
</tr>
<tr>
<td></td>
<td>10-30-17</td>
<td>$200,000 Line of Credit</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

SECURITY NATIONAL BANK
DIVISION OF THE PARK NATIONAL BANK

Thomas K. Keehner
Vice President

TBK/blp
11/14/2017

John Vlahos, sole proprietor
10085 Wellington BLVD.
Powell, OH 43065

Dear Lifetime Investments

In response to your request that PNC Bank, National Association provide written verification concerning your (checking/savings/certificate of deposit) account(s), we are providing the following information:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/20/2011</td>
<td>$115,300.00</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

[Signature]
Samantha Clausson
BSSA

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our (checking/savings/certificate of deposit) account(s).

Dated this __________ day of November, 2017.

Customer Signature: [Signature]

[Signature]
Customer Signature: [Signature]
November 15, 2017

To Whom It May Concern:

John J Vlahos is a customer at First Merchants Bank. Mr. Vlahos currently has an account opened with access to funds in the amount of $47,047.83.

If you have any questions, please contact me at 614-583-2072.

Sincerely,

Lisa Higginbotham
AVP/Personal Banker
### C-5.1 Type of Capital

| Private Commercial Loan From Building Owner Landlord of not more than $250,000.00 to Applicant to be Used in Building Modifications to 1192 W. Mound Street, Columbus, Ohio. |

### C-5.2 Source of Capital

| John J. Vlahos, Landlord |

### C-5.3 Name and Address of financial institution

| This response has been entirely redacted |

### C-5.4 Account Number

| This response has been entirely redacted |

### C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than $250,000. Provide unredacted documentation from the Applicant's financial institution to support these capital requirements. (ORC 3796:6-2-02)

| This response has been entirely redacted |

### C-5.5.1 Please attach a redacted copy of documentation from the Applicant's financial institution to support the capital requirements. (ORC 3796:6-2-02)

Uploaded Document Name: John Vlahos Funds Available - Redacted.pdf

NOTE: This applicant uploaded document is the next 3 page(s) of this document.
November 15, 2017

John Vlahos
10085 Wellington Blvd
Powell, OH 43065

Dear Mr. Vlahos,

In response to your request that Security National Bank, Division of The Park National bank provide written verification concerning your checking/savings/certificate of deposit/loan accounts, we are providing the following information:

<table>
<thead>
<tr>
<th>Account No</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-07-16</td>
<td>$135,963.90</td>
</tr>
<tr>
<td></td>
<td>10-30-17</td>
<td>$200,000 Line of Credit</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

SECURITY NATIONAL BANK
DIVISION OF THE PARK NATIONAL BANK

[Signature]

Thomas B. Keeler
Vice President

TBK/bp
Dear Lifetime Investments

In response to your request that PNC Bank, National Association provide written verification concerning your (checking/savings/certificate of deposit) account(s), we are providing the following information:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/20/2011</td>
<td>$115,300.00</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

[Signature]

Samantha Clausson
BSSA

CUSTOMER AUTHORIZATION/ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our (checking/savings/certificate of deposit) account(s).

Dated this 14th day of November 2017.

Customer Signature: [Signature]

Customer Signature: [Signature]
November 15, 2017

To Whom It May Concern:

John J Vlahos is a customer at First Merchants Bank. Mr. Vlahos currently has an account opened with access to funds in the amount of $47,047.83.

If you have any questions, please contact me at 614-583-2072.

Sincerely,

Lisa Higginbotham
AVP/Personal Banker
<table>
<thead>
<tr>
<th>C-5.1 Type of Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Commercial Loan From Building Owner Landlord of not more than $250,000.00 to Applicant to be Used in Building Modifications to 1192 W. Mound Street, Columbus, Ohio.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.2 Source of Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>John J. Vlahos, Landlord</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.3 Name and Address of financial institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>This response has been entirely redacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-5.4 Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>This response has been entirely redacted</td>
</tr>
</tbody>
</table>

| C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than $250,000. Provide unredacted documentation from the Applicant's financial institution to support these capital requirements. (ORC 3796:6-2-02) |
| This response has been entirely redacted |

| C-5.5.1 Please attach a redacted copy of documentation from the Applicant's financial institution to support the capital requirements. (ORC 3796:6-2-02) |
| Uploaded Document Name: John Vlahos Funds Available - Redacted.pdf |

NOTE: This applicant uploaded document is the next 3 page(s) of this document.
November 15, 2017

John Vlahos
10085 Wellington Blvd
Powell, OH 43065

Dear Mr. Vlahos,

In response to your request that Security National Bank, Division of The Park National bank provide written verification concerning your checking/savings/certificate of deposit/loan accounts, we are providing the following information:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-07-16</td>
<td>$135,963.90</td>
</tr>
<tr>
<td></td>
<td>10-30-17</td>
<td>$200,000 Line of Credit</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

SECURITY NATIONAL BANK,
DIVISION OF THE PARK NATIONAL BANK

[Signature]

Thomas B. Kehner
Vice President

TBK/bip
11/14/2017

John Vlahos, sole proprietor
10085 Wellington BLVD.
Powell, OH 43065

Dear Lifetime Investments

In response to your request that PNC Bank, National Association provide written verification concerning your (checking/savings/certificate of deposit) account(s), we are providing the following information:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Date Opened</th>
<th>Balance as of date of this letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>05/20/2011</td>
<td>$115,300.00</td>
</tr>
</tbody>
</table>

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

Samantha Clausson
BSSA

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our (checking/savings/certificate of deposit) account(s).

Dated this 11th day of November 2017.

Customer Signature: [Signature]

Customer Signature: [Signature]
November 15, 2017

To Whom It May Concern:

John J Vlahos is a customer at First Merchants Bank. Mr. Vlahos currently has an account opened with access to funds in the amount of $47,047.83.

If you have any questions, please contact me at 614-583-2072.

Sincerely,

Lisa Higginbotham
AVP/Personal Banker
**Item 4 of 5**

**C-5.1 Type of Capital**

Capital Contribution for Operating Capital

**C-5.2 Source of Capital**

Friedrich Harsh, Member Manager, Line of Credit Available $100,000.00

**C-5.3 Name and Address of financial institution**

This response has been entirely redacted

**C-5.4 Account Number**

This response has been entirely redacted

**C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than $250,000. Provide unredacted documentation from the Applicant's financial institution to support these capital requirements. [ORC 3796:6-2-02]**

This response has been entirely redacted

**C-5.5.1 Please attach a redacted copy of documentation from the Applicant's financial institution to support the capital requirements. [ORC 3796:6-2-02]**

Uploaded Document Name: Fred Harsh Funds - 5th 3rd Bank -redacted.pdf

NOTE: This applicant uploaded document is the next 1 page(s) of this document.
December 19, 20017

To Whom It may Concern:

Please be advised that Friedrich W. Harsh has a Line of Credit available with Fifth Third Bank in the amount of $100,000. This line of $100,000 is available today, unless used. The account number is [redacted] and the security is the property located at 9970 Ketch Road, Plain City, Ohio 43064.

Please feel free to contact me should you have any questions.

Sincerely,

[Signature]
Kimm Godfrey
VP/Financial Center Manager
937-642-4055
### C-5.1 Type of Capital

Capital Contribution for Operating Capital

### C-5.2 Source of Capital

Mark Otto, Member-Manager, Line of Credit Available - $150,000.00

### C-5.3 Name and Address of financial institution

This response has been entirely redacted

### C-5.4 Account Number

This response has been entirely redacted

### C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than $250,000. Provide unredacted documentation from the Applicant's financial institution to support these capital requirements. (ORC 3796:6-2-02)

This response has been entirely redacted

### C-5.5.1 Please attach a redacted copy of documentation from the Applicant's financial institution to support the capital requirements. (ORC 3796:6-2-02)

Uploaded Document Name: **Mark Otto - Funds Available - Redacted.pdf**

NOTE: This applicant uploaded document is the next 1 page(s) of this document.
Certificate of Pre-Approval

Mark OTTO
455 Clear Run
Delaware Oh, 43015

December 19, 2017

Re: Mortgage Loan Pre-Approval

Dear Mark OTTO

This letter will confirm that Mark OTTO have made application for $150,000.00 based on the information they have provided us, W-2, pay stubs, & bank statements, they have been conditionally approved for a loan. Account number [redacted]

This conditional pre-approval, which is not a loan commitment, is subject to receipt of the information provided to us, receipt of satisfactory appraisal, verification of income, assets, deposits, down payment, and any other documentation or information required by Union Savings Bank and standard closing requirement including the title commitment. Once all documentation is completed and confirmed, Underwriting will conduct a final review and issue a final loan commitment.

If you have any questions, please do not hesitate to call me anytime.

Sincerely,

THOMAS KLACIK

THOMAS KLACIK
V.P. lending
614-582-4960
tklacik@usavingsbank.com
<table>
<thead>
<tr>
<th>C-6.1 First Name</th>
<th>Cara</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-6.2 Middle Name</td>
<td>C.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Shope</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Leaf Chiropractic and Wellness Center</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>1012 State Route 521, Delaware, Ohio 43015</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2016-Present</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Cara</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>C.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Shope</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Freelance Writer and Editor of Educational Materials - Major Client McGraw-Hill</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>N/A</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>5303 Giehl Rd., Delaware, Ohio 43015</td>
</tr>
<tr>
<td>C-6.7 Position of</td>
<td>YES</td>
</tr>
<tr>
<td>management or</td>
<td></td>
</tr>
<tr>
<td>ownership of a</td>
<td></td>
</tr>
<tr>
<td>controlling interest</td>
<td></td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2004 - Present</td>
</tr>
</tbody>
</table>
C-6.1 First Name
Cara

C-6.2 Middle Name
C

C-6.3 Last Name
Shope

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)
Support Employee

C-6.5 Business Name
Volunteer Energy

C-6.6 Business Address
Columbus, Ohio

C-6.7 Position of management or ownership of a controlling interest
NO

C-6.8 Dates
1994-1997
<table>
<thead>
<tr>
<th>C-6.1 First Name</th>
<th>Cara</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-6.2 Middle Name</td>
<td>C.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Shope</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Home School Educator - 4 Children</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>No response provided by applicant</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>5303 Giehl Rd., Delaware, Ohio 43015</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>YES</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>1998-2015</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Friedrich</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>W.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Harsh</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Leslie Development Company, Inc.</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>10085 Wellington Blvd., Powell, Ohio 43065</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2008-2002</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Friedrich</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>W.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Harsh</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Co-Owner, Member Manager</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>H &amp; H Auto Haus, Ltd.</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>9970 Ketch Road, Plain City, Ohio 43064 - Business was formerly located on 5th Ave, Columbus, Ohio</td>
</tr>
<tr>
<td>C-6.7 Position of</td>
<td>YES</td>
</tr>
<tr>
<td>management or ownership</td>
<td></td>
</tr>
<tr>
<td>of a controlling interest</td>
<td></td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2002 - 2008</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Friedrich</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>W.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Harsh</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Owner</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Buckeye Games, Ltd. - (Buys sells leases Games and other items) Single Member LLC</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>9970 Ketch Road, Plain City, Ohio 43064</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>YES</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2009 - Present</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Mark</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>D</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Otto</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee - Senior Clinical Field Specialist</td>
</tr>
<tr>
<td></td>
<td>Nater Genetic Labs</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Nater Genetic Labs</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>C-6.7 Position</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>July 2014 - Present</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Mark</td>
</tr>
<tr>
<td>------------------</td>
<td>------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>D.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Otto</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee - Senior Sales Consultant &amp; National Field Sales Trainer</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Bayer Healthcare (Formerly Conceptus, Inc.)</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>2008- July 2014</td>
</tr>
<tr>
<td><strong>C-6.1 First Name</strong></td>
<td>Mark</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>C-6.2 Middle Name</strong></td>
<td>D.</td>
</tr>
<tr>
<td><strong>C-6.3 Last Name</strong></td>
<td>Otto</td>
</tr>
<tr>
<td><strong>C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)</strong></td>
<td>Support Employee - Area Sales Representative</td>
</tr>
<tr>
<td><strong>C-6.5 Business Name</strong></td>
<td>Novartis Pharmaceuticals</td>
</tr>
<tr>
<td><strong>C-6.6 Business Address</strong></td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td><strong>C-6.7 Position of management or ownership of a controlling interest</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>C-6.8 Dates</strong></td>
<td>2002-2008</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Mark</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>D.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Otto</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee - Technical Sales Representative</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Symix Sytem</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>1999-2001</td>
</tr>
<tr>
<td>C-6.1 First Name</td>
<td>Mark</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>C-6.2 Middle Name</td>
<td>D.</td>
</tr>
<tr>
<td>C-6.3 Last Name</td>
<td>Otto</td>
</tr>
<tr>
<td>C-6.4 Previous Role</td>
<td>Support Employee - Business Analyst and Software Engineer</td>
</tr>
<tr>
<td>C-6.5 Business Name</td>
<td>Compuware Systems</td>
</tr>
<tr>
<td>C-6.6 Business Address</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>C-6.7 Position of management or ownership of a controlling interest</td>
<td>NO</td>
</tr>
<tr>
<td>C-6.8 Dates</td>
<td>1996 - 1999</td>
</tr>
</tbody>
</table>
Business Plan (Business History and Experience Narrative)

C-6.9 Provide a narrative description not to exceed 1500 words demonstrating any previous experience at operating other businesses or non-profit organizations and any demonstrated knowledge or expertise with regard to the medical use of marijuana to treat qualifying conditions (for all Prospective Associated Key Employees with an ownership interest of ten percent or more in the prospective dispensary). Include the number of years of experience, the type of business, and any administrative discipline history associated with each business.

OUR TEAM

Our team is comprised of talented and dedicated individuals, that, combined, have decades of diverse experience ranging from working and operating medical industry, including alternative holistic methods to help pain management, to ownership and operation of small business and overseeing the day to day operations to experience in Medical Equipment sales and assisting clients in the management of regulatory compliance and financial accounting. All Members of our team are lifelong Ohio Residents residing in Central Ohio. Together we have the training, technical expertise, and business experience to operate a successful medical marijuana dispensary that will not just maintain, but will exceed all requirements under both Ohio Revised Code Section 3796 and as required by the Board of Pharmacy.

