Cultivator Application – Filing Packet Notarized Cover Sheet

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

<table>
<thead>
<tr>
<th>Acknowledgement and Notarized Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I hereby acknowledge that knowingly making a statement that is untrue or which is intended to mislead the Medical Marijuana Control Program (MMCP), the Department of Commerce, the State Board of Pharmacy, or the State Medical Board, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code. As the duly authorized representative of the applicant, I hereby attest to the accuracy to the best of my knowledge of the submitted information on this application and make the submitted certifications on behalf of the applicant.</td>
</tr>
<tr>
<td>☐ I hereby acknowledge that this application was formulated with the assistance of outside consultants knowledgeable in the industry. If applicable, please include the information requested below regarding the individuals or entities that provided this assistance.</td>
</tr>
<tr>
<td>☐ I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-referenced organization harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.</td>
</tr>
</tbody>
</table>

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

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

-OR-

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td></td>
<td>Boyar</td>
</tr>
</tbody>
</table>

Signature

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth</td>
<td></td>
<td>Austin</td>
</tr>
</tbody>
</table>

Address

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

Signature of Responsible Party

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

(SEAL) OFFICIAL SEAL
HILARY J WALSH
Notary Public, State of Illinois
My Commission Expires May 08, 2019

NOTARY PUBLIC
BMO Harris Bank

PAY Two Thousand and 00/100

TO THE
ORDER OF TREASURER, STATE OF OHIO

REMITTER OHIGROW, LLC

DATE 06/12/2017
AMOUNT $2,000.00

Authorized Signature

Drawer: BMO Harris Bank N.A. 29(04690)
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Application Cover Sheet</strong></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>Acknowledgement and Notarized Signature</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td><strong>Section 1: Identifiable Information Section</strong></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Business Entity and Contact Information Form</td>
<td>x</td>
</tr>
<tr>
<td>1B</td>
<td>Liquid Assets Form</td>
<td>x</td>
</tr>
<tr>
<td>1C</td>
<td>Financial Responsibility Form – Insurance</td>
<td>x</td>
</tr>
<tr>
<td>1D</td>
<td>Financial Responsibility Form – Escrow / Surety</td>
<td>x</td>
</tr>
<tr>
<td>1E</td>
<td>Property Owner Approval for Use Form</td>
<td>x</td>
</tr>
<tr>
<td>1F</td>
<td>500 Foot Compliance Cover Page</td>
<td>x</td>
</tr>
<tr>
<td>1G</td>
<td>Notice of Proper Zoning Form</td>
<td>x</td>
</tr>
<tr>
<td>1H</td>
<td>Zoning Permit Cover Page</td>
<td>x</td>
</tr>
<tr>
<td>1I</td>
<td>Owners and Officers Roster Form</td>
<td>x</td>
</tr>
<tr>
<td>1J</td>
<td>Organizational Chart Cover Page</td>
<td>x</td>
</tr>
<tr>
<td>1K</td>
<td>Individual Background Information Form (Include copy for each person listed on Attachment II)</td>
<td>x</td>
</tr>
<tr>
<td>1L</td>
<td>Business in Other Jurisdictions Form</td>
<td>x</td>
</tr>
<tr>
<td>1M</td>
<td>Copies of Licenses from Business in Other Jurisdictions Cover Page</td>
<td>x</td>
</tr>
<tr>
<td>1N</td>
<td>Tax Payment Records Cover Page</td>
<td>x</td>
</tr>
<tr>
<td>1O</td>
<td>Disadvantaged Group Applicant Form</td>
<td>x</td>
</tr>
<tr>
<td>1P</td>
<td>Entity Identifier Legend Form</td>
<td>x</td>
</tr>
<tr>
<td>1Q</td>
<td>Trade Secret and Infrastructure Record Notification Form</td>
<td>x</td>
</tr>
</tbody>
</table>
## Cultivator Application – Filing Packet - Section 1: Identifiers

