



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application **BUCKEYE RELIEF, LLC** Application ID 133

Demographic Information(Business Contact)

A-1.1 Business Name, as it appears on the Applicant's certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents

Buckeye Relief, LLC

A-1.2 Other trade names and DBA (doing business as) names

N/A

A-1.3 Business Street Address

40 E Washington Street, Suite 1

A-1.4 City

Chagrin Falls

A-1.5 State

OH

A-1.6 Zip Code

44022

A-1.7 Phone

4408937529

A-1.8 Email

Andy@BuckeyeRelief.com

Demographic Information(Primary Contact/Registered Agent)

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

PRIMARY CONTACT

A-2.2 First Name

Andrew

A-2.3 Middle Name

King

A-2.4 Last Name

Rayburn

A-2.5 Street Address

40 E Washington Street, Suite 1

A-2.6 City

Chagrin Falls

A-2.7 State

OH

A-2.8 Zip Code

44022

A-2.9 Phone

4408937529

A-2.10 Email

Andy@BuckeyeRelief.com

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

09/07/2016

A-3.4 Business Name on Formation Documents

Buckeye Relief, LLC

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

Demographic Information(Economically Disadvantaged Business)

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](#)

NO

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

NORTHEAST-2

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

Cuyahoga

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 26

A-6.1 First Name

Andrew

A-6.2 Middle Name

King

A-6.3 Last Name

Rayburn

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

CEO

A-6.6 Title in the Applicant's business

CEO, Owner

A-6.7 Applicant's business related compensation

\$40,000/year

A-6.8 Number of shares owned

68

A-6.9 Types of shares owned

Class A Units

A-6.10 Percent interest in Applicant's business

68%

A-6.11 Voting percentage

100%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$562,500, & providing business expertise.

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

2655 Chagrin River Road

A-6.17 City

Hunting Valley

A-6.18 State

OH

A-6.19 Zip Code

44022

A-6.20 Phone

4404230129

A-6.21 Email

Andy.Rayburn@BigGameCapital.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:

62 Years

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

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 26

A-6.1 First Name

Scott

A-6.2 Middle Name

Russell

A-6.3 Last Name

Halloran

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Real Estate Sales

A-6.6 Title in the Applicant's business

Chief Operating Officer/Owner

A-6.7 Applicant's business related compensation

\$40,000/year

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A, expertise in real estate.

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

13599 County Line Road

A-6.17 City

Chagrin Falls

A-6.18 State

OH

A-6.19 Zip Code

44022

A-6.20 Phone

2166506967

A-6.21 Email

SHalloran@roadrunner.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:

38 Years

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

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 26

A-6.1 First Name

Edward

A-6.2 Middle Name

Herman

A-6.3 Last Name

Neimeier

A-6.4 Suffix

II

A-6.5 Occupation

Engineer

A-6.6 Title in the Applicant's business

Quality Control, Environmental & Safety Director

A-6.7 Applicant's business related compensation

\$20,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as an engineer.

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

18200 Munn Road

A-6.17 City

Chagrin Falls

A-6.18 State

OH

A-6.19 Zip Code

44023

A-6.20 Phone

2162330180

A-6.21 Email

EdNeimeier@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:

28 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 26

A-6.1 First Name

Leslie

A-6.2 Middle Name

Rose

A-6.3 Last Name

Brandon

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Publicist

A-6.6 Title in the Applicant's business

Director of Communications

A-6.7 Applicant's business related compensation

\$5,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise in communications.

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

2773 Lancashire Road #3

A-6.17 City

Cleveland Heights

A-6.18 State

OH

A-6.19 Zip Code

44106

A-6.20 Phone

2168492640

A-6.21 Email

LRoseBrandon@gmail.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:

6 months

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 26

A-6.1 First Name

Sean

A-6.2 Middle Name

William

A-6.3 Last Name

McKiernan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

CFO

A-6.6 Title in the Applicant's business

Chief Financial Officer

A-6.7 Applicant's business related compensation

\$20,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a Chief Financial Officer.

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

2585 Hanna Road

A-6.17 City

Willoughby Hills

A-6.18 State

OH

A-6.19 Zip Code

44094

A-6.20 Phone

4405524139

A-6.21 Email

Sean.McKiernan@BigGameCapital.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:

53 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 26

A-6.1 First Name

Lewis

A-6.2 Middle Name

Carlo

A-6.3 Last Name

Merletti

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Security Consultant

A-6.6 Title in the Applicant's business

Director of Security

A-6.7 Applicant's business related compensation

\$5,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a security consultant.

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

511 Bay Villas Lane

A-6.17 City

Naples

A-6.18 State

FL

A-6.19 Zip Code

34108

A-6.20 Phone

4403366048

A-6.21 Email

LMerletti2016@gmail.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 26

A-6.1 First Name

Christopher

A-6.2 Middle Name

Walton

A-6.3 Last Name

Horsburgh

A-6.4 Suffix

Jr.

A-6.5 Occupation

President/CEO

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.95

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.95%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$9,375

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

7000 Gates Road

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

3076991157

A-6.21 Email

ChaseHorsburgh@hotmail.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:

2 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 26

A-6.1 First Name

George

A-6.2 Middle Name

Russell

A-6.3 Last Name

Lincoln

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

4.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

4.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$46,875

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

7471 Foxboro Road

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

4404770616

A-6.21 Email

GrLincoln@hotmail.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 26

A-6.1 First Name

James

A-6.2 Middle Name

Douglas

A-6.3 Last Name

Lincoln

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.95

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.95%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$9,375

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

36559 Cedar Road

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

4407153079

A-6.21 Email

JamesDLincoln@gmail.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:

45 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 10 of 26

A-6.1 First Name

Brinton

A-6.2 Middle Name

Cowles

A-6.3 Last Name

Lincoln

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Leader

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.95

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.95%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$9,375

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

1804 Epping Road

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

9106034010

A-6.21 Email

BrintonLincoln@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:

42 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 11 of 26

A-6.1 First Name

Samuel

A-6.2 Middle Name

Powell

A-6.3 Last Name

Lincoln

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

IT Director

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

1.9

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

1.90%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$18,750

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

7471 Foxboro Road

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

4404779265

A-6.21 Email

SamuelPLincoln@gmail.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:

27 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 12 of 26

A-6.1 First Name

Dominic

A-6.2 Middle Name

Anthony

A-6.3 Last Name

Visconsi

A-6.4 Suffix

Jr.

A-6.5 Occupation

Real Estate Developer

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

4.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

4.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$46,875

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

42000 Burton Trail

A-6.17 City

Hunting Valley

A-6.18 State

OH

A-6.19 Zip Code

44022

A-6.20 Phone

2164645550

A-6.21 Email

Davjr@visconsi.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:

58 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 13 of 26

A-6.1 First Name

Anthoni

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Visconsi

A-6.4 Suffix

II

A-6.5 Occupation

Real Estate Developer

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

4.275

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

4.275%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$42,187.50

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

491 Hillside Lane

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

2164645550

A-6.21 Email

Skiman@visconsi.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:

64 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 14 of 26

A-6.1 First Name

Anthoni

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Visconsi

A-6.4 Suffix

III

A-6.5 Occupation

Real Estate Developer

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.475

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.475%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

\$4,687.50

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

7139 Mulberry Road

A-6.17 City

Chesterland

A-6.18 State

OH

A-6.19 Zip Code

44026

A-6.20 Phone

2164645550

A-6.21 Email

TVisconsi@visconsi.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:

32 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 15 of 26

A-6.1 First Name

Brian

A-6.2 Middle Name

Peter

A-6.3 Last Name

Vicente

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Owner/Regulatory Consultant

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise

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

774 Race Street

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80206

A-6.20 Phone

3038604501

A-6.21 Email

Brian@VicenteSederberg.com

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

Hispanic

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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 16 of 26

A-6.1 First Name

Christian

A-6.2 Middle Name

Edward

A-6.3 Last Name

Sederberg

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise

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

3101 Lowell Blvd

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80211

A-6.20 Phone

3038803444

A-6.21 Email

Christian@VicenteSederberg.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 17 of 26

A-6.1 First Name

Joshua

A-6.2 Middle Name

Daniel

A-6.3 Last Name

Kappel

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise

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

3144 Race Street

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80205

A-6.20 Phone

3038604501

A-6.21 Email

Josh@VicenteSederberg.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 18 of 26

A-6.1 First Name

Steven

A-6.2 Middle Name

Howard

A-6.3 Last Name

Fox

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

0.75

A-6.9 Types of shares owned

Class B Units

A-6.10 Percent interest in Applicant's business

0.75%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise

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

9606 Wadsworth Drive

A-6.17 City

Bethesda

A-6.18 State

MD

A-6.19 Zip Code

20817

A-6.20 Phone

3038604501

A-6.21 Email

Steve@VicenteSederberg.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 19 of 26

A-6.1 First Name

Esther

A-6.2 Middle Name

Panella

A-6.3 Last Name

Pla

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired RN

A-6.6 Title in the Applicant's business

Medical Advisory Board Member

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a medical professional.

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

10495 Chickashay Lane

A-6.17 City

Chagrin Falls

A-6.18 State

OH

A-6.19 Zip Code

44023

A-6.20 Phone

4404876036

A-6.21 Email

EPla52@gmail.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:

43 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 20 of 26

A-6.1 First Name

William

A-6.2 Middle Name

Sites

A-6.3 Last Name

Kiser

A-6.4 Suffix

Dr.

A-6.5 Occupation

Retired Physician

A-6.6 Title in the Applicant's business

Medical Advisory Board Member

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a medical professional.

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

2985 Falmouth Road

A-6.17 City

Shaker Heights

A-6.18 State

OH

A-6.19 Zip Code

44122

A-6.20 Phone

2169215576

A-6.21 Email

WSKiser1@gmail.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:

53 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 21 of 26

A-6.1 First Name

Jacob

A-6.2 Middle Name

Andrew

A-6.3 Last Name

Wolf

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Naturopathic Provider

A-6.6 Title in the Applicant's business

Medical Advisory Board Member

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a medical professional.

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

32300 Tracy Lane

A-6.17 City

Solon

A-6.18 State

OH

A-6.19 Zip Code

44139

A-6.20 Phone

2152086114

A-6.21 Email

JacobAWolf@gmail.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:

1 Year 4 Months

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 22 of 26

A-6.1 First Name

Gladstone

A-6.2 Middle Name

Churchill

A-6.3 Last Name

McDowell

A-6.4 Suffix

Dr. II

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Medical Advisory Board Member

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a medical professional.

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

1210 Gemini Place Suite 300

A-6.17 City

Columbus

A-6.18 State

OH

A-6.19 Zip Code

43240

A-6.20 Phone

6143836450

A-6.21 Email

GcMcDowell2@gmail.com

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

Black or African American

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:

20 years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 23 of 26

A-6.1 First Name

Harold

A-6.2 Middle Name

Jonathan

A-6.3 Last Name

Bowersox

A-6.4 Suffix

D.O.

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Medical Advisory Board Member

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise in medicine.

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

9354 Lori Jean Drive

A-6.17 City

Mentor

A-6.18 State

OH

A-6.19 Zip Code

44060

A-6.20 Phone

4409743066

A-6.21 Email

JonBowersox2@gmail.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:

28 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 24 of 26

A-6.1 First Name

Brittany

A-6.2 Middle Name

Danielle

A-6.3 Last Name

Newman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Manager

A-6.6 Title in the Applicant's business

Inventory Director

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise in marijuana business operations and inventory management.

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

9953 Badding Drive

A-6.17 City

Thornton

A-6.18 State

CO

A-6.19 Zip Code

80229

A-6.20 Phone

7202967737

A-6.21 Email

Brittany@elementsboulder.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:

N/A

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 25 of 26

A-6.1 First Name

Christina

A-6.2 Middle Name

Joy

A-6.3 Last Name

Settimio

A-6.4 Suffix

Pharm.D

A-6.5 Occupation

Pharmacist

A-6.6 Title in the Applicant's business

Dispensary Director

A-6.7 Applicant's business related compensation

\$45,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise as a pharmacist.

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

6797 Thornapple Drive

A-6.17 City

Gates Mills

A-6.18 State

OH

A-6.19 Zip Code

44040

A-6.20 Phone

7247972392

A-6.21 Email

christina.mazur@gmail.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:

8 Years

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 26 of 26

A-6.1 First Name

John

A-6.2 Middle Name

Fredrick

A-6.3 Last Name

Grafton

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

IT Manager

A-6.6 Title in the Applicant's business

Director of IT

A-6.7 Applicant's business related compensation

\$10,000/year

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OFFICER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

Expertise in IT.

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

6551 S Ridge Rd E

A-6.17 City

Geneva

A-6.18 State

OH

A-6.19 Zip Code

44041

A-6.20 Phone

4407594811

A-6.21 Email

JohnG1990@gmail.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:

50 Years

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](#)

No response provided by applicant

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](#)

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?

YES

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)

Vicente Consulting, LLC (of which Christian Sederberg and Brian Vicente are members), was named as a defendant in a civil lawsuit which is related to another entity's medical marijuana business. There was no underlying administrative action related to the lawsuit. The case has been dismissed.

Defendant: Christian E. Sederberg, Brian Vicente, aka Vicente Consulting LLC

Name of Case: John Dorsey et al. v. Todays Health Care, LLC et al.

Case No.: 15CV30098

Nature of Charge or complaint: Mr. Vicente and Mr. Sederberg were defendants in a civil lawsuit related to their client's medical marijuana business.

Date of Charge or Complaint: 02/19/2015

Disposition: Dismissed

Name and Address of the Administrative Agency Involved: N/A

Jurisdictional Court: District Court, El Paso County, Colorado, 270 South Tejon Street, Colorado Springs, CO 80903

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 26

B-3.1 First Name

Andrew

B-3.2 Middle Name

King

B-3.3 Last Name

Rayburn

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Executive Officer, Owner

B-3.6 Brief description of role

Provides leadership in achieving our vision, mission, strategy, and annual goals.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for Cultivation, Processing and Dispensary
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

DHSM Investors LLC
30050 Chagrin Blvd, Suite 360, Pepper Pike, OH 44124

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for Cultivation, Processing and Dispensary
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

DHSM Investors LLC
30050 Chagrin Blvd, Suite 360, Pepper Pike, OH 44124

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 26

B-3.1 First Name

Scott

B-3.2 Middle Name

Russell

B-3.3 Last Name

Halloran

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Operating Officer/Owner

B-3.6 Brief description of role

Responsible for overseeing the day-to-day operations and the development, design, operation, and improvement the business.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 26

B-3.1 First Name

Edward

B-3.2 Middle Name

Herman

B-3.3 Last Name

Neimeier

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Quality Control, Environmental & Safety Director

B-3.6 Brief description of role

Ensure all employees understand and follow all quality assurance SOPs.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 4 of 26

B-3.1 First Name

Leslie

B-3.2 Middle Name

Rose

B-3.3 Last Name

Brandon

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Director of Communications

B-3.6 Brief description of role

Responsible for handling the Applicant's public image, serving as a representative.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 26

B-3.1 First Name

Sean

B-3.2 Middle Name

William

B-3.3 Last Name

McKiernan

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Financial Officer

B-3.6 Brief description of role

Provides both operational and programmatic support to the organization.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 26

B-3.1 First Name

Lewis

B-3.2 Middle Name

Carlo

B-3.3 Last Name

Merletti

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Director of Security

B-3.6 Brief description of role

Oversees the installation and operation of security systems, ensures compliance with the rules set by the Board and all applicable state and local laws, regulations and other requirements.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 26

B-3.1 First Name

Christopher

B-3.2 Middle Name

Walton

B-3.3 Last Name

Horsburgh

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 26

B-3.1 First Name

George

B-3.2 Middle Name

Russell

B-3.3 Last Name

Lincoln

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

DHSM Investors LLC
30050 Chagrin Blvd, Suite 360, Pepper Pike, OH 44124

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

DHSM Investors LLC
30050 Chagrin Blvd, Suite 360, Pepper Pike, OH 44124

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 26

B-3.1 First Name

James

B-3.2 Middle Name

Douglas

B-3.3 Last Name

Lincoln

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 10 of 26

B-3.1 First Name

Brinton

B-3.2 Middle Name

Cowles

B-3.3 Last Name

Lincoln

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 11 of 26

B-3.1 First Name

Samuel

B-3.2 Middle Name

Powell

B-3.3 Last Name

Lincoln

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

MedMed Opportunity Fund, LP
8441 Warner Driver, Culver City, CA 90232

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 12 of 26

B-3.1 First Name

Dominic

B-3.2 Middle Name

Anthony

B-3.3 Last Name

Visconsi

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 13 of 26

B-3.1 First Name

Anthoni

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Visconsi II

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 14 of 26

B-3.1 First Name

Anthoni

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Visconsi III

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 15 of 26

B-3.1 First Name

Brian

B-3.2 Middle Name

Peter

B-3.3 Last Name

Vicente

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner/Regulatory Consultant

B-3.6 Brief description of role

Owner/Consultants on regulatory issues and changes

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

Waveseer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

WaveSeer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 16 of 26

B-3.1 First Name

Christian

B-3.2 Middle Name

Edward

B-3.3 Last Name

Sederberg

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

Waveseer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

WaveSeer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 17 of 26

B-3.1 First Name

Joshua

B-3.2 Middle Name

Daniel

B-3.3 Last Name

Kappel

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

Waveseer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

WaveSeer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 18 of 26

B-3.1 First Name

Steven

B-3.2 Middle Name

Howard

B-3.3 Last Name

Fox

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Owner

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

Waveseer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

Bloomfield Industries, Inc.
201 Edward Curry Avenue, Suite 103A, Staten Island, NY 10314

Alpha Foliage, Inc.
18455 SW 264th Street, Homestead, FL 33031-1881

Doctors Orders Maryland, LLC
601 E. Pratt Street, 6th Floor, Baltimore, MD 21202

WaveSeer of Nevada, LLC
1248 West Altgeld Street, Chicago, IL 60614

iAnthus Capital Holdings, Inc.
420 Lexington Avenue, Suite 414, New York City, NY 10170

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 19 of 26

B-3.1 First Name

Esther

B-3.2 Middle Name

Panella

B-3.3 Last Name

Pla

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Advisory Board Member

B-3.6 Brief description of role

Meet quarterly to discuss patient care, patient education, research, and training activities.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 20 of 26

B-3.1 First Name

William

B-3.2 Middle Name

Sites

B-3.3 Last Name

Kiser

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Advisory Board Member

B-3.6 Brief description of role

Meet quarterly to discuss patient care, patient education, research, and training activities.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 21 of 26

B-3.1 First Name

Jacob

B-3.2 Middle Name

Andrew

B-3.3 Last Name

Wolf

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Advisory Board Member

B-3.6 Brief description of role

Meet quarterly to discuss patient care, patient education, research, and training activities.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 22 of 26

B-3.1 First Name

Gladstone

B-3.2 Middle Name

Churchill

B-3.3 Last Name

McDowell

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Advisory Board Member

B-3.6 Brief description of role

Meet quarterly to discuss patient care, patient education, research, and training activities.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 23 of 26

B-3.1 First Name

Harold

B-3.2 Middle Name

Jonathan

B-3.3 Last Name

Bowersox

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Advisory Board Member

B-3.6 Brief description of role

Meet quarterly to discuss patient care, patient education, research, and training activities.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Buckeye Relief, LLC (Applying for a Cultivation, Dispensary and Processing license in Ohio)
40 E Washington St, Suite 1, Chagrin Falls, OH 44022

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 24 of 26

B-3.1 First Name

Brittany

B-3.2 Middle Name

Danielle

B-3.3 Last Name

Newman

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Inventory Director

B-3.6 Brief description of role

Expertise in marijuana business operations and inventory management.

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?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

Elements Boulder
1534 55th St, Boulder, CO 80303

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 25 of 26

B-3.1 First Name

Christina

B-3.2 Middle Name

Joy

B-3.3 Last Name

Settimio

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Dispensary Director

B-3.6 Brief description of role

Responsible for overseeing all Dispensary Managers at various locations.

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

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?

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

Compliance(Prospective Associated Key Employee Compliance)

Item 26 of 26

B-3.1 First Name

John

B-3.2 Middle Name

Fredrick

B-3.3 Last Name

Grafton

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Director of IT

B-3.6 Brief description of role

Overseeing IT

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

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?

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

Business Plan(Property Title, Lease, or Option to Acquire Property Location)

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: **C-1.1b_Property Lease_Cleveland Heights.pdf**

NOTE: This applicant uploaded document is the next 26 page(s) of this document.

C-1.1b 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.

Please see attached a fully-executed copy of Buckeye Relief, LLC's unexpired lease for the proposed site and facility, located at 1782 Coventry Road, Cleveland Heights, OH, 44118. Also, please see attached an affidavit signed by the owner of the property, Val Katz, granting permission to operate a medical marijuana dispensary at the proposed property for a minimum of the term of the initial provisional license.

TRADE SECRET

LEASE

THIS LEASE ("Lease") is executed and delivered the 1st day of October, 2017, at Cleveland, Ohio, by and between VAL KATZ, TRUSTEE, ("Landlord") and BUCKEYE RELIEF LLC, an Ohio limited liability company ("Tenant").

WITNESSETH

ARTICLE ONE LEASED PREMISES

Section 1.01 Lease of the Premises. In consideration of the mutual covenants and agreements contained herein, Landlord hereby leases to Tenant and Tenant leases from Landlord the real property located at 1782 Coventry Road, Cleveland Heights, Ohio, more particularly described in Exhibit A attached hereto, which property is improved with a one (1) story building containing 5,607 square feet (the "Building") (said real property as so improved being herein called the "Premises").

Section 1.02 Condition of Premises. Landlord has made no representations or warranties with respect to the Premises and Tenant has not relied on any warranties or representations of Landlord or any of Landlord's brokers or agents with respect to their physical condition or suitability for the conduct of Tenant's business, and Tenant hereby agrees to take and accept the Premises in an "AS IS" condition. Tenant shall perform all work required to improve the Premises (hereinafter "Tenant's Work"), at Tenant's sole expense. Tenant's Work, if any, shall be performed in a good and workmanlike manner, using quality material by reputable contractors and subcontractors who are insured, and approved by Landlord prior to the commencement of any such work, in accordance with plans and specifications approved by Landlord prior to the commencement of Tenant's Work and in accordance with applicable laws, ordinances, rules and regulations and shall be promptly completed, free of any and all liens.

ARTICLE TWO TERM

Section 2.01 Initial Term. The initial term of this Lease (the "Initial Term") shall be for a period commencing on the date first set forth above (the "Commencement Date") and ending on the last day of the 120th full month following the Full Rent Commencement Date (as hereinafter defined), unless sooner terminated as herein provided. Landlord shall deliver possession of the Premises to Tenant on or about February 1, 2018 (the date Landlord delivers possession being herein called the "Possession Date"). Tenant agrees that Landlord shall have the right to continue to lease the Premises to a temporary tenant without any reduction in rent, prior to the Full Rent Commencement Date. The "Full Rent Commencement Date" shall mean the day following the date Tenant receives the requisite licensure to operate its business in the Premises from the State of Ohio (the "License"). Tenant shall provide immediate written notice of the issuance of the License. If Tenant has not received the License by August 1, 2018, either party may terminate this Lease by written notice to the other.