Cara C. Shope – Chief Executive Officer and Dispensary Manager

Cara has had a rich diverse experience in alternative methods that she brings to our team, including having successfully home schooled her four children into the college level which instilled in her a lifelong quest for learning and education outside of the traditional system, all the while continuing with her own education and business experience as a freelance writer and editor of advanced placement teacher course textbooks and manuals and other materials for a Major Local Publisher of such materials. Presently, Cara is also employed in an alternative health care practice that focuses on holistic methods as well as alternative pain management therapies that do not involve the issuance of prescription drugs or opioids. Cara works one on one with patients as to alternative physical therapies, patient education and nutritional supplemental protocols of the Doctor she is currently employed by located in Central Ohio. Cara is also active in volunteer activities of her community, including but not limited to advocating education cultural diversity in the Hispanic community.

As our CEO, Cara will utilize her patient education and editorial managerial skills to set company goals, implement company policies and procedures that advances our goals, and establish a company culture dedicated to excellence of providing patient education in the Medical Marijuana Industry.

Friedrich W. Harsh (“Fred”) – Chief Operating Officer

Fred brings a wealth of knowledge and business experience to our Team. Fred has both a BS in Business Administration and BS in Marketing and has had extensive in commercial real estate development, working as a liaison with a Commercial Developer, with national Clients such as Wal-Mart and Panera Bread Fred was also professionally licensed with the Ohio Department of Commerce as an Auto Dealer from 2002 thru 2008 where he focused on the day to day administrative management of a boutique business that focused on quality import vehicles. Once it became apparent that the major economic recession of 2008 was on the horizon, Fred made the sound economic business decision to close the doors as sales in that industry has historically been one of the first to suffer, and his vision and foresight proved to be an invaluable prophetic business judgement. All bills and taxes were paid as Fred responsibly closed the doors.

As Fred had been winding down his business operations but he believes the experience he had,
meeting people from all walks of life, including those suffering from debilitating diseases that medical marijuana alleviates has propelled him on this track of operating in a dispensary setting and ensuring that patients’ treatments are efficacious.

As our COO, Fred will utilize his sound business judgement to assure that patient education and patient needs are of the highest importance and to use his managerial skills to set company goals, implement company policies and procedures that advances our goals, and establish a company culture dedicated to excellence of providing the best patient service in the Medical Marijuana Industry at the same time maintaining the integrity of full regulatory reporting and compliance with local and state officials.

Mark D. Otto – Chief Financial Officer and Dispensary Manager

Mark brings to our team an excellent experience in sales of traditional medical products and pharmaceuticals in clinical, hospital, cardiology, nephrology, endocrinology and internal medicine segment of the traditional medical community while at all times being concerned with the ultimate goal of meeting the needs of the patients in each of those areas. Additionally Mark has a B.A in Accounting and Finance, and will be an excellent choice to lead our organization as Chief Financial Officer to assure that we are meeting financial obligations of the company and meet the regulatory and compliance obligations of the Company. Mark has also served and has experience in the past as a Business Analyst and Software Engineer.

As our CFO and one of the Dispensary Managers, Mark will utilize his business knowledge to assure that patient education and patient needs are of the highest importance and to use his managerial skills to set company goals, implement company policies and procedures that advances our goals, and establish a company culture dedicated to excellence of providing the best patient service in the Medical Marijuana Industry at the same time maintaining the integrity of full regulatory reporting and compliance with local and state officials.

Advisory Board

Buckeye Medigreen, Ltd. recognizes the importance in any business venture of receiving advices from independent third-parties, but we believe it is uniquely critical for businesses entering the nascent Ohio medical marijuana industry to have an advisory board comprised of experts in the field that can offer advice on company best practices. In the operating a medical marijuana dispensary, activities such as horticulture, botanical extractions, Patient product education and consumer safety, logistics, community support initiatives, and the secure storage and receiving of product samples are common in traditional industry.

Buckeye Medigreen is planning on establishing an advisory board comprised of experts in these areas. Additionally, we are currently engaged in conversations with other groups in hopes that we can have a well-rounded and accretive set of board members. We are engaged in conversations with local community leaders, industry experts in the areas of cultivating, processing, and selling medical marijuana, as well as Ohio patient-groups

Our intention in creating the advisory board is twofold: 1) we intend to use the advisory board as a sounding board for company innovation ideas and projects and 2) to receive constructive feedback on our business practices, our testing practices, and our community involvement so that we can become and maintain the gold-standard for Ohio medical marijuana dispensary. No comment or idea from the advisory board shall be binding or required and no member of the advisory board will receive any compensation for their participation on the board.
Presently, the Company is seeking well qualified individuals with to fill the initial advisory board positions that we seek.

- A Representative from Local Law Enforcement or having been involved in law enforcement;
- A Representative and Expert in the Security Field and Security Technology;
- A Medical and or Pharmacy Advisor;
- A Representative of Veteran’s groups to address the needs of that community; and
- A representative from Community outreach programs that deal in addictions, including opioid addiction
D-1.1 By selecting “Yes”, the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment.  

OAC 3796:6-3-05

YES
Operations Plan (Security and Surveillance)

**D-2.1** By checking “Yes,” the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.

| YES |

**D-2.2** Please provide a summary of the Applicant's proposed security and surveillance equipment and measures that will be in place at the proposed facility and site. These measures should cover, but are not limited to, the following:

1. General overview of the equipment, measures and procedures to be used
2. Alarm systems
3. Surveillance system
4. Surveillance storage
5. Recording capability
6. Records retention
7. Premises accessibility
8. Inspection/servicing/alteration protocols

Please reference OAC 3796:6-3-16 for more information.

This response has been entirely redacted

**D-2.2.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: Security Plan.pdf

NOTE: This applicant uploaded document is the next 1 page(s) of this document.
D-2.3 By selecting “Yes”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by section 149.433 of the Revised Code.

YES
Operations Plan (Receiving of Product)

D-3.1 By selecting "Yes", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

D-3.2 By selecting "Yes", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana. OAC 3796:6-3-06; OAC 3796:8

YES

D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. OAC 3796:6-3-06
D-3.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: Buckeye Final Building - 2017.11.16_1192-W-Mound-St_Design Set-1.pdf
NOTE: This applicant uploaded document is the next 4 page(s) of this document.
Elevations for
1192 W. Mound St.
Columbus, OH
Operations Plan (Storage of Product)

D-4.1 There will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.

YES

D-4.2 All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.

YES

D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

YES

D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

Please reference OAC 3796:6-3-07 for more information.
D-4.4.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional
language responding to the question will not be considered.

Uploaded Document Name: Buckeye Final Building - 2017.11.16_1192-W-Mound-St_Design Set-1.pdf
NOTE: This applicant uploaded document is the next 4 page(s) of this document.
Operations Plan (Dispensing of Product)

D-5.1 By selecting "Yes", the Applicant attests that it is prepared and willing to join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). American Society for Automation in Pharmacy; OAC 3796:6-3-08; OAC 3796:6-3-10

YES

D-5.2 By selecting "Yes", the Applicant attests that it will use the patient registry to verify the registration of a patient or caregiver. OAC 3796:6-3-08

YES

D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

Two (2)

D-5.4 By selecting "Yes", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. OAC 3796:6-3-03

YES

D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labeling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory tracking system and for reporting to OARRS using the current ASAP format. Please attach a sample product label, with any identifiable information redacted or anonymized. OAC 3796:6-3-08; OAC 3796:6-3-09; OAC 3796:6-3-10

DISPENSARY POLICY AND PLAN

This is the written Dispensary Policy and Plan for Buckeye Medigreen, Ltd. (“Buckeye”, “We”, “Us”, “Our”, “Applicant”). This plan addresses and meets the application requirements of the Ohio Department of Pharmacy Medical Marijuana Program Rules and Regulations (“Department”).

INITIAL PATIENT INTAKE
The Patient and/or Caretaker will enter into the dispensary though the main entrance into the building into the secured waiting room. The receptionist patient care advocate will request presentation of a registry identification card together with another form of approved state-issued photographic identification belonging to a qualifying patient or caregiver and our employee will visually verify that the patient appears be the to be one in the same the same persons. Our dispensary employee will verify the holder's name and state-issued identification card number that are identical to the name and state-issued identification card number on the state-issued identification card;

After verification of patient or caregiver identity, our employee will gather the following information from the Patient and/or caregiver:
• Patient full name;
• Patient residential address;
• Patient telephone number;
• Patient date of birth;
After gathering of the initial patient, information the Patient and/or caregiver may be admitted through the electronically locked secured door into the dispensary area and will be accompanied by a Patient care employee to this dispensary counter, to discuss patient issues and concerns.

INFORMATION FROM TO OARRS AND INTERNAL INVENTORY CONTROL SYSTEM

The Patient Care Dispensary Employee shall:
• Scan, with a state issued OARRS Scanner, the patient or caregiver's state-issued identification, such as a driver's license, or United States passport. The identification number on the item presented by the patient or caregiver must be identical to the identification number included in the patient's or caregiver's registry record;
• Determine the individual is a patient the patient has not purchased more than a ninety-day supply of medical marijuana in the last ninety days. If the individual is a caregiver, that the caregiver has not purchased more than a ninety-day supply of medical marijuana for a single patient in the last ninety days;
• That the amount of medical marijuana that the patient or caregiver is requesting would not cause the patient to exceed a ninety-day supply of medical marijuana during any ninety-day calendar period, unless approved by the state board of pharmacy.

Once the Patient makes his selection of Medical Marijuana or Medical Marijuana products, our dispensary employee shall update the patient record in the dispensary’s internal inventory system with the following information:
• Dispensary certificate of operation number, which shall be populated by a number provided by the board;
• Our dispensary name;
• Our dispensary address;
• Our dispensary telephone number;
• Date order filled, which shall be the date medical marijuana is dispensed;
• Order number, which shall be the serial number assigned to each medical marijuana product dispensed to a patient;
• Quantity;
• Days’ supply;
• Product identifier, which shall be assigned by the state board of pharmacy;
• Payment code for either cash or third-party provider; and
• Drug name, which shall be the brand name of the medical marijuana.

Buckeye’s POS and Inventory Control software system it intends to use is Flowhub, which syncs with METRC, the vendor selected by the Ohio Medical Marijuana Control Board as the seed to sale tracking system. We believe that the information captured by Flowhub will also transfer and update patient records recurred to be updated and stored on OARRS. At the completion of the sale to the patient our dispensary employee shall promptly update the patient records stored on the OARRS system.
industry-leading software. Flowhub’s inventory management platform connects to METRC and automatically reports compliance information to the state. Flowhub is the platinum standard of industry specific software due to ease of use, built-in purchase limits, inventory management, and data standardization across our entire supply chain.

SAMPLE LABELING
All Patient Medical Marijuana or Medical Marijuana Products shall have labels similar to and containing the following information:
• MMD: Buckeye Medigreen, Ltd. State ID xx-xxxxxx
• Address: 1192 W Mound Street, Columbus, Ohio 43204
• Date: xx/xx/18
• Patient: John Doe State ID # xx-xxxxxxxx\ Caregiver: Jane Doe
• Cultivator/ Processor: Ohio Medigreen, Ltd. State ID xx-xxxxxx
• UID # xx-xxxxxxxxxxxx MM: Dried - Girl Scout Cookies
• Weight: 3.5 Grams THC% 22.0% CBD% 0.5%

WARNING!
• This product may cause impairment and may be habit-forming.
• This product may be unlawful outside of the State of Ohio.
• When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
• This product may cause impairment and may be habit-forming. Smoking medical marijuana is not permitted in the State of Ohio.
• There may be health risks associated with consumption of this product.
• Should not be used by women who are pregnant or breastfeeding.
• For use only by the person named on the label of the dispensed product. Keep out of reach of children.
• Marijuana can impair concentration, coordination and judgment. Do not operate a vehicle or machinery under the influence of this drug.

State Board of Pharmacy Toll Free Number: 1-800-000-0000

D-5.5.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-5.5. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: SAMPLE LABEL- Buckeye.pdf
NOTE: This applicant uploaded document is the next 1 page(s) of this document.
BUCKEYE MEDIGREEN., LTD.
SAMPLE LABEL

MMD: Buckeye Medigreen, Ltd. State ID xx-xxxxxx
Address: 1192 W Mound Street, Columbus, Ohio 43204
Date:  xx/xx/18
Patient: John Doe  State ID # xx-xxxxxxxxx  Caregiver: Jane Doe
Cultivator/ Processor:  Ohio Medigreen, Ltd. State ID xx-xxxxxx
UID # xx-xxxxxxxxxxxx  MM: Dried - Girl Scout Cookies
Weight:  3.5 Grams  THC% 22.0%  CBD% 0.5%

WARNING!
• This product may cause impairment and may be habit-forming.
• This product may be unlawful outside of the State of Ohio.
• When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
• This product may cause impairment and may be habit-forming. Smoking medical marijuana is not permitted in the State of Ohio.
• There may be health risks associated with consumption of this product.
• Should not be used by women who are pregnant or breastfeeding.
• For use only by the person named on the label of the dispensed product. Keep out of reach of children.
• Marijuana can impair concentration, coordination and judgment. Do not operate a vehicle or machinery under the influence of this drug.

State Board of Pharmacy Toll Free Number: 1-800-000-0000
Operations Plan (Inventory Management of Product)

D-6.1 By selecting "Yes" the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. OAC 3796:6-3-20

YES

D-6.2 By selecting "Yes" the Applicant attests that its written or electronic weekly and annual inventory records described in D-6.1 will include:

1. The date of the inventory
2. A summary of the inventory findings
3. The employee identification numbers, and titles or positions, of the individuals who conducted the inventory

Please reference OAC 3796:6-3-20 for more information.

YES

D-6.3 By selecting "Yes", the Applicant attests that it will use the state inventory tracking system. ORC 3796.07; OAC 3796:1-1-01; OAC 3796:6-3-06

YES

D-6.4 By selecting "Yes" the Applicant attests that it will maintain records of medical marijuana received from a cultivator or processor in its internal inventory control system. OAC 3796:6-3-20

YES

D-6.5 By selecting "Yes" the Applicant attests that it will maintain records of medical marijuana dispensed to a patient or a caregiver in its internal inventory control system. OAC 3796:6-3-08

YES

D-6.6 By selecting "Yes" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. OAC 3796:6-3-20

YES

D-6.7 Please provide an explanation for selecting "No" in response to questions D-6.1 through D-6.6

No response provided by applicant

D-6.8 Please describe the Applicant's approach regarding the implementation of an inventory management process. This approach must also include a process that provides for the recall of medical marijuana and the management of medical marijuana product returns from the proposed dispensary to the originating cultivator and/or processor. OAC 3796:6-3-20

INVENTORY CONTROL PLAN

This is the written Inventory Control Plan for Buckeye Medigreen, Ltd. ("Buckeye", "We", "Us", "Our"). This plan addresses and meets the application requirements of the Ohio Department of Pharmacy Medical Marijuana Program Rules and Regulations ("Department").
INTRODUCTION

The tracking and control of inventory is essential to all aspects of our venture, from keeping our products and facility secure to fulfilling our compassionate mission. While preventing opportunities for diversion, we seek to provide a steady supply of high-quality marijuana to meet the medical needs of our patients. The goal of inventory control is to create a wholly transparent process of distribution so that at any time the condition and quantity of every product, regardless of its production stage, is documented. This will allow us to maintain exceptional quality while avoiding over- or underproduction, and it allows us to prevent or promptly recognize any misallocation or theft.