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

### 1A Business Entity and Contact Information Form

<table>
<thead>
<tr>
<th>Business Entity Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Name of Applicant (3796:2-1-02(B)(2)(a)): OhiGrow, LLC</td>
</tr>
<tr>
<td>2. Trade Name of Applicant:</td>
</tr>
<tr>
<td>3. Type of Organization/ Applicant Business Type (3796:2-1-02(B)(2)(b)):</td>
</tr>
<tr>
<td>Individual/Sole Proprietorship</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4. Ohio Secretary of State Business Identification Number (3796:2-1-02(B)(2)(c)): 4032350</td>
</tr>
<tr>
<td>5. Business Address: 367 East State Line Road</td>
</tr>
<tr>
<td>6. City: Toledo</td>
</tr>
<tr>
<td>7. State: Ohio</td>
</tr>
<tr>
<td>8. Zip Code: 43612</td>
</tr>
<tr>
<td>9. Proposed Facility Physical Address (if different than above) (3796:2-1-02(B)(2)(d)):</td>
</tr>
<tr>
<td>10. City (if different than above):</td>
</tr>
<tr>
<td>11. State: Ohio</td>
</tr>
<tr>
<td>12. Zip Code:</td>
</tr>
<tr>
<td>13. Business Phone Number:</td>
</tr>
<tr>
<td>14. Email Address: <a href="mailto:OhiGrowLLC@gmail.com">OhiGrowLLC@gmail.com</a></td>
</tr>
</tbody>
</table>

### Primary Contact or Registered Agent Information

<table>
<thead>
<tr>
<th>15. First Name</th>
<th>16. M.I.</th>
<th>17. Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td></td>
<td>Boyar</td>
</tr>
</tbody>
</table>

Owner
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Mailing Address (if different than Business Address):</td>
<td>20. City:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Phone Number:</td>
<td></td>
</tr>
<tr>
<td>24. Email Address (if different than Business Email):</td>
<td></td>
</tr>
<tr>
<td><strong><a href="mailto:OhiGrowLLC@gmail.com">OhiGrowLLC@gmail.com</a></strong></td>
<td></td>
</tr>
</tbody>
</table>

(Optional) Alternative Contact Information

| 25. First Name | 26. M.I. | 27. Last Name |

28. Title (i.e., Owner, President, etc.)

| 29. Mailing Address (if different than Business Address): | 30. City: |
|   |   |
| 31. State: | 32. Zip Code: |
| 33. Phone Number: |   |
| 34. Email Address (if different than Business Email): |   |

Identifying Tax Information

| 35. FEIN/SSN | 36. CAT Account # |

37. Vendor’s License #

38. Employer Withholding Account #

39. Other Accounts at the Department of Taxation
<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCUMENT ID</th>
<th>DESCRIPTION</th>
<th>FILING</th>
<th>OVER PAYMENT</th>
<th>EXPED</th>
<th>CERT</th>
<th>COPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/24/2017</td>
<td>201714402292</td>
<td>DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)</td>
<td>99.00</td>
<td>0.00</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Receipt
This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM, INC.
4400 EASTON CMNS WAY STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted
4032350

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OHIGROW, LLC

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG
Effective Date: 05/24/2017

Document No(s):
201714402292

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of May, A.D. 2017.

Ohio Secretary of State
STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4032350

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OHIGROW, LLC

and, that said business records show the filing and recording of:

Document No(s):

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG.

Effective Date: 05/24/2017

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of May, A.D. 2017.

Ohio Secretary of State
Articles of Organization for a Domestic
Limited Liability Company

Filing Fee: $99

CHECK ONLY ONE (1) BOX

(1) ☐ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company: OHIGROW, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date: 5/24/2017

The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for: Period of Existence

Purpose

(Optional)

**Note for Nonprofit LLCs
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.
ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

OHIGROW, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

C T CORPORATION SYSTEM

Name of Agent

4400 EASTON CMNS WAY STE 125

Mailing Address

COLUMBUS OH 43219

City State ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, C T CORPORATION SYSTEM, named herein as the statutory agent

statutory agent name

for

OHIGROW, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature JENNIFER QUINN

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

CARL BOYAR
Signature
By (if applicable)
Print Name

Signature
By (if applicable)
Print Name

Signature
By (if applicable)
Print Name
I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OHIGROW, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4032350, was organized within the State of Ohio on May 24, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of May, A.D. 2017.
OPERATING AGREEMENT
OF
OHIGROW, LLC

THIS is the OPERATING AGREEMENT (as it may be amended, modified or restated from time to time, this “Agreement”) of OHIGROW, LLC, an Ohio limited liability company (the “Company”), dated as of May 24, 2017, made by CARL BOYAR, the sole member of the Company (the “Member”).

ARTICLE 1
Organization of the Company

Section 1.1 Formation. The Company is a limited liability company under the laws of the Ohio Revised Code, Title 17, Chapter 1705 et seq. as amended from time to time (the “Ohio Act”). The Company has been established and is intended to operate as an entity separate from its Member. The Member has formed the Company under the Ohio Act, and expressly does not intend hereby to form a partnership under either the Ohio Revised Uniform Partnership Act or the Ohio Revised Uniform Limited Partnership Act, and does not intend that the Company be a partnership or joint venture. The Member shall not be a partner or joint venturer of the Company for any purpose, and this Agreement shall not be construed to suggest otherwise.