Section 2.02 Renewal Term(s). Tenant shall have the options (the "Renewal Options") to extend the Initial Term for two (2) additional terms of five (5) years each (individually, a "Renewal Term," and collectively, the "Renewal Terms"), by giving written notice (the "Renewal Notice") to Landlord no less than six (6) months prior to the commencement of the applicable Renewal Term. The terms and conditions of this Lease for the Renewal Terms shall be the same as set forth herein for the Initial Term except that the Annual Rent payable during such Renewal Term shall be the amounts set forth in Section 3.01 below. The Initial Term and any exercised Renewal Terms are collectively called the "Term".

ARTICLE THREE **RENT**

Section 3.01 Amounts. Tenant covenants and agrees to pay to Landlord, promptly when due, without notice or demand, "Annual Rent" for the Premises as follows:

- (a) From the Commencement Date through the day preceding the Full Rent Commencement Date, \$3,000.00 per month;
- (b) From the Full Rent Commencement Date through the 6th full month following the Full Rent Commencement Date, \$67,284.00 per year, payable in equal monthly installments of \$5,607.00 each;
- (c) From the 7th through the 24th month following Full Rent Commencement Date, \$84,105.00 per year, payable in equal monthly installments of \$7,008.75 each;
- (d) From the 25th through the 48th month following Full Rent Commencement Date, \$106,533.00 per year, payable in equal monthly installments of \$8,877.75 each;
- (e) From the 49th through the 72nd month following Full Rent Commencement Date, \$112,140.00 per year, payable in equal monthly installments of \$9,345.00 each;
- (f) From the 73rd through the 96th month following Full Rent Commencement Date, \$117,747.00 per year, payable in equal monthly installments of \$9,812.25 each;
- (g) From the 97th through the 120th month following Full Rent Commencement Date, \$123,354.00 per year, payable in equal monthly installments of \$10,279.50 each;
- (h) For the First Renewal Term, \$128,961.00 per year, payable in equal monthly installments of \$10,746.75 each; and
- (i) For the Second Renewal Term, \$134,568.00 per year, payable in equal monthly installments of \$11,214.00 each.

Section 3.02 Payment of Rent. The Annual Rent shall be payable, without deduction or setoff, in equal monthly installments, in advance, on or before the first day of each month. Annual Rent shall be prorated for any partial month. All installments of Annual Rent which Tenant is required to pay under Section 3.01 hereof, as well as all other amounts payable by Tenant to Landlord under the term of this Lease, shall be paid at the address of Landlord set forth

in Article Twenty, or at such other place as Landlord shall from time to time designate by written notice to Tenant.

Section 3.03 Net Annual Rent. Tenant agrees that, except as otherwise provided in this Lease, the Annual Rent provided for in Section 3.01 hereof shall be an absolutely net return to Landlord throughout the Term of this Lease, free of any expense, charge or other deduction whatsoever, with respect to the Premises, and that all costs, expenses and obligations of every kind relating to the Premises which may arise or become due during the terms of this Lease or renewal or extension thereof, shall, except as otherwise provided in this Lease or Landlord's obligations under this Lease, be paid by Tenant, and Landlord shall be indemnified by Tenant against such costs, expenses and obligations.

ARTICLE FOUR **ADDITIONAL RENTAL AND SECURITY DEPOSIT**

Section 4.01 Other Amounts as Additional Rental. In addition to the Annual Rent provided for in Article Three, Tenant shall also pay without notice or demand and without abatement, reduction or setoff, as and toward "Additional Rental" hereunder, all costs, expenses and all other sums of money required to be paid by Tenant under the terms of this Lease and, unless otherwise specified herein with respect to the time of payment, within ten (10) days after receipt of an invoice from Landlord therefor, whether or not the same be designated as Additional Rental. In the event of any non-payment by Tenant of all or any part thereof, when due, Landlord shall have all of the rights and remedies provided for in this Lease, or by law, for the non-payment of rent or for the breach of a condition.

Section 4.02 Interest. Any and all amounts which become due and payable to Landlord under this Lease, whether deemed to be Additional Rent or otherwise hereunder, which is not paid on the date due shall bear interest at the rate of twelve percent (12%) per annum from the date or dates such amount shall become due and payable until the date or dates of payment by Tenant.

Section 4.03 Late Charge. If rent, or any other charges hereunder shall at any time be in arrears and unpaid for ten (10) days after the same becomes due and payable, Tenant shall pay a service charge equal to five percent (5%) of the amount late to reimburse Landlord for the administrative and related expenses and inconvenience of collecting and processing such late payments.

Section 4.04 Security Deposit. Concurrently with Tenant's execution of this Lease, Tenant shall deposit with Landlord the sum of \$7,000.00 (the "Security Deposit") as security for the payment by Tenant of the Annual Rent, Additional Rent and other charges set forth in this Lease, and for the performance by Tenant of all the terms and conditions of this Lease. If at any time during the Term of this Lease, Tenant is in default in the performance of any provision of this Lease, Landlord shall have the right to use all or any part of the Security Deposit in payment of any Annual Rent, Additional Rent or other charges, reimbursement of any expense incurred by Landlord or payment of any damages incurred by Landlord because of Tenant's default. If any portion of the Security Deposit is so used or applied, Tenant shall, within 10 days after written demand from Landlord, remit to Landlord a sufficient amount to restore the Security

Deposit to its original amount. If the Security Deposit has not been utilized as provided in this Section 3.5, then the Security Deposit, or so much of it as has not been so utilized, shall be refunded to Tenant, without interest, upon full performance of all the terms of this Lease by Tenant. Landlord shall have the right to commingle the Security Deposit with other funds of Landlord. Landlord shall also have the right to deliver the Security Deposit to any successor to Landlord's interest in the Premises, and upon that delivery, Landlord shall be discharged from further liability with respect to the Security Deposit.

ARTICLE FIVE ADDITIONAL RENTAL

Section 5.01 Real Estate Taxes. From and after the Full Rent Commencement Date, Tenant shall pay to Landlord, as Additional Rent, all Real Estate Taxes assessed against the Premises. "Real Estate Taxes" shall mean all taxes and assessments, general, special, or otherwise, if any, levied, assessed or imposed under governmental authority upon or with respect to the Premises, which become due and payable by Landlord during the Term, including amounts expended in connection with disputing or contesting same; provided, however, that Tenant shall receive its proportionate share of any refunds for Real Estate Taxes previously paid. The amount of Real Estate Taxes payable to Landlord shall be estimated by Landlord for each calendar year during the Term, and Tenant agrees to pay to Landlord the amounts so estimated in equal monthly installments, in advance, on the first (1st) day of each month. Following the end of each calendar year during the Term, Landlord shall furnish Tenant a statement of the actual Real Estate Taxes for the immediately preceding calendar year. Tenant will pay the difference between the estimated and actual Real Estate Taxes determined in accordance with the provisions of this Section 5.01. Tenant shall pay to Landlord any such amounts so determined to be payable within thirty (30) days after the statement setting forth the amount thereof has been furnished by Landlord. The amounts so determined to be payable, shall serve as an estimate of the amounts payable for the next succeeding calendar year. At such time as the actual amounts payable with respect to each year are determined in accordance with the foregoing provisions of this Section 5.01, adjustment shall be made to reflect the amount of estimated charges paid by Tenant with respect to such year; and, within thirty (30) days after the statement setting forth the actual amount of charges payable with respect to each year, Tenant shall remit to Landlord or Landlord shall credit or remit to Tenant, as appropriate, the amount of any underpayment or overpayment of charges payable for such year. If this Lease is terminated for any reason, or the Term hereof expires, on a date other than December 31 of any year, the Real Estate Taxes charged for such year shall be apportioned as of and to said date of termination or expiration.

Section 5.02 Right to Contest Taxes. Tenant shall have the right to file a complaint or otherwise contest the amount of Taxes due as determined by any governmental authority having jurisdiction.

ARTICLE SIX TAXES AND OTHER CHARGES

Section 6.01 Landlord Insurance on the Building. Landlord shall maintain Special Form insurance on the Building for its Full Replacement Cost, excluding the value of Tenant's leasehold improvements, subject to commercially reasonable deductibles, plus loss of rents

coverage for one (1) year. The term "Full Replacement Cost" shall mean actual replacement costs (exclusive to costs of excavation, foundation and footings below the lowest basement floor). Tenant shall pay Landlord monthly, in advance, on or before the first day of each month, one-twelfth (1/12) of Landlord's estimate of the annual premiums for such insurance in an amount to be estimated by Landlord. After the end of each calendar year during the Term, Landlord shall determine the actual insurance premiums paid by Landlord during such calendar year. If the aggregate monthly payments paid by Tenant for such insurance premiums is less than the actual insurance premiums payable for such year, then Tenant shall pay such deficiency within fifteen (15) days after delivery of Landlord's statement, or Landlord shall credit any excess amounts received by Landlord against Tenant's next monthly due installment of Annual Rent or Additional Rent, whichever the case shall be. The governing law on any insurance policy is the law of the State of Ohio.

Section 6.02 Tenant's Special Form of Insurance. Tenant, at its sole cost and expense, shall keep or cause to be kept its leasehold improvements, including all alterations, rebuildings, replacements and additions thereto, and all of Tenant's personal property, insured against loss or damage by fire, vandalism, malicious mischief, sprinkler leakage (if sprinklered) and such other hazards, casualties, risks and contingencies now covered by or that may hereafter be considered, as included within a Special Form policy on a replacement cost basis, subject to commercially reasonable deductibles.

Section 6.03 Liability Insurance. At all times during the term of this Lease, at its own cost and expense, Tenant shall provide and keep in force on an occurrence basis commercial general liability insurance policies, in broad form, against any and all liability in the amount of not less than a combined single limit of Two Million Dollars (\$2,000,000.00). All such policies shall cover the entire Premises and all buildings and improvements thereon.

Section 6.04 Worker's Compensation and Employer's Liability Insurance. Tenant shall at all times maintain worker's compensation insurance as required by applicable Legal Requirements, together with Employer's Liability coverage of at least \$1,000,000.00.

Section 6.05 Builder's Risk Insurance. During any period of construction on the Premises, Tenant shall maintain Builder's Risk Insurance for the total cost of the alterations and improvements.

Section 6.06 Mutual Waiver of Subrogation. Notwithstanding anything set forth in this Lease to the contrary, Landlord and Tenant do hereby waive any and all right of recovery, claim, action or cause of action against the other, their respective agents, officers and employees for any loss or damage that may occur to the Premises or any addition or improvements thereto, by reason of fire, the elements or any other cause which could be insured against under the terms of a standard fire and extended coverage insurance policy or policies, with vandalism, malicious mischief and all-risk coverage and business interruption insurance, or for which Landlord or Tenant may be reimbursed as a result of insurance coverage affecting any loss suffered by either party hereto, regardless of cause or origin, including the negligence of Landlord or Tenant or their respective agents, officers and employees. In addition, all insurance policies carried by either party, covering the Premises including, but not limited to, contents, fire, and casualty insurance, shall expressly waive any right on the part of the insurer against the other party for

damage to or destruction of the Premises resulting from the acts, omissions or negligence of the other party.

Section 6.07 Form of Policies. All of the policies of insurance to be maintained by Tenant under this Lease shall be primary and non-contributing with any insurance maintained by any additional insureds with companies having a Best's Insurance Rating of A-VIII or better and shall provide that the same may not be canceled by the insurer for non-payment of premiums or otherwise until at least twenty (20) days after service of written notice of the proposed cancellation upon Landlord and the mortgagee named in such policy, and in any event shall not be invalidated, as to the interests of Landlord and the mortgagee therein, by any act, omission or neglect of Tenant that might otherwise result in a forfeiture or suspension of such insurance. All insurance policies shall be renewed by Tenant and proof of such renewals, bearing endorsement or accompanied by other evidence of the receipt by the respective insurance companies of the premiums thereon, shall be delivered to the other party at least twenty (20) days prior to their respective termination dates. Notwithstanding anything to the contrary contained in this Lease, all insurance policies carried hereunder by Tenant shall explicitly provide that any violations of any federal laws in conflict with the Use of Premises in Section 7.02 hereof shall not be cause for denial of the applicable coverage.

Section 6.08 Failure to Maintain Insurance. In the event that Tenant fails to obtain, or having obtained, thereafter fails to maintain, insurance as is required in this Lease and such failure shall continue for a period of ten (10) days after written notice by Landlord with respect to such failure, Landlord may, but shall not be obligated to, effect and maintain any such insurance coverage and pay the premiums therefor and all premiums so paid by Landlord, together with interest thereon at the rate provided in Section 4.02 of this Lease from the date of such payment by Landlord, shall be deemed Additional Rent hereunder, and payable by Tenant on demand by Landlord.

ARTICLE SEVEN
POSSESSION, USE AND SURRENDER OF PREMISES:
COMPLIANCE WITH LEGAL REQUIREMENTS

Section 7.01 Possession and Surrender. Tenant shall take possession of the Premises on the Possession Date in the condition in which they are at the beginning of the Term. On the last day of the Term of this Lease or on the earlier termination hereof, Tenant shall peaceably surrender the Premises in good condition and repair consistent with Tenant's duty to make repairs as provided in this Lease, reasonable wear and tear excepted. On or before the last day of the Term of this Lease or the earlier termination thereof, Tenant shall at its expense, remove all of its trade fixtures, furnishings, equipment, supplies and other personal property, and any such property not removed shall be deemed abandoned. Tenant shall repair at its own expense any injury to the Premises resulting from such removal. All improvements, alterations, additions and fixtures (other than trade fixtures, furnishings, equipment, supplies and other personal property) which have been made or installed by either Landlord or Tenant upon the Premises shall remain as Landlord's property and shall be surrendered with the Premises as part thereof. Tenant shall promptly, upon surrender, deliver all keys for the Building to Landlord at the place then designated by Landlord.

Section 7.02 Use of Premises. The Premises shall be used for the sale or dispensing of items permitted to be sold or dispensed by a medical marijuana dispensary, as licensed under and in strict accordance with the provisions of Ohio Revised Code Section 3796.20, or a recreational marijuana dispensary, as permitted under any future amendment to Ohio Law. Any other future use permitted by Ohio law shall be subject to Landlord's consent, not to be unreasonably withheld, conditioned, or delayed. Tenant shall keep the Premises at all times in good order, condition and repair and shall also keep the Premises in a clean, sanitary and safe condition. Tenant shall permit no waste or nuisance upon or damage or injury to the Premises. Tenant shall not do or permit to be done any act or thing upon the Premises which will invalidate or be in conflict with any fire insurance policy covering the Premises. Tenant agrees that a professionally trained and qualified security staff shall be stationed at the Premises during all times that the Premises are open for business, and, at a minimum Tenant, at Tenant's sole cost and expense, shall comply with all security protocols mandated by the State of Ohio in connection with Tenant's use, including, without limitation, video monitoring of the Premises, both interior and exterior.

Section 7.03 Compliance with Legal Requirements. Tenant shall, at its own expense, continually comply with all Legal Requirements applicable to Tenant's use and occupancy of the Premises, as are now or may subsequently be in effect during the Term. Tenant shall pay directly to the proper agency all licenses, fees, and charges legally imposed upon the use of the Premises by the Tenant. As used herein, "Legal Requirements" shall mean all laws, ordinances, codes, rules and regulations of all applicable public authorities (including, without limitation, the Americans with Disabilities Act and all Environmental Laws), the rules, regulations and requirements of any fire rating organizations or rating bureaus, and any rules, orders or directives issued by Landlord's insurance companies or agents. "Environmental Laws" shall mean any applicable local, state or federal statute, regulation, rule, policy, procedure, decision, order and directive promulgated thereunder now in effect with respect to environmental protection including, without limitation, the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. § 9601 *et seq.* ("CERCLA"), the Resource Conservation and Recovery Act, as amended, 42 U.S.C. § 6901 *et seq.* ("RCRA"), the Hazardous Materials Transportation Act, as amended; The Toxic Control Act, as amended; The Occupational Safety and Health Administration ("OSHA"), Hazard Communication Standard, C.F.R. Section 1910.1200 *et seq.*; the Solid Waste Amendments of 1984; the Superfund Amendments and the Reauthorization Act of 1986; the Clean Water Act; the Solid Waste Disposal Act, the Clean Air Act, as amended, and other federal or applicable state and municipal laws, policies or regulations now in effect concerning land use, zoning, water pollution, groundwater, filled wetlands protection, asbestos, petroleum products, air pollution, solid wastes, hazardous wastes, industrial waste, spills or other releases of toxic or hazardous substances, transportation of hazardous substances, materials and wastes and occupational or employee health and safety. Notwithstanding anything to the contrary in this Section 7.03, in no event shall a violation of any federal laws concerning the possession, sale, use, cultivation, or manufacture of marijuana in conflict with Ohio Revised Code Section 3796.20 or any future use permitted by Ohio law, be construed as a violation of any Legal Requirement, as long as Tenant is in compliance with the Memorandum For All United States Attorneys, from James M. Cole, Deputy Attorney General, dated August 29, 2013, Subject: Guidance Regarding Marijuana Enforcement.

Section 7.04 Right of Contest. Subject to the rights of the lender under any mortgage encumbering the Premises, Tenant shall have the right to contest by appropriate legal proceedings diligently conducted in good faith, in the name of Tenant, or Landlord (if legally required), or both (if legally required), without cost or expense to Landlord, the validity or application of any law, ordinance, rule, regulation or requirement of the nature referred to in Section 7.01 hereof and, if by the terms of any such law, ordinance, order, rule, regulation or requirement, compliance therewith may legally be delayed pending the prosecution of any such proceeding, Tenant may delay compliance therewith until the final determination of such proceeding. Landlord agrees to execute and deliver any appropriate papers or other instruments which may be reasonably necessary or proper to permit Tenant to contest the validity or application of any such law, ordinance, order, rule, regulation or requirement and to cooperate with Tenant in such contest.

Section 7.05 Tenant's Indemnity Regarding Hazardous Use. Tenant agrees to indemnify, defend and hold harmless Landlord for all costs and expenses due to events relating to Tenant's (or any subtenant's) use, shipment, storage, disposal or discharge of hazardous or toxic materials or wastes, hazardous or toxic substances, solid wastes, waste water, or process water in, on or about the Premises or arising from Tenant's failure to comply with any Environmental Laws. This indemnification applies to, but is not limited to, claims or liability regarding air pollution, water pollution, land pollution, groundwater pollution, solid and hazardous waste management and toxic or hazardous substance control and includes responsibility for remedial action and clean up. This indemnification will survive the termination of this Lease.

Section 7.06 Tenant's Representations and Warranties. Tenant represents and warrants to Landlord that (1) Tenant is an Ohio limited liability company duly organized, validly existing and in good standing in accordance with the laws of the State of Ohio; (2) all action necessary to authorize the execution of this Lease has been taken by Tenant; (3) the individual executing and delivering this Lease on behalf of Tenant has been authorized to do so, and such execution and delivery shall bind Tenant; (4) Tenant currently complies with the Legal Requirements necessary to obtain the License and, upon obtaining the License, Tenant shall continue to comply with such Legal Requirements necessary to maintain the License; and (5) neither Tenant, nor any member, manager, officer, or employee of Tenant is an Unacceptable Party. For purposes of this Lease, "Unacceptable Party" shall mean any person or entity who is a (a) person or entity who is a "designated national," "specially designated national," "specially designated terrorist," "specially designated global terrorist," "foreign terrorist organization," or "blocked person" within the definitions set forth in the Office of Foreign Assets Control ("OFAC") Regulations of the United States Treasury Department; (b) person acting on behalf of, or an entity owned or controlled by, any government against whom the United States maintains economic sanctions or embargoes under the OFAC Regulations including, but not limited to, the "Government of Sudan," the "Government of Iran" and the "Government of Libya;" (c) person or entity who is within the scope of Executive Order 13224 — Blocking Property and Prohibiting Transactions with Persons who Commit, Threaten to Commit, or Support Terrorism, effective September 24, 2001; or (d) person or entity subject to additional restrictions imposed by the following statutes or Regulations and Executive Orders issued thereunder: the Trading with the Enemy Act, the Iraq Sanctions Act, the National Emergencies Act, the Antiterrorism and Effective Death Penalty Act of 1996, the International Emergency Economic Powers Act,

the United Nations Participation Act, the International Security and Development Cooperation Act, the Nuclear Proliferation Prevention Act of 1994, the Foreign Narcotics Kingpin Designation Act, the Iran and Libya Sanctions Act of 1996, the Cuban Democracy Act, the Cuban Liberty and Democratic Solidarity Act, and the Foreign Operations, Export Financing, and Related Programs Appropriations Act, or any other law of similar import as to any non-U.S. country, as each such Act or law has been or may be amended, adjusted, modified or reviewed from time to time.

ARTICLE EIGHT REPAIRS AND MAINTENANCE

Landlord shall repair and maintain the roof and structural portions of the Building (including without limitation, load-bearing walls, columns, floor slabs and masonry walls) at Landlord's sole expense. Notwithstanding anything to the contrary in this Agreement, and without prejudice to any other right or remedy Tenant has or may have, Tenant may, but shall not be obligated to undertake Landlord's repair and maintenance obligations and Tenant may setoff and recoup Tenant's costs paid for Landlord's repair and maintenance obligations from Annual Rent or Additional Rent payments. In order to setoff and recoup such costs, Tenant shall secure two cost estimates for Landlord's repair and maintenance obligations and execute on the lower of the two estimates. Subject to the terms and conditions of this Lease and the performance of Landlord's obligations under this Article Eight, Tenant has examined and inspected the Premises, is satisfied with the physical condition of same and accepts same in its present "AS IS" physical condition. Tenant covenants and agrees to keep and maintain all other portions of Premises and the Building and other improvements comprising the Premises at its sole cost and expense, in reasonably good order, condition, and repair, subject to ordinary wear and tear and damage from casualty and condemnation; to promptly make all repairs and replacements becoming necessary during the Term of the Lease, including, but without limitation, repairs to and replacements of the interior walls, all fixtures and appurtenances therein and thereto, heating, air conditioning and ventilating fixtures, equipment and systems serving the Premises, windows, doors, interior glass (which shall be replaced with glass of the same size and quality), electrical fixtures, equipment and systems, plumbing fixtures, equipment and systems, and sewage and water lines, pipes, conduits and fixtures within and serving the Premises, floors, floor coverings and interior ceilings not damaged by leakage, and all docks, conveyors, fire extinguishers, sprinklers and building appliances of every kind, all of Tenant's equipment and all fixtures, machinery and equipment installed and owned by Tenant now or hereafter belonging to or connected with the Premises or used in its operations; to provide cleaning, janitor and window washing services for the Premises; to clean, maintain and snowplow the sidewalk and service areas adjoining the Premises; and generally, to make all repairs and replacements necessary to preserve the Premises in good order, condition and repair as they exist as of the date hereof, reasonable wear and tear and damage from casualty and condemnation excepted; to complete alterations commenced by Tenant and to comply with all orders and requirements of any governmental authority applicable to such buildings and other improvements and to any occupations in accordance with Section 7.03 hereof, all of which repairs, replacements and restorations shall be in quality and class at least equal to the condition of the Premises as they exist as of the date hereof. When used in this Lease, the term "repairs", shall include replacements, restoration and/or renewals when and where necessary, as well as painting and decorating.