The goals of our inventory policies and procedures are:

• ensuring product integrity for our patients,
• preventing internal or external product diversion,
• complying with Department regulations, and
• tracking key statistics related to our patients, products, and business.

There are four components to Buckeye’s comprehensive inventory control system:

• well-trained and well-supervised staff;
• state-of-the-art electronic inventory tracking;
• information security; and
• rigorous operational protocols of management, oversight, and accountability.

Relevant to inventory control is of course the overall security of our facility and operations. We have described the security systems for our facility and operations in our Security Plan and will not repeat them here. We will note only that prepared marijuana that is not under direct supervision will always be secured in safes or vaults. Consequently, marijuana is never accessible unless there is a staff member who is also immediately responsible for its security. This ensures that there are no security gaps between the components of our inventory control system.

Below is a discussion of the four components of our Inventory Control Plan.

PERSONNEL – ROLES AND RESPONSIBILITIES

A. Inventory Control Agent

Buckeye designates the Dispensary Manager (“Inventory Control Agent”) to be the dispensary agent responsible for inventory tracking and control. The Inventory Control Agent will have operational oversight over and responsibility for Buckeye’s inventory control system. He or She is responsible for seeing that this Inventory Control Plan is implemented and operates as intended. He or She also bears responsibility for ensuring that the electronic tracking system is operating properly, that daily opening and closing inventories are performed as required, and that manual inventory results tally with electronic records. Further, he is responsible for performing a full audit of the inventory and inventory records at least once every 30 days and whenever discrepancies are detected.

B. Other Staff
All staff involved in the handling of medical marijuana will be trained in the proper inventory control techniques that go with their jobs, and in the use of our electronic tracking system. Because of the importance of inventory tracking to our operations, we also anticipate that other management level positions will be involved in inventory tracking: the IT manager will be responsible for the security and functioning of the data management system and the security manager will be responsible for the initiation of security reviews when inventories do not tally.

Of course, all aspects of the production process and sale of medical marijuana, including the inventory processes, occur under video surveillance, ensuring employee accountability even if there is a temporary disruption of the inventory tracking process described in this document.

INVENTORY CONTROL SYSTEM – CAPABILITIES

The foundation of our inventory tracking system is the state-of-the-art METRC software application which will be integrated with all cultivators supplying Ohio Dispensaries. This system has extremely flexible inventory capabilities perfectly suited to the complex challenges we face in high-security inventory tracking. A general overview of how our inventory tracking system will operate is sketched in this section.

Every medical marijuana plant in our facility will be tagged with a unique (sequential) identification number. This number is visibly displayed and also encoded in an electronically readable format (a bar code). The inventory control tags used by licensed cultivators will be created using a thermal bar code printing technology.

All information and history pertaining to a plant is associated with this number, and every package containing marijuana from this plant and every processed product made from this plant bears a similar, unique control number that incorporates or cross-references the number of the plant. This gives us access to the complete manufacturing history of any item that is or ever has been in our dispensary. This includes information such as:

- strain, batch, tray number, and birth date of any plant,
- the cloning mother a cutting was taken from,
- details of its cultivation history (if, for example, there were any problems and how they were remedied),
- the results of all of the quality control tests,
- its genetic history and medicinal variety,

Real-time information about the processing, packaging, sale, return, and disposal of inventory is entered into this system, creating a comprehensive data management system from cultivators and processors that documents of all products delivered and sold by our dispensary:

- Thus allowing our Dispensary to know what strains and quantities are available,
- creating timely alerts on low inventory, and

It will also keep track of:

- recalled and returned marijuana,
- marijuana designated for disposal, and
- marijuana already disposed of.
POINT OF SALE SOFTWARE INVENTORY CONTROL ACCOUNTING

Buckeye is also looking to implement a state of the art fully integrated Point of Sale Inventory Control and accounting software management system from a vender specifically designed for the Medical Marijuana Industry called Flowhub. Flowhub is state of the art and built specifically for the cannabis industry and syncs and is fully compatible with METRC. It will speed up our transaction times and increase the speed at which we can service patients and caregivers. Flowhub features live menus which operate like a breeze with a simple API. The largest retailers in the Medical Marijuana industry trust Flowhub to power their supply chain and POS infrastructure and so will we.

RECALL OF MEDICAL MARIJUANA

In the event that any Medical Marijuana or Medical Marijuana is recalled from a licensed cultivator or licensed processor, our Dispensary shall search its database of sales recorded to determine if any of our patients purchased any of the recalled Medical Marijuana or recalled Medical Marijuana products and shall within 24 business hours of the receipt of the Notice of Recall, shall contact the Patient by email or telephone or both and notify them of the recall. The Patient or caregiver may bring in the unused portion of the Medical Marijuana or Medical Marijuana Products for a prorated credit of the purchase price. We will enter the returned amount into the patient and our inventory records and will label and store the returned Marijuana or Marijuana product into a separate secured storage area (Return Safe) and promptly contact the cultivator or processor to return for credit the amount of returned product and shall have available for pickup by the cultivator or processor delivery driver on his next trip to the Dispensary. The maximum amount of time the dispensary shall hold the returned product shall be seven (7) days.

D-6.8.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

D-6.9 Please describe the Applicant's processes, procedures and controls regarding a patient or caregiver’s ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of

1. How patients and caregivers will be charged for such returns
2. How returns will be tracked
3. How any returned medical marijuana will be secured at the facility
4. The maximum amount of time that returned medical marijuana will be stored at the facility

RETURN OF UNUSED MARIJUANA FOR DISPOSAL BY PATIENTS

Buckeye Medigreen, Ltd. (“Buckeye”) shall allow any of its registered Patient’s or caretakers that have purchased product from Buckeye in the past to return unused Medical Marijuana for the purpose of dispossession and destruction, free of charge. An intake of unused Medical Marijuana shall be logged with the Date, Patient or Caregiver Name Address, State Issued ID Number, the UID Number of the Marijuana being returned, the strain or variety of the marijuana. A Dispensary employee shall weigh the returned product and place in a plastic baggie with a label containing such information. The Patient or caretaker shall be given a duplicate copy of the receipt for their records. The Dispensary employee shall place the returned Marijuana in a Batch container which shall be secured and stored in the secondary safe in which RECALLED or EXPIRED is temporarily stored. The Maximum amount of time the returned medical marijuana shall be stored at the Dispensary before its destruction shall be Seven (7) days.
A dispensary key employee shall be present at the time which the any Batch of unused Medical Marijuana is disposed of by methods approved by the State of Ohio and shall capture and record the following information:

• A description of the products, including quantity, strain, variety, batch number and cause for the medical marijuana being destroyed;
• The name and license number of the dispensary employee destroying the medical marijuana or medical marijuana product;
• The name and license number of the dispensary key employee verifying the destruction of the medical marijuana or medical marijuana product;
• The method of disposal and the name, address and telephone number of the disposal company; and
• The date of disposal.

**DISPOSAL METHODS**

Unless otherwise required by local, state, or federal waste management authorities, the Company shall dispose of any marijuana waste unusable is by grinding and incorporating the marijuana waste with other ground material so the resulting mixture is at least fifty percent non-marijuana waste. Material used to grind with the marijuana falls into two categories, compostable waste and non-compostable waste.

Compostable mixed waste: Marijuana waste to be disposed as compost feedstock or in another organic waste method (for example, anaerobic digester) may be mixed with the following type of waste materials:

• Food waste;
• Yard waste;
• Vegetable based grease or oils; or
• Other wastes as approved by the state board of pharmacy (e.g., agricultural material, biodegradable products and paper, clean wood, fruits and vegetables, plant material).

Non-compostable mixed waste: Marijuana waste to be disposed in a landfill or by another disposal method may be mixed with the following types of waste materials:

• Paper waste;
• Cardboard waste;
• Plastic waste;
• Soil; or
• Other wastes as approved by the state board of pharmacy (e.g., non-recyclable plastic, broken glass, leather).

The Company may dispose of Marijuana waste rendered unusable following the methods described in this rule can be disposed. Disposal of the marijuana waste rendered unusable may be delivered to a permitted solid waste facility for final disposition. Examples of acceptable permitted solid waste facilities include:

• Compostable mixed waste: compost, anaerobic digester or other facility.
• Non-compostable mixed waste: landfill, incinerator or other facility.

The Company shall verify that all waste and unusable product was properly weighed, recorded and entered into the inventory tracking system prior to rendering it unusable. The destruction of medical marijuana by a dispensary employee shall be witnessed by a key employee and the event shall be conducted in a designated area with fully functioning video surveillance.

Once destroyed, the medical marijuana waste shall be placed in a locked dumpster or other approved locked container that is also continuously monitored by video surveillance pending its removal from the laboratory facility.

During the destruction of the medical marijuana waste and residue, the type 1 key employee shall be responsible for drafting a record of each destruction that includes the: i) date and time of disposal, ii)
manner of disposal, volume and weight of the excess medical marijuana, iv) solid waste used to render the excess medical marijuana unusable, and v) the signature of the type 1 key employee overseeing the destruction of the waste. Any non-medical marijuana waste shall be disposed in accordance with all federal and state laws regulations as required by Ohio Revised Code 3796 and the regulations promulgated thereunder and recycled where possible and appropriate.
All records will be available to the Department or its designee. Disposal and waste removal records shall be securely maintained in accordance with the procedures in this application.

D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant
Operations Plan (Diversion Prevention of Product)

D-7.1 Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. OAC 3796:6-3-01; OAC 3796:6-3-05; OAC 3796:6-3-16
D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

1. Processes for contamination prevention
2. Pest protection procedures
3. Instruction to dispensary employees regarding the handling of medical marijuana
4. Hand-washing facilities

Please reference OAC 3796:6-3-02 for more information.

SANITATION AND SAFETY

General Sanitation
All employees of the Buckeye Medigreen, Ltd. are expected to use good hygienic practices at all times and to follow all established cleaning and sanitation procedures.

Cleaning and Sanitation
Cleaning is necessary to protect against microorganisms. Any counter or shelving surfaces which come in contact with Medical Marijuana or Medical Marijuana products shall be cleaned in this sequence: wash with detergent, rinse with clear water, and then use an approved sanitizer. The sanitizer used should be approved for use on food-contact surfaces and must be mixed according to the manufacturer’s directions. Cleaning should be performed before after any potential contamination and at least on a daily basis. The Dispensary will provide cleaning supplies, brooms and mops, as well as hand sanitizer and disposable medical exam gloves.

Sanitizing Counter Surfaces
Counter and shelving surfaces shall be cleaned in this sequence: wash with warm water and detergent first, rinse with clear water, and then use an approved sanitizer. The sanitizer used should be approved for use on food-contact surfaces and must be mixed according to the manufacturer’s directions. Cleaning and sanitation should be performed as frequently as necessary before, during and after exposure to any medical marijuana or medical marijuana products. This includes cleaning of tables in the Delivery area and the Employee break areas.

To ensure the counter surfaces are sanitized employees will be instructed to pay attention to these factors:

• Concentration: Follow the instructions on the sanitizer’s label and use proper dilutions and concentrations. Too little sanitizer will not work. Too much can be toxic.
• Temperature: Generally, chemical sanitizers work best in water that is between 55°F and 120°F
• Contact time: In order for the sanitizer to kill harmful microorganisms, the cleaned item must be in contact with the sanitizer (either heat or approved chemical) for the recommended length of time.
• Air-drying: After applying the sanitizer, place utensils in a wire or plastic draining rack where they will not come into contact with any food or food residue and let them sit until dry. For equipment, after applying the sanitizer, let the equipment sit without use until dry. Do not use towels for drying, polishing, or any other purpose because they may re-contaminate equipment and utensils.

Floors
Floors should be swept and cleaned at the end of each shift. If there is a problem with any of the custodial equipment please bring it to the attention of the Kitchen Manager at [kitchen manager email address].

Trash and Recycling
Trash should be emptied at the end of each employee’s shift and taken to the dumpsters at the located on the property. All recyclable materials may be taken to a recycling bin.

Laundry
All items requiring laundering, such as towels, lab coats and aprons, must be removed at the end of
each shift and laundered by the user.

Personal Cleanliness and Conduct
In addition to keeping the facility clean personal cleanliness must be maintained while working at Buckeye Medigreen, Ltd.:

- Hands shall be washed before starting work, after each absence from the workstation or when they become contaminated (such as with eating, smoking, or taking out the trash)
- Sanitary protective clothing, hair covering, and footwear must be worn and maintained in a clean, sanitary manner. All clothing must be clean.
- Medical Exam Gloves, shall be worn in handling any Medical Marijuana or medical marijuana products not in its original packaging.
- All dispensary employees personnel must remove objects (i.e. watches, jewelry) from their person that may fall into or contaminate any dispensary surface
- Tobacco, gum, and food are not permitted in dispensary areas;
- Individuals who are sick or who exhibit symptoms of illness (including vomiting, diarrhea, fever and skin infections) are not allowed to handle any marijuana or marijuana products in the dispensary.
- The Dispensary shall be smoke free and no employees shall be permitted to smoke in the Dispensary.

Rodent and Pest Control
Buckeye shall maintain the premises clear and free of all Rodent or insect infestation. All employees shall be instructed to look for evidence of Rodents or insects and shall report the same to the Dispensary Manager who shall proceed to take corrective steps to eradicate the problem and endure that the Dispensary is a safe and pest free environment.
Operations Plan (Record-Keeping)

D-9.1 By selecting “Yes,” the Applicant attests that it will notify State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. OAC 3796:6-3-14

YES

D-9.2 Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

1. Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary
2. Operating procedures and controls
3. Audit records
4. Staffing plans; Business records
5. Surveillance records
6. Attendance logs
7. Quality assurance review logs

Please reference OAC 3796:6-3-17 for more information.