Section 1.2 Name. The name of the Company is OhiGrow, LLC.

Section 1.3 Principal Place of Business. The principal place of business of the Company shall be located at such address as shall be designated from time to time by the Member.

Section 1.4 Purposes. The purposes of the Company are to engage in any lawful act or activity for which a limited liability company may be formed under the Ohio Act.

Section 1.5 Statutory Agent. The name and address of the agent for service of process is CT Corporation System, 4400 Easton Commons Way, Suite 125, Columbus, Ohio 43219. The Member may, from time to time, change the statutory agent without amending this Agreement.

Section 1.6 Term. The term of the Company commenced on the date of filing of the Articles of Organization of the Company with the Secretary of State of Ohio and shall continue until terminated by operation of law or pursuant to the provisions hereof.

Section 1.7 Fictitious Business Name Statement; Other Certificates. The Member will, from time to time, register the Company as a foreign limited liability company and file fictitious or trade name statements or certificates in those jurisdictions and offices as the Member considers necessary or appropriate. The Company may do business under any fictitious business names approved by the Member. The Member will, from time to time, file or cause to be filed certificates of amendment, certificates of cancellation, or other certificates as the Member reasonably considers necessary or appropriate under the Ohio Act or under the law of any
jurisdiction in which the Company is doing business to establish and continue the Company as a limited liability company or to protect the limited liability of the Member.

ARTICLE 2

Capital Contributions

The Member has made a capital contribution to the Company (“Capital Contribution”) and shall have a 100 percent (100%) interest in the Company. Additional Capital Contributions to the Company may be made from time to time in such amounts as determined by the Member in its sole discretion; provided, however, that the Member is not and shall not be obligated to make any additional contributions to the Company.

ARTICLE 3

Profits and Losses; Distributions

Section 3.1 Accounting; Determination of Profits and Losses. The books of the Company shall be kept on an accrual basis. The terms “Profits” and “Losses” as used in this Agreement shall mean the Company’s “book” profits or losses (as the case may be).

Section 3.2 Allocation of Profits and Losses. The Profits and Losses of the Company, and each item of income, gain, deduction or loss included therein, shall be allocated to and borne by the Member.

Section 3.3 Tax Reporting. It is the intention of the Member that the Company be disregarded for federal tax purposes (so long as the Company has only one member), and accordingly all items of income, gain, loss, expense, deduction, and credit shall, for federal tax purposes, be reported directly by the Member.

Section 3.4 Member’s Account. A capital account shall be maintained for the Member.

Section 3.5 Distributions.

(A) From time to time, the Member may make a determination of the amount of Surplus Cash, if any. “Surplus Cash” shall be deemed to mean the excess of the cash (or equivalents thereof) held by the Company over the amounts required to be retained pursuant to any agreement or contract to which the Company may be a party plus the amount necessary to meet the reasonably foreseeable working capital needs of the Company.

(B) The amount of Surplus Cash, as so determined, may be distributed to the Member, at such times as the Member may determine, after deducting any amount owed by the Member to the Company.

(C) Except as expressly provided in Section 7.2 in connection with the termination and winding up of the Company, or upon the approval of the Member, the Company shall not be obligated to repurchase the Member’s Interest (as defined in Section 6.1) nor shall the
Member be entitled to receive any other payment or distribution in connection with its withdrawal from the Company.

**ARTICLE 4**

**Management**

Section 4.1  **Management by Member.** All of the powers and authority of the Company shall be exercised by or under the direction of the Member.

Section 4.2  **Actions of the Member Without a Meeting.** Any action required or permitted to be taken at any meeting of the Member under the Ohio Act may be taken without a meeting if the Member consents thereto in writing and such written consent is filed with the minutes of the proceedings of the Member.

Section 4.3  **Officers.** The Company may have such officer or officers as the Member may from time to time appoint, including, without limitation, a President, one or more Vice Presidents, a Treasurer and a Secretary. Each officer shall hold office at the pleasure of the Member and may be removed at any time, with or without cause, by and in the discretion of the Member. All officers shall possess and exercise the duties and authority of their respective offices subject to the authority and direction of the Member. All officers shall have such duties and authority with respect to the affairs of the Company as are customarily possessed by such officers of an Ohio corporation, except as such duties or authority may be limited or expanded by action of the Member from time to time.

Section 4.4  **Tax Matters.** If the Company is required to file any income tax return, form, statement, or other document separate from the Member, the Member shall prepare and file such return, form, statement, or other document as appropriate under applicable law.