Notwithstanding the foregoing, Tenant shall maintain a contract for servicing the heating, ventilation, and air conditioning system ("HVAC") to the Premises throughout the Initial Term and any Renewal Terms. For any required repair to the HVAC, Tenant shall be responsible for up to One Thousand Dollars (\$1,000.00). Landlord shall be responsible for any amount that exceeds One Thousand Dollars (\$1,000.00). In the event that the HVAC needs to be replaced during the first five (5) years after the Possession Date, Landlord shall be responsible for the full cost of replacement. In the event that the HVAC requires replacement thereafter, Landlord shall pay for the HVAC replacement and Tenant shall, using a fifteen-year amortization, add to its Annual Rent, paid on a monthly basis, 1/15th the cost of the HVAC, during the balance of its Initial Term and any Renewal Term. In the event the HVAC is replaced, Tenant shall be fully responsible for all costs and expenses related to any required repair.

ARTICLE NINE PUBLIC UTILITIES AND SERVICES

Tenant shall pay or cause to be paid all charges for gas, water, electricity, light, heat, power, steam, air-conditioning, telephone or other communication service or other utility or service used, rendered or supplied to, upon or in connection with the Premises throughout the term of this Lease, and to indemnify, defend and save harmless Landlord from and against any liability, costs, expenses, claims or damages on such account.

ARTICLE TEN ALTERATIONS

Tenant agrees that it will not make any alterations to the Premises without the prior written consent of Landlord, which consent for interior, non-structural alterations shall not be unreasonably withheld, conditioned, or delayed. With respect to any such alterations permitted to be made by Tenant, Tenant shall (a) pay all costs, expenses and charges therefor, (b) make the same in accordance with all Legal Requirements in a good and workmanlike manner in accordance with plans and specifications approved by Landlord prior to the commencement of such alterations, (c) cause the same to be performed by qualified contractors who shall not create any labor or other disturbance at the Premises while performing same, and (d) fully and completely indemnify and hold harmless Landlord from and against any mechanic's liens or other liens or claims in connection with the making thereof.

ARTICLE ELEVEN LIENS

Tenant shall not suffer or permit any liens to be filed against the Premises or any part thereof by reason of any work, labor, services or materials done for or supplied to, or claimed to have been done for or supplied to, Tenant or anyone holding the Premises or any part thereof through or under Tenant. If any such lien or claim for lien is filed, Tenant will, within ten (10) days after such filing, either have such lien or claim for lien released of record or will deliver to Landlord a bond or other security in form, content, amount, and issued by a company satisfactory to Landlord indemnifying Landlord, and others designated by Landlord against all costs and liabilities resulting from such lien or claim for lien and the foreclosure or attempted foreclosure thereof. If Tenant fails to have such lien or claim for lien so released or to deliver such bond to Landlord, Landlord, without investigating the validity of such lien, may pay or discharge the

same and Tenant will reimburse Landlord upon demand for the amount so paid by Landlord, including Landlord's expenses and reasonable attorneys' fees.

ARTICLE TWELVE
EXCULPATION AND INDEMNITY

Section 12.01 Control of Premises. Tenant shall be in exclusive control and possession of the Premises as provided in this Lease, and Landlord shall not in any event be liable for any injury or damage to any property or to any person happening on, in or about the Premises, or for any injury or damage to the Premises, or to any property, whether belonging to Tenant or any other person or entity, except for any injury or damage caused by Landlord's negligence or willful misconduct, subject to Section 6.04 of this Lease.

Section 12.02 Tenant's Indemnification. Tenant shall indemnify, defend and save harmless Landlord from and against all liability, judgments, claims, demands, suits, actions, losses, penalties, fines, damages, costs and expenses, including attorneys' fees, of any kind or nature whatsoever, due to or arising out of or from any breach, violation or non-performance of any covenant, condition, provision or agreement in this Lease set forth and contained on the part of Tenant to be fulfilled, kept, observed and performed, and claims of every kind or nature, arising out of a breach of any representation and/or warranty of Tenant set forth herein and/or the use and occupation of the Premises by Tenant, including, without limitation, any damage to the property occasioned by or arising from the use and occupation thereof by Tenant or by any sublessee, subtenant or assignee of Tenant, any injury to any person or persons, including death resulting at any time therefrom, occurring in or about the Premises or the sidewalks in front of the same or adjacent thereto.

ARTICLE THIRTEEN
INTENTIONALLY DELETED

ARTICLE FOURTEEN
DAMAGE AND DESTRUCTION

Section 14.01 Restoration by Landlord. If the Improvements shall be damaged or destroyed by fire or other casualty, and in Landlord's reasonable judgment such damage or destruction can reasonably be repaired within two hundred seventy (270) days from the happening thereof, then Landlord shall proceed with all reasonable speed to repair such damage or destruction and to restore the Improvements as nearly as practicable to their condition immediately preceding such damage or destruction, and Rent shall be abated equitably from the occurrence of the damage or destruction until such time as the Improvements are restored to their former condition. If the Improvements cannot reasonably be restored within said two hundred seventy (270) days, then Landlord may elect not to restore the Improvements and to terminate this Lease by written notice to Tenant or to restore the Improvements in accordance with the foregoing. Landlord shall give Tenant written notice of its decision to terminate or to restore the Improvements within thirty (30) days of the date of such damage or destruction. Landlord's notice of election to restore the Improvements shall include Landlord's reasonable estimate of the number of days required to restore the Improvements. If Landlord elects to so restore the Improvements, despite the fact that such restoration will take more than two hundred seventy

(270) days, then Tenant shall have the option, exercisable by written notice to Landlord within fifteen (15) days after receipt of Landlord's notice of its intent to restore, to terminate this Lease as of the date of such damage or destruction. If Tenant fails to terminate this Lease within said fifteen (15) day period, then this Lease shall remain in effect, Landlord shall proceed promptly to repair and restore the Improvements, and Rent shall be abated equitably from the occurrence of damage or destruction until such time as the Improvements are restored to their former condition. If this Lease is terminated as herein provided both parties shall be released from further liability hereunder, except for any obligations which expressly survive termination of this Lease, and without prejudice, however, to any rights accruing to either party prior to the date of such damage or destruction and any amounts prepaid by Tenant will be returned to Tenant on a pro rata basis based on the date of termination. In the event of damage or destruction by fire or other casualty, regardless of whether this Lease is terminated by either Landlord or Tenant pursuant to the terms and conditions of this Section 14.01, then Tenant shall pay to Landlord an amount equal to the deductible portion of Tenant's special form insurance.

Section 14.02 Termination of Lease. In the event that: (i) the Building shall be damaged during the last year of the Initial Term or any Renewal Term so that the same are untenable or (ii) the Improvements shall be damaged as a result of a happening not covered under a special form insurance policy such that the Building is rendered untenable and Landlord elects to not repair, Landlord may at its option terminate this Lease within thirty (30) days after such damage by giving written notice to Tenant. Tenant shall also have the right to terminate this Lease within thirty (30) days after the date of damage in the event of damage to the Building as described in (i) above. In the event of termination, both parties shall be released from further liability hereunder, except for any obligations which expressly survive termination of this Lease and without prejudice to any rights accruing to either party prior to the date of such termination.

ARTICLE FIFTEEN **CONDEMNATION**

Section 15.01 Taking of Premises. If during the Term, all or any portion of the Premises is taken by eminent domain, this Lease shall terminate as of, and the Rent and Additional Rent shall be apportioned to and abate from the date of the taking. Except as provided in Section 15.03, Tenant shall have no right to participate in any award or damages for any taking and hereby assigns all of its right, title and interest therein to Landlord.

Section 15.02 Definition. For the purpose of this Article, "taking under the power of eminent domain" shall include a negotiated sale or lease and transfer of possession to a condemning authority under bona fide threat of condemnation for public use.

Section 15.03 Claim by Tenant. Nothing contained in this Lease shall prevent Tenant from claiming and receiving from the condemning authority, compensation for any separate and independent claims for damages occurring by reason of said condemnation, including but not limited to damages to personal property, business, good will, cost of removing equipment, moving expenses, or loss of future profits. Except as set forth above, the rights granted to Tenant in this Section 15.03 shall not impede the rights of Landlord to recover any and all amounts due to Landlord from the condemning authority or to diminish Landlord's award.

ARTICLE SIXTEEN
ASSIGNMENT AND SUBLETTING

Section 16.01 Assignment, Subletting, Etc. Tenant shall not sublet the Premises in whole or in part and shall not sell, assign, mortgage, pledge, or in any manner transfer this Lease or any interest therein voluntarily or by operation of law or otherwise, or permit any transfer of Tenant's interest created hereby, or allow any lien upon Tenant's interest by operation of law or otherwise, or permit the use or occupancy of the Premises or any part thereof by anyone other than Tenant without first obtaining Landlord's written consent, which consent shall not be unreasonably withheld, conditioned, or delayed. Tenant shall pay to Landlord any legal fees incurred by Landlord in connection with any request to assign this Lease or to sublet all or part of the Premises.

Section 16.02 Change of Control. A change in the control of Tenant shall for all purposes of this Lease be deemed to be an assignment of this Lease and shall require Landlord's prior written approval, not to be unreasonably withheld, conditioned, or delayed, pursuant to Section 16.01 hereof.

Section 16.03 Consent to Assignment. Consent by Landlord to one or more assignments or sublettings shall not operate as a waiver of Landlord's rights as to any subsequent assignments and sublettings. Notwithstanding any assignment or subletting, Tenant shall at all times remain fully responsible and liable for the payment of rent and other sums herein specified and for compliance with all of Tenant's other obligations under this Lease, and Landlord may proceed against Tenant for the enforcement of such obligations without first proceeding against any other party. Landlord may at its option collect directly from such assignee or sublessee all rents and other charges becoming due to Tenant under such assignment or sublease and apply such rent and other charges against any sums due to Landlord by Tenant hereunder, and Tenant hereby authorizes and directs any such assignee or sublessee to make such payments of rent and other charges directly to Landlord upon receipt of notice from Landlord. No direct collection by Landlord from any such assignee or sublessee shall be construed to constitute a novation or a release of Tenant or any Guarantor of Tenant from the further performance of its obligations hereunder or under any guaranty.

Section 16.04 Request for Consent. If at any time during the term of this Lease Tenant shall request Landlord's consent to assign this Lease or to sublet all or substantially all of the Premises, Tenant shall include with such request the name and business of the proposed transferee, assignee or sublessee, complete financial statements of said assignee or sublessee, and the rent and other terms of the proposed assignment or subletting. Tenant shall provide Landlord with such other information as Landlord shall reasonably request in order to determine whether to consent to the proposed assignment or subletting.

ARTICLE SEVENTEEN
INTENTIONALLY DELETED

ARTICLE EIGHTEEN
DEFAULT

Section 18.01 Events of Default. The following events shall be "Events of Default" under this Lease:

- (a) Tenant shall fail to pay any installment of rent hereby reserved as and when the same shall become due and shall not cure such failure to pay within ten (10) days after payment is due;
- (b) Tenant shall fail to comply with any term, provision, or covenant of this Lease, other than the payment of rent and/or shall have breached any representation or warranty set forth herein, and shall not cure such failure or breach within fifteen (15) days after discovery by Tenant of such breach of representation or warranty and written notice thereof is given by Landlord to Tenant (provided that if such failure cannot reasonably be cured within fifteen (15) days, then Tenant shall have an additional reasonable period of time within which to cure such failure, provided, Tenant commences such cure within fifteen (15) days after receipt of written notice and proceeds diligently and in good faith to effect such cure);
- (c) Tenant shall be adjudged insolvent, make a transfer in fraud of creditors or make an assignment for the benefit of creditors;
- (d) Tenant shall file a petition under any section or chapter of the federal bankruptcy laws, as amended, or under any similar law or statute of the United States or any state thereof, or Tenant shall be adjudged bankrupt or insolvent in proceedings filed against Tenant thereunder; or
- (e) A receiver or trustee shall be appointed for all or substantially all of the assets of Tenant, which receiver is not discharged within one hundred eighty (180) days thereafter.

Section 18.02 Remedies of Landlord. Upon the occurrence of any Event of Default, Landlord shall have the option to pursue any one or more of the following remedies:

- (a) Landlord may enter the Premises without terminating this Lease and perform any covenant or agreement or cure any condition creating or giving rise to a default under this Lease and Tenant agrees to pay to Landlord on demand, as Additional Rent, the amount expended by Landlord in performing such covenants or agreements or satisfying or observing such condition. To the extent permitted under applicable law, Landlord, its agents or employees, shall have the right to enter the Premises and such entry and such performance shall not terminate this Lease or constitute an eviction of Tenant in whole or in part, nor relieve Tenant from the continued performance of all covenants, conditions, and agreements of this Lease, and Landlord shall not be liable for any claims for loss or damage to Tenant or anyone claiming through or under Tenant.
- (b) Landlord may terminate this Lease and the term created hereby or Landlord may terminate Tenant's right of possession without terminating this Lease. In either of such events, to the extent permitted under applicable law, Landlord may enter and take possession of the Premises by summary proceedings or otherwise and Tenant

shall surrender possession and vacate the Premises immediately and deliver possession thereof to Landlord, without releasing Tenant in whole or in part from Tenant's obligation to pay the Rent, Additional Rent and all other sums due under this Lease and to perform all of the covenants, conditions, and agreements to be performed by Tenant as provided in this Lease which do not pertain to the actual use of the Premises, and without relinquishing Landlord's right to Rent, damages or any other election which may be made by Landlord under this Lease. If Landlord elects to re-enter and take possession of the Premises with or without terminating this Lease, Landlord may evict Tenant using such force as may be permitted by law and without breaching the peace, change the locks to the Premises, and order utility services changed over into Landlord's or any other's name or terminated, take possession of all equipment, fixtures and other property of Tenant, and take whatever means Landlord deems lawfully necessary to effect such repossession and Tenant's removal. Landlord shall be deemed to have terminated this Lease only if Landlord delivers to Tenant an express written termination of this Lease.

Pursuit of any of the foregoing remedies shall not preclude pursuit of any of the other remedies therein provided, or any other remedies provided by law or in equity, nor shall pursuit of any remedy herein provided constitute a forfeiture or waiver of any rent due to Landlord hereunder or of any damage accruing to Landlord by reason of the violation of any of the terms, provisions and covenants herein contained. Forbearance by Landlord to enforce one or more of the remedies herein provided upon the occurrence of an Event of Default shall not be deemed or construed to constitute a waiver of such default.

Section 18.03 Damages. Landlord's damages, if there shall be an Event of Default under this Lease, shall include in addition to any other damages set forth in this Lease or permitted at law or equity the following:

- (a) All of Landlord's reasonable expenses incurred with respect to such Event of Default including, without limitation, attorneys' fees, commissions, and the cost of any repairs of the Premises.
- (b) All Annual Rent, Additional Rent and other sums then due, when the event of default occurs and all damages to which Landlord may be entitled for Tenant's failure to comply with the provisions of this Lease, plus an amount equal to the difference between all Annual Rent, Additional Rent and other sums reserved under this Lease for the remainder of the term and the then fair rental value of the Premises for the then remaining balance of the term, discounted to present value at four percent (4%) per annum.
- (c) All costs incurred by Landlord to place the Premises in the condition required by all applicable provisions of this Lease.

ARTICLE NINETEEN
WARRANTY OF TITLE AND QUIET ENJOYMENT

Landlord represents and warrants that it is the owner in fee simple of the Premises. Landlord represents and warrants that Tenant, on paying the rent and performing its obligations hereunder, shall peaceably and quietly hold and enjoy the Premises for the Term of this Lease without any hindrance, molestation or ejection by Landlord, its successors or assigns, or those claiming through them.

ARTICLE TWENTY
NOTICES

All notices hereunder shall be in writing and sent by personal delivery or by United States certified or registered mail, postage prepaid, or by a nationally recognized overnight delivery service for delivery on the next business day, addressed if to Landlord, to Guggenheim Commercial Real Estate Group, 23215 Commerce Park Drive, Suite 214, Beachwood, Ohio 44122, Attn: Mike Guggenheim, and if to Tenant, to 40 East Washington Street, 2nd Floor, Chagrin Falls, Ohio 44022, Attn: Andy K. Rayburn, provided that each party by like notice may designate any future or different addresses to which subsequent notices shall be sent. Notices sent by personal delivery shall be deemed given upon receipt. Notices sent by certified mail shall be deemed given two (2) business days after mailing and notices sent by nationally recognized overnight delivery service shall be deemed given on the next business day after being deposited with such delivery service.

ARTICLE TWENTY-ONE
SUBORDINATION AND ATTORNMENT

This Lease is and shall at all times, unless Landlord shall otherwise elect, be subject and subordinate to all covenants, restrictions, easements and encumbrances now or hereafter affecting the fee title of the Premises and to all ground and underlying leases and mortgages or financings or refinancings in any amounts, and to any and all advances thereunder, which may not or hereafter be placed against or affect any or all of the land or any of all of the buildings and improvements now or at any time hereafter constituting a part of or adjoining the Premises, and to all renewals, modifications, consolidations, participations, replacements and extensions thereof. The aforesaid provisions shall be self-operative and no further instrument of subordination shall be necessary unless required by any such ground or underlying lessor or mortgagee. Should Landlord or any ground or underlying lessor or mortgagee desire confirmation of such subordination, Tenant, within ten (10) days following Landlord's written request therefor, agrees to execute and deliver, without charge, any and all documents (in form reasonably acceptable to such ground or underlying lessor or mortgagee) subordinating this Lease and Tenant's rights hereunder, which agreement shall provide that Tenant's rights under this Lease shall not be disturbed so long as Tenant is not in default hereunder beyond applicable notice and cure periods.

ARTICLE TWENTY-TWO
FORCE MAJEURE

The time for performance by Landlord or Tenant of any term, provision or covenant of this Lease, other than the payment of money, shall be deemed extended by time lost due to delays resulting from acts of God, strikes, civil riots, floods, restrictions by governmental authority and any other cause not within the control of Landlord or Tenant, as the case may be.

ARTICLE TWENTY-THREE
MEMORANDUM OF LEASE

This Lease shall not be recorded, but a short form memorandum of lease setting forth the term of this Lease and such other terms and conditions as Landlord or Tenant shall reasonably request, may be recorded, and the cost of the recording shall be paid by the party choosing to record.

ARTICLE TWENTY-FOUR
MISCELLANEOUS

Section 24.01 Construction. The captions used in this Lease are for convenience only and shall not be deemed to amplify, modify or limit the provisions hereof. Words of any gender used in this Lease shall be construed to include any other gender, and words in the singular shall include the plural and vice versa, unless the context otherwise requires.

Section 24.02 Successors and Assigns, Entire Agreement. Except as limited herein, this Lease shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and assigns. This Lease contains the entire agreement of the parties hereto with respect to the subject matter hereof and can be altered, amended or modified only by written instrument executed by all such parties.

Section 24.03 Estoppel Certificates. Landlord and Tenant each agree that at any time and from time to time at reasonable intervals, and within twenty (20) days after written request by the other, that each party will execute and deliver to the other, a written estoppel certificate stating: (i) that this Lease is in full force and effect and has not been assigned, modified, supplemented and amended in any way, or if there has been any assignment, modifications, supplement or amendment, identifying the same; (ii) the date of commencement and expiration of the Term; (iii) that all conditions under this Lease to be performed by Landlord and/or Tenant as of the date of said writing, so far as can be ascertained at that time, are satisfied, or listing what conditions remain unperformed; (iv) that, so far as can be ascertained at that time, there are no offsets or defenses against the enforcement of this Lease by Landlord and/or Tenant, or specifying such default, defense or offset; (v) the date to which rent has been paid; and (vi) such other items as either party may reasonably request.

Section 24.04 Partial Invalidity. If any provision of this Lease shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall in no way be affected or impaired thereby.

Section 24.05 Lease Not Construed Against Either Party. All provisions of this Lease have been negotiated by both parties at arm's length and neither party shall be deemed the scrivener of this Lease. This Lease shall not be construed for or against either party by reason of the authorship or alleged authorship of any provision hereof.

Section 24.06 No Partnership. It is further understood and agreed that the Landlord shall in no event be construed or held to be a partner, joint venturer or associate of the Tenant in the conduct of the Tenant's business, nor shall Landlord be liable for any debts incurred by the Tenant in the Tenant's business; but it is understood and agreed that the relationship is and at all times shall remain that of landlord and tenant.

Section 24.07 No Waiver. Waiver by either party hereto of any breach by the other party hereto of any covenant or condition herein contained, or failure by Landlord or Tenant to exercise any right or remedy in respect of any such breach, shall not constitute a waiver or relinquishment for the future of any such covenant or condition or of any subsequent breach of any such covenant or condition, or bar any right or remedy of Landlord or Tenant in respect of any such subsequent breach.

Section 24.08 Limitation of Landlord's Liability. Notwithstanding anything to the contrary contained in this Lease, the liability of Landlord under this Lease shall be limited solely to its equity in the Premises and no other property or assets of the Landlord shall be subject to levy, execution or other procedures for the collection of any judgment or other judicial process requiring the payment of money by Landlord in the event of any default or breach by Landlord with respect to any of the terms, covenants and conditions of this Lease to be observed and/or performed by Landlord, and no other property or assets of the Landlord shall be subject to levy, execution or other procedures for the satisfaction of Tenant's remedies. No member or general partner of Landlord or officer, shareholder or employee of Landlord, as the case may be, shall be personally liable with respect to any claim arising out of or related to this Lease.

Section 24.09 Severability. If any provision of this Lease or any application thereof shall be invalid or unenforceable, then the remainder of this Lease and any other application of such provision shall not be affected thereby.

Section 24.10 Incorporation of Prior Agreements and Amendments. This Lease contains all agreements of the parties with respect to the matters referred to herein. No prior agreement or understanding pertaining to any such matter shall be effective. This Lease may be modified in writing only, signed by the parties in interest at the time of application.

Section 24.11 Holding Over. If Tenant remains in possession of the Premises after the expiration of the tenancy created hereunder and without the execution of a new lease, Tenant shall be deemed to be occupying the Premises as a tenant from month to month and subject to all of the rents and provisions of this Lease in effect on the day before the expiration of the tenancy, except those relating to term and except that the monthly installment of Annual Rent payable for

each month of such holdover shall be 150% of the monthly installment of Annual Rent payable during the last month of the Term. Notwithstanding the foregoing, if Tenant fails to vacate the Premises at the end of the Term or earlier termination thereof, Landlord shall be entitled to recover from Tenant all damages Landlord shall have suffered as a result of Tenant's failure to vacate the Premises as required hereunder. This paragraph shall not constitute a waiver of Landlord's right of re-entry or any other right or interest reserved by or granted to Landlord under this Lease.

Section 24.12 Governing Law. This Lease shall be governed and construed under the laws of the State of Ohio.

Section 24.13 Signage. Any signs erected by Tenant shall be in compliance with all Legal Requirements and shall be subject to Landlord's prior written approval, not to be unreasonably withheld, conditioned, or delayed. Tenant shall maintain all signs in a good state of repair, shall save Landlord harmless from all loss, cost or damage caused by the erection, existence, maintenance or removal thereof and shall repair any damage resulting therefrom. At the end of the Term, or any extension or renewal thereof, Tenant shall remove said signs and repair any damage caused thereby.