RECORD KEEPING PLAN

This is the written Storage of Record Keeping Plan for Buckeye Medigreen, Ltd. (“Buckeye”, “We”, “Us”, “Our”, “Applicant”). This plan addresses and meets the application requirements of the Ohio Department of Pharmacy Medical Marijuana Program Rules and Regulations (“Department”).

ELECTRONIC RECORDS

Our Dispensary records shall be maintained electronically and be available for inspection by the state board of pharmacy upon request. Our dispensary shall develop recordkeeping policies and procedures consistent with O.A.C. Section 3796:6-3-17. Any written records shall also be scanned and also stored and backed up to external sources such as carbonite. Any information contained on a server shall remain in a restricted access area and we shall have a mirror hard drive on the server that records all information.

Our Software we will be using will be FlowHub, a state of the art program specifically written for the Medical Marijuana Industry; OARRS for reporting certain Patient Information; and METRC for tracking and reporting Medical Marijuana Inventory control. Our dispensary that uses an electronic system for the storage and retrieval of patient information or other medical marijuana records, is a system that:

• Guarantees the confidentiality of the information contained within;
• Can be accessed by the state board of pharmacy in accordance with this division;
• Can provide safeguards against erasures and unauthorized changes in data after the information has been entered and verified by the dispensary;
• Contains a true audit trail that indicates and dates any edits or deletions to a patient record; and
• Is capable of being reconstructed or retrieved within three business days, in the event of a computer malfunction or accident resulting in the destruction of the database.

Our dispensary shall use METRC and FLOWHUB keep a record of all medical marijuana received, dispensed, sold, destroyed, or used. The acts of dispensing and destroying of a controlled substance shall be documented with the positive identification of the Dispensary Employee involved, including supervision by a Key Dispensary Employee. These records may shall kept electronically upon approval by the state board of pharmacy. The electronic records are backed-up each business day to an off-site cloud secure cloud storage such as carbonite or the third party software vendor such as OARRS, METRC and FlowHub.
We may keep records electronically at a location other than the licensed dispensary premises, however we shall first send a written request and approval to the state board of pharmacy. A copy of the board of Pharmacy approval shall be maintained with the medical marijuana records located on the licensed dispensary premises. Any alternate location selected by us and approved by the Board of Pharmacy shall be secured and accessible only to authorized dispensary employees.

**WRITTEN AND/OR ELECTRONIC RECORDS**

We shall retain all documentation maintained and organized by our dispensary in the normal course of business must include, but is not limited to:

- Background checks for employees;
- Operating policies and procedures;
- Inventory records;
- Audit records;
- Staffing plan;
- Business records that include:
  - Assets and liabilities;
  - Third party vendor list;
  - Monetary transactions;
  - Written or electronic accounts that shall include bank statements, journals, ledgers, and supporting documents, agreements, checks, invoices and vouchers; and
  - Any other financial accounts reasonably related to dispensary operations.
- Surveillance records;
- Attendance logs;
- Employee training records, including continuing education and certifications maintained;
- Quality assurance review logs;
- All other records required under Chapter 3796 of the Revised Code and this division;
- Patient Care Handbooks;
- Approved advertising;
- Employee Policy Handbooks and materials;
- Internal training materials and records for employee training

All records, electronically or written relating to the purchase or return, dispensing, distribution, destruction, and sale of medical marijuana shall be maintained under appropriate supervision and control to restrict unauthorized access.

**PATIENT RECORDS/ CONFIDENTIALITY**

A. Privacy, Confidentiality, and Information Security

Under O.A.C. 3796 of the, patient records must be provided to the Department for review upon request. All patient records must comply with federal, state, and local privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As discussed more fully in the HIPAA compliance summary section below, our system will be HIPAA compliant. We will review and modify our privacy and security measures to remain compliant. Below are our privacy, confidentiality, and security requirements for patient recordkeeping:

1. Access to Patient Records. The Department’s rules and regulations limit access to patient records to a designated dispensary agent. It is Buckeye’s policy that only a principal officer, board member, or employee dispensary agent responsible for performing tasks directly related to patient intake, patient care, or patient administration shall have access to patient records. If your job requires you to perform such direct patient intake, care, or administration, you will be authorized to access any restricted area of our electronic recordkeeping system. Dispensary agents without direct patient responsibilities will not be provided such access.
Patients generally will not be given access to information in their medical records unless they specifically request it. This includes access for purposes of transferring such records to another dispensary. Written record releases must be signed by a patient or designated caregiver for any patient records sent or copied for pick up by any person outside of the patient or designated caregiver. Patients must pay the cost of copying their records for all transfers to another dispensary. The cost per page is 10 cents.

2. Confidentiality. All staff with access to patient information in the performance of their duties will be informed of patient confidentiality responsibilities and requirements. Patient records are confidential regardless of the medium. The privacy of patient information must be preserved and not discussed with unauthorized persons. Every employee with access to patient records in any medium is responsible for the proper handling of the patient records. Each employee is accountable for safeguarding patient confidentiality and privacy, and failure to do so may result in disciplinary or other adverse action up to, and including, termination. Patient privacy training is required as part of any annual staff training requirements.

3. Security. Security measures for authorizing access to the patient's health record are discussed briefly below. A more detailed description of information security, including recordkeeping, is set forth in Buckeye’s Security Plan. Only the COO Dispensary Manager or designee dispensary agent can approve the physical or electronic removal of original health records from the dispensary.

All patient-identifiable waste paper or discarded materials from any department must be shredded or disposed of in accordance with approved disposal policies and procedures. Locked containers or shredders must be provided in employee work areas for disposal of sensitive patient information. Also, precautions must be taken by staff to ensure that patient records on computer screens cannot be seen by unauthorized individuals. Finally, all electronic patient records must be secured and backed up on a regular basis to prevent information loss due to fire, flood, or other disasters. Patient records will be stored on a database, encrypted at the OS level.
D-10.1 Please provide a summary of any other services or products to be offered by the Applicant at the dispensary. OAC 3796:6-2-02

Buckeye Medigreen, Ltd. does plan to develop and offer other patient care and educational services. Specifically, Buckeye will present programs to discuss and present the facts of the possible adverse affects and drug interactions with Medical Marijuana to its patients and the community in general. See the sample Power Point presentation attached. Buckeye also will develop educational programs to present other non-drug non Medical Marijuana options for patients to consider, such as meditation, relaxation, yoga, and other patient wellness programs, and references where patients can further find other business that offer such service or find out additional information.

D-10.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: Medical Cannabis Adverse Effects and Drug Interactions_0.pdf
NOTE: This applicant uploaded document is the next 38 page(s) of this document.
Medical Cannabis

Adverse Effects & Drug Interactions
Presented by

- Adriane Fugh-Berman, MD
- Susan Wood, PhD
- Mikhail Kogan, MD
- Donald Abrams, MD
- Mary Lynn Mathre, RN, MSN, CARN
- Andrew Robie, MD
- Janani Raveendran, MEd
- Kofi Onumah, PharmD, RPh
- Rikin S. Mehta, PharmD, JD, LLM
- Shauna White, PharmD, RPh
- Jawara Kasimu-Graham, RPh
Important Information

- The slides will progress at their own pace.
- Do not attempt to speed up the video.
- The Post Test will only unlock after the entire video has been viewed.
- The video can be paused and resumed later.
Learning Objectives

- Identify common adverse effects of medical cannabis use.
- Identify contraindications to medical cannabis use.
- Describe medical cannabis drug interactions.
- Describe respiratory, cardiovascular, immune, neuropsychiatric, reproductive and other risks associated with medical cannabis use.
Introduction to Cannabis

- **Cannabis indica** and **Cannabis sativa** are the best-known species.

- A product’s chemical profile is more important than the strain of plant from which it originated.

- Products should be characterized by analytical chemistry - percentages of cannabinoids and terpenoids.
Compounds in Cannabis

- Cannabis, like all herbs, is a polypharmaceutical substance.
- 108 cannabinoids have been isolated (Hanuš 2008).
- The cannabis-derived cannabinoids of most therapeutic interest are THC and cannabidiol (CBD).
  - Minor cannabinoids include cannabigerol, cannabichromene, and tetrahydrocannabivarin (a short-chain C19 homolog of THC).
- Terpenoids are common, often aromatic, organic compounds found in many plants. Terpenoids found in cannabis include β-caryophyllene, myrcene, limonene, and pinene.
- As many as 420 other constituents occur in the plant (Turner et al 1980).
Common Modes of Administration and Formulations

Inhalation by smoking or vaporization
(herbal cannabis, resin, concentrates)

Oral
(prescription cannabinoids, edibles, tinctures)

Oro-mucosal or sublingual
(lollipops, lozenges, nabiximols)

Topical or Rectal
(herbal cannabis, resin, concentrates)
Cannabis Safety Profile

- Little is known about the safety of individual compounds. Serious adverse effects are rare with cannabis or its constituents.
- Marijuana has low to moderate dependence potential; the active dose is very far below the lethal dose (Gable et al 2006).
Common Adverse Effects

- Anxiety
  - Changes in visual perceptions
  - Decreased sperm count
- Dry mouth
  - (and possibly associated caries and periodontitis)
  - Reduced tear flow
- Altered sense of time
  - Decreased eye blink rate
- Bronchitis
- Dizziness
  - Reduced coordination
- Reddened eyes
- Sedation
  - Slowed pupillary response to light
- Ataxia
- Cough
- Dysphoria

THC and CBD are metabolized by CYP3A4 and CYP2C9 (Yamaori et al 2012, Watanabe et al 2007).

- CYP3A4 inhibitors slightly increase THC levels.
- CYP3A4 inducers slightly decrease THC and CBD levels.

CBD, but not THC, is metabolized by CYP2C19 (Stout and Cimino 2014).
Drug Interactions
Cytochrome P450 Enzymes

- **THC is a CYP1A2 inducer.**
  - Theoretically, THC can decrease serum concentrations of clozapine, duloxetine, naproxen, cyclobenzaprine, olanzapine, haloperidol, and chlorpromazine (Flockhart 2007, Watanabe et al 2007).

- **CBD is a potent inhibitor of CYP3A4 and CYP2D6.**
  - As **CYP3A4** metabolizes about a quarter of all drugs, CBD may increase serum concentrations of macrolides, calcium channel blockers, benzodiazepines, cyclosporine, sildenafil (and other PDE5 inhibitors), antihistamines, haloperidol, antiretrovirals, and some statins (atorvastatin and simvastatin, but not pravastatin or rosuvastatin).
  - **CYP2D6** metabolizes many antidepressants, so CBD may increase serum concentrations of SSRIs, tricyclic antidepressants, antipsychotics, beta blockers and opioids (including codeine and oxycodone).
Drug Interaction Studies

- **Warfarin**
  - THC and CBD increase warfarin levels (Yamaori et al 2012).
  - Frequent cannabis use has been associated with increased INR.

- **Alcohol**
  - Alcohol may increase THC levels (Hartman 2015).

- **Theophylline**
  - Smoked cannabis can decrease theophylline levels (Stout and Cimino 2014).

- **Indinavir or nelfinavir**
  - Smoked cannabis had no effect (Abrams et al 2003).

- **Docetaxel or irinotecan**
  - Cannabis infusion (tea) had no effect (Engels et al 2007).

- **Clobazam**
  - In children treated with CBD for epilepsy, CBD increased clobazam levels (Geffrey et al 2015).
Drug Interaction Studies

- **CNS depressants**
  - Cannabis has additive CNS depressant effects with alcohol, barbiturates and benzodiazepines.
  - In a small study, cannabis did not have additive CNS effects when combined with opioids (Abrams et al 2011).
Clinical Aspects
Contraindications

- **Absolute contraindications**
  - Acute psychosis and other unstable psychiatric conditions

- **Relative contraindications**
  - Severe cardiovascular, immunological, liver, or kidney disease, especially in acute illness
  - Cannabis may exacerbate arrhythmia or a history of arrhythmias

(Handbook on Cannabis 2015)
Respiratory Effects
Lung Function

- A cross-sectional study using National Health and Nutrition Examination Survey (NHANES) data found that up to 20 joint-years* of marijuana use caused no adverse changes in lung function (Kempker et al 2015).

- The Coronary Artery Risk Development in Young Adults study, a cohort study of 5,115 adults, found no effect of occasional low marijuana use on pulmonary function (Pletcher et al 2012).

- In contrast, a cross-sectional Scottish study in 500 adults found evidence of impaired lung function in both cannabis and tobacco smokers (MacLeod et al 2015).

* A joint-year is the equivalent of smoking one joint or pipe bowl of marijuana for one year; it is the number of joints per day multiplied by the number of years of usage. It is a way of standardizing use over time. Ten joint-years could describe one person who smoked a joint a day for 10 year or ten people who smoked a joint a day for one year.
Smoked cannabis is clearly associated with symptoms of bronchitis, which resolve after cessation of use (Tashkin 2013, Tashkin 2014).

At least 200 compounds occur in cannabis smoke (Sparacino et al 1990): these include carbon monoxide, acetaldehyde, ammonia, nitrosamines, and polycyclic aromatic hydrocarbons ("tars").

Combining tobacco and cannabis appears to have synergistic adverse effects, increasing respiratory symptoms over tobacco use alone (MacLeod et al 2015, Bloom et al 1987).
Respiratory Effects

Vaporization

- A survey of 6,883 cannabis users found that vaporizing, compared with smoking, causes fewer respiratory symptoms (coughing, wheezing, shortness of breath, mucus production) (Earlywine and Barnwell 2007).

- Analysis of vapor from a vaporizer recovered 89.1% THC and 9.5% smoke toxins; in contrast, cannabis smoke from a pipe recovered 10.8% THC and about 87% smoke toxins (Chemic Laboratories 2003).

- Vaporization, compared to smoking, generates less carbon monoxide (Abrams et al 2007).
Respiratory Effects

Chronic Obstructive Pulmonary Disease

- Most studies have found that cannabis is not associated with COPD.
- A survey of 878 adults older than 40 in Vancouver found that cannabis smokers had no more COPD or respiratory symptoms than non-smokers (Tan et al 2009).
Respiratory Effects
Lung Cancer

- Cannabis does not appear to increase lung cancer risk.