Section 4.5  **Reliance on Information.** The Member and any Officer or employee of the Company in the performance of his, her, or its duties, is entitled to rely in good faith on information, opinions, reports, or other statements, including financial statements, books of account, and other financial data, if prepared or presented by: (a) one or more Officers or employees of the Company if the person relying on the statements reasonably believes that the person preparing or presenting the material is reliable and competent in that matter; or (b) legal counsel, public accountants, or other persons as to matters that the person relying on the statements reasonably believes are within the person’s professional or expert competence.

**ARTICLE 5**

**Limitation of Liability; Indemnification**

Section 5.1  **Proof of Failure to Satisfy Standard of Conduct.** The Member shall not be deemed to have violated any standard of conduct under this Article 5 unless such violation is proved, by clear and convincing evidence, in an action brought against such person. The termination of any action, suit or proceeding by judgment, order, settlement or upon a plea of *nolo contendere* or its equivalent shall not of itself constitute proof or create a presumption that the appropriate standard of conduct has been violated.
Section 5.2 Liability to the Company. The Member shall not be liable to the Company in damages for any action that the Member takes or fails to take in such capacity, unless it is proved, by clear and convincing evidence, in a court of competent jurisdiction that such action or failure to act was undertaken with deliberate intent to cause injury to the Company or with reckless disregard for the best interests of the Company.

Section 5.3 Liability to Others. The obligations and liabilities of the Company are solely the obligations and liabilities of the Company, and the Member shall not be liable therefor solely by reason of being a Member. No failure of the Company to observe any formality or requirement relating to the exercise of its powers or the management of its business or affairs under this Agreement shall be grounds for imposing liability on the Member for any liability of the Company to any third party.

Section 5.4 Indemnification. The Company shall indemnify the Member to the fullest extent provided by, or permissible under, Section 1705.32 of the Ohio Act, as amended, or any successor statute. The Company is hereby authorized to take any and all further action to effectuate any indemnification of the Member which any Ohio limited liability company may have power to take with respect to the indemnification of its members, by any vote of the Member, by any agreement, or otherwise. This Section 5.4 shall be interpreted in all respects to expand such power to indemnify to the maximum extent permissible to any Ohio limited liability company with regard to the particular facts of each case, and not in any way to limit any statutory or other power to indemnify, or any right of any individual to indemnification. Expenses, including attorneys’ fees, incurred by the Member in defending any proceeding shall be paid by the Company, in advance of the final disposition of such proceeding, upon receipt of an undertaking by or on behalf of the Member to repay such amount, if it shall ultimately be determined that it is not entitled to be indemnified by the Company as authorized in this Section 5.4. No repeal, amendment or modification of this Section 5.4 shall affect any rights or obligations then existing hereunder with respect to any state of facts then or theretofore existing or any action, suit or proceeding theretofore or thereafter brought or threatened based in whole or in part upon any such state of facts. This Section 5.4 is intended for the benefit of the Company and the Member.

Section 5.5 Indemnification of Other Persons. Officers, employees and agents of the Company shall be indemnified by the Company only if and to the extent, if any, approved by the Member or specifically required by applicable law.

Section 5.6 Survival. The provisions of this Article 5 shall survive any termination of this Agreement.

ARTICLE 6

Transfers of Interests

Section 6.1 Right to Transfer. The Member shall be entitled, in its sole and absolute discretion at any time and from time to time, to sell, mortgage, hypothecate, transfer, pledge, assign, donate, create a security interest in or lien on, encumber, give, place in trust (voting or other) or otherwise dispose of all or any portion of its membership interest in the Company, including the Member’s (A) interest in the Profits, Losses, allocations of other items and
distributions from the Company, (B) rights with respect to the management and administration of the Company, (C) access to or rights to demand or require any information or account of the Company or its affairs, and (D) rights to inspect the books and records of the Company (collectively, the “Member’s Interest”).

Section 6.2 Status of Third Party Transferee. No transferee, including any transferee by operation of law or court order, of all or any portion of the Member’s Interest shall, without the prior written consent of the Member, which consent may be withheld by the Member in its sole and absolute discretion, acquire the status of a substituted or additional member of the Company under the Ohio Act or under this Agreement, but shall have solely the status, rights and privileges of an assignee. In the event a substitute or additional member is admitted to the Company in accordance with this Section 6.2, such substitute or additional member shall be responsible for the payment of all fees and expenses associated with the transfer and such substitution or admission as the Member may require.