Section 24.14 Broker. Tenant warrants and represents that except for Guggenheim Commercial Real Estate Group, whose commission shall be paid by Landlord, (i) Tenant has dealt with no real estate broker, agent, or finder in connection with this Lease; (ii) Tenant has not been represented by any broker or agent in connection with this Lease; and (iii) Tenant agrees to indemnify and save Landlord harmless from and against any and all liabilities, costs, causes of action, damages, and expenses, including, without limitation, attorneys' fees, for any claims made by any other real estate broker, agent, or finder with respect to this Lease.

Section 24.15 Authority to Sign Lease. If Tenant be a corporation or a partnership (general or limited), or limited liability company, each person(s) signing this Lease as an officer, partner, member or manager of Tenant represents to Landlord that such person(s) is authorized to execute this Lease without the necessity of obtaining the signature of any other officer, partner, member or manager, that the execution of this Lease has been authorized by the Board of Directors of the corporation or by the partners of the partnership, or the members or managers of the limited liability company, as the case may be, and that this Lease is fully binding on Tenant.

ARTICLE TWENTY-FIVE **RIGHT OF FIRST REFUSAL**

In the event that Landlord shall receive a Bona Fide Offer to purchase the Premises at any time during the Term of this Lease, Landlord shall so notify Tenant, which notice shall be accompanied by a true and correct copy of said Bona Fide Offer. For purposes hereof, "Bona Fide Offer" shall be deemed to be a letter of intent to purchase signed by a person or entity that is not related to or affiliated with Landlord, which Landlord intends to accept (subject to this Article Twenty-Five). Tenant may, at Tenant's option and within ten (10) days after receipt of Landlord's notice of said Bona Fide Offer and receipt of a copy thereof, notify Landlord that Tenant will purchase the Premises at the price and upon the terms and conditions as are contained in said Bona Fide Offer (such notice being herein called "Tenant's Acceptance

Notice”), in which event, Landlord and Tenant shall proceed diligently and in good faith to execute a purchase agreement incorporating the terms contained in the Bona Fide Offer, except that Tenant shall have the option to pay cash in lieu of any seller financing. If Tenant shall fail to so notify Landlord within said ten (10) day period that Tenant will purchase the Premises or the parties shall fail to execute a purchase agreement incorporating the terms of the Bona Fide Offer within thirty (30) days following the date of Tenant’s Acceptance Notice, then Landlord may sell the Premises, subject to all rights of Tenant contained in this Lease including any time remaining on the Initial Term and any Renewal Term, and in accordance with said Bona Fide Offer and Tenant’s rights under this paragraph shall be forever waived but all other rights of Tenant under this Lease shall remain; provided, however, that if Landlord shall fail to sell the Premises in accordance with the terms of the Bona Fide Offer within one (1) year following the date Landlord originally notified Tenant, Landlord may not sell the Premises without again notifying and giving Tenant the right to purchase the Premises in accordance with this Article Twenty-Five.

[Remainder of Page Intentionally Blank]

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the day and year first above written.

LANDLORD:

Val Katz, Trustee

TENANT:

BUCKEYE RELIEF, LLC,
an Ohio limited liability company

By: _____

Name: Andrew K. Rayburn

Title: CEO

STATE OF _____)
) ss:
COUNTY OF _____)

BEFORE ME, a Notary Public, in and for said county and state, personally appeared VAL KATZ, TRUSTEE, who acknowledged that he did sign the foregoing Lease and the same was his free act and deed.

IN WITNESS WHEREOF, I hereto affix my hand and official seal at _____, _____, this _____ day of _____, 2017.

NOTARY PUBLIC

STATE OF OHIO)
) ss:
COUNTY OF Cuyahoga)

BEFORE ME, a Notary Public, in and for said county and state, personally appeared Andrew K. Rayburn, the CEO of BUCKEYE RELIEF, LLC, an Ohio limited liability company, who acknowledged that he/she did sign the foregoing Lease and the same was the free act and deed of said limited liability company and his/her free act and deed as such CEO.

IN WITNESS WHEREOF, I hereto affix my hand and official seal at Chagrin Falls, Ohio, this 2nd day of November, 2017.

Cynthia L. Carlson
NOTARY PUBLIC



CYNTHIA L. CARLSON
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
March 17, 2019

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD

BEFORE ME, a Notary Public, in and for said county and state, personally appeared VAL KATZ, TRUSTEE, who acknowledged that he did sign the foregoing Lease and the same was his free act and deed.

IN WITNESS WHEREOF, I hereto affix my hand and official seal at
Sunrise Florida, _____, Nov, 2017.



NOTARY PUBLIC

STATE OF OHIO)
) ss:
COUNTY OF _____

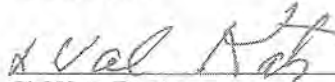
BEFORE ME, a Notary Public, in and for said county and state, personally appeared _____, the _____ of BUCKEYE RELIEF, LLC, an Ohio limited liability company, who acknowledged that he/she did sign the foregoing Lease and the same was the free act and deed of said limited liability company and his/her free act and deed as such _____.

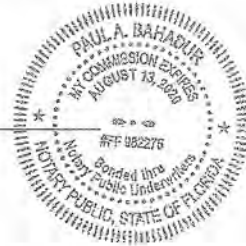
IN WITNESS WHEREOF, I hereto affix my hand and official seal at
_____, _____, this _____ day of _____, 2017.

NOTARY PUBLIC

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the day and year first above written.

LANDLORD:


Val Katz, Trustee



TENANT:

BUCKEYE RELIEF, LLC,
an Ohio limited liability company

By: _____

Name: _____

Title: _____

{01110908 9/34618|1.7

TRADE SECRET

Affidavit of Approval of Use by Owner of Property

I, Val Katz, the undersigned, am the owner of the real property and all improvements thereupon at 1782 Coventry Road, Cleveland Heights, Ohio, 44118 (the "Premises").

I hereby certify that I have executed a lease agreement between myself as Landlord, and Buckeye Relief, LLC as Tenant, at the Premises.

I hereby acknowledge the grant, to Buckeye Relief, LLC, of my permission to operate a medical marijuana dispensary at the Premises, if awarded a provisional dispensary license at the Premises in accordance with Section 3796 of the Ohio Revised Code. I further acknowledge that Buckeye Relief, LLC may continue to operate a medical marijuana dispensary at the Premises for, at a minimum, the term of the initial provisional license, pursuant to the terms of its lease, which extends ten (10) years from the Full Rent Commencement Date, as defined in the lease, for so long as such lease not be in default.

Signed:

Val Katz
Val Katz, Trustee

Date: 11-2-17

STATE OF FLORIDA

County of Broward

On this the 2nd day of Nov 2017, before me, Paul A. Bahadur the undersigned officer, personally appeared Val Katz, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein.

In witness whereof, I hereunto set my hand and official seal.

[Signature]
Notary Public

My Commission Expires: Aug 13th 2020



{01124531 2}
3483151.2

TRADE SECRET

C-1.2 Business Name, as it appears on the Applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents.

Buckeye Relief, LLC

C-1.3 Trade names and DBA (doing business as) names

N/A

C-1.4 Business Address

1782 Coventry Road

C-1.5 City

Cleveland Heights

C-1.6 State

OH

C-1.7 Zip Code

44118

C-1.8 Phone

4408937529

C-1.9 Email

Andy@BuckeyeRelief.com

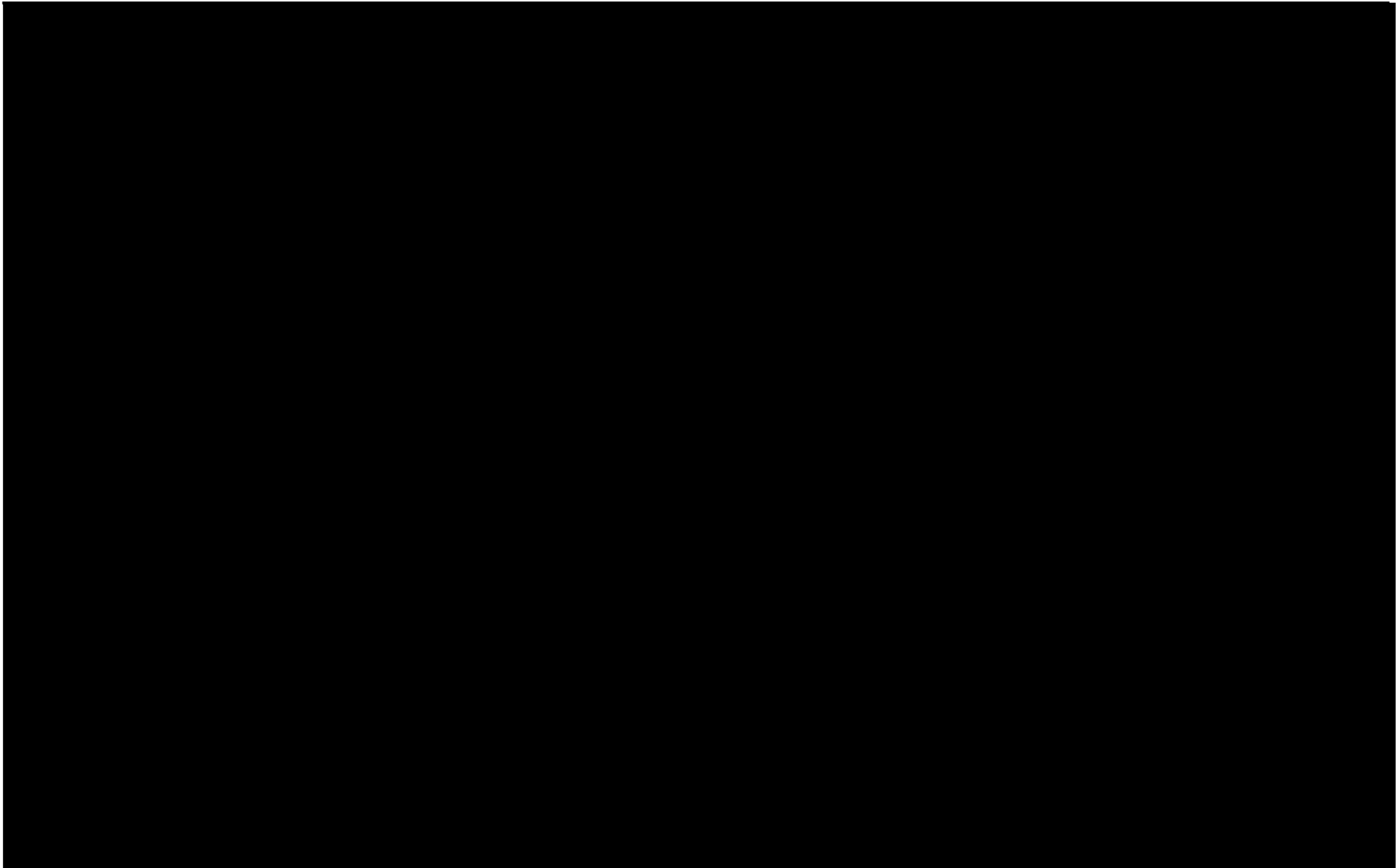
Business Plan(Site and Facility Plan)

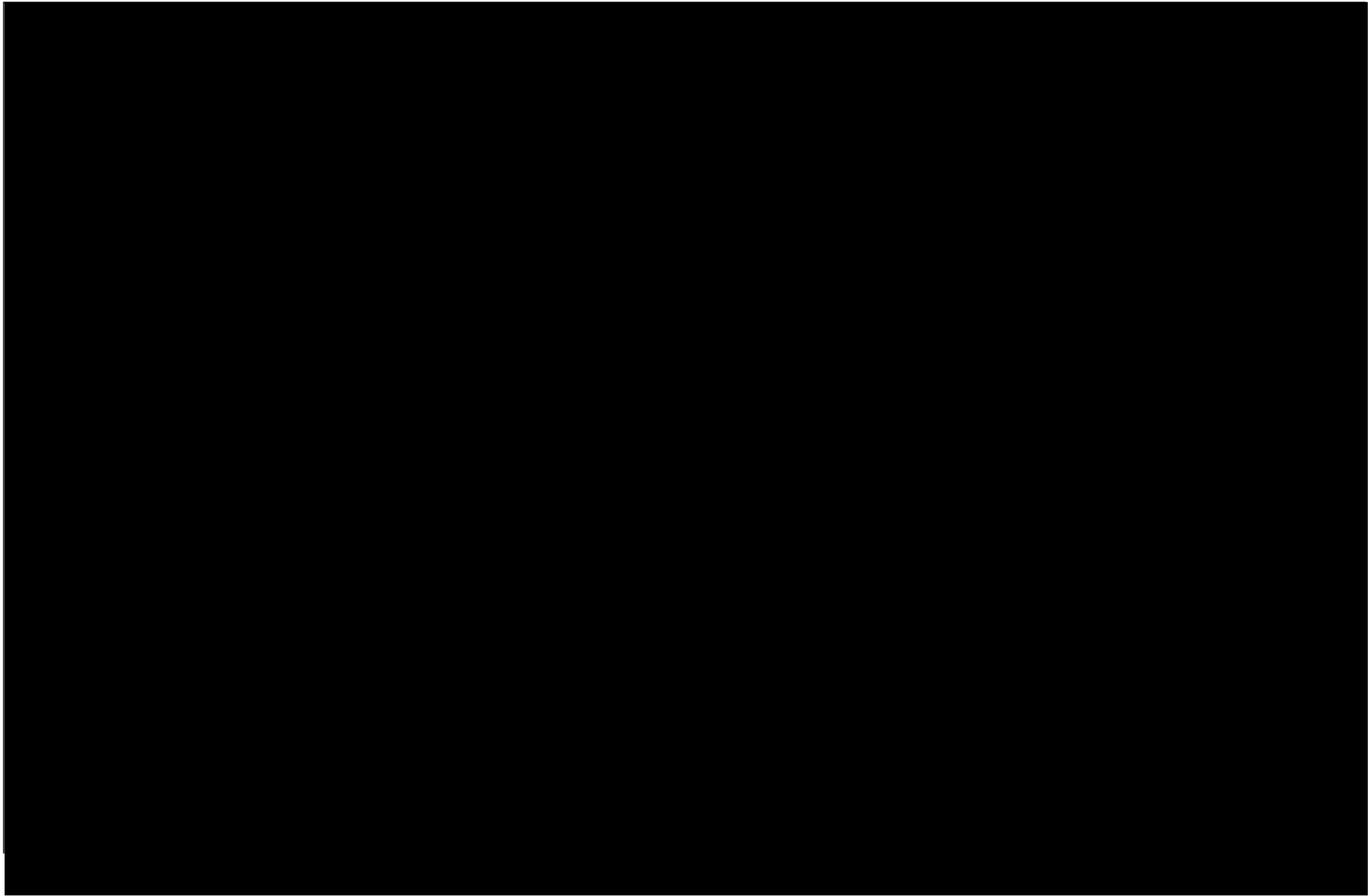
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

- 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: **C-2.1_Site and Facility Plan_Cleveland Heights.pdf**

NOTE: This applicant uploaded document is the next 2 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: **C-2.2_Notice of Proper Zoning Form Cleveland Heights.pdf**

NOTE: This applicant uploaded document is the next 8 page(s) of this document.



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

This form must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to locate its dispensary. 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 C-2.2 of the online Application.

To be Completed by Applicant		
Business Name of Applicant: Buckeye Relief, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 1782 Coventry Road		
City: Cleveland Heights		County: Cuyahoga
State: Ohio	Zip Code: 44118	Phone Number: 216-650-6967
To be Completed by Zoning Authority or Local Government		
Jurisdiction of <u>Zoning Office</u> or Local Government City Manager of Cleveland Heights <i>Richard W. Bong</i>		
Moratorium (Required to check one box) <input checked="" type="checkbox"/> The area of <u>Cleveland Heights</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. <input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box) <input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include 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.</i> <input checked="" type="checkbox"/> The area of <u>Cleveland Heights</u> 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.		



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Permit (Required to check one box)

☐ The Applicant has received local zoning approval and was issued a permit.

***If Applicant checks this box, Applicant must attach the permit issued.**

☐ The Applicant has applied for local zoning approval, but was not yet issued a permit.

☒ No zoning approval was applied for and no permit was received at this time.

See attached explanation

Printed Name of Local Government Representative:

RICHARD WONG

Title:

PLANNING DIRECTOR

Signature:

R Wong

Date:

11-14-2017

The Cleveland Heights City Council passed Ordinance 84-2017 on July 17, 2017 that enacts Chapter 711, "Medical Marijuana," of the Codified Ordinances of Cleveland Heights. Chapter 711 was created to allow for the licensing, regulation, and control of medical marijuana businesses. Under this ordinance, the City Manager is the local licensing authority for medical marijuana businesses and they will consider applications for Medical Marijuana Entity Licenses. Before or upon provisional licensure with the Ohio Board of Pharmacy, Buckeye Relief intends to apply for a Medical Marijuana Entity License with the City of Cleveland Heights. Buckeye Relief is in compliance with the requirements of Chapter 711 necessary for local licensure, and is also compliant with all local zoning laws. No additional zoning approval will be required, as its intended use of its property is already compliant with all local zoning laws.

ORDINANCE NO. 84-2017 (PSH)

By Council Member Seren

An Ordinance enacting Chapter 711, “Medical Marijuana,” of the Codified Ordinances of Cleveland Heights.

WHEREAS, on September 8, 2016, Ohio House Bill 523 (codified in Ohio Revised Code Chapter 3796) took effect approving a Medical Marijuana Control Program, under which licensed medical marijuana cultivators, processors, dispensaries, and testing laboratories (hereafter referred to collectively as “Medical Marijuana Entities”) could legally operate within the State of Ohio; and

WHEREAS, the City of Cleveland Heights has the power to regulate and license Medical Marijuana Entities pursuant to Ohio Revised Code Chapter 3796 and pursuant to its exercise of police powers for furtherance and protection of the health, safety, and general welfare of the residents of Cleveland Heights; and

WHEREAS, this Council has determined that Medical Marijuana Entities should be able to locate within Cleveland Heights so that residents may access this form of medical relief in order to reduce or eliminate pain and suffering caused by the severe medical conditions identified by the Ohio legislature as qualifying for medical marijuana treatment; and

WHEREAS, this Council has determined that the business regulations set forth herein shall ensure the safe and secure operation of Medical Marijuana Entities within the City.

BE IT ORDAINED by the Council of the City of Cleveland Heights, Ohio, that:

SECTION 1. Chapter 711, “Medical Marijuana,” of the Codified Ordinances of Cleveland Heights shall be, and is hereby, enacted and adopted in its entirety to read as Exhibit A attached hereto and fully incorporated herein. A complete copy of Exhibit A is also on file with the Clerk of Council.

SECTION 2. Notice of the passage of this Ordinance shall be given by publishing the title and abstract of its contents, prepared by the Director of Law, once in one newspaper of general circulation in the City of Cleveland Heights.

SECTION 3. This Ordinance shall take effect and be in force at the earliest time allowed by law.

ORDINANCE NO. 84-2017 (PSH)

CHERYL L. STEPHENS, Mayor
President of the Council

LAURIE SABIN
Clerk of Council

PASSED: July 17, 2017

EXHIBIT A

**CHAPTER 711
MEDICAL MARIJUANA**

711.01 DEFINITIONS.

Unless otherwise defined herein, the terms in the Chapter shall have the same meaning as set forth in Ohio Revised Code Section 3796.01.

(a) “Applicant” shall mean any person or entity applying for a License pursuant to this Chapter.

(b) “License” shall mean a license issued pursuant to this Chapter.

(c) “Licensee” shall mean a person or entity with a valid License received pursuant to this Chapter.

(d) “Medical Marijuana Entity” shall mean a medical marijuana cultivator, processor, dispensary, or testing laboratory authorized by Ohio Revised Code Chapter 3796.

711.02 LICENSE REQUIRED

No Medical Marijuana Entity shall operate within the City, without a valid License, which is in full force and effect and issued pursuant to this Chapter, or without a valid state certificate or license, as applicable.

711.03 LICENSING AUTHORITY

(a) The City Manager or designee is the ~~Licensing~~licensing authority and, pursuant to this Chapter, shall consider the applications and renewal for Licenses and issue, suspend, revoke, or deny issuances of Licenses.

(b) An application for a License shall be granted on the approval of the City Manager or designee at his/her sole discretion.

(c) A renewal application for a License shall be granted on the approval of the City Manager or designee at his/her sole discretion.

(d) Nothing in this Chapter shall be construed to limit the Police Division’s ability to investigate unlawful activity in relation to a License or the unlawful operation of a Medical Marijuana Entity.

711.04 LICENSE PROCEDURES AND FEES.

(a) Applicants desiring to operate a Medical Marijuana Entity shall make an application upon a form provided by the City Manager or designee.

ORDINANCE NO. 84-2017 (PSH)

(b) All applications, including renewals, shall include a security plan, subject to approval by the Chief of Police, ~~and a non-refundable application fee of Two Hundred and Fifty dollars (\$250)~~. Said security plan shall be in a form proscribed by the Chief of Police. Applicant shall supply any and all additional information requested by the Chief of Police to evaluate said security plan. All applicants, except renewals, shall include a non-refundable application fee of Two Hundred and Fifty dollars (\$250).

(c) Upon approval by the City Manager, Applicant shall pay a license fee of Five Thousand Dollars (\$5,000.00) per calendar year or fraction thereof.

(d) Each License shall be an annual license, which covers the period of the issuance until December 31.

(e) A renewal application shall be submitted by ~~at least~~ on or before October 1 of each year upon a renewal form provided by the City Manager or designee to be processed prior to December 31.

(f) Any Medical Marijuana Entity that fails to timely obtain a renewal of License shall not operate after the License expires on December 31.

711.05 RESPONSIBILITIES OF THE LICENSEE

(~~g~~a) Each License shall be displayed permanently in a conspicuous place on the premise of the Medical Marijuana Entity for which it is issued.

(~~h~~b) Each License shall be only assignable or transferable, as to person or location, upon written consent of the City Manager or designee.

(c) Licensee shall immediately notify the City Manager of any material change to information provided in the application including, but not limited to, changes to the security plan.

(~~i~~d) If, at any time, the Medical Marijuana Entity or its owner or principal is subject to any enforcement action by the State of Ohio, the Medical Marijuana Entity shall immediately notify the City Manager and shall provide any relevant information or documentation requested by the City Manager.

(~~j~~e) If, at any time, the Medical Marijuana Entity or its employee has a reasonable belief that an actual loss, theft, or diversion of medical marijuana or currency over One Hundred Dollars (\$100) has occurred, the Medical Marijuana Entity shall immediately notify the Cleveland Heights Police Department, and such notification shall be provided no later than 24 hours after discovery of the loss, theft, or diversion.

ORDINANCE NO. 84-2017 (PSH)

711.~~05~~06 LICENSE SUSPENSION OR ~~RECOVATION~~REVOCATION.

The City Manager or designee may suspend or revoke any License for violation of any City ordinance, false or incorrect information submitted on the license application, or for failure to comply with the approved security plan.

711.~~06~~07 SERVICE OF DENIAL OR ~~RECOVATION~~REVOCATION NOTICE

All notices of denial or revocation issued pursuant to this Chapter shall be served by first-class mail to the address supplied on the License application.