- A pooled meta-analysis of 6 case-control studies in the US, Canada, UK, and New Zealand that included data on 2,159 lung cancer cases and 2,985 controls found "little evidence for an increased risk of lung cancer among habitual or long-term cannabis smokers, although the possibility of potential adverse effects for heavy consumption cannot be excluded" (Zhang et al 2015).
Respiratory Effects
Pneumonia

- It is unclear whether cannabis is associated with an increased risk of pneumonia.
- Some case series and studies in immunocompromised patients have noted a link, but no definitive studies have been done.
- Some effects of smoked cannabis could predispose to pneumonia.
  - Delta-9 tetrahydrocannabinol suppresses alveolar macrophage function and causes replacement of ciliated bronchial epithelium with hyperplastic mucus-secreting bronchial epithelial cells.
Contamination in Cannabis

- Fungal contamination (Aspergillus and Penicillium species) in marijuana samples has been demonstrated. Contamination with fungal or bacterial pathogens could increase risk of pneumonia and other respiratory problems (McPartland and Pruitt 1997, McLaren et al 2008).
  - Lack of ventilation and high humidity increase the likelihood of mold growth in indoor growing operations (Martyny et al 2013).
- While medical cannabis may be safer than unregulated cannabis, testing for fungal or bacterial contamination varies by jurisdiction.
- There are concerns that pesticides may pose risks in cannabis products (McLaren et al 2008).
Cardiovascular Effects

- THC can cause tachycardia; chronic users may develop bradycardia.
- **Cannabis can cause changes in blood pressure.**
  - High doses can cause orthostatic hypotension and syncope (Handbook on Cannabis 2015).
  - Cannabis can cause an acute increase in blood pressure (Frost et al 2013).
- **Cannabis can increase the risk of angina** (Frost et al 2013).
- Rarely marijuana can trigger an acute myocardial infarction (Mittleman et al 2001).
- In patients who have had a myocardial infarction, an 18-year follow up study showed no conclusive evidence that smoking marijuana increased mortality (Frost et al 2013).
- Case reports have associated cannabis use with acute coronary syndrome, arrhythmias, sudden cardiac death, cardiomyopathy, transient ischemic attack, stroke (Thomas et al 2014, Jouanjus 2014).
Immunologic Effects
Lymphocytes

- Cannabis does not appear to affect immune cells.
- A 21 day RCT of 62 people with HIV that compared placebo to smoked cannabis and dronabinol 2.5 mg found no significant pattern of effects on T cell subpopulations, B cells, NK cells and other measures of immune function (Bredt 2002, Abrams et al 2003).
- A decade-long longitudinal study of 481 HIV-infected men found no association between cannabis use and CD4/CD8 decline (Chao et al 2008).
Immunologic Effects
Allergies and Hypersensitivity

- Cannabis pollen inhalation has been associated with allergic rhinitis, conjunctivitis, and asthma.
- One case of erythema multiforme-like recurrent drug eruption thought to be associated with cannabis use was reported.
- Skin exposure to plant material has been associated with urticaria, generalized pruritus, and periorbital angioedema.
- Anaphylaxis has been reported after intravenous use of cannabis and ingestion of hemp seed-encrusted seafood (patient tolerated a subsequent oral seafood challenge).
- Industrial hemp dust exposure has been implicated in byssinosis, an occupational obstructive lung disease associated with organic textile dust exposure.
- A case of allergic bronchopulmonary aspergillosis attributed to fungal contamination has been described.

(O’Campo 2015)
Neuropsychiatric Effects

Cognitive Function

- Long-term cannabis users exhibit deficits in prospective memory and executive function (Montgomery 2012).
- In depressed and non-depressed regular marijuana users, there was an inverse association between marijuana use and verbal learning function.
  - The effect was not moderated by depression (Roebke 2014).

Adolescent marijuana users demonstrated significantly smaller medial orbitofrontal and inferior parietal volumes (regions of the brain associated with higher order cognition); smaller medial orbitofrontal volumes were associated with poorer complex attention.

(Price et al 2015)
Neuropsychiatric Effects

Cognitive Function

- A study looked at the impact of cannabis use during adolescence on subsequent cognitive function.

- Use of cannabis before age 18 lowered IQ 20 years later.

(Meier et al 2012)
Neuropsychiatric Effects

Adolescence

- Cannabis use in adolescence may increase psychotic symptoms later in life.

- A systematic review of the impacts of cannabis use during adolescence on various psychosis symptoms later in life was conducted.

- Authors concluded that “there is now sufficient evidence to warn young people that using cannabis could increase their risk of developing a psychotic illness later in life” (Moore et al 2007).

- Animal studies also show that cannabis use during adolescence, but not adulthood, increases later psychiatric problems (Rubino et al 2012).
Psychiatric Effects
Anxiety and Depression

- Although cannabis acts as an anxiolytic in low doses, high doses can be anxiogenic and can elicit panic reactions.

- Chronic use may increase the risk of depression, although studies are mixed. A meta-analysis of 14 studies showed a weak risk (HR 1.17, 95% CI 1.05-1.30) (Lev-Ran et al 2014).
Psychiatric Effects
Psychosis/Schizophrenia

- Whether or not cannabis can cause psychosis is debated.
- Studies suggest that people at risk for schizophrenia run a higher risk of psychosis outcomes after cannabis use (Morrison et al 2015).
- A study of cannabis use in 1237 people with schizophrenia, who had ever used cannabis, found no additive effect of cannabis use on cognitive dysfunction (Power 2015).
- Smoking cannabis with a significant proportion of CBD may produce fewer psychotic symptoms (Morgan and Curran 2008, Schubart et al 2011).
- It has been suggested that cannabis has antipsychotic effects, but a Cochrane systematic review of cannabis and schizophrenia noted that studies were limited, and that “currently evidence is insufficient to show cannabidiol has an antipsychotic effect” (McLoughlin 2014).
Psychiatric Effects
Dependence

- Cannabis dependence may occur: the estimated global prevalence is 0.23% in males and 0.14% in females (Degenhardt et al 2013).
- Prevalence peaks in the 20-24 years age group, and decreases steadily with age.
- In a survey of 6,917 marijuana users, 15% met the criteria for a marijuana use disorder. People who met the criteria for marijuana use disorder also were correlated with weekly marijuana use, early marijuana use, other substance use disorders, substance abuse treatment, and serious psychological distress (Wu et al 2012).
- Marijuana usage goes up in states that pass medical marijuana laws. However, the dependence rate among marijuana users does not differ between states with or without medical marijuana laws (Cerda et al 2012).
Driving Under the Influence

- THC alters perception and psychomotor performance, which may contribute to an increased risk of causing a traffic accident.

- A systematic review and meta-analysis of nine observational studies found that acute cannabis consumption is associated with an increased risk of motor vehicle crashes, especially for fatal collisions (Asbridge et al 2012).

- A case-control study associated THC with a 29% increase in unsafe driving, compared to 101% for alcohol (Bédard et al 2007).
### Driving Under the Influence

<table>
<thead>
<tr>
<th>Study</th>
<th>No</th>
<th>N</th>
<th>I² (%)</th>
<th>Odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-control</td>
<td>3</td>
<td>5449</td>
<td>71</td>
<td>2.79 (1.23 to 6.33)</td>
</tr>
<tr>
<td>Culpability</td>
<td>6</td>
<td>43,962</td>
<td>83</td>
<td>1.65 (1.11 to 2.46)</td>
</tr>
<tr>
<td>High quality</td>
<td>4</td>
<td>9,444</td>
<td>60</td>
<td>2.21 (1.25 to 3.90)</td>
</tr>
<tr>
<td>Medium quality</td>
<td>5</td>
<td>39,967</td>
<td>79</td>
<td>1.78 (1.07 to 2.94)</td>
</tr>
<tr>
<td>Fatal collisions</td>
<td>5</td>
<td>42,836</td>
<td>88</td>
<td>2.10 (1.31 to 3.36)</td>
</tr>
<tr>
<td>Non-fatal collisions</td>
<td>4</td>
<td>6,575</td>
<td>71</td>
<td>1.74 (0.88 to 3.46)</td>
</tr>
</tbody>
</table>

Pooled odds ratio (95% CI) of motor vehicle collision risk with tetrahydracannabinol for subgroups of studies.

(Asbridge et al 2012) ©2012 by British Medical Journal Publishing Group
Reproductive Effects
Exposure During Pregnancy

Cannabis use during pregnancy is not recommended.

- Heavy use of cannabis during pregnancy may cause adverse effects on early neurodevelopment, including subtle cognitive impairment and decrements in executive functioning later in life.
- Cannabis use has not been shown to increase the risk of congenital anomalies.
- Some but not all studies have shown a decrease in fetal growth.
- There is a possible increased risk of preterm birth.

(Fried et al 2003, Goldschmidt et al 2012)
Reproductive Effects
Lactation and Fertility

Cannabis use during lactation is not recommended.

- THC and its metabolites are excreted in breast milk.
- Infants exposed to marijuana during lactation had lower scores on the Psychomotor Developmental Index compared to non-exposed infants (effects could not be separated from prenatal exposure).

Fertility effects in men

- Some studies indicate that chronic use of marijuana may decrease plasma testosterone and decreases sperm count, concentration, and motility.

(Reprotox.org, Metz and Stickrath 2015)
Cannabinoid Hyperemesis Syndrome

- Chronic cannabis use may be associated with Cannabinoid Hyperemesis Syndrome (also called Cyclic Vomiting Syndrome).
- It is characterized by episodes of nausea and vomiting, abdominal pain, and sometimes polydipsia.
- Obsessive hot-water bathing may be observed, as it alleviates symptoms.
- The syndrome can lead to weight loss or acute renal failure from dehydration.
- The etiology of CHS is thought to be activation of CB₁ receptors that can reduce gastric emptying.

Summary

- Cannabis is generally well-tolerated, and serious adverse effects, including increased risk of cardiovascular events, are rare.
- Adverse changes in cognitive function, especially executive function, may occur, especially with fetal or adolescent exposure.
- Cannabis should be avoided by adolescents, pregnant women, and nursing mothers.
- Cannabis should be avoided in those at risk of psychosis.
- Many studies show driving impairment, but on a much lower scale than alcohol.
- Drug interactions are a concern.
  - Cannabis enhances CNS depressant effects when combined with alcohol, barbiturates and benzodiazepines, but probably not opioids
  - THC induces CYP1A2, and can reduce levels of drugs metabolized by CYP1A2.
  - CBD inhibits CYP3A4 and CYP2D6, and can increase levels of drugs metabolized by these isoenzymes. CYP3A4 metabolizes about a quarter of all drugs.
Resources

- DCRx - doh.dc.gov/dcrx
- International Association for Cannabinoid Medicines (IACM) - http://www.cannabis-med.org
- Patients Out of Time - http://www.medicalcannabis.com
- University of California’s Center for Medicinal Cannabis Research - http://www.cmcr.ucsd.edu
Resources

For more information on prescribing in the District and to become a recommending physician visit:  

`doh.dc.gov/mmp`

Please visit DCRx for a full list of references and more information on these and other treatment-related subjects.

`doh.dc.gov/dcrx`

Questions can be sent by email to `doh.mmp@dc.gov` or by regular mail to:

Medical Marijuana Program  
Health Regulation and Licensing Administration  
899 N. Capitol Street, NE  
2nd Floor  
Washington, DC 20002
Buckeye will provide a series of community educational events and discuss Medical Marijuana research in the areas of Post Traumatic Stress syndrome and other possible ailments of our veteran and educational programs on how to detect issues with drugs including medical marijuana and other non-profit organizations that offer help to this segment of the population.

In addition Buckeye will be creating an Advisory Board from Members of the Local Community to determine the best way to meet the needs of the local community and plans to have a representative from a Veterans group to help give us insight to the needs of our veterans and to provide a liaison to the community and assist in creating an outreach program where we can go out to the community to educate and inform members of Veterans Groups to inform them of the Medical Marijuana Laws in the state of Ohio and the various uses allowed in Ohio for Medical Marijuana and the products that our dispensary carries or may carry that may help them. Buckeye will also be seeking a member of a Local Community Outreach program to sit on our Advisory Board one of which is to find ways to reach out to the indigent Community in order to to address their needs and to come up with not only educational and informal on the Ohio Medical Marijuana Program, but to ourselves outreach back into the Community and partner up with the Community to address the and attempt to find out legal solutions to what we believe may be a causation of indigent, including the homeless, of the Opioid epidemic that we a facing in America and our local community, whether caused by prescription pain pills or illegal addictive drugs such as heroin. We believe there has got to be a better way and that with the advent of Ohio new Medical Marijuana Program, perhaps there are some real positive steps where we can give back to the community whether it is veterans or the indigent. We want to make a positive difference in this world and truly believe that with the introduction of alternatives like Medical Marijuana, that it can become a beacon of hope to those in need.

Supporting Community Development
Our engagement in the community is perhaps the most impactful and creative way in which our plan generates jobs. During our meeting with our local municipality, we will discuss the needs of the community in terms of parks, libraries, after-school programs and other community based needs. We will partner with our local government to create, or upgrade, these facilities. We will assist in local fund-raising activities and actively encourage other small businesses to join us. Through these efforts we can help revitalize our community. This not just the right thing to do or a means to beautify the area in which we operate, it elevates the quality of life in our neighborhood. When a neighborhood elevates the quality of life, it in turn attracts new businesses and potential employees to the area.

Opioid Rehabilitation
The opioid crisis is crippling our nation. There is some research to suggest that medical marijuana may decrease addition to opioids because it can (1) provide an alternative to opioids as a treatment for pain; and (2) be used as a medication that reduces opioid cravings and side effects of withdrawal. Researcher Marcus Bachhuber from the Philadelphia Veterans Affairs Medical Center, examined deaths in all 50 states between 1999 and 2010 and found that deaths due to overdoses were 25% lower in states that permitted medical marijuana. The Journal of Neuroscience published an article on Dr. Hurd’s research which showed medical marijuana can reduce “heroin-related cue-induced cravings in heroin abusers.” With this positive research, we will participate in additional research and hire appropriate researchers.

Summary
Our plan will be implemented even prior to our opening. The CEO will be personally responsible for carrying out our plan and meeting with local community officials. The CEO will report quarterly to our board on the results of our plan and the local municipality will be encouraged to give honest feedback to us and to the Department and the Board.
The Environmental Impact of the proposed dispensary is not much different than any other small Building. Buckeye does plan to use a new energy efficient HVAC system and LED lighting where possible within the dispensary. The Company will also be installing a sprinkler fire retardant system as a part of its over all security plan to minimize any impact on the environment in the event of a fire.

Uploaded Document Name: Security Plan.pdf
NOTE: This applicant uploaded document is the next 1 page(s) of this document.
D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by section 149.433 of the Revised Code.