ARTICLE 7

Termination, Liquidation and Winding Up

Section 7.1 Termination and Winding Up. The Company shall terminate upon the election of the Member in writing to terminate the Company. At such time, the Company shall cease to carry on its business, except insofar as may be necessary for the winding up of its affairs, but its separate existence shall continue until a Certificate of Dissolution has been filed with the Secretary of State of Ohio or until a decree dissolving the Company has been entered by a court of competent jurisdiction. The filing of Certificate of Dissolution shall not affect the limited liability of the Member.

Section 7.2 Method of Distribution Upon Winding Up. Upon termination of the Company pursuant to Section 7.1, the assets of the Company and the proceeds of any liquidation shall be applied and distributed in the following manner and order of priority:

(A) to the payment and discharge of all of the Company’s liabilities and the expenses of liquidation and dissolution;

(B) to the setting up of any reserves reasonably necessary for any contingent or unforeseen liabilities or obligations of the Company;

(C) to the payment and discharge of any loans and advances made by the Member to the Company; and

(D) to the Member.

Section 7.3 Orderly Liquidation. A reasonable time shall be allowed for the orderly liquidation of the assets of the Company and the discharge of liabilities to creditors so as to enable the Member to minimize the normal losses attendant upon a liquidation.
ARTICLE 8

Miscellaneous

Section 8.1 Governing Law. The Company and this Agreement shall be governed by and construed in accordance with the laws of the State of Ohio and applicable to contracts made and to be wholly performed in Ohio.

Section 8.2 Entire Agreement. This Agreement contains the entire understanding and declaration of the Member with respect to the subject matter hereof.

Section 8.3 Severability. If any provision of this Agreement, or the application thereof to any person or circumstance shall for any reason and to any extent, be invalid or unenforceable, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby but rather shall be enforced to the greatest extent permitted by law.

Section 8.4 Amendment. This Agreement may be amended only in a writing signed by the Member.

Section 8.5 Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the Company, the Member and the Member’s successors and assigns.

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first above written.

SOLE MEMBER:

[Signature]

CARL BOYAR
OHIGROW, LLC

Written Consent of the Sole Member Without a Meeting

The undersigned, being the Sole Member of OHIGROW, LLC (the “Company”), an Ohio limited liability company, hereby adopts by this unanimous written consent in lieu of a meeting the following resolutions with the same force and effect as if they had been unanimously adopted at a duly convened meeting of the Sole Member as of May 24, 2017:

Approval of Operating Agreement

RESOLVED, that the operating agreement of the Company, substantially in the form attached hereto as Exhibit A (with such changes, additions and deletions as are authorized hereby) (the “Operating Agreement”), and the transactions contemplated thereby, are hereby authorized, approved and adopted for all purposes; and

FURTHER RESOLVED, that the Member and the officers of the Company, if any subsequently appointed by the Member in accordance with the Operating Agreement (the “Authorized Persons”), be, and each of them hereby is, authorized, empowered and directed to execute and deliver, for and on behalf of the Company, the Operating Agreement, together with any agreements, documents and instruments to be executed in connection therewith, in each case with such changes therein, additions thereto or omissions therefrom as such Authorized Persons may deem necessary, advisable or appropriate, such execution and delivery by any such Authorized Person(s) to be conclusive evidence of such authorization and approval.

Tax Matters

RESOLVED, that the Authorized Persons, or representative thereof, are authorized to apply for an employer identification number on IRS Form SS-4 if such application has not already been filed on behalf of the Company.

Bank Accounts

RESOLVED, that the Authorized Persons are authorized to open one or more bank account(s) on behalf of the Company.

Formation Expenses

RESOLVED, that the Authorized Persons are authorized and directed to cause the expenses of formation and organization of the Company to be paid.
General Authorizing Resolutions

RESOLVED, that any and all actions heretofore or hereafter taken by the Authorized Persons, or any of them, within the foregoing resolutions, be and each of them is hereby ratified, confirmed and approved; and

FURTHER RESOLVED, that the Authorized Persons be, and each of them hereby is, authorized and empowered in the name and on behalf of the Company, to execute and deliver such additional agreements, instruments and documents, and to take or cause to be taken such other actions, as such Authorized Persons or Authorized Persons may determine to be necessary or advisable to implement the purposes and intent of the foregoing resolutions; each such agreement, instrument and document to be in such form and to contain such terms and conditions, consistent with the foregoing resolutions, as such Authorized Person or Authorized Persons executing the same may approve, the execution and delivery of any such agreement, instrument or document by any such Authorized Person or the taking of such action to be conclusive evidence of such authorization and approval.
IN WITNESS WHEREOF, the undersigned member hereby adopts the foregoing resolutions as of the date first written above.