711.~~07~~08 MEDICAL MARIJUANA REVIEW BOARD.

(a) There is hereby created a Medical Marijuana Review Board (hereafter, the "Board") consisting of the Chairperson of the Public Safety and Health Committee of Council or other member of City Council appointed by the Mayor, the City Manager or designee, and Director of Economic Development or designee.

(b) The presence of two (2) members of the Board shall constitute a quorum. Any action of the Board shall require two (2) affirmative votes.

711.~~08~~09 HEARING BEFORE THE MEDICAL MARIJUANA BOARD

(a) Any ~~person~~Licensee issued a revocation, suspension, or denial of a renewal license pursuant to this Chapter may request a hearing before the Board. A hearing request must be made in writing and received by the Director of Law within seventeen (17) calendar days of the date of the first-class mailing of the notice.

(~~eb~~) The hearing shall be held within a reasonable time from receipt of the request to appeal. The Applicant shall be given at least fourteen (14) calendar days' notice of the date, time, and location of the hearing and shall have the opportunity to present sworn evidence to the Board and cross examine any sworn witnesses presented by the City. The hearing shall proceed in a manner prescribed by the Board.

(~~ec~~) After said hearing, the Board shall render a written decision affirming or reversing the License revocation, ~~or~~ suspension, or renewal denial.

711.99 PENALTY

Whoever violates any provision of this Chapter is guilty of a minor misdemeanor on a first offense and a fourth degree misdemeanor on a second or subsequent offense with penalties as provide by Section 501.99 of the Codified Ordinances.

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: **C-2.3_Location Area Map_Cleveland Heights.pdf**

NOTE: This applicant uploaded document is the next 4 page(s) of this document.

C-2.3 Provide a location area 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 may must be clearly legible and labeled and may be divided into 8.5*11 inch sections. (3796:5-5-01)

Please see the attached location area map (pages 1 and 2 divided into 8.5*11 inch sections, and page 3 is the full 11*17 map) of the area surrounding the proposed facility that establishes (certified by a registered architect) that 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. The distance is measured linearly and is the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider.



I hereby certify that there are no prohibited facilities as defined in Section 3796.30 of the Revised Code, or community addiction services providers as defined under section 5119.01 of the Revised Code within 500 feet of the proposed dispensary.



ERBACH
WADDELL
ARCHITECTS

2335 WEST 11TH STREET
CLEVELAND, OHIO

216.621.3432 PHONE
216.621.9393 FAX

EXPIRES 12-31-2017



DISPENSARY
1782 COVENTRY ROAD
CLEVELAND HEIGHTS,
OHIO 44118

PPN 685-10-066

VICINITY MAP

NOVEMBER 10, 2017



I hereby certify that there are no prohibited facilities as defined in Section 3796.30 of the Revised Code, or community addiction services providers as defined under section 5119.01 of the Revised Code within 500 feet of the proposed dispensary.



ERBACH
WADDELL
ARCHITECTS

2335 WEST 11TH STREET
CLEVELAND, OHIO

216.621.3432 PHONE
216.621.9393 FAX

EXPIRES 12-31-2017



DISPENSARY
1782 COVENTRY ROAD
CLEVELAND HEIGHTS,
OHIO 44118

PPN 685-10-066

VICINITY MAP

NOVEMBER 10, 2017



ERBACH
WADDELL
ARCHITECTS

2335 WEST 11TH STREET
CLEVELAND, OHIO

216.621.3432 PHONE
216.621.9393 FAX

EXPIRES 12-31-2017



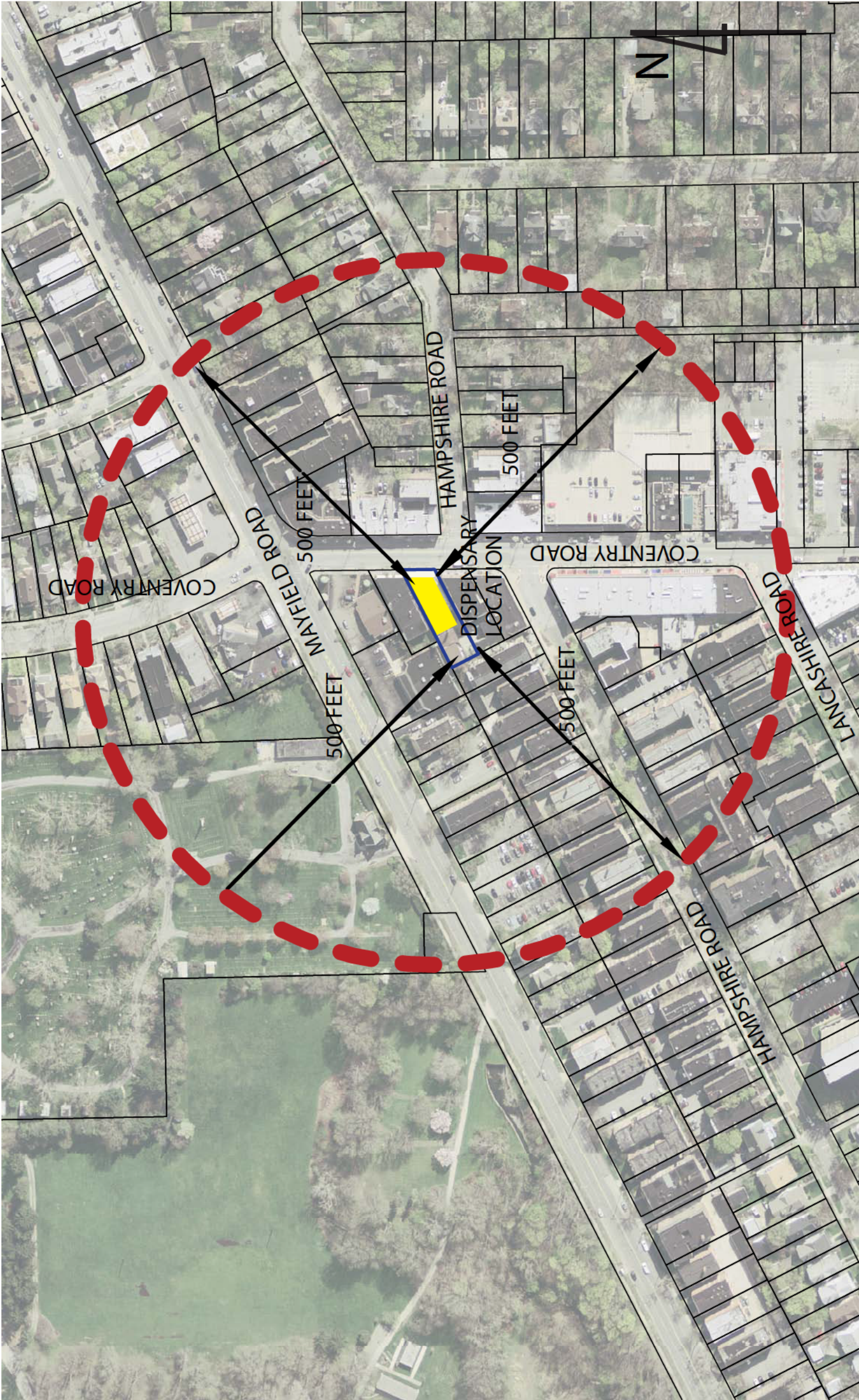
DISPENSARY
1782 COVENTRY ROAD
CLEVELAND HEIGHTS,
OHIO 44118

PPN 685-10-066

VICINITY MAP

NOVEMBER 10, 2017

C-2.3 Location Area Map



I hereby certify that there are no prohibited facilities as defined in Section 3796.30 of the Revised Code, or community addiction services providers as defined under section 5119.01 of the Revised Code within 500 feet of the proposed dispensary.

TRADE SECRET

Business Plan(Business Startup Plan)

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:

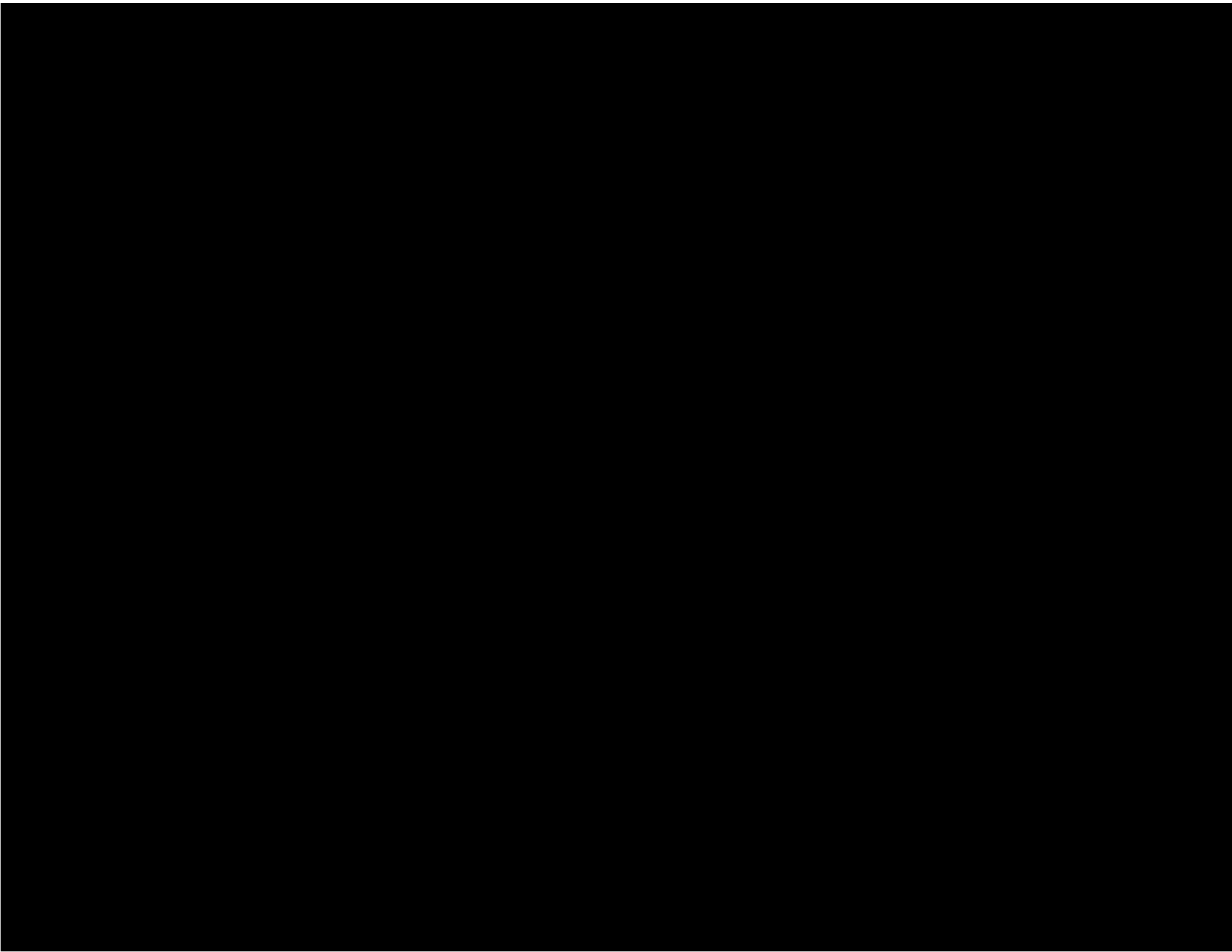
1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

[Redacted content]

[illegible]

C-3.1.1 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.

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



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

[illegible]

[illegible]

[illegible]

Business Plan(Description of Employee Duties and Roles)

C-4.1 Please provide a description of the duties, responsibilities, and roles of each Prospective Associated Key Employee. Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Our employees are responsible for compliance with all state laws, regulations and rules regulating the dispensing of medical marijuana. The following is a list of our Prospective Associated Key Employees and their duties:

Medical Advisory Board: Members of the Medical Advisory Board (MAB) will meet quarterly to discuss patient care, patient education, and training activities. As the field of research develops for medical marijuana (MMJ), the MAB will compile information based on their field of medicine, and update management on these developments using their knowledge, experience and training. The MAB will diligently stay apprised of developments in MMJ science and attend industry educational conferences and seminars.

Chief Executive Officer: Provides leadership in achieving our vision, mission, strategy, and goals. The CEO oversees the operation of the locations, and all managers and employees, and provides general oversight of all activities and assures a smooth, functioning, efficient organization. He also oversees program quality and organizational stability through development and implementation of standards and controls, systems and procedures, and regular evaluation. The CEO maintains a work environment that recruits, retains and supports quality staff and a process for their selection, development, motivation and evaluation.

Chief Financial Officer: Provides both operational and programmatic support to the organization. Acts as the financial spokesperson. Directly assists the COO on all strategic and tactical matters as they relate to budget management, cost benefit analysis and forecasting needs. Responsible for forecasting future sales and developing sales plans and strategies.

Chief Operating Officer: Responsible for overseeing the day-to-day operations and the development, design, operation, and improvement of the systems that create and deliver our MMJ to ensure quality and compliance in all operations, including safety and security. The COO coordinates the internal operational activities in accordance with policies, goals, and objectives. He participates in key decisions and assists the CEO in developing short and long-term organizational goals and strategic initiatives.

Director of Security (DS): Oversees the installation and operation of security systems, ensures compliance with the rules set forth by BOP and all applicable state and local laws, regulations, ordinances, and other requirements, as well as ensures safety measures are developed and followed. Any diversion, theft, or loss of marijuana, equipment, or property will be reported immediately to the DS, BOP and law enforcement officials (LEOs). The DS will implement, maintain and ensure all employees follow the security policies and procedures, and will meet periodically with LEOs to discuss security matters. The DS will oversee the management of the keying and coding systems, assign and document of access permissions, and distribute the necessary credentials. He will determine and implement the appropriate activities and processes required to quickly contain and minimize the immediate impact to personal safety, the Dispensary and other affected parties.

Registered Pharmacist & Dispensary Director (DD): Responsible for overseeing all Dispensary Managers at various locations. Ensure operations are compliant with applicable laws and regulations, as well as compliance with the use of OAARS and ASAP. Responsible for supervising all phases of

dispensing operations.

Dispensary Manager & Designated Representative (DM): The DM will serve as the Designated Representative, as a dispensary key employee, who is responsible for acting in compliance with rule 3796:6-3-05 OAC. The DM role includes:

- Maintaining a current and active MMJ key or associated key employee license
- Reporting/notifying to the Ohio Board of Pharmacy (BOP) when required and appropriate per division 3796 of the Administrative Code, including immediately in the event of learning of an employee's arrest for a disqualifying offense or termination, or a suspected theft, diversion or loss of MMJ
- Review policies and procedures at least once a year from the issue date of the certificate of operation and update as needed or as requested by BOP
- Notify all dispensary employees of changes to policy, procedure or processes
- Notify all dispensary employees of the discovery or reporting of a dispensing error
- Being physically present at the Dispensary at least 20 hours each week and able to be contacted by dispensary employees during all hours of operation
- Oversight of the delivery and receipt of MMJ to the Dispensary
- Supervise and control MMJ under custody of the Dispensary
- Oversee safeguards of MMJ to assure that the sale or other distribution of MMJ will occur only dispensary employees licensed by BOP
- Maintaining all required records
- Implement and comply with a quality assurance program and perform quality assurance reviews for each dispensing error
- Oversee and implement the training program and ensure each employee receives continuing education
- Design policies and procedures for refusing to provide MMJ to an individual who appears to be impaired or abusing MMJ
- Oversee the development, dissemination, and records of materials for patients and caregivers
- Primary oversight of the Dispensary's MMJ inventory control system

Director of Communications and Community Engagement (DC): Responsible for handling our public image, serving as a representative. Oversees internal communications and represents us publicly. Duties include press releases, promotions, scheduling and giving interviews, overseeing marketing and web presence. Develops and implements an integrated, organization-wide strategic communications plan to broaden awareness and strengthen our brand across key stakeholder audiences. DC also oversees local community engagement as well as proactively meeting with and soliciting feedback from local LEOs, business owners, and government leaders and attending city hall commerce breakfasts as needed.

Quality Control, Environmental & Safety Director (QCESD): Ensure that all employees understand and follow all quality assurance SOPs, including policies related to receiving, inspecting, and storing MMJ in accordance with exemplary sanitation and quality assurance standards and industry best practices. Maintains identity, strength, quality, and purity of MMJ and ensures a consistent and uninterrupted supply of MMJ in stock. Any changes to procedures will be reviewed and approved by the QCESD prior to implementation. The QCESD will use a formal, documented process to ensure that changes are introduced in a controlled manner, thereby reducing unnecessary changes. The QCESD, coordinating with the COO and DS, will review and approve investigation of adverse events and approve findings and follow-up actions.

Director of IT: Implements and oversees the information and communications technology strategies. Ensures our IT infrastructure is secure, reliable, strategically sound, and cost efficient reflecting its

needs.

Director of Human Resources: Responsible for supervising and providing consultation to management on strategic staffing plans, compensation, benefits, training and development, budget, and labor relations. Has a leadership role in developing a culture that enables employees to perform in accordance with our objectives.

Inventory Director: Responsible for keeping and protecting all inventory and ensuring accuracy of the inventory in METRC and Adilas. Reports any verifiable incident to the BOP and appropriate law enforcement authorities. Performs inventory audits and inspections. Implement and enforce all inventory management policies and procedures. Authorize and train new users in METRC and Adilas before they may access or input, modify or delete any information in the system. Regularly conduct physical inventory counts.

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

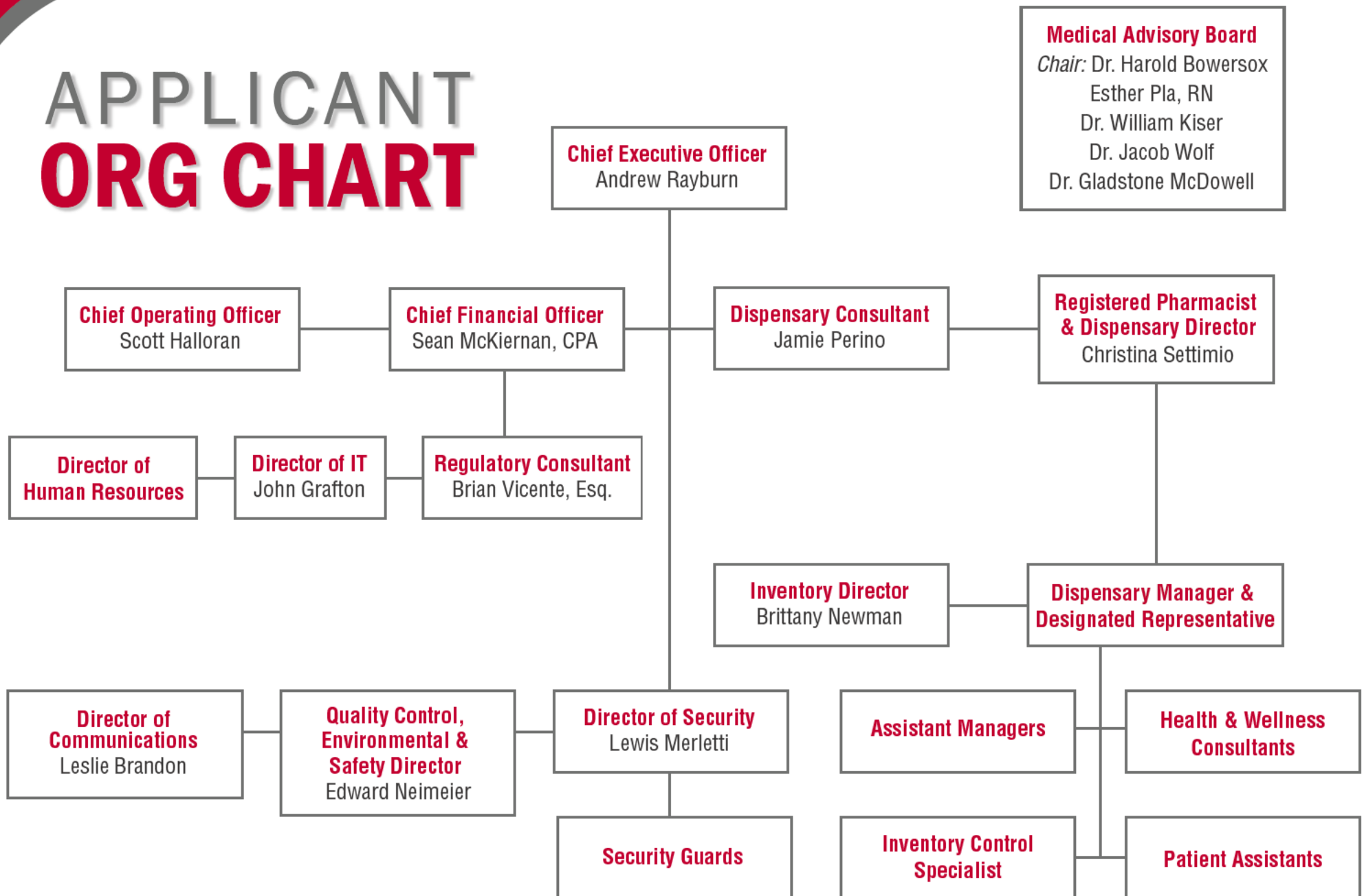
Uploaded Document Name: **C-4.2_Table of Organization and Control.pdf**

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

C-4.2

Organizational Chart

APPLICANT ORG CHART



Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Cash; Cash-Like Securities

C-5.2 Source of Capital

LLC Members (Capital Contributions)

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: **C-5.5.1_Liquid Assets_Redacted.pdf**

NOTE: This applicant uploaded document is the next 12 page(s) of this document.

Unconditional Pledge of Liquid Assets

I, _____, the undersigned, am the founder and CEO of _____ and
the Grantor, Trustee and Beneficiary of _____ Revocable Trust.

By execution of this document, I hereby unconditionally pledge a total sum of up to TWELVE
MILLION UNITED STATES DOLLARS (\$12,000,000.00) to _____ for the
purposes of financing the start-up and continued operation of three (3) dispensaries in the state of
Ohio, pending licensure. If any or all of this amount is required by _____ for any
dispensary or dispensaries which secure a license, that amount will be available to
_____ for such use, without precondition or reservation of any kind whatsoever.

As certified by the Fidelity account statement attached herewith, and as further attested by myself
herein, I possess liquid, cash-like securities exceeding the amount of this unconditional pledge. I
hereby agree not to encumber such assets, nor to take any other action which would make such
funds unavailable to _____

I further certify that I have all necessary legal authority to make this unconditional pledge.

Signed: _____

Date: 11/13/17

Revocable Trust

By: _____

STATE OF OHIO

County of _____

BEFORE ME, a Notary Public in and for said County and State, personally appeared
_____ on behalf of _____ REVOCABLE TRUST, who
acknowledged that he did sign the foregoing Unconditional Pledge of Assets and that the same is
his free act and deed and the free act and deed of said entity.

IN WITNESS WHEREOF, I hereunto set my hand and official seal on this 13th day of
November, 2017.