YES
E-1.1 Describe the Applicant's education and training plan and how it will meet the foundational and ongoing training required for dispensary employees to be authorized to dispense medical marijuana. Include a summary of the substantive training content, the number of hours each dispensary employee will receive for each mandatory training requirement, the number of training hours each dispensary employee will receive for any elective training, and the anticipated source of each type of training described. OAC 3796:6-3-19

STAFF EDUCATION AND TRAINING.
Buckeye Medigreen, Ltd ("Buckeye") is a firm believer and advocate that Employee Education and Training never stops, and even more so in the area of Medical Marijuana, due to the newness of the Ohio law authorizing and regulating Medical Marijuana in the State. One of the most common misconceptions among aspiring dispensary employee or budtenders is that working in retail prepares them for careers in cannabis. Retail sales are only one of many job responsibilities a dispensary agent employee. Unlike shoe stores or dress shops, medical marijuana dispensaries are selling a medicinal product. Patients with very serious conditions and illnesses come to dispensaries seeking relief. Dispensary Employee must be equipped to serve the needs of these customers. A passion for cannabis and experience in retail is just not sufficient experience for dispensary employee. There is much more to this job than working a register or increasing sales. Dispensary Employee must also be a trusted source of knowledge and resource for patients. With that being said, Buckeye will be seeking prospective dispensary employees that have a prior medical or pharmacy background or training such as nursing or pharmacy tech.

Mandatory Pre-Employment Training
Before a person maybe employed by Buckeye, assuming they have passed a mandatory criminal background check and have no disqualifying events to be registered with the state of Ohio as Dispensary Employee or Key Dispensary Employee, they must receive at a minimum foundational training regarding the dispensing of medical marijuana before dispensing any medical marijuana.

Mandatory training for dispensary employees before the employee may begin dispensing medical marijuana includes:
• Relevant training on the drug database (OARRS) established pursuant to section 4729.75 of the Revised Code;
• Relevant training on the inventory tracking system (METRC) established pursuant to section 3796.07 of the Revised Code;
• Responsible use training, which shall include specific instruction on:
  • Use of the toll-free telephone line established pursuant to section 3796.17 of the Revised Code; and
  • Learning to recognize signs of medicine abuse or adverse events in the medical use of marijuana by a patient.
• The proper use of security measures and controls that have been adopted by the dispensary for the prevention of diversion, theft or loss of medical marijuana;
• Confidentiality requirements of a dispensary;
• Instruction on the different forms, methods of administration, and strains of medical marijuana;
• Instruction on qualifying conditions for medical marijuana patients;
• Authorized uses of medical marijuana in the treatment of qualifying conditions;
• Instruction regarding regulatory inspection preparedness and law enforcement interaction;
• Awareness of the legal requirements for maintaining status as a licensed dispensary employee; and
• Other topics as specified by the state board of pharmacy.

There are or will be several outside vendor sources that will be offering courses including One in Columbus, Ohio on May 19, 2018 as well as other days during the summer of 2018, such as http://www.hempstaff.com/medical-marijuana-job-training/ohio-ii. The two owners of Buckeye plan to attend this and other events. The 4 hour course offered by Hempstaff in 2018 includes in its syllabus to...
cover:
• Ohio Laws and what to expect in Marijuana Dispensaries;
• How Medical Marijuana helps patients and the power of different cannabinoids and terpenes;
• Medical Marijuana and the symptoms that it can minimize or alleviate;
• Dozens of Medical Marijuana products that may be available and how to direct a patient to use them;
• How to recommend the appropriate Medical Marijuana dosage;
• How to greet new patients, interview them, understand their needs and recommend the most appropriate Medical Marijuana product and dosage to help them have a positive experience;
• The Endo-cannabinoid system: Learn how this little known system in your body uses the cannabinoids to help alleviate ailments;
• The main cannabinoids (THC, CBD, CBN, etc) and terpenes in cannabis and what each can do for your patients;
• The ailments/diseases medical cannabis can be recommended for and which cannabinoids / terpenes work best for symptoms associated with these diseases;
• How to manage Point of Sale systems, Inventory Systems and Security in the Cannabis Industry;
• A Day in the Life of a Dispensary Employee (Budtender).

METRC, the inventory tracking system selected by the State of Ohio offers training courses in other states and we anticipate Ohio as well in 2018 at https://www.metrc.com/metrc-training

OARRS Training we anticipate with the roll out of the Medical Marijuana program there will be training courses offered either by the State or by 3rd party Vendors that we will require our employees training on. https://www.ohiopmp.gov/

There are also online training courses available with certifications such as https://cannabistraininginstitute.com/course-catalog/medical-cannabis-education/dispensary-course-product/ which we also may pay for and require our prospective employees to pass before initial employment.

We will look for Prospective employees to have a demonstrated competence or certification of training prior to employment of 10 to 12 hours worth of Mandatory and Elective Medical Marijuana Course materials prior to employment in the Dispensary.

CONTINUING EDUCATION
All Buckeye Dispensary employees shall receive a minimum of sixteen (16) hours of continuing education, on topics described below, for each two-year licensing period. The designated representative of Buckeye shall be responsible for ensuring that each dispensary key and support employee receives continuing education on the following subjects during each biennial licensing period:
• Guidelines for providing information to patients and caregivers related to the risks associated with medical marijuana, including possible drug interactions;
• Guidelines for providing support to patients related to the patients' symptoms;
• Recognizing signs and symptoms of substance abuse;
• Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana;
• The safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices;
• Legal updates training pertaining to the Ohio medical marijuana control program; and
• Other topics as specified by the state board of pharmacy.

EMPLOYEE TRAINING RECORDS
Buckeye shall maintain evidence of all training provided for every dispensary employee in its files. Such records shall be subject to inspection and audit by the state board of pharmacy. The Dispensary may maintain any of the following forms of evidence:
E-1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

E-1.2 Summarize how the Applicant’s training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be updated, how new information will be incorporated into the training plan, the method for providing updated training to dispensary employees, and the frequency with which updated training will be provided to dispensary employees. OAC 3796:6-3-19

EMPLOYEE TRAINING PLAN TO IDENTIFY AND INCORPORATE ADVANCEMENTS IN MEDICAL RESEARCH

In addition to outside the Company’s Mandatory and Continuing Education Requirements, One of the Responsibility of the MEDICAL/PHARMACY DIRECTOR and/or the CHIEF OPERATING OFFICER of Buckeye shall be to identify and incorporate advancements in medical marijuana research. When an Advancement or article of interest in Medical Marijuana research is identified, the Medical Pharmacy Director or the COO, will prepare a memorandum and attach the article or research that each of the Dispensary employees should read and review and it will be placed in a Notebook at the Dispensary and emailed to each dispensary Employee. The subject(s) will also be discussed at Periodic staff meetings at which time there shall be at least 1 Hour of Employee training on the subject or other subjects by internal staff every other month (6 times a year). If the advancement in Medical Marijuana research is the subject of an outside course the Company’s training plan may be changed to include mandatory or elective courses as part of the Employees continuing education.

The Management of Buckeye shall have periodic educational staff meetings and and shall train and discuss subjects like the adverse effects of medical marijuana and how to recognized the symptoms. An example of an educational power point education that the Applicant intends to use with its employee and patient education is attached.

E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: Medical Cannabis Adverse Effects and Drug Interactions_0.pdf

NOTE: This applicant uploaded document is the next 38 page(s) of this document.
Medical Cannabis

Adverse Effects & Drug Interactions
Presented by

- Adriane Fugh-Berman, MD
- Susan Wood, PhD
- Mikhail Kogan, MD
- Donald Abrams, MD
- Mary Lynn Mathre, RN, MSN, CARN
- Andrew Robie, MD
- Janani Raveendran, MEd
- Kofi Onumah, PharmD, RPh
- Rikin S. Mehta, PharmD, JD, LLM
- Shauna White, PharmD, RPh
- Jawara Kasimu-Graham, RPh
Important Information

- The slides will progress at their own pace.
- Do not attempt to speed up the video.
- The Post Test will only unlock after the entire video has been viewed.
- The video can be paused and resumed later.
Learning Objectives

- Identify common adverse effects of medical cannabis use.
- Identify contraindications to medical cannabis use.
- Describe medical cannabis drug interactions.
- Describe respiratory, cardiovascular, immune, neuropsychiatric, reproductive and other risks associated with medical cannabis use.
Introduction to Cannabis

- *Cannabis indica* and *Cannabis sativa* are the best-known species.

- A product’s chemical profile is more important than the strain of plant from which it originated.

- Products should be characterized by analytical chemistry - percentages of cannabinoids and terpenoids.
Compounds in Cannabis

- Cannabis, like all herbs, is a polypharmaceutical substance.
- 108 cannabinoids have been isolated (Hanuš 2008).
- The cannabis-derived cannabinoids of most therapeutic interest are THC and cannabidiol (CBD).
  - Minor cannabinoids include cannabigerol, cannabichromene, and tetrahydrocannabivarin (a short-chain C19 homolog of THC).
- Terpenoids are common, often aromatic, organic compounds found in many plants. Terpenoids found in cannabis include β-caryophyllene, myrcene, limonene, and pinene.
- As many as 420 other constituents occur in the plant (Turner et al 1980).
Common Modes of Administration and Formulations

- **Inhalation by smoking or vaporization**
  - (herbal cannabis, resin, concentrates)

- **Oral**
  - (prescription cannabinoids, edibles, tinctures)

- **Oro-mucosal or sublingual**
  - (lollipops, lozenges, nabiximols)

- **Topical or Rectal**
  - (herbal cannabis, resin, concentrates)
Cannabis Safety Profile

- Little is known about the safety of individual compounds. Serious adverse effects are rare with cannabis or its constituents.
- Marijuana has low to moderate dependence potential; the active dose is very far below the lethal dose (Gable et al. 2006).

(Adapted from Gable 2006)
Common Adverse Effects

**Anxiety**
- Reduced tear flow
- Altered sense of time
- Decreased eye blink rate
- Bronchitis
- Dizziness
- Reddened eyes

**Dry mouth**
- Changes in visual perceptions
- Decreased sperm count
- Slowed pupillary response to light
- (and possibly associated caries and periodontitis)

**Sedation**
- Reduced coordination
- Ataxia
- Cough
- Dysphoria

THC and CBD are metabolized by CYP3A4 and CYP2C9 (Yamaori et al 2012, Watanabe et al 2007).

- CYP3A4 inhibitors slightly increase THC levels.
- CYP3A4 inducers slightly decrease THC and CBD levels.

CBD, but not THC, is metabolized by CYP2C19 (Stout and Cimino 2014).
Drug Interactions
Cytochrome P450 Enzymes

- **THC is a CYP1A2 inducer.**
  - Theoretically, THC can decrease serum concentrations of clozapine, duloxetine, naproxen, cyclobenzaprine, olanzapine, haloperidol, and chlorpromazine (Flockhart 2007, Watanabe et al 2007).

- **CBD is a potent inhibitor of CYP3A4 and CYP2D6.**
  - As **CYP3A4** metabolizes about a quarter of all drugs, CBD may increase serum concentrations of macrolides, calcium channel blockers, benzodiazepines, cyclosporine, sildenafil (and other PDE5 inhibitors), antihistamines, haloperidol, antiretrovirals, and some statins (atorvastatin and simvastatin, but not pravastatin or rosuvastatin).
  - **CYP2D6** metabolizes many antidepressants, so CBD may increase serum concentrations of SSRIs, tricyclic antidepressants, antipsychotics, beta blockers and opioids (including codeine and oxycodone).
Drug Interaction Studies

➤ Warfarin
  - THC and CBD increase warfarin levels (Yamaori et al 2012).
  - Frequent cannabis use has been associated with increased INR.

➤ Alcohol
  - Alcohol may increase THC levels (Hartman 2015).

➤ Theophylline
  - Smoked cannabis can decrease theophylline levels (Stout and Cimino 2014).

➤ Indinavir or nelfinavir
  - Smoked cannabis had no effect (Abrams et al 2003).

➤ Docetaxel or irinotecan
  - Cannabis infusion (tea) had no effect (Engels et al 2007).

➤ Clobazam
  - In children treated with CBD for epilepsy, CBD increased clobazam levels (G Jeffrey et al 2015).
Drug Interaction Studies

- **CNS depressants**
  - Cannabis has additive CNS depressant effects with alcohol, barbiturates and benzodiazepines.
  - In a small study, cannabis did not have additive CNS effects when combined with opioids (Abrams et al 2011).
Clinical Aspects
Contraindications

- **Absolute contraindications**
  - Acute psychosis and other unstable psychiatric conditions

- **Relative contraindications**
  - Severe cardiovascular, immunological, liver, or kidney disease, especially in acute illness
  - Cannabis may exacerbate arrhythmia or a history of arrhythmias

(Handbook on Cannabis 2015)
Respiratory Effects

Lung Function

- A cross-sectional study using National Health and Nutrition Examination Survey (NHANES) data found that up to 20 joint-years* of marijuana use caused no adverse changes in lung function (Kempker et al 2015).

- The Coronary Artery Risk Development in Young Adults study, a cohort study of 5,115 adults, found no effect of occasional low marijuana use on pulmonary function (Pletcher et al 2012).

- In contrast, a cross-sectional Scottish study in 500 adults found evidence of impaired lung function in both cannabis and tobacco smokers (MacLeod et al 2015).

* A joint-year is the equivalent of smoking one joint or pipe bowl of marijuana for one year; it is the number of joints per day multiplied by the number of years of usage. It is a way of standardizing use over time. Ten joint-years could describe one person who smoked a joint a day for 10 year or ten people who smoked a joint a day for one year.
Respiratory Effects
Smoked Cannabis

- Smoked cannabis is clearly associated with symptoms of bronchitis, which resolve after cessation of use (Tashkin 2013, Tashkin 2014).

- At least 200 compounds occur in cannabis smoke (Sparacino et al 1990): these include carbon monoxide, acetaldehyde, ammonia, nitrosamines, and polycyclic aromatic hydrocarbons (“tars”).

- Combining tobacco and cannabis appears to have synergistic adverse effects, increasing respiratory symptoms over tobacco use alone (MacLeod et al 2015, Bloom et al 1987).
Respiratory Effects

Vaporization

- A survey of 6,883 cannabis users found that vaporizing, compared with smoking, causes fewer respiratory symptoms (coughing, wheezing, shortness of breath, mucus production) (Earlywine and Barnwell 2007).