Carl Boyar

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

To be Completed by Applicant
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

OhiGrow, LLC

To be Completed by Applicant or CPA
☐ Level 1: I hereby certify the above listed Applicant has at least $500,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.

-OR-

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

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

6/12/17

Printed Name of CPA or Applicant

Glen Harper

CPA Company Name (if applicable)
Harper Company

Phone Number:
614-456-7222

Signature:

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

(SEAL)
Kathy Cox
NOTARY PUBLIC
1C Financial Responsibility Form - Insurance
3796:2-1-03(B)(5)(d), 3796:2-1-05(B)(1)

To be Completed by Applicant

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

OhioGrow, LLC

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

-OR-

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

Date:

12 June 17

Signature:

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

(SEAL)

"OFFICIAL SEAL"
HILARY J WALSH
Notary Public, State of Illinois
My Commission Expires May 08, 2019

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

1D Financial Responsibility Form – Escrow / Surety
3796:2-1-02(B)(6)(d), 3796:2-1-05(B)

To be Completed by Applicant or CPA
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

**OhiGrow, LLC**

Type of Security:

- [ ] Escrow Account
  (3796:2-1-05(B)(2))

- [ ] Surety Bond
  (3796:2-1-05(B)(3))

☐ Level 1: I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of $750,000, consistent with the Level I application requirements, prior to being awarded a Cultivator Certificate of Operations.

-OR-

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

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

Printed Name: **Glenn Harper**
CPA Company Name (if applicable): **Harper & Company**

Phone Number: **614-456-7222**
Signature: 

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

(SEAL) **Katie Cox**

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

To be Completed by the Applicant
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:

**OhioGrow, LLC**

Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:

**367 E. State Line Road**

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toledo</td>
<td>Lucas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>43612</td>
</tr>
</tbody>
</table>

Legal Description of the Property:

791 LOT 4 THAT PT IN SW 1/4 SE C LYING NLY CEN RD & ELY HALF WAY CREEK EXC PT IN RD

To be Completed by the Owner of the Physical Address of the Proposed Cultivator
Name of Owner of the Physical Address of the Proposed Medical Marijuana Cultivator Facility:

**Kern Real Property Investments, LLC**

Length of Lease/Expiration:

OhioGrow, LLC is under contract to purchase the property.

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

- OR -

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

<table>
<thead>
<tr>
<th>PROPERTY OWNER SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>6-14-17</td>
</tr>
</tbody>
</table>

Subscribed and sworn to before me this _1_ day of **JUNE** 2017.

[Seal]

AMANDA BAILEY
NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Feb. 26, 2018

**Amanda J. Bailey**

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

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

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in ORC 5104.01 and 2950.034);
- Church (as defined in ORC 1710.01);
- Public library (as defined in ORC Chapter 3375);
- Public Playground (including state or local government property); and
- Public Park (including state or local government property).

Include this cover page with the appropriate attachment.

Map may be divided into 8.5x11 page sections or may be folded to fit into an 8.5x11 packet.

Map must be clearly labeled and legible.
The above map shows a 750-foot radius of the proposed facility in all directions and identifies the relative locations of any prohibited facilities on the map, establishing the facility is at least 500 feet from the boundaries of any parcel of nearby real estate having situated on it a prohibited facility, as measured under rule 3796:5-5-01 of the Administrative Code.

There are NO (1) schools including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in ORC 5104.01 and 2950.034); (2) churches (as defined in ORC 1710.01); (3) public libraries (as defined in ORC Chapter 3375); (4) public playgrounds (including state or local government property); or (5) public parks (including state or local government property) visible within the mapped area.
1G Notice of Proper Zoning Form
3796:2-1-02(B)(2)(k)

To be Completed by Applicant

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

OhiGrow, LLC

Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:

367 E. State Line Road

City: Toledo
State: Ohio

County: Lucas
State: Zip Code: 43612

Phone Number: [Redacted]

To be Completed by Zoning Authority or Local Government

Jurisdiction of Zoning Office or Local Government

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

Printed Name of Authorized Zoning Representative: Julian E. Higginbotham

Title: Commissioner Bldg. Inspector

Signature: [Signature]

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

(SEAL)

BRYON G. TRAYNOFF
Notary Public, State of Ohio
My Commission Expires 1-26-22

MMCP-C-1001A (v1.1), Ohio Cultivator Application – Filing/Identifiers
1H Zoning Permit Cover Page
3796:2-1-02(B)(2)(k)

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

☐ No permit is attached.

Mark one of the boxes above.