Notary Public

INVESTMENT REPORT
October 1, 2017 - October 31, 2017

Envelope # BDSOWRBBCHFK



Brokerage
REVOCABLE TR U/A 10/10/97
TRUSTEE FOR THE BENEFIT OF

► Account Number:

Your Account Value: **\$13,677,041.60**

Change from Last Period: ▼ \$544,487.12

Your Advisor/Agent _____

	This Period	Year-to-Date
Beginning Account Value	\$14,221,528.72	\$8,787,590.58
Additions	2,771.67	10,646,071.75
Subtractions	-556,894.00	-5,835,926.88
Change in Investment Value *	9,635.21	79,306.15
Ending Account Value **	\$13,677,041.60	\$13,677,041.60
Accrued Interest (AI)	5,384.87	
Ending Account Value Incl. AI	\$13,682,426.47	

* Appreciation or depreciation of your holdings due to price changes plus any distribution and income earned during the statement period.
** Excludes unpriced securities.



Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Brokerage services provided by Fidelity Brokerage Services LLC (FBS), Member NYSE, SIPC.
(800) 544-6666. Brokerage accounts carried with National Financial Services LLC (NFS), Member NYSE, SIPC.

INVESTMENT REPORT
October 1, 2017 - October 31, 2017



Account Summary

Account Value: **\$13,677,041.60**

Change in Account Value **▼ \$544,487.12**

	This Period	Year-to-Date
Beginning Account Value	\$14,221,528.72	\$8,787,590.58
Additions	2,771.67	10,646,071.75
Deposits	2,771.67	9,745,080.71
Exchanges In	-	900,991.04
Subtractions	-556,894.00	-5,835,926.88
Withdrawals	-550,000.00	-5,580,227.15
Exchanges Out	-2,335.00	-242,074.33
Transaction Costs, Fees & Charges	-4,559.00	-13,625.40
Change in Investment Value *	9,635.21	79,306.15
Ending Account Value	\$13,677,041.60	\$13,677,041.60
Accrued Interest (AI)	5,384.87	
Ending Account Value Incl. AI	\$13,682,426.47	

* Appreciation or depreciation of your holdings due to price changes plus any distribution and income earned during the statement period.

Income Summary

	This Period	Year-to-Date
Taxable	\$1,164.67	\$14,557.62
Dividends	1,164.67	11,737.63
Interest	-	2,819.99

Income Summary (continued)

	This Period	Year-to-Date
Tax-exempt	7,466.56	55,379.92
Dividends	40.53	359.42
Interest	7,426.03	55,020.50
Total	\$8,631.23	\$69,937.54

Top Holdings

Description	Value	Percent of Account
Tarrant Cnty Tex Cultural Ed Facs Fin	\$2,500,000.00	18%
Fidelity Government Cash Reserves	1,585,120.88	12
Ohio St Univ Gen Rcpts Gen Rcpts Bds	1,500,000.00	11
Ohio St Go Infrastructure Imp	1,200,000.00	9
District Columbia Rev Var Rev Bds	1,000,000.00	7
Cleveland-Cuyahoga Cnty Ohio Port Auth	1,000,000.00	7
Rhode Island Health & Edl Bldg Corp	1,000,000.00	7
Middletown Ohio Hosp Facs Rev Rev Bds	1,000,000.00	7
Columbus Ohio San Swr Utl Bds Ser.	950,000.00	7
Ohio St Wtr Dev Auth Rev For Issues Dated	800,000.00	6
Total	\$12,535,120.88	91%



INVESTMENT REPORT
October 1, 2017 - October 31, 2017



Account Summary

Core Account and Credit Balance Cash Flow

Core Account: FIDELITY GOVERNMENT CASH RESERVES

	This Period	Year-to-Date
Beginning Balance	\$2,130,611.98	\$30,373.61
Investment Activity		
Securities Bought	-	-\$6,502,909.14
Securities Sold	-	3,154,433.41
Dividends, Interest & Other Income	8,631.23	69,675.80
Exchanges In	-	900,991.04
Exchanges Out	-2,335.00	-242,074.33
Other Activity Out	-	23,338.93
Total Investment Activity	\$6,296.23	-\$2,596,544.29
Cash Management Activity		
Deposits	2,771.67	9,745,080.71
Withdrawals	-550,000.00	-5,580,227.15
Fees & Charges	-4,559.00	-13,562.00
Total Cash Management Activity	-\$551,787.33	\$4,151,291.56
Ending Balance	\$1,585,120.88	\$1,585,120.88

D Includes dividend reinvestments.

Margin Information (as of October 31, 2017)

Maximum amount you can borrow \$1,765,000.00
Maximum rate that could currently apply 3.60%

Realized Gains and Losses from Sales

(May not reflect all gains and losses due to incomplete cost basis)

	This Period	Year-to-Date
Net Short-term Gain/Loss	-	9,561.40
Short-term Gain	-	9,561.40
Net Long-term Gain/Loss	-	-29,681.59
Long-term Loss	-	-29,681.59
Net Gain/Loss	-	-\$20,120.19



Account Summary

Estimated Cash Flow (Rolling as of October 31, 2017)

Month	Bond & CD Income	Bond & CD Principal	Stock Income	Mutual Fund Income	Total Est. Cash Flow
November 2017	\$4,526	--	--	\$555	\$5,081
December	4,380	--	--	555	4,935
January 2018	4,526	--	--	555	5,081
February	7,088	--	--	555	7,643
March	4,088	--	--	555	4,643
April	4,526	--	--	555	5,081
May	4,380	--	--	555	4,935
June	4,526	--	--	555	5,081
July	4,380	--	--	555	4,935
August	7,103	--	--	555	7,658
September	4,526	--	--	555	5,081
October	4,380	--	--	555	4,935
Total	\$58,429	--	--	\$6,660	\$65,089

This table presents the estimated monthly interest and dividend income and return of principal that your current holdings may generate over the next rolling 12 months. The cash flows displayed are estimates provided for informational purposes only and there is no guarantee that you will actually receive any of the amounts displayed. These estimates should not be relied upon for making investment, trading or tax decisions. The estimates for fixed rate domestic bond and CD income are calculated using the security's coupon rate. The estimates for domestic common stock and mutual fund income are calculated using an indicated annual dividend (IAD). The IAD is an estimate of a security's dividend payments for the next 12 months calculated based on prior and/or declared dividends for that security. IADs are sourced from third party vendors believed to be reliable, but no assurance can be made as to accuracy. There are circumstances in which these estimates will not be presented for a specific security you hold. **Please refer to Help/Glossary on Fidelity.com for additional information on these calculations.**

Bond & CD Income Includes interest payments for fixed rate bonds and Certificates of Deposit (CDs).

Bond & CD Principal Includes maturing principal payments for CDs and the following bonds: fixed rate, floating rate, variable rate, discount, and zero coupon.

Stock Income includes estimated dividend payments for common stock, ADRs, and REITs.

Mutual Fund Income includes estimated dividend payments for Fidelity and non-Fidelity mutual funds.

This table does not include cash flow from the following securities: preferred stocks, international stocks, exchange trade products (ETFs & ETNs), UITs, variable rate bonds, and international bonds, but may be included in future enhancements.

-- not available

INVESTMENT REPORT
October 1, 2017 - October 31, 2017



Holdings

Core Account

Description	Quantity	Price Per Unit	Total Market Value	Total Cost Basis	Unrealized Gain/Loss	Est. Annual Income (EAI)	Est. Yield (EY)
FIDELITY GOVERNMENT CASH RESERVES (FDRXX)	1,585,120.880	\$1.0000	\$1,585,120.88	not applicable	not applicable	\$6,331.55	0.400%
- 7-day yield: 0.74%							
Total Core Account (12% of account holdings)			\$1,585,120.88			\$6,331.55	

Mutual Funds

Description	Quantity	Price Per Unit	Total Market Value	Total Cost Basis	Unrealized Gain/Loss	Est. Annual Income (EAI)	Est. Yield (EY)
Short-Term Funds							
FIDELITY TAX-EXEMPT MONEY MARKET (FMOXX)	91,255.860	\$1.0000	\$91,255.86	not applicable	not applicable	\$331.61	0.360%
- 7-day yield: 0.52%							
Total Short-Term Funds (1% of account holdings)			\$91,255.86			\$331.61	
Total Mutual Funds (1% of account holdings)			\$91,255.86			\$331.61	

Stocks

Description	Quantity	Price Per Unit	Total Market Value	Total Cost Basis	Unrealized Gain/Loss	Est. Annual Income (EAI)	Est. Yield (EY)
Preferred Stock							
M CENTRUS ENERGY CORP 7.50000% PFD	88,000	-	unavailable	unknown	unknown	-	-
Total Preferred Stock (0% of account holdings)			unavailable			-	
Total Stocks (0% of account holdings)			unavailable			-	



INVESTMENT REPORT
October 1, 2017 - October 31, 2017



Holdings

Bonds

Description	Maturity	Quantity	Price Per Unit	Total Market Value Accrued Interest (AI)	Total Cost Basis	Unrealized Gain/Loss	Est. Annual Income (EAI)	Coupon Rate
Corporate Bonds								
M CENTRUS ENERGY CORP BOND	02/28/27	62,464.000	\$81.1105	\$50,664.96 \$856.88	\$29,822.64 ^B	\$20,842.02	\$5,138.970	8.250%
FIXED COUPON SEMIANNUALLY NEXT CALL DATE 12/02/2017 CUSIP: 15643UAC8								
Total Corporate Bonds (0% of account holdings)				\$50,664.86	\$29,822.64	\$20,842.02	\$5,138.970	
Municipal Bonds								
OHIO ST GO INFRASTRUCTURE IMP	08/01/21	1,200,000.000	\$100.0000	\$1,200,000.00	\$1,200,000.00 ^B	-	-	0.880%
VARIABLE COUPON MOODYS VMIG1 S&P AA+ SEMIANNUALLY NEXT CALL DATE 12/02/2017 100.00 SUBJ TO SINKING FUND NEXT RESET 11/01/2017 CUSIP: 6775183S9								
MOHO ST WTR DEV AUTH REV FOR ISSUES DATED	11/01/25	800,000.000	100.0000	800,000.00 637.89	800,000.00 ^B	-	7,440.010	0.930
REMARKETED COUPON MOODYS Aa2 S&P A-1 MONTHLY NEXT CALL DATE 12/01/2017 100.00 EXTRAORDINARY CALL CUSIP: 67765QAN6								
COLUMBUS OHIO SAN SWR ULT	12/01/26	950,000.000	100.0000	950,000.00	950,000.00 ^B	-	-	0.870
BDS SER.								
VARIABLE COUPON MOODYS VMIG1 S&P AAA MONTHLY NEXT CALL DATE 12/02/2017 100.00 SUBJ TO SINKING FUND NEXT RESET 11/02/2017 CUSIP: 199491XA4								
MEFRANKLIN CNTY OHIO HOSP REV	12/01/28	500,000.000	100.0000	500,000.00 394.93	500,000.00 ^B	-	4,649.980	0.930
REMARKETED COUPON MOODYS Aa3 MONTHLY NEXT CALL DATE 12/02/2017 100.00 EXTRAORDINARY CALL SUBJ TO SINKING FUND CUSIP: 353186V22								
RHODE ISLAND HEALTH & EDL BLDG CORP	08/15/34	1,000,000.000	100.0000	1,000,000.00 764.38	1,000,000.00 ^B	-	8,999.990	0.900
REMARKETED COUPON MOODYS Aa1 MONTHLY NEXT CALL DATE 11/15/2017 100.00 EXTRAORDINARY CALL SUBJ TO SINKING FUND CUSIP: 762197CF6								
OHIO ST UNIV GEN RCPTS GEN	12/01/34	1,500,000.000	100.0000	1,500,000.00	1,500,000.00 ^B	-	-	0.860
RCPTS BDS								
VARIABLE COUPON MOODYS VMIG1 S&P AA MONTHLY NEXT CALL DATE 12/01/2017 100.00 NEXT RESET 11/01/2017 CUSIP: 677632E64								
CLEVELAND-CUYAHOGA CNTY	01/01/37	1,000,000.000	100.0000	1,000,000.00	1,000,000.00 ^B	-	-	0.910
OHIO PORT AUTH								
VARIABLE COUPON MOODYS Aa2 S&P A+ MONTHLY NEXT CALL DATE 12/02/2017 100.00 EXTRAORDINARY CALL NEXT RESET 11/02/2017 CUSIP: 186103FJ1								
DURHAM CNTY N C INDL FACS	09/01/37	500,000.000	100.0000	500,000.00	500,000.00 ^B	-	-	0.910
VARIABLE COUPON MOODYS Aa1 S&P A+ MONTHLY NEXT CALL DATE 12/02/2017 100.00 EXTRAORDINARY CALL SUBJ TO SINKING FUND NEXT RESET 11/01/2017 CUSIP: 266711AAB								
M MIDDLETOWN OHIO HOSP FACS	11/15/39	1,000,000.000	100.0000	1,000,000.00 781.37	1,000,000.00 ^B	-	9,199.980	0.920
REMARKETED COUPON MOODYS A1 MONTHLY NEXT CALL DATE 11/15/2017 100.00 EXTRAORDINARY CALL SUBJ TO SINKING FUND CUSIP: 597146AM1								

INVESTMENT REPORT
October 1, 2017 - October 31, 2017



Holdings

Bonds (continued)

Description	Maturity	Quantity	Price Per Unit	Total Market Value Total Accrued Interest (AI)	Total Cost Basis	Unrealized Gain/Loss	Est. Annual Income (EAI)	Coupon Rate
Municipal Bonds (continued)								
DISTRICT COLUMBIA REV VAR REV BDS	07/01/47	1,000,000.000	100.0000	1,000,000.00	1,000,000.00 ^B	-	-	0.950
VARIABLE COUPON MOODYS Aa2 MONTHLY NEXT CALL DATE 12/02/2017 EXTRAORDINARY CALL NEXT RESET 11/02/2017 CUSIP: 2548352H5								
TARRANT CNTY TEX CULTURAL	07/01/47	2,500,000.000	100.0000	2,500,000.00	2,500,000.00 ^B	-	22,999,960	0.920
ED FACS FIN				1,953.42				
REMARKETED COUPON MOODYS Aa1 S&P A-1 MONTHLY NEXT CALL DATE 12/02/2017 100.00 EXTRAORDINARY CALL SUBJ TO SINKING FUND CUSIP: 876387DF7								
Total Municipal Bonds (87% of account holdings)				\$11,950,000.00	\$11,950,000.00	-	\$53,289,920	
Total Bonds (88% of account holdings)				\$12,000,664.86	\$11,979,822.84	\$20,842.02	\$58,428,890	

Total Holdings

Accrued Interest (AI)	\$13,677,041.60	\$11,979,822.84	\$20,842.02 ¹	\$65,092.05
Total Including Accrued Interest (AI)	\$13,682,426.47			

All remaining positions held in cash account.

Cost Basis - the original amount paid for a security, including the amount of reinvested dividends and capital gains, plus or minus certain adjustments. See last page of statement for details.
Total Cost Basis does not include the cost basis on core, money market or other positions where cost basis is unknown or not applicable.

EAI Estimated Annual Income (EAI) & Estimated Yield (EY) - EAI is an estimate of annual income for a specific security position over the next rolling 12 months. EY is calculated by dividing the current EAI for a security position by its statement closing date market value. EY reflects only the income generated by an investment; it does not reflect changes in its price, which may fluctuate. For certain types of securities, EAI and EY could include the return of principal or capital gains which would render them overstated. EAI and EY are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. There is no guarantee that your investments will actually generate the EAI or EY presented. Actual income and yield might be higher or lower. EAI and EY should not be confused with a security's 30-day Yield or 7-day Yield, if provided, as such yield quotations reflect the actual historical performance of a security. For additional information, including calculation details, refer to the "Additional Information and Endnotes" section at the end of your statement.

-- not available

AI (Accrued Interest) - Presented for domestic fixed income securities and represents interest accumulated since the last coupon date, but not yet paid by the issuer or received by NFS. AI is calculated for the following securities: fixed rate bonds and Certificates of Deposit (CDs). There is no guarantee that AI will be paid by the issuer. AI for treasury and GNMAs securities, however, is backed by the full faith and credit of the United States Government. AI totals represent accruals for only those securities with listed AI in the Holdings section of this statement. Please refer to the Help/Glossary section of Fidelity.com for additional information.



C-5.5 Proof of Liquid Assets

The financial tables below illustrate the sufficiency of our capital with respect to our anticipated expenditures through the end of 2019, at which point cash flow is expected to remain consistently positive.

Available Capital

Source	Amount
Member Contributions for Three Dispensaries	\$2,250,000
Member Contributions at Each Dispensary	\$750,000
Founder Unconditional Pledge Amount	\$12,000,000
Amount of Founder Pledge in Excess of Founder Capital Contributions (\$1.7m)	\$10,300,000
Excess Pledge Amount for Each Dispensary	\$3,433,333
Available Capital at Each Dispensary	\$4,183,333

Anticipated Capital Expenditures

Type	Amount
Leasehold improvements to build out the dispensary facility	\$150,000
Security equipment	\$40,000
Computer equipment	\$10,000
Phone system	\$5,000
Computer software	\$5,000
Office furniture and equipment	\$5,000
Total Capital Expenditures	\$215,000

Monthly Operating Expenses After Dispensary is Operational

(Simplified, Represents Average Month)

Operating Expenses	Monthly Operating Expenses
Salaries and wages	\$33,000
Payroll taxes	\$3,000
Employee benefits	\$6,000
Rent and occupancy costs	\$12,000
Selling expenses	\$3,000
Professional fees	\$1,000
Office supplies and expense	\$2,000
Auto expense	\$2,000
Licenses and permits	\$4,000
Other S G & A	\$4,000
Total operating expenses per month	\$70,000

Nonmonthly operating expenses include:

- Bi-annual state licensing fee
- Property taxes

Net Income (Loss) From Operations for First Three Years of Operation

	2017	2018	2019
Revenue	-	\$500,000	\$1,667,000
Cost of Goods Sold (50%)	-	\$250,000	\$833,500
Gross Margin	-	\$250,000	\$833,500
Operating Expenses	\$13,267	\$492,365	\$827,168
Operating Income (Loss)	\$(13,267)	\$(242,365)	\$6,332
Provision for Income Taxes	-	-	\$3,799
Net Income (Loss)	\$(13,267)	\$(242,365)	\$2,533

Cash Flow for First Three Years of Operation

Cash Flow	2017	2018	2019
Net Income (Loss) from Operations	\$(13,267)	\$(242,365)	\$2,533
Non-cash Operating Activities	\$256	\$(61,326)	\$27,762
Cash Provided by (Used in) Operating Activities	\$(13,011)	\$(303,691)	\$30,295
Capital Expenditures	-	\$(215,000)	-
Capital Contributions	\$275,000	\$475,000	-
Net Increase (Decrease) in Cash	\$261,989	\$(43,691)	\$30,295
Cash at Beginning of Year	-	\$261,989	\$218,298
Cumulative Cash Flow (\$750,000 total capital contributions)	\$261,989	\$218,298	\$248,593
Cash in Reserve	\$3,433,333	\$3,433,333	\$3,433,333

Net Income (Loss) From Operations for First Three Years of Operation
(No Revenue for One Year Scenario)

	2017	2018	2019
Revenue	-	\$0	\$559,000
Cost of Goods Sold (50%)	-	\$0	\$279,500
Gross Margin	-	\$0	\$279,500
Operating Expenses	\$13,267	\$492,365	\$827,168
Operating Income (Loss)	\$(13,267)	\$(492,365)	\$(547,668)
Provision for Income Taxes	-	-	-
Net Income (Loss)	\$(13,267)	\$(492,365)	\$(547,668)

Cash Flow for First Three Years of Operation
(No Revenue for One Year Scenario)

Cash Flow	2017	2018	2019
Net Income (Loss) from Operations	\$(13,267)	\$(492,365)	\$(547,668)
Non-cash Operating Activities	\$256	\$(61,326)	\$27,762
Cash Provided by (Used in) Operating Activities	\$(13,011)	\$(553,691)	\$(519,906)
Capital Expenditures	-	\$(215,000)	-
Capital Contributions	\$275,000	\$775,000	\$383,333
Net Increase (Decrease) in Cash	\$261,989	\$6,309	\$(136,573)
Cash at Beginning of Year	-	\$261,989	\$268,298
Cumulative Cash Flow (\$1,433,333 total capital contributions)	\$261,989	\$268,298	\$131,725
Cash in Reserve	\$3,433,333	\$3,133,333	\$2,750,000

Business Plan(Business History and Experience)

Item 1 of 52

C-6.1 First Name

Andrew

C-6.2 Middle Name

King

C-6.3 Last Name

Rayburn

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

CEO

C-6.5 Business Name

Big Game Capital

C-6.6 Business Address

40 East Washington Street, Chagrin Falls, OH 44022

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2000 - Present

Business Plan(Business History and Experience)

Item 2 of 52

C-6.1 First Name

Andrew

C-6.2 Middle Name

King

C-6.3 Last Name

Rayburn

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

CEO

C-6.5 Business Name

Flexalloy Inc.

C-6.6 Business Address

555 Mondial Pkwy, Streetsboro, OH 44241

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1981 - 1999

Business Plan(Business History and Experience)

Item 3 of 52

C-6.1 First Name

Scott

C-6.2 Middle Name

Russell

C-6.3 Last Name

Halloran

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

SVP/Consultant

C-6.5 Business Name

CBRE

C-6.6 Business Address

950 Main Avenue, Cleveland, OH 44113

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

11/2006 - Present

Business Plan(Business History and Experience)

Item 4 of 52

C-6.1 First Name

Edward

C-6.2 Middle Name

Herman

C-6.3 Last Name

Neimeier

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

Director of Safety, Quality & Environmental

C-6.5 Business Name

Olympic Steel

C-6.6 Business Address

5096 Richmond Road, Bedford Heights, OH 44146

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

10/2000 - Present

Business Plan(Business History and Experience)

Item 5 of 52

C-6.1 First Name

Edward

C-6.2 Middle Name

Herman

C-6.3 Last Name

Neimeier

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

Quality Assurance Manager

C-6.5 Business Name

Flexalloy

C-6.6 Business Address

27000 Richmond Road, Bedford Heights, OH 44146

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

10/1989 - 10/2000

Business Plan(Business History and Experience)

Item 6 of 52

C-6.1 First Name

Leslie

C-6.2 Middle Name

Rose

C-6.3 Last Name

Brandon

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

Employee

C-6.5 Business Name

Henry Holt & Company

C-6.6 Business Address

175 5th Ave, New York City, NY 10010

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

09/2011 - 04/2017

Business Plan(Business History and Experience)

Item 7 of 52

C-6.1 First Name

Leslie

C-6.2 Middle Name

Rose

C-6.3 Last Name

Brandon

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

Employee

C-6.5 Business Name

The Overlook Press

C-6.6 Business Address

141 Wooster Street, New York City, NY 10014

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

09/2009 - 09/2011

Business Plan(Business History and Experience)

Item 8 of 52

C-6.1 First Name

Sean

C-6.2 Middle Name

William

C-6.3 Last Name

McKiernan

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

Chief Financial Officer

C-6.5 Business Name

Design Molded Plastics, Inc.