- Analysis of vapor from a vaporizer recovered 89.1% THC and 9.5% smoke toxins; in contrast, cannabis smoke from a pipe recovered 10.8% THC and about 87% smoke toxins (Chemic Laboratories 2003).

- Vaporization, compared to smoking, generates less carbon monoxide (Abrams et al 2007).
Respiratory Effects

Chronic Obstructive Pulmonary Disease

- Most studies have found that cannabis is not associated with COPD.
- A survey of 878 adults older than 40 in Vancouver found that cannabis smokers had no more COPD or respiratory symptoms than non-smokers (Tan et al 2009).
Respiratory Effects
Lung Cancer

- Cannabis does not appear to increase lung cancer risk.
- A pooled meta-analysis of 6 case-control studies in the US, Canada, UK, and New Zealand that included data on 2,159 lung cancer cases and 2,985 controls found “little evidence for an increased risk of lung cancer among habitual or long-term cannabis smokers, although the possibility of potential adverse effects for heavy consumption cannot be excluded” (Zhang et al 2015).
Respiratory Effects

Pneumonia

- It is unclear whether cannabis is associated with an increased risk of pneumonia.
- Some case series and studies in immunocompromised patients have noted a link, but no definitive studies have been done.
- Some effects of smoked cannabis could predispose to pneumonia.
  - Delta-9 tetrahydrocannabinol suppresses alveolar macrophage function and causes replacement of ciliated bronchial epithelium with hyperplastic mucus-secreting bronchial epithelial cells.
Contamination in Cannabis

- Fungal contamination (*Aspergillus* and *Penicillium* species) in marijuana samples has been demonstrated. Contamination with fungal or bacterial pathogens could increase risk of pneumonia and other respiratory problems (McPartland and Pruitt 1997, McLaren et al 2008).
  - Lack of ventilation and high humidity increase the likelihood of mold growth in indoor growing operations (Martyny et al 2013).
- While medical cannabis may be safer than unregulated cannabis, testing for fungal or bacterial contamination varies by jurisdiction.
- There are concerns that pesticides may pose risks in cannabis products (McLaren et al 2008).
Cardiovascular Effects

- THC can cause tachycardia; chronic users may develop bradycardia.
- Cannabis can cause changes in blood pressure.
  - High doses can cause orthostatic hypotension and syncope (Handbook on Cannabis 2015).
  - Cannabis can cause an acute increase in blood pressure (Frost et al 2013).
- Cannabis can increase the risk of angina (Frost et al 2013).
- Rarely marijuana can trigger an acute myocardial infarction (Mittleman et al 2001).
- In patients who have had a myocardial infarction, an 18-year follow up study showed no conclusive evidence that smoking marijuana increased mortality (Frost et al 2013).
- Case reports have associated cannabis use with acute coronary syndrome, arrhythmias, sudden cardiac death, cardiomyopathy, transient ischemic attack, stroke (Thomas et al 2014, Jouanjus 2014).
Cannabis does not appear to affect immune cells.

A 21 day RCT of 62 people with HIV that compared placebo to smoked cannabis and dronabinol 2.5 mg found no significant pattern of effects on T cell subpopulations, B cells, NK cells and other measures of immune function (Bredt 2002, Abrams et al 2003).

A decade-long longitudinal study of 481 HIV-infected men found no association between cannabis use and CD4/CD8 decline (Chao et al 2008).
Immunologic Effects

Allergies and Hypersensitivity

- Cannabis pollen inhalation has been associated with allergic rhinitis, conjunctivitis, and asthma.
- One case of erythema multiforme-like recurrent drug eruption thought to be associated with cannabis use was reported.
- Skin exposure to plant material has been associated with urticaria, generalized pruritus, and periorbital angioedema.
- Anaphylaxis has been reported after intravenous use of cannabis and ingestion of hemp seed-encrusted seafood (patient tolerated a subsequent oral seafood challenge).
- Industrial hemp dust exposure has been implicated in byssinosis, an occupational obstructive lung disease associated with organic textile dust exposure.
- A case of allergic bronchopulmonary aspergillosis attributed to fungal contamination has been described.

(O’Campo 2015)
Neuropsychiatric Effects
Cognitive Function

- Long-term cannabis users exhibit deficits in prospective memory and executive function (Montgomery 2012).
- In depressed and non-depressed regular marijuana users, there was an inverse association between marijuana use and verbal learning function.
  - The effect was not moderated by depression (Roebke 2014).

Adolescent marijuana users demonstrated significantly smaller medial orbitofrontal and inferior parietal volumes (regions of the brain associated with higher order cognition); smaller medial orbitofrontal volumes were associated with poorer complex attention.

(Price et al 2015)
Neuropsychiatric Effects
Cognitive Function

- A study looked at the impact of cannabis use during adolescence on subsequent cognitive function.

- Use of cannabis before age 18 lowered IQ 20 years later.

(Meier et al 2012)
Neuropsychiatric Effects

Adolescence

- Cannabis use in adolescence may increase psychotic symptoms later in life.
- A systematic review of the impacts of cannabis use during adolescence on various psychosis symptoms later in life was conducted.
- Authors concluded that “there is now sufficient evidence to warn young people that using cannabis could increase their risk of developing a psychotic illness later in life” (Moore et al 2007).
- Animal studies also show that cannabis use during adolescence, but not adulthood, increases later psychiatric problems (Rubino et al 2012).
Psychiatric Effects
Anxiety and Depression

- Although cannabis acts as an anxiolytic in low doses, high doses can be anxiogenic and can elicit panic reactions.
- Chronic use may increase the risk of depression, although studies are mixed. A meta-analysis of 14 studies showed a weak risk (HR 1.17, 95% CI 1.05-1.30) (Lev-Ran et al 2014).
Psychiatric Effects
Psychosis/Schizophrenia

- Whether or not cannabis can cause psychosis is debated.
- Studies suggest that people at risk for schizophrenia run a higher risk of psychosis outcomes after cannabis use (Morrison et al 2015).
- A study of cannabis use in 1237 people with schizophrenia, who had ever used cannabis, found no additive effect of cannabis use on cognitive dysfunction (Power 2015).
- Smoking cannabis with a significant proportion of CBD may produce fewer psychotic symptoms (Morgan and Curran 2008, Schubart et al 2011).
- It has been suggested that cannabis has antipsychotic effects, but a Cochrane systematic review of cannabis and schizophrenia noted that studies were limited, and that “currently evidence is insufficient to show cannabidiol has an antipsychotic effect” (McLoughlin 2014).
Psychiatric Effects

Dependence

- Cannabis dependence may occur: the estimated global prevalence is 0.23% in males and 0.14% in females (Degenhardt et al 2013).

- Prevalence peaks in the 20-24 years age group, and decreases steadily with age.

- In a survey of 6,917 marijuana users, 15% met the criteria for a marijuana use disorder. People who met the criteria for marijuana use disorder also were correlated with weekly marijuana use, early marijuana use, other substance use disorders, substance abuse treatment, and serious psychological distress (Wu et al 2012).

- Marijuana usage goes up in states that pass medical marijuana laws. However, the dependence rate among marijuana users does not differ between states with or without medical marijuana laws (Cerda et al 2012).
THC alters perception and psychomotor performance, which may contribute to an increased risk of causing a traffic accident.

A systematic review and meta-analysis of nine observational studies found that acute cannabis consumption is associated with an increased risk of motor vehicle crashes, especially for fatal collisions (Asbridge et al 2012).

A case-control study associated THC with a 29% increase in unsafe driving, compared to 101% for alcohol (Bédard et al 2007).
Driving Under the Influence

Pooled odds ratio (95% CI) of motor vehicle collision risk with tetrahydrocannabinol for subgroups of studies.

(Asbridge et al 2012)
©2012 by British Medical Journal Publishing Group
Reproductive Effects
Exposure During Pregnancy

Cannabis use during pregnancy is not recommended.

- Heavy use of cannabis during pregnancy may cause adverse effects on early neurodevelopment, including subtle cognitive impairment and decrements in executive functioning later in life.
- Cannabis use has not been shown to increase the risk of congenital anomalies.
- Some but not all studies have shown a decrease in fetal growth.
- There is a possible increased risk of preterm birth.

(Fried et al 2003, Goldschmidt et al 2012)
Cannabis use during lactation is not recommended.

- THC and its metabolites are excreted in breast milk.
- Infants exposed to marijuana during lactation had lower scores on the Psychomotor Developmental Index compared to non-exposed infants (effects could not be separated from prenatal exposure).

Fertility effects in men

- Some studies indicate that chronic use of marijuana may decrease plasma testosterone and decreases sperm count, concentration, and motility.

(Reprotox.org, Metz and Stickrath 2015)
Cannabinoid Hyperemesis Syndrome

- Chronic cannabis use may be associated with Cannabinoid Hyperemesis Syndrome (also called Cyclic Vomiting Syndrome).
- It is characterized by episodes of nausea and vomiting, abdominal pain, and sometimes polydipsia.
- Obsessive hot-water bathing may be observed, as it alleviates symptoms.
- The syndrome can lead to weight loss or acute renal failure from dehydration.
- The etiology of CHS is thought to be activation of CB₁ receptors that can reduce gastric emptying.

Cannabis is generally well-tolerated, and serious adverse effects, including increased risk of cardiovascular events, are rare.

Adverse changes in cognitive function, especially executive function, may occur, especially with fetal or adolescent exposure.

Cannabis should be avoided by adolescents, pregnant women, and nursing mothers.

Cannabis should be avoided in those at risk of psychosis.

Many studies show driving impairment, but on a much lower scale than alcohol.

Drug interactions are a concern.

- Cannabis enhances CNS depressant effects when combined with alcohol, barbiturates and benzodiazepines, but probably not opioids
- THC induces CYP1A2, and can reduce levels of drugs metabolized by CYP1A2.
- CBD inhibits CYP3A4 and CYP2D6, and can increase levels of drugs metabolized by these isoenzymes. CPY3A4 metabolizes about a quarter of all drugs.
Resources

- DCRx - doh.dc.gov/dcrx
- International Association for Cannabinoid Medicines (IACM) - http://www.cannabis-med.org
- Patients Out of Time - http://www.medicalcannabis.com
- University of California’s Center for Medicinal Cannabis Research - http://www.cmcr.ucsd.edu
Resources

For more information on prescribing in the District and to become a recommending physician visit:

doh.dc.gov/mmp

Please visit DCRx for a full list of references and more information on these and other treatment-related subjects.

doh.dc.gov/dcrx

Questions can be sent by email to doh.mmp@dc.gov or by regular mail to:

Medical Marijuana Program
Health Regulation and Licensing Administration
899 N. Capitol Street, NE
2nd Floor
Washington, DC 20002
Patient Care (Patient Care and Education)

E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:
1. Recognizing the signs of abuse or adverse events in the medical use of marijuana
2. Instruction on use of medical marijuana to treat a qualifying condition
3. Risks associated with medical marijuana, including possible drug interactions
4. Guidelines for support to patients related to the patient's symptoms
5. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana. Include the sources of the training and the sources' qualifications to provide such training.

Please reference OAC 3796:6-3-19 for more information.

PATIENT AND EDUCATION SUPPORT PLAN

This is the written Patient and Education Support Plan for Buckeye Medigreen, Ltd. ("Buckeye", "We", "Us", "Our", "Applicant"). This plan addresses and meets the application requirements of the Ohio Department of Pharmacy Medical Marijuana Program Rules and Regulations ("Department").

INTRODUCTION

A. Overview

Buckeye’s staff and leadership are committed to providing patients accurate information regarding the health effects of medical marijuana. We believe that patient education and support are essential to achieving overall patient wellness. With our well-designed and well-delivered education and support program, each qualifying patient and caregiver will participate in our orientation process and receive a copy of our Patient Handbook.

1. Orientation

Each qualifying patient and their registered caregiver will be required to go through an orientation with one of our trained professional staff members. The orientation includes:

- meeting with one of our professionals to register for the program;
- obtaining registry
- signing a medical records release form for the recommending physician;
- describing products and services available; and
- receiving a new Patient Handbook.

2. The new Patient Handbook includes:

- Patient Guidelines to Stay Safe and Health
- Patients' Rights
- Medical Marijuana Law Overview
- Services
- Guide to Using Marijuana
- Sativa vs. Indica
- Understanding Edibles
- Applications For Cannabis and Cannabinoids
E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

B. Research and Medicinal Effects Tracking

Research and medicinal effects tracking are critical components of our educational approach. As part of our education plan, we are developing a toolkit for our patients and caregivers to document pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, or agitation. The toolkit will include:

- A log book that patients will need to maintain track the use and effects of specific medical marijuana strains and products;
- Forms to rate the scale of pain, cachexia or wasting syndrome, nausea, seizures, muscles spasms, and agitation; and
- Guidelines for the patient’s self-assessment or, if applicable, assessment of our patients by the caregiver.

The goal of our research is two-fold. First, we want to ensure that our role in providing medical marijuana is consistent with accepted medical practices, keeping in mind that our staff should not give medical advice. Second, we want to make sure that we can capture and use patient data from our self-assessment tools that will allow us and our patients to prepare and participate in clinical surveys and reports to refine and further document the effects of medical marijuana.

Through our self-assessment tools and partnerships with leading wellness and medical research facilities in the area, we also plan to provide our patients opportunities to participate in ongoing medical studies and clinical research trials regarding pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, or agitation. Public information regarding such studies and trials will be invaluable helping us develop a greater understanding of marijuana strains and form effects on debilitating illnesses.

C. Substance Abuse and Misuse

There has been progress over the past decade in substance abuse reduction. Buckeye recognizes the need to provide a safe environment that helps patients avoid substance abuse and misuse. Our staff will be trained to recognize the signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal. In our workshops, clinics, and materials, we will emphasize personal responsibility for individual behavior. We also will provide information about the differing strengths of medical marijuana strains and products and the potential drug-to-drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements. Each patient and caregiver will receive a list of substance treatment facilities and counselors located within 50 miles of the dispensary. Finally, working with our medical director, patient education about the potential abuse of medical marijuana will be integrated in all patient visits, materials, and outreach.