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

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

**OhiGrow, LLC**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Identifier Legend</th>
<th>Name (First, Middle, Last)</th>
<th>Role</th>
<th>% Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Person A</td>
<td>John Q. Public</td>
<td>Owner</td>
<td>5%</td>
</tr>
<tr>
<td>Person 1</td>
<td>Carl Boyar</td>
<td>Owner and CEO</td>
<td>100%</td>
</tr>
</tbody>
</table>

---

**Note:**

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

- No owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one person’s application or entity’s application, the Department of Commerce will remove both applications from consideration.
1J Organizational Chart Cover Page
3796:2-1-02(B)(2)(e), 3796:2-1-03(B)(1)(b)

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

Names on the organizational chart should match those listed on Attachment 1I.

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

**Chart should be clearly marked and legible.**

**Include this cover page.**
1K Individual Background Information Form
(3796:2-1-02(B)(2), 3796:2-1-03(A))

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl Boyar</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:OhiGrowLLC@gmail.com">OhiGrowLLC@gmail.com</a></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>12 June 17</td>
</tr>
</tbody>
</table>

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

(SEAL)

HILARY J WALSH
NOTARY PUBLIC

"OFFICIAL SEAL"
HILARY J WALSH
Notary Public, State of Illinois
My Commission Expires May 06, 2019
1L Business in Other Jurisdictions Form
3796:2-1-02(B)(2)(g)

To be Completed by Applicant

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

OhiGrow, LLC

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

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Dates of Issue/Expiration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL</td>
<td>Dispensary</td>
<td>2017 to 2018</td>
<td>34</td>
</tr>
</tbody>
</table>

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

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

☐ I certify that, to the best of my knowledge, the attached documentation indicates proof of tax compliance for individuals and businesses at the state level for all jurisdictions outside the State of Ohio in which applicant has operated as a business. Acceptable documentation includes tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority. This documentation shall be provided for every person or entity with a financial interest of one percent or greater in the applicant covering the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**
Signature: [Signature]  Date: 12 June 17

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

(SEAL)

HILARY J WALKH
Notary Public, State of Illinois
My Commission Expires May 08, 2019
1M Copies of Licenses from Business in Other Jurisdictions Cover Page
3796:2-1-02(B)(2)(j)(i)

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

☐ No license copies are attached.

Mark one of the boxes above.

Include this form in application even if no license copies are attached.
State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation
Registered Medical Cannabis Dispensing Organization

FloraMedex
7955 W. Grand Avenue
Elmwood Park, Illinois 60707

Registry ID: 35-001  License Number: DISP.000034  Expires: 04-18-2018

Bryan A. Schneider - Secretary  Jessica A. Baer - Director

The dispensary name that appears on this certification has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated herein. The status of this license may be verified at www.ldfpr.com.
1N Tax Payment Records Cover Page
3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

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

Include this cover page.
Cultivator Application – Financial Interest Tax Processing Form

Applicant Name: OhiGrow, LLC

Applicant Number (if applicable): ____________________________

Taxpayer Name: Carl Boyar

Taxpayer Address: 430 Greenwood Avenue, Glencoe, Illinois, 60022

Taxpayer FEIN/SSN: ____________________________

The above-named Taxpayer hereby authorize the Ohio Department of Taxation (“Department”) and any of its agents and/or employees to release information to the Department of Commerce. This information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. Taxpayer expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure, and agrees to hold the Department harmless with respect to the disclosure herein.

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

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>FEIN</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FloraMedex LLC</td>
<td></td>
<td>7955 W. Grand Ave, Elmwood Park, IL 60707</td>
</tr>
<tr>
<td>GreenBluff LLC</td>
<td></td>
<td>7955 W. Grand Ave, Elmwood Park, IL 60707</td>
</tr>
</tbody>
</table>

[SEE OTHER SIDE TO COMPLETE FORM]
If Taxpayer has a controlling financial interest or had a controlling financial interest within the last three years in a business in an industry unrelated to marijuana, please list the applicable information below.

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>FEIN</th>
<th>Address</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>
</tbody>
</table>

* If inadequate space is provided on this form, the Taxpayer shall provide the additional information on a separate form that clearly articulates and legibly states the information requested in this form.

I certify under penalties of perjury that I have the authority to legally bind the Taxpayer to this Authorization.

Name and Title of Taxpayer: Carl Boyar

Signature: ___________________________ Date: 6/13/17

Taxpayer Telephone Number: _______________________

Please send the completed form to:

Ohio Department of Commerce
Attn: MMCP Program
77 S. High Street, 23rd Floor
Columbus, OH 43215
1O Disadvantaged Group Applicant Form
3796:2-1-03(C)(1)(a), 3796:2-1-03(C)(4)(a)(i), 3796:2-1-03(C)(4)(b)

To be Completed by Applicant

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

OhioGrow, LLC is not a disadvantaged group.