C-6.6 Business Address

8220 Bavaria Drive E, Macedonia, OH 44056

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

08/2011 - 05/2017

Business Plan(Business History and Experience)

Item 9 of 52

C-6.1 First Name

Sean

C-6.2 Middle Name

William

C-6.3 Last Name

McKiernan

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

Shareholder

C-6.5 Business Name

Apple Growth Partners

C-6.6 Business Address

6155 Rockside Road, Suite 400, Independence, OH 44131

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

11/1990 - 08/2011

Business Plan(Business History and Experience)

Item 10 of 52

C-6.1 First Name

Lewis

C-6.2 Middle Name

Carlo

C-6.3 Last Name

Merletti

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

Owner/Security Consultant

C-6.5 Business Name

Merletti & Associates, LLC

C-6.6 Business Address

511 Bay Villas Lane, Naples, FL 34108

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

01/2016 - Present

Business Plan(Business History and Experience)

Item 11 of 52

C-6.1 First Name

Lewis

C-6.2 Middle Name

Carlo

C-6.3 Last Name

Merletti

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

Officer

C-6.5 Business Name

Cleveland Browns

C-6.6 Business Address

76 Lou Groza Blvd, Berea, OH 44017

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

01/1999 - 10/2016

Business Plan(Business History and Experience)

Item 12 of 52

C-6.1 First Name

Lewis

C-6.2 Middle Name

Carlo

C-6.3 Last Name

Merletti

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

Director of the United States Secret Service

C-6.5 Business Name

United States Secret Service

C-6.6 Business Address

Office of Government and Public Affairs, 245 Murray Lane, Washington, D.C., 20223

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1974 - 1998

Business Plan(Business History and Experience)

Item 13 of 52

C-6.1 First Name

Christopher

C-6.2 Middle Name

Walton

C-6.3 Last Name

Horsburgh

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

Owner/Principal/Project Manager/President

C-6.5 Business Name

Interior Products, Co.

C-6.6 Business Address

1427 E. 36th St. STE 1504A, Cleveland, OH 44114

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

08/2010 - Present

Business Plan(Business History and Experience)

Item 14 of 52

C-6.1 First Name

Christopher

C-6.2 Middle Name

Walton

C-6.3 Last Name

Horsburgh

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

Employee/Project Manager

C-6.5 Business Name

Trout Waters, Inc.

C-6.6 Business Address

4060 S. Wilson Rd. Jackson, WY 83001

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

01/2006 - 05/2010

Business Plan(Business History and Experience)

Item 15 of 52

C-6.1 First Name

George

C-6.2 Middle Name

Russell

C-6.3 Last Name

Lincoln

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

Board Member

C-6.5 Business Name

Lincoln Electric

C-6.6 Business Address

22801 St Clair Ave, Euclid, OH 44117

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

1989 - Present

Business Plan(Business History and Experience)

Item 16 of 52

C-6.1 First Name

George

C-6.2 Middle Name

Russell

C-6.3 Last Name

Lincoln

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

Owner/Officer

C-6.5 Business Name

Algan, Inc.

C-6.6 Business Address

16925 Park Circle Drive, Chagrin Falls, OH 44023

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1972 - 1995

Business Plan(Business History and Experience)

Item 17 of 52

C-6.1 First Name

James

C-6.2 Middle Name

Douglas

C-6.3 Last Name

Lincoln

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

Partner

C-6.5 Business Name

Interior Products Co./Rustbelt Reclamation

C-6.6 Business Address

1427 E. 36th St. STE 1504A, Cleveland, OH 44122

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

10/2010 - Present

Business Plan(Business History and Experience)

Item 18 of 52

C-6.1 First Name

James

C-6.2 Middle Name

Douglas

C-6.3 Last Name

Lincoln

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

Principal/President

C-6.5 Business Name

Boot Island Group

C-6.6 Business Address

3201 Enterprise Pkwy #370, Beachwood, OH 44122

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

09/2009 - Present

Business Plan(Business History and Experience)

Item 19 of 52

C-6.1 First Name

James

C-6.2 Middle Name

Douglas

C-6.3 Last Name

Lincoln

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

Officer/VP of Sales

C-6.5 Business Name

Nook Industries

C-6.6 Business Address

4950 E. 49th, Cleveland, OH 44125

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

05/2007 - 08/2009

Business Plan(Business History and Experience)

Item 20 of 52

C-6.1 First Name

Brinton

C-6.2 Middle Name

Cowles

C-6.3 Last Name

Lincoln

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

Owner/Officer

C-6.5 Business Name

Rustbelt Reclamation

C-6.6 Business Address

1427 E. 36th St, Cleveland, OH 44114

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

01/2011 - Present

Business Plan(Business History and Experience)

Item 21 of 52

C-6.1 First Name

Brinton

C-6.2 Middle Name

Cowles

C-6.3 Last Name

Lincoln

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

Officer

C-6.5 Business Name

United States Air Force

C-6.6 Business Address

Various

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

10/1999 - 2011

Business Plan(Business History and Experience)

Item 22 of 52

C-6.1 First Name

Samuel

C-6.2 Middle Name

Powell

C-6.3 Last Name

Lincoln

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

Director/Employee

C-6.5 Business Name

Emerald Water Angler

C-6.6 Business Address

4502 42nd Ave SW, Seattle, WA 98116

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

03/2016 - 09/2017

Business Plan(Business History and Experience)

Item 23 of 52

C-6.1 First Name

Samuel

C-6.2 Middle Name

Powell

C-6.3 Last Name

Lincoln

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

Employee

C-6.5 Business Name

Tikchick Narrows Lodge

C-6.6 Business Address

P.O. Box 220507, Anchorage, AK 99522

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

05/2015 - 09/2015

Business Plan(Business History and Experience)

Item 24 of 52

C-6.1 First Name

Samuel

C-6.2 Middle Name

Powell

C-6.3 Last Name

Lincoln

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

Employee

C-6.5 Business Name

Kenny Contracting

C-6.6 Business Address

2142 S Hill Island Rd., Cedarville, MI 49719

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

06/2010 - 09/2014

Business Plan(Business History and Experience)

Item 25 of 52

C-6.1 First Name

Dominic

C-6.2 Middle Name

Anthony

C-6.3 Last Name

Visconsi

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

Owner/Co-CEO

C-6.5 Business Name

Visconsi Companies Ltd.

C-6.6 Business Address

30050 Chagrin Blvd, Suite 360, Pepper Pike, OH 44124

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1990 - Present

Business Plan(Business History and Experience)

Item 26 of 52

C-6.1 First Name

Dominic

C-6.2 Middle Name

Anthony

C-6.3 Last Name

Visconsi

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

Owner/Officer

C-6.5 Business Name

Visconsi Development Corp.

C-6.6 Business Address

6867 Pearl Road, Middleburg Heights, OH 44130

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1985 - 1990

Business Plan(Business History and Experience)

Item 27 of 52

C-6.1 First Name

Anthoni

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Visconsi II

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

Co-CEO

C-6.5 Business Name

Visconsi Companies, Ltd.

C-6.6 Business Address

30050 Chagrin Blvd., Suite 360, Pepper Pike, OH 44124

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1981 - Present

Business Plan(Business History and Experience)

Item 28 of 52

C-6.1 First Name

Anthoni

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Visconsi III

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

Employee

C-6.5 Business Name

Visconsi Companies

C-6.6 Business Address

30050 Chagrin Blvd., Suite 360, Pepper Pike, OH 44124

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

08/2008 - Present

Business Plan(Business History and Experience)

Item 29 of 52

C-6.1 First Name

Brian

C-6.2 Middle Name

Peter

C-6.3 Last Name

Vicente

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

Owner/Partner

C-6.5 Business Name

Vicente Sederberg, LLC

C-6.6 Business Address

455 Sherman St., Suite 390, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

06/2010 - Present

Business Plan(Business History and Experience)

Item 30 of 52

C-6.1 First Name

Brian

C-6.2 Middle Name

Peter

C-6.3 Last Name

Vicente

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

Executive Director

C-6.5 Business Name

Sensible Colorado

C-6.6 Business Address

P.O. Box 18768

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

01/2005 - Present

Business Plan(Business History and Experience)

Item 31 of 52

C-6.1 First Name

Christian

C-6.2 Middle Name

Edward

C-6.3 Last Name

Sederberg

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

Owner/Partner

C-6.5 Business Name

Vicente Sederberg, LLC

C-6.6 Business Address

455 Sherman St., Suite 390, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

06/2010 - Present

Business Plan(Business History and Experience)

Item 32 of 52

C-6.1 First Name

Christian

C-6.2 Middle Name

Edward

C-6.3 Last Name

Sederberg

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

Employee

C-6.5 Business Name

McGloin, Davenport, Severson & Snow, P.C.

C-6.6 Business Address

1600 Stout Street, Suite 1600, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

10/2005 - 05/2010

Business Plan(Business History and Experience)

Item 33 of 52

C-6.1 First Name

Joshua

C-6.2 Middle Name

Daniel

C-6.3 Last Name

Kappel

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

Owner/Partner

C-6.5 Business Name

Vicente Sederberg, LLC

C-6.6 Business Address

455 Sherman St, Suite 390, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

06/2010 - Present

Business Plan(Business History and Experience)

Item 34 of 52

C-6.1 First Name

Steven

C-6.2 Middle Name

Howard

C-6.3 Last Name

Fox

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

Of Counsel

C-6.5 Business Name

Vicente Sederberg, LLC

C-6.6 Business Address

455 Sherman St, Suite 390, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

05/2013 - Present

Business Plan(Business History and Experience)

Item 35 of 52

C-6.1 First Name

Steven

C-6.2 Middle Name

Howard

C-6.3 Last Name

Fox

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

Director

C-6.5 Business Name

VS Strategies

C-6.6 Business Address

455 Sherman Street, Suite 390, Denver, CO 80203

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

09/2014 - Present

Business Plan(Business History and Experience)

Item 36 of 52

C-6.1 First Name

Steven

C-6.2 Middle Name

Howard

C-6.3 Last Name

Fox

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

Director of Government Relations

C-6.5 Business Name

Marijuana Policy Project

C-6.6 Business Address

2370 Champlain St NW, STE 12, Washington, D.C. 20013

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

01/2002 - 07/2005 and 08/2009 - 07/2013

Business Plan(Business History and Experience)

Item 37 of 52

C-6.1 First Name

Esther

C-6.2 Middle Name

Panella

C-6.3 Last Name

Pla

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

President and CEO

C-6.5 Business Name

Connections: Health.Wellness.Advocacy

C-6.6 Business Address

24200 Chagrin Blvd, Beachwood, OH 44122

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1996 - 2016

Business Plan(Business History and Experience)

Item 38 of 52

C-6.1 First Name

Esther

C-6.2 Middle Name

Panella

C-6.3 Last Name

Pla

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

Director of Nursing

C-6.5 Business Name

Windsor Hospital

C-6.6 Business Address

115 East Summit Ave, Chagrin Falls, OH 44022

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1985 - 1996

Business Plan(Business History and Experience)

Item 39 of 52

C-6.1 First Name

William

C-6.2 Middle Name

Sites

C-6.3 Last Name

Kiser

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

Staff Urologist/Chairman

C-6.5 Business Name

Cleveland Clinic Foundation

C-6.6 Business Address

9500 Euclid Ave, Cleveland, OH 44195

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1964 - 1990

Business Plan(Business History and Experience)

Item 40 of 52

C-6.1 First Name

Jacob

C-6.2 Middle Name

Andrew

C-6.3 Last Name

Wolf

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

Employee

C-6.5 Business Name

Lake Health

C-6.6 Business Address

9500 Mentor Ave, Suite 360, Mentor, OH 44060

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

06/2016 - Present

Business Plan(Business History and Experience)

Item 41 of 52

C-6.1 First Name

Jacob

C-6.2 Middle Name

Andrew

C-6.3 Last Name

Wolf

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

Employee

C-6.5 Business Name

SCNM

C-6.6 Business Address

2140 E Broadway Rd, Tempe, AZ 85282

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

09/2013 - 05/2016

Business Plan(Business History and Experience)

Item 42 of 52

C-6.1 First Name

Gladstone

C-6.2 Middle Name

Churchill

C-6.3 Last Name

McDowell

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

Owner

C-6.5 Business Name

Integrated Pain Solutions

C-6.6 Business Address

1210 Gemini Place, Suite 300, Columbus, OH 43240

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2007 - Present

Business Plan(Business History and Experience)

Item 43 of 52

C-6.1 First Name

Harold

C-6.2 Middle Name

Jonathan

C-6.3 Last Name

Bowersox

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

Owner

C-6.5 Business Name

Dr. Harold Bowersox D.O.

C-6.6 Business Address

9500 Mentor Ave, Suite 360, Mentor, OH 44060

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

01/2002 - Present

Business Plan(Business History and Experience)

Item 44 of 52

C-6.1 First Name

Brittany

C-6.2 Middle Name

Danielle

C-6.3 Last Name

Newman

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

General Manager

C-6.5 Business Name

Elements Boulder

C-6.6 Business Address

1534 55th St, Boulder, CO 80303

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

08/2014 - Present

Business Plan(Business History and Experience)

Item 45 of 52

C-6.1 First Name

Brittany

C-6.2 Middle Name

Danielle

C-6.3 Last Name

Newman

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

Consultant

C-6.5 Business Name

Adilas.biz

C-6.6 Business Address

Varied - client based

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

01/2014 - 10/2014

Business Plan(Business History and Experience)

Item 46 of 52

C-6.1 First Name

Brittany

C-6.2 Middle Name

Danielle

C-6.3 Last Name

Newman

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

General Manager

C-6.5 Business Name

All Care Center

C-6.6 Business Address

Multiple locations in Denver and Lakewood, CO

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

06/2011 - 01/2014

Business Plan(Business History and Experience)

Item 47 of 52

C-6.1 First Name

Christina

C-6.2 Middle Name

Joy

C-6.3 Last Name

Settimio

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

Pharmacist

C-6.5 Business Name

Walgreens

C-6.6 Business Address

15609 Lakeshore Blvd, Cleveland, OH 44110

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

05/2016 - Present

Business Plan(Business History and Experience)

Item 48 of 52

C-6.1 First Name

Christina

C-6.2 Middle Name

Joy

C-6.3 Last Name

Settimio

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

Pharmacy Manager

C-6.5 Business Name

Walgreens

C-6.6 Business Address

2135 Warrensville Center Rd, South Euclid, OH 44121

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

10/2014 - 05/2016

Business Plan(Business History and Experience)

Item 49 of 52

C-6.1 First Name

Christina

C-6.2 Middle Name

Joy

C-6.3 Last Name

Settimio

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

Pharmacy Manager

C-6.5 Business Name

Walgreens

C-6.6 Business Address

830 Brittain Rd, Akron, OH 44302

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

02/2011 - 10/2014

Business Plan(Business History and Experience)

Item 50 of 52

C-6.1 First Name

Christina

C-6.2 Middle Name

Joy

C-6.3 Last Name

Settimio

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

Clinical Assistant Professor of Pharmacy Practice

C-6.5 Business Name

Northeast Ohio Medical University

C-6.6 Business Address

4209 OH-44, Rootstown, OH 44272

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

2012 - Present

Business Plan(Business History and Experience)

Item 51 of 52

C-6.1 First Name

John

C-6.2 Middle Name

Fredrick

C-6.3 Last Name

Grafton

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

First Interstate Properties

C-6.6 Business Address

25333 Cedar Rd, Suite 300, Lyndhurst, OH 44124

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

08/2005 - Present

Business Plan(Business History and Experience)

Item 52 of 52

C-6.1 First Name

John

C-6.2 Middle Name

Fredrick

C-6.3 Last Name

Grafton

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

Owner

C-6.5 Business Name

Tech-2-U

C-6.6 Business Address

6551 S.R.E. Geneva, OH 44041

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

07/2000 - Present

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.

TRADE SECRET

Buckeye Relief (BR) is led by top Ohio business professionals, who not only understand how to run and operate multi-million-dollar companies, but also care about improving the lives of citizens in Ohio. The members of the leadership team have been key figures in enterprises in multiple industries, helping the companies evolve into highly successful corporate entities. Appreciating the value of external knowledge and experience, BR has recruited and surrounded themselves with experts in medical marijuana operations and compliance, as well as with one of the top security professionals in the country, to ensure that they build the most successful business in Ohio's emergent medical marijuana industry.

BUSINESS OPERATIONS

The CEO of BR is Andy Rayburn, an experienced and highly successful Ohio businessperson. Mr. Rayburn served as president of Flexalloy, Inc., an industrial distribution company, from 1981 to its sale in 1999. The company, which had \$8 million in revenues in 1981, grew through innovation, teamwork, and process improvement under Mr. Rayburn and by 1999 generated \$235 million in annual revenues. A distributor with hundreds of thousands of parts shipped to the truck/trailer, energy, automotive, farm equipment, construction, and steel fabrication industries, the company weathered high interest rates, bear markets, and national and international competition to become the industry leader known for quality and integrity. He also purchased and managed two Class A professional baseball teams and grew fan support tenfold over an eight-year period. An active philanthropist, he founded a non-profit, the Human Fund, to provide underprivileged schoolchildren with resources to pursue music, art, theater, and other enrichment activities. More than \$1 million has been donated thus far. He has met with over 75 medical marijuana businesses to build his knowledge base and has invested in several areas of the industry. No disciplinary history.

BR's COO, Scott Halloran, is broadly regarded as one of the most active and respected commercial real estate brokers in his region. Since 2001, which represents 16 years with no disciplinary history, he has been responsible for leasing or purchasing more than 6,000,000 square feet of office space in the Greater Cleveland area. He develops and executes real estate strategies for many of the region's most successful firms, and has established highly-specialized skills that guide partnerships through complex, high-value transactions.

BR is honored to have Lewis Merletti as Director of Security. Mr. Merletti's distinguished 50-year career serving the United States began as a Special Forces Medic with the United States Army in Vietnam. He then joined the Secret Service, serving as Assistant Director in the Office of Training, and as a Special Agent in the Presidential Protection Division for President Reagan and President Bush. He later served as Special Agent in Charge for President Clinton and his family. He ended his career as the 19th Director of the United States Secret Service heading all domestic and foreign United States Secret Service operations. During his leadership tenure, he increased the number of female special agents by 29 percent, minority special agents by 48 percent, and minority supervisors by 23 percent. Merletti was the Senior Vice President for Security for the Cleveland Browns from 1999-2011 and was

responsible for all security for the team. In 2011, Merletti was appointed a NFL Security Advisor and developed security practices for all NFL stadiums which remain in place today. No disciplinary history.

Ed Neimeier is BR's Quality Control, Environmental, & Safety Director. His career spans nearly three decades in the quality assurance, safety, and environmental compliance fields. As Director of Corporate Quality Assurance for a wholesale distributor to the aerospace industry, he was responsible for the quality of tens of thousands of fasteners for the automotive, aerospace, nuclear, and electronics industries. Currently, as the Director of Operational Excellence at a \$1.2 billion steel manufacturer, he has broad responsibilities for strategic and tactical measures and for ensuring that the safety, quality, and environmental conditions of 15 locations and hundreds of employees. No disciplinary history.

BR's CFO, Sean McKiernan, is an accomplished financial professional with more than twenty years of experience as a Certified Public Accountant and five years of experience as CFO of a major plastics manufacturing company. He has extensive experience in tax and business consulting, strategic planning, and financial management matters such as cash flow forecasting and budgeting. No disciplinary history.

Leslie Brandon, Director of Communications has nearly a decade of experience in communications and public relations. Most recently, she served as Senior Publicity Manager for one of the nation's largest book publishers, with responsibility for the planning and execution of media and public relations campaigns. She will ensure the company maintains a communicative and friendly relationships with its neighbors and community.

John Grafton will serve as BR's Director of IT. He has owned his own IT services and computer repair company, Tech-2-U, for the past 17 years in Ohio. He has been the IT Manager at First Interstate Properties since 2005 and has over 27 years of experience in information technology. No disciplinary history.

MEDICAL USE OF MARIJUANA

To enhance its extensive Ohio-based business expertise, BR has recruited some of the top consultants in the medical marijuana field. The combination of these individuals and their respective abilities will ensure that BR provides medical marijuana patients in Ohio the most professional, safe and reliable services.

Christina Settimio, Pharm.D., will be BR's Registered Pharmacist and Dispensary Director, overseeing the Dispensary Managers and Designated Representatives at BR's locations. Dr. Settimio has considerable experience as a pharmacist, working as a pharmacy manager and pharmacist at multiple Walgreen's locations across Ohio for 8 years, 5 of those in management roles. At a Cleveland Walgreens she increased offsite immunizations threefold through community outreach and marketing employer based immunization clinics. She is a Clinical Assistant Professor of Pharmacy Practice at Northeast Ohio Medical University where she teaches introductory and advance pharmacy practice rotations, focusing on medication therapy management consultations. She received her Pharm.D. degree from the University of Pittsburgh in 2009, Summa Cum Laude. She is a member of Ohio Pharmacists Association and the American Pharmacists Association. A close friend's 3-year old son suffers from severe epilepsy and has found relief from MMJ, which led Christina to explore this topic deeply. No disciplinary history.

Brittany Newman will serve as BR's Inventory Director. She started in the marijuana industry in Colorado in 2011 as a patient assistant and worked up to general manager of 3 dispensaries and 2 cultivation facilities. She is certified and trained in METRC, Adilas (BR's inventory control system), and

Colorado's "Safe Sales" program. As an industry consultant she has trained over 25 clients and hundreds of employees in these programs. She uses her immense experience to provide access to safe and consistent medicine in an environment that is secure and non-intimidating. No disciplinary history.

Brian Vicente, BR's Regulatory Consultant, is an internationally-recognized leader in medical marijuana law, advocacy, and policy generation having advocated for responsible regulation since 2004 through the non-profit he leads, Sensible Colorado. He has served as Chair or Executive Director of numerous regulated marijuana advocacy organizations and was the first-ever Chair of the National Cannabis Industry Association. His law firm is one of the premier marijuana regulatory law firms in the United States and advises hundreds of marijuana clients-and dozens of governments- annually on compliance and legal issues. No disciplinary history.

Medical Advisory Board

Medical marijuana is a rapidly changing environment, with a plethora of new research being published each year. As such, the input of experienced medical professionals is essential for the success of our mission to provide the highest-quality product to Ohio patients. We have established a Medical Advisory Board (MAB) of diverse professionals to provide top-tier advice to BR. No MAB members have any administrative discipline history.

Leading the MAB is Dr. William Kiser, who served as Chairman of the Board of Governors for a major Ohio hospital for more than a decade and has been a pioneer in the field of organ transplants.

Dr. Harold Bowersox, a Doctor of Osteopathy with a specialization in pain management. As a functional medicine doctor in Mentor, OH, he takes a holistic approach to patient care, treating the underlying causes of disease, rather than symptoms.

Dr. Jacob Wolf, ND, LAc, Dipl.OM, a licensed Naturopathic Physician who also has degrees in Oriental Medicine, Herbal Medicine and Biobehavioral Health. He works as a Naturopathic provider with Lake Health Integrative Medicine in Mentor, Ohio.

Esther Pla, a Registered Nurse with 35 years of experience in behavioral healthcare management, who has conducted extensive research into treatments for schizophrenia and Alzheimer's disease. For 20 years, she was the President and Chief Executive Officer of Connections, a leading provider of behavioral healthcare services in Northeast Ohio.

Dr. Gladstone McDowell, M.D., is a Certified Patient Safety Officer, a member of the Global Patient Safety Forum, and the founder and Medical Director of a pain management firm in Columbus, Ohio. He has spent his career assisting patients to safely manage chronic pain.

The entire ownership group has extensive business experience. No PAKEs have disciplinary history.

Operations Plan(Dispensary Oversight)

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.

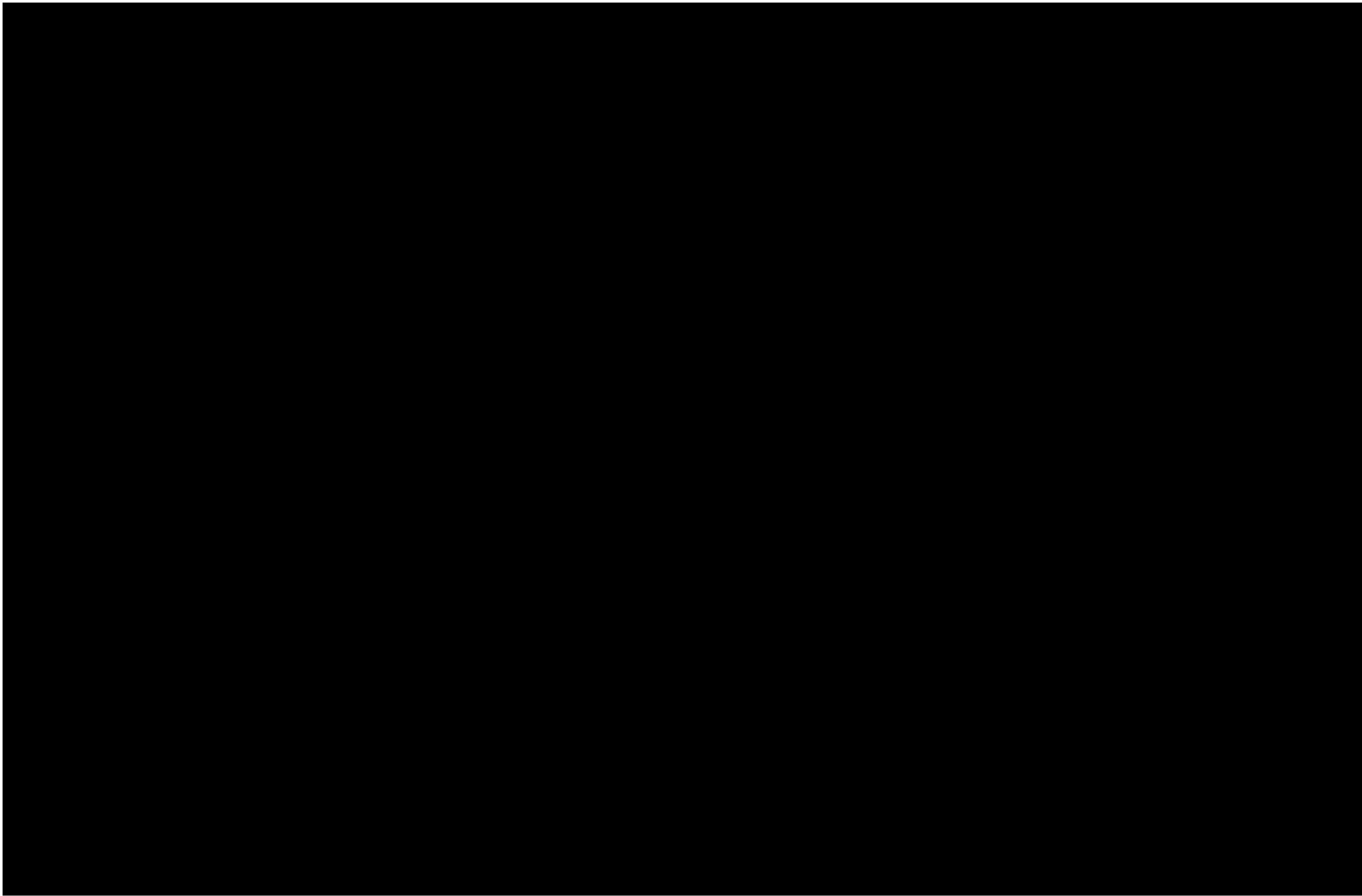
This response has been entirely redacted

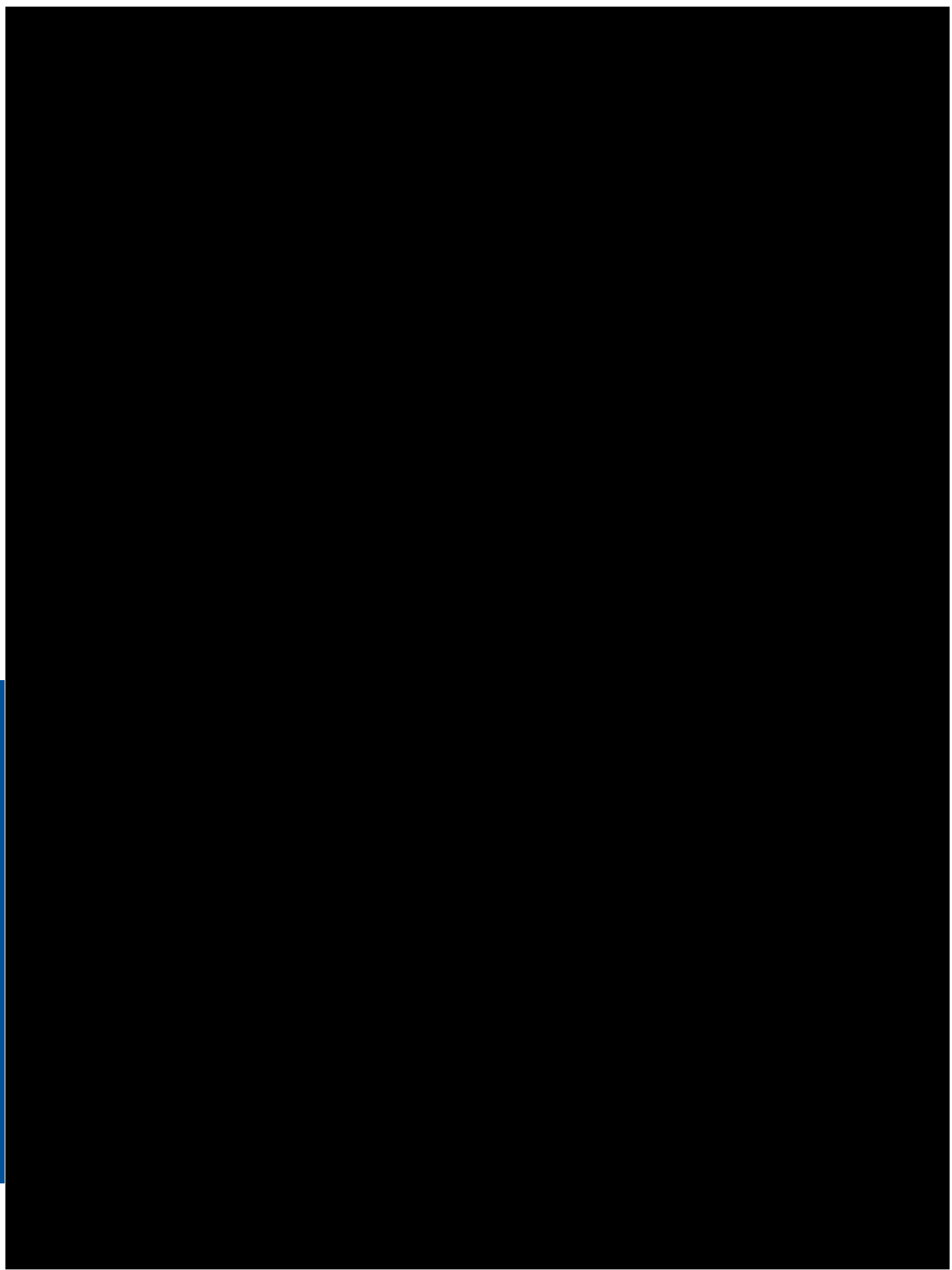
D-2.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

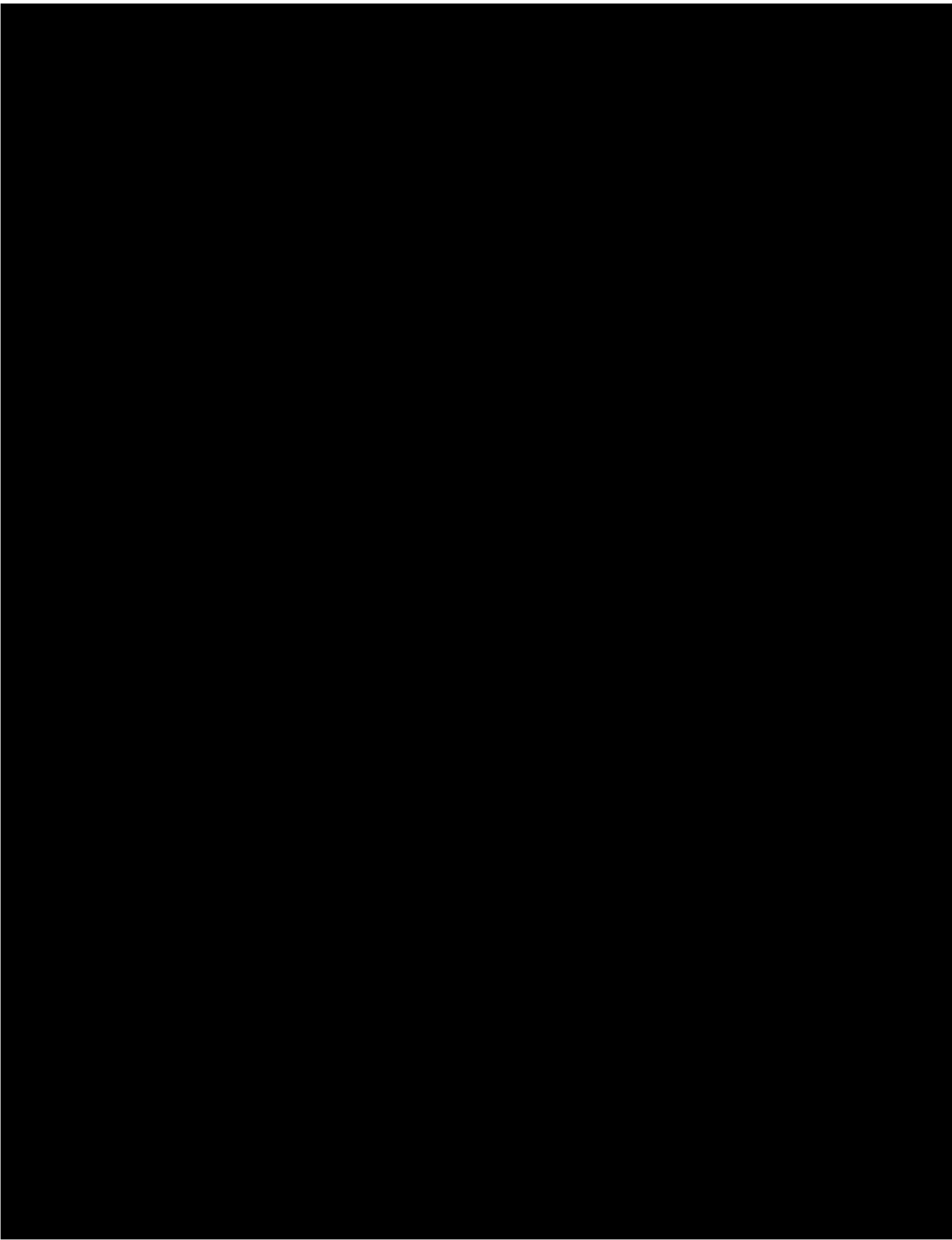
Uploaded Document Name: **D-2.2.1_Security Attachment.pdf**

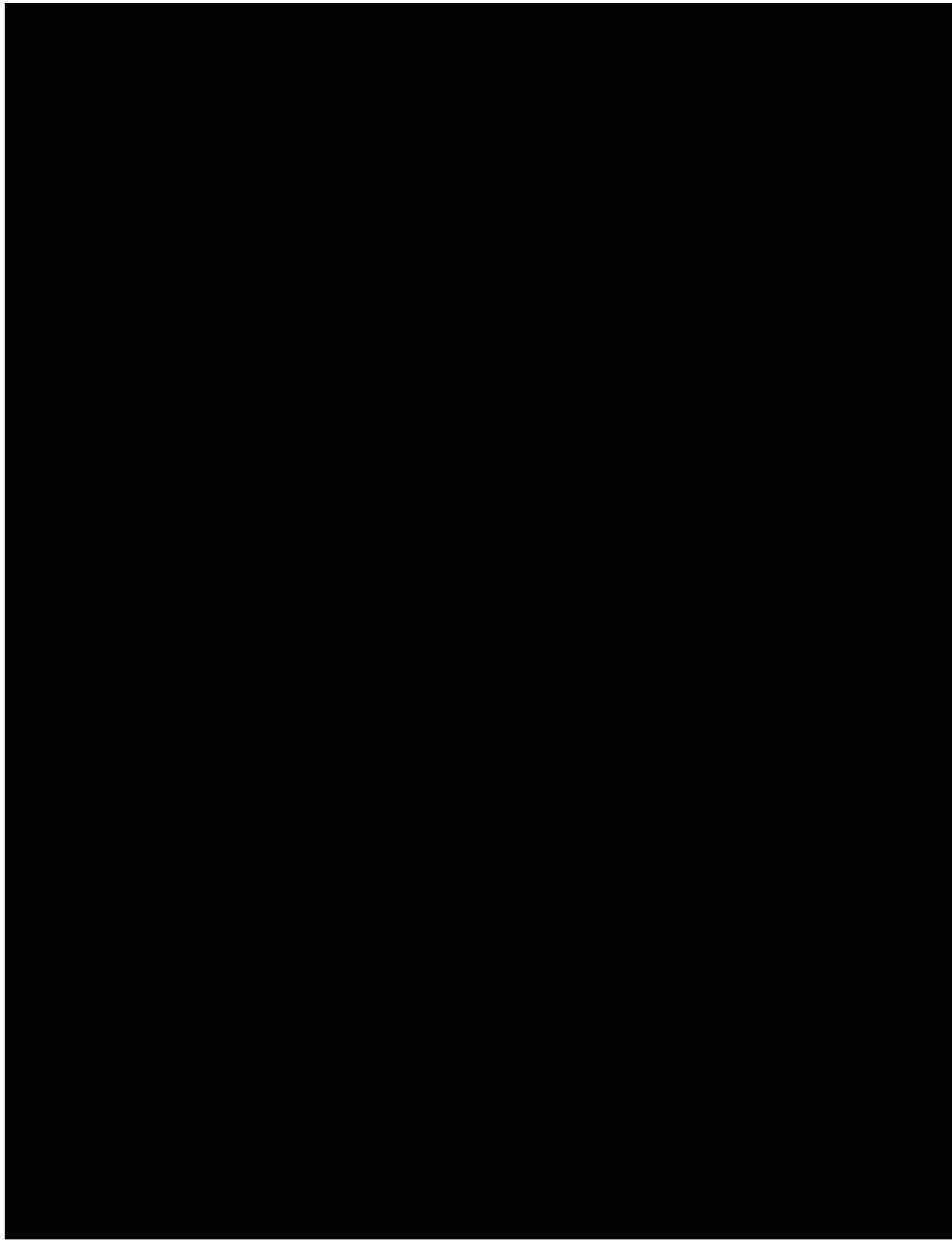
NOTE: This applicant uploaded document is the next 59 page(s) of this document.

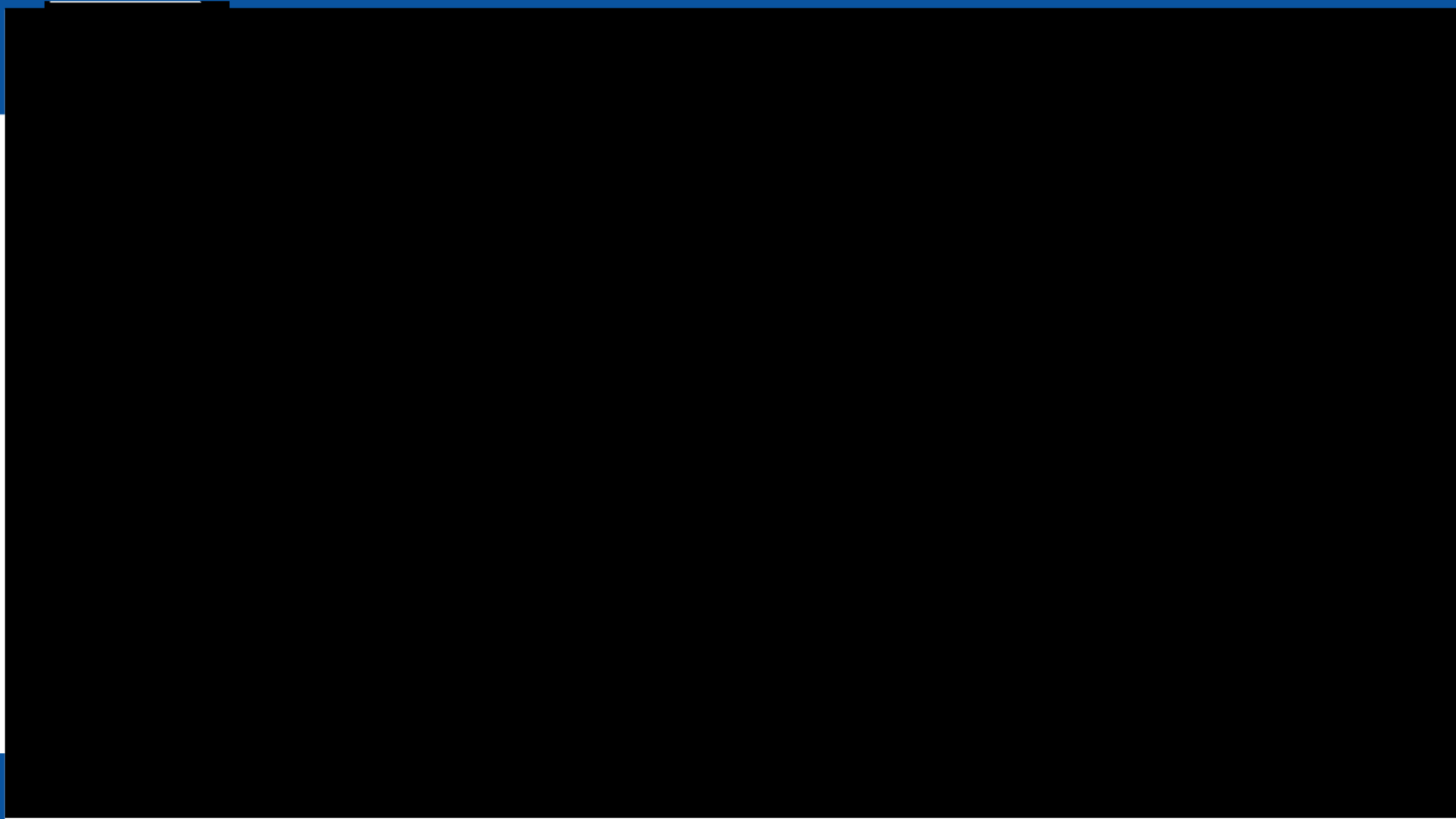
Attachment to D-2.2.1 Security

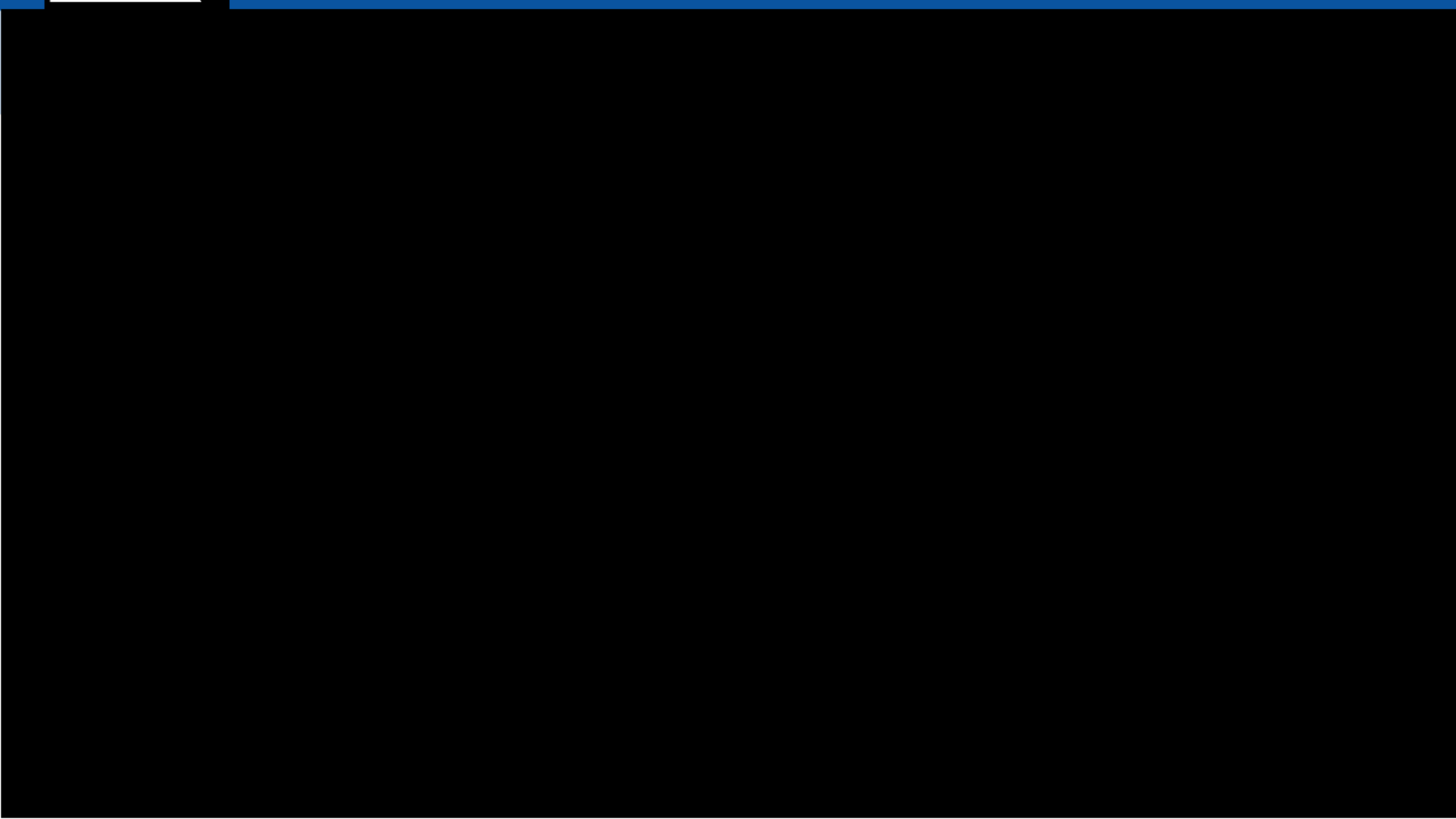