Each employee will be instructed if a patient appears to be impaired or addicted to report the same to the Manager that is on duty who shall make the determination whether to fill the Patient’s order at the time.
AILMENT SPECIFIC STRAINS

Below is information about the purported effectiveness of various strains of marijuana for certain health effects.¹

<table>
<thead>
<tr>
<th>Strain</th>
<th>Effect(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanica</td>
<td>Nausea, pain</td>
</tr>
<tr>
<td>Afghanie x Haze</td>
<td>PMS</td>
</tr>
<tr>
<td>AK-47</td>
<td>Pain, nausea, depression, insomnia, headache</td>
</tr>
<tr>
<td>Alien Train Wreck</td>
<td>Asthma</td>
</tr>
<tr>
<td>Apollo 13</td>
<td>Back pain</td>
</tr>
<tr>
<td>Auntie Em</td>
<td>Crohn's Disease, MS</td>
</tr>
<tr>
<td>Aurora B</td>
<td>Nausea, joint pain, arthritis</td>
</tr>
<tr>
<td>Berry-Bolt</td>
<td>Insomnia, joint pain</td>
</tr>
<tr>
<td>Big Bang</td>
<td>Used to sedate and relieve stress &amp; anxiety amongst sufferers of severe anxiety, etc.</td>
</tr>
<tr>
<td>Big Kahuna</td>
<td>Herniated disc pain, arthritis</td>
</tr>
<tr>
<td>Black on Blue Widow</td>
<td>HIV, back pain</td>
</tr>
<tr>
<td>Black Vietnamese</td>
<td>Nausea, muscle spasms, pain</td>
</tr>
<tr>
<td>Blue Fruit</td>
<td>Crohn's Disease, muscle spasms</td>
</tr>
<tr>
<td>Blue Moonshine</td>
<td>Anxiety, depression, insomnia</td>
</tr>
<tr>
<td>Blue Satellite x Jack Herer</td>
<td>Depression, nausea</td>
</tr>
<tr>
<td>Blue Satellite</td>
<td>Pain, nausea, insomnia, anxiety, muscle tension</td>
</tr>
<tr>
<td>Blueberry</td>
<td>Nausea, insomnia, pain</td>
</tr>
<tr>
<td>Bog Sour Bubble</td>
<td>Pain, anxiety</td>
</tr>
<tr>
<td>Bonzo Bud</td>
<td>Body pain, migraine</td>
</tr>
<tr>
<td>Budacolumbia</td>
<td>Nausea</td>
</tr>
<tr>
<td>Burmaberry</td>
<td>Migraine, depression</td>
</tr>
<tr>
<td>Burmese kush</td>
<td>Anxiety, depression</td>
</tr>
<tr>
<td>C99 x Great White Shark</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Cali-O</td>
<td>Nausea</td>
</tr>
<tr>
<td>Catalyst</td>
<td>PMS</td>
</tr>
<tr>
<td>Cinderella 99</td>
<td>Nausea</td>
</tr>
<tr>
<td>CIT</td>
<td>Pain, nausea, insomnia</td>
</tr>
<tr>
<td>Citral</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Cripple Creek</td>
<td>Ankylosing Spondilitis, Hepatitis C, Degenerative Disc Disease, IBS, Interstitial Cystitis, Chronic Rotator Cuff Disease</td>
</tr>
<tr>
<td>Deep Chunk</td>
<td>Joint pain, insomnia</td>
</tr>
<tr>
<td>Dynamite</td>
<td>Asthma, Crohn's Disease, Hepatitis C</td>
</tr>
<tr>
<td>NYC Sour Diesel</td>
<td>Edema, epilepsy, fibromyalgia, radiculopathy</td>
</tr>
<tr>
<td>El Nino</td>
<td>Nausea, insomnia</td>
</tr>
<tr>
<td>Fieldale Haze</td>
<td>Anxiety, back pain</td>
</tr>
<tr>
<td>Fig Widow</td>
<td>Back pain, psychosis</td>
</tr>
<tr>
<td>Firecracker</td>
<td>Anxiety, depression, nausea</td>
</tr>
</tbody>
</table>

¹ Michigan Medical Marijuana Association
<table>
<thead>
<tr>
<th>Strain</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>G13 x HP</td>
<td>Nausea, joint pain, insomnia</td>
</tr>
<tr>
<td>G-13</td>
<td>Depresssion, pain, ADD, ADHD</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Arthritis, Hepatitis C, pain, nausea</td>
</tr>
<tr>
<td>Green Queen</td>
<td>Epilepsy, neck/spine pain</td>
</tr>
<tr>
<td>Green Spirit x</td>
<td></td>
</tr>
<tr>
<td>Timewarp x Herijuana</td>
<td>RLS, insomnia, migraine, joint pain</td>
</tr>
<tr>
<td>Green Spirit</td>
<td>Nausea, headache, body pain</td>
</tr>
<tr>
<td>Herijuana x Trainwreck</td>
<td>Diabetic neuropathy, joint pain, insomnia, MS</td>
</tr>
<tr>
<td>Herijuana</td>
<td>Pain, nausea, insomnia</td>
</tr>
<tr>
<td>Ice Princess x Bubblegum</td>
<td>Migraine</td>
</tr>
<tr>
<td>Jack Herer</td>
<td>Anxiety, fibromyalgia</td>
</tr>
<tr>
<td>Juicy Fruit</td>
<td>Insomnia, joint pain, anxiety</td>
</tr>
<tr>
<td>Kali Mist</td>
<td>Nausea, depression</td>
</tr>
<tr>
<td>Kal-X</td>
<td>Body pain</td>
</tr>
<tr>
<td>Killer Queen</td>
<td>Depression, back pain</td>
</tr>
<tr>
<td>Krinkle x Kush x Freezeeland</td>
<td>MS muscle spasms</td>
</tr>
<tr>
<td>Leda Uno</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Legends Ultimate Indica x Herijuana</td>
<td>Muscle spasms, pain</td>
</tr>
<tr>
<td>Legends Ultimate Indica</td>
<td>Insomnia, IBS</td>
</tr>
<tr>
<td>Lemon Chemo</td>
<td>Insomnia, back pain, migraine</td>
</tr>
<tr>
<td>Lemon Haze</td>
<td>RLS, chronic fatigue</td>
</tr>
<tr>
<td>Lifesaver</td>
<td>Nausea, headache, pain, insomnia</td>
</tr>
<tr>
<td>Lollipop</td>
<td>Cachexia, degenerative bone/disc disease, edema, general pain, general seizures, glaucoma, migraine, MS, nausea, Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>Lowryder</td>
<td>Nausea, pain, headache</td>
</tr>
<tr>
<td>LSD</td>
<td>Nausea, anxiety, depression, headache</td>
</tr>
<tr>
<td>M-39</td>
<td>Depression</td>
</tr>
<tr>
<td>Magic Crystal</td>
<td>Migraine, PMS, depression, SADS, mania, nausea</td>
</tr>
<tr>
<td>Mango x Northern Lights # 5</td>
<td>Pain, nausea, insomnia, anxiety</td>
</tr>
<tr>
<td>Mango</td>
<td>Back pain, nausea</td>
</tr>
<tr>
<td>Masterkush</td>
<td>Nausea</td>
</tr>
<tr>
<td>Medicine Woman</td>
<td>Diabetic neuropathy, general pain, general seizures, glaucoma, Hepatitis C, muscle spasms, nausea, radiculopathy</td>
</tr>
<tr>
<td>Misty</td>
<td>Hepatitis C, back pain, insomnia, nausea</td>
</tr>
<tr>
<td>Motarebel Oguana Kush</td>
<td>Nerve Pain, muscle spasms, back pain, headache, insomnia</td>
</tr>
<tr>
<td>Mountainberry</td>
<td>Insomnia, migraine, pain</td>
</tr>
<tr>
<td>Northern Lights # 1</td>
<td>Arthritis</td>
</tr>
<tr>
<td>Northern Lights # 2</td>
<td>Nausea, insomnia</td>
</tr>
<tr>
<td>Northern Lights x Jamaican</td>
<td>Arthritis</td>
</tr>
<tr>
<td>Northern Lights x Cinderella 99</td>
<td>Depression</td>
</tr>
<tr>
<td>Northern Lights x Shiva</td>
<td>Body pain, back pain, toothache</td>
</tr>
<tr>
<td>Northern Lights</td>
<td>Anxiety, radiculopathy, insomnia</td>
</tr>
<tr>
<td>Northernberry</td>
<td>Pain</td>
</tr>
<tr>
<td>Oregon 90</td>
<td>Insomnia, joint pain, RLS, pain, nausea</td>
</tr>
<tr>
<td>Strain</td>
<td>Conditions</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Original Mystic</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>OG kush purple</td>
<td></td>
</tr>
<tr>
<td>Phaght Betty</td>
<td>Cachexia, degenerative bone/disc disease, Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>Queen Bee</td>
<td>Neck/spine pain</td>
</tr>
<tr>
<td>Sensi Star</td>
<td>Migraine</td>
</tr>
<tr>
<td>Shiskaberry x Dutch Treat</td>
<td>Migraine, anxiety, insomnia, nausea</td>
</tr>
<tr>
<td>Shiskaberry x Hash Plant</td>
<td>Anxiety, nausea</td>
</tr>
<tr>
<td>Skunk # 1</td>
<td>Nausea</td>
</tr>
<tr>
<td>Snow White</td>
<td>PMS</td>
</tr>
<tr>
<td>Sour cream</td>
<td>Insomnia, joint pain, nausea</td>
</tr>
<tr>
<td>Stardust 13</td>
<td>Pain, nausea, insomnia</td>
</tr>
<tr>
<td>Strawberry Cough</td>
<td>Back pain, depression</td>
</tr>
<tr>
<td>Super Impact x AK-47</td>
<td>Pain, insomnia</td>
</tr>
<tr>
<td>Super Impact</td>
<td>Nausea, insomnia, muscle pain, depression, anxiety, SADS, mania</td>
</tr>
<tr>
<td>Super Silver Haze</td>
<td>Nausea, depression</td>
</tr>
<tr>
<td>Super Thai</td>
<td>Depression</td>
</tr>
<tr>
<td>Sweet Blu</td>
<td>Degenerative bone/disc disease, diabetic neuropathy, edema, fibromyalgia, muscle spasms, nausea, neck/spine pain</td>
</tr>
<tr>
<td>Sweet Tooth # 3</td>
<td>Depression</td>
</tr>
<tr>
<td>Trainwreck x Herijuana</td>
<td>Nausea</td>
</tr>
<tr>
<td>Trainwreck</td>
<td>Anxiety, arthritis, diabetic neuropathy, depression</td>
</tr>
<tr>
<td>TW x LUI</td>
<td>Arthritis, nausea</td>
</tr>
<tr>
<td>TX</td>
<td>Arthritis, asthma, general pain, general seizures, glaucoma, MS</td>
</tr>
<tr>
<td>Ultra Green</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Wakeford</td>
<td>Anxiety, nausea, insomnia</td>
</tr>
<tr>
<td>White Rhino - aka Medicine Man</td>
<td>Body pain, back pain, joint pain, insomnia</td>
</tr>
<tr>
<td>White Russian</td>
<td>Pain, nausea</td>
</tr>
<tr>
<td>White Widow x Big Bud</td>
<td>Depression</td>
</tr>
<tr>
<td>White Widow</td>
<td>Cachexia, Hepatitis C, Post-Traumatic Stress Disorder</td>
</tr>
</tbody>
</table>
E-2.2 Describe the Applicant’s processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

1. How reports will be documented
2. The circumstances that will require reports of adverse events will be reported to a cultivator, processor, and/or the State Board of Pharmacy
3. The time frame for which to provide such reports

REPORTING ADVERSE EVENTS
From time to time there will be Adverse Events happen that require reporting under by our Dispensary Employees. Our Policies and Procedures shall require filing a written report by the Manager on duty of the shift that the adverse event is discovered whether it is related to a Medical Marijuana Product from a Processor or Medical Marijuana from a Cultivator, an incident with a Patient, a discovered theft or diversion, or a security breach. Our Policy shall be that any Dispensary Employee that believes has occurred shall report verbally the incident to the Manager on Duty. The Manager shall also report the Incident to the COO. Either the Dispensary Manager or the COO will prepare a written incident report concerning the adverse event with 24 hours of the event in most cases, unless it is a matter of safety in which law enforcement will be notified immediately by phone and will file the same with one or more of the following:
• Law Enforcement;
• The State Board of Pharmacy;
• A Cultivator of adverse or contaminated Medical Marijuana;
• A Processor of adverse or contaminated Medical Marijuana Products;

Decisions as how to handle the Adverse event as required under Ohio Law shall be made by a key Dispensary Employee, including a Dispensary Manager and Chief Operating Officer.
E-3.1 Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location:

1. The dispensary department
2. Restricted access areas
3. Waiting room
4. Patient care areas or other areas designated for patient and caregiver consultation and instruction. Include a summary of the patient flow through each area, the maximum patient and caregiver occupancy in each area at any given time, the amount of time the Applicant expects to interact with both new and returning patients, and the number of dispensary employees who will staff each area.

Please reference OAC 3796:6-2-02 for more information.
E-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **Patient Care Facilities - Buckeye.pdf**
NOTE: This applicant uploaded document is the next 5 page(s) of this document.
**Patient Care (Dispensary Operating Hours)**

**E-4.1** By selecting "Yes", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. [OAC 3796:6-3-03](#)

| YES |

**E-4.2** Provide the proposed hours of operation during which the prospective dispensary will available to dispense medical marijuana to patients and caregivers. (Information only) [OAC 3796:6-3-03](#)

| Applicant Plans on Having Dispensary Open M-F 7-8; Saturday and Sunday 9-6 |

---
Patient Care (Patient Information)

E-5.1 By selecting "Yes", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. OAC 3796:6-3-15

YES

E-5.2 By selecting "Yes", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. OAC 3796:6-3-15

YES
F-1.1 Fill out and attach the “Trade Secret Form” to Question F-1.1, specifying the question and / or attachment references of the application submission that are exempt from disclosure under Ohio public records law and articulate how the information meets the definition of “trade secret” under Ohio Revised Code section 1333.61(D). If no material is designated as trade secret information, a statement of “None” should be listed on the form.

Uploaded Document Name: Trade Secret Form Signed by F. Harsh.pdf
NOTE: This applicant uploaded document is the next 2 page(s) of this document.
Trade Secret Form

(Attachment to Application Section F-1.1)

This form must be signed by an individual who may legally sign for the Applicant. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question F-1.1 of the online Application.

Business Name of Applicant:
Buckeye Medigen, Ltd

The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy 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 record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.

Printed Name of Authorized Representative
Friedrich W Hash

Signature
Friedrich W Hash

Date
12-19-2017
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Attachment Reference</th>
<th>Justification for Excluding as Trade Secret</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F-1.2 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

This response has been entirely redacted