Indicate which (if any) of the following additional criteria apply:

☐ I certify that the principal place of business and headquarters of this organization is Ohio. (3796:2-1-03(C)(1)(a))

☐ I certify that the applicant’s business is owned and controlled by a U.S. citizen who is a resident of Ohio and is a member of one of the economically disadvantaged groups set forth in division (C) of section 3796.09 of the Revised Code. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(a))

☐ I certify that the applicant’s business is owned and controlled as a woman-owned business by a U.S. citizen who is a resident of Ohio, principal place of business and headquarters of this organization is Ohio. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(b))

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

Signature: [Signature]

Date: 12 June 17

* The members of the economically disadvantaged groups must be identified in Form 11 along with their percentage of ownership.
**1P Entity Identifier Legend Form**

In addition to Form 1I Owners and Officers Roster Form for individuals, entries in the Entity Identifier Legend must be used in place of an entity’s name for any entity that is referenced in Section 2 of the application.

<table>
<thead>
<tr>
<th>Identifier Legend</th>
<th>Entity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Entity A</td>
<td>ACME Construction</td>
</tr>
<tr>
<td>Example: Entity B</td>
<td>Capital Investors, LLC</td>
</tr>
</tbody>
</table>

no entities were listed on the application
1Q Trade Secret and Infrastructure Record Notification Form

The undersigned is an Applicant for a medical marijuana cultivator license. The Applicant understands that the Department of Commerce is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

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

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

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

Signature of Person or Authorized Representative

Date

12 JUNE 17

Printed Name of Applicant

OhiGrow, LLC
TRADE SECRET AND INFRASTRUCTURE RECORDS

In accordance with the Ohio Public Records Act, Section 2, the non-identifying portion of our application, qualifies for an exemption from disclosure.

Section 149.43(A)(1)(v) of the Ohio Revised Code provides for protection of “records the release of which is prohibited by state or federal law”, which includes (1) trade secrets and (2) infrastructure records.

Trade secrets are defined in Section 1333.61(D) of the Revised Code as “any information, including any business information or plans, financial information, or listing of names” that:

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

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

The material contained in Section 2 of the application was prepared by the Company, with its consultant, at a significant cost, in terms of both money and time. All persons that worked on the application were subject to confidentiality agreements.

The application materials have in the past and will continue to provide to the Company and its consultant a substantial amount of economic benefit and they have gone to great lengths to maintain the confidentiality of this information, including most recently responding to a FOIA request made to the Texas Department of Public Safety to view their materials.

Our trade is the preparation of similar applications in other states and municipalities. We have been very successful in obtaining licensure thus far. As described above, others have gone to great lengths to obtain our methodologies and we have spent significant sums to protect this information. If disclosed, it would give our competitors an opportunity to plagiarize our work. This would severely hurt our ability to compete in future procurement opportunities and would cause us significant economic harm.

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

(1) the extent to which the information is known outside the business;
(2) the extent to which it is known to those inside the business, i.e., by the employees;
(3) the precautions taken by the holder of the trade secret to guard the secrecy of the information;
(4) the savings effected and the value to the holder in having the information as against competitors;
(5) the amount of effort or money expended in obtaining and developing the information; and
(6) the amount of time and expense it would take for others to acquire and duplicate the information.

The information in our application and the presentation of that information is not known to the public. Only key persons have viewed the application materials and each of them is subject to a confidentiality agreement with respect to the material. As noted above, other than as part of other applications for licenses, the application materials have only been viewed by persons who are bound by confidentiality
agreements; and the preparation of this application was done offsite to further protect the content from disclosure. Using these application materials, affiliated entities have won 10 licenses in other states; thus, its value to us against our competitors is substantial. These materials have been prepared over a 4-year period at a cost of over $250,000. The time and expense for somebody else to acquire and duplicate the information is immeasurably high given that we know of competitors who have spent similar time preparing applications and who have spent significantly more money and have not been successful in obtaining licenses.

Further, if our materials are made public the integrity of other state application processes would be compromised. Our competitors would undoubtedly plagiarize our materials in future application processes, presenting our proprietary information as their own.

Therefore, under Section 149.43(A)(1)(v) of the Ohio Revised Code and in accordance with the factors outlined by the Ohio Supreme Court, we believe the information contained in Section 2 of our application undoubtedly qualifies for an exemption from disclosure. We believe our request is reasonable given the substantial harm to us and we appreciate your understanding. If necessary, we would welcome the opportunity to defend our exemption request in court prior to the State’s disclosure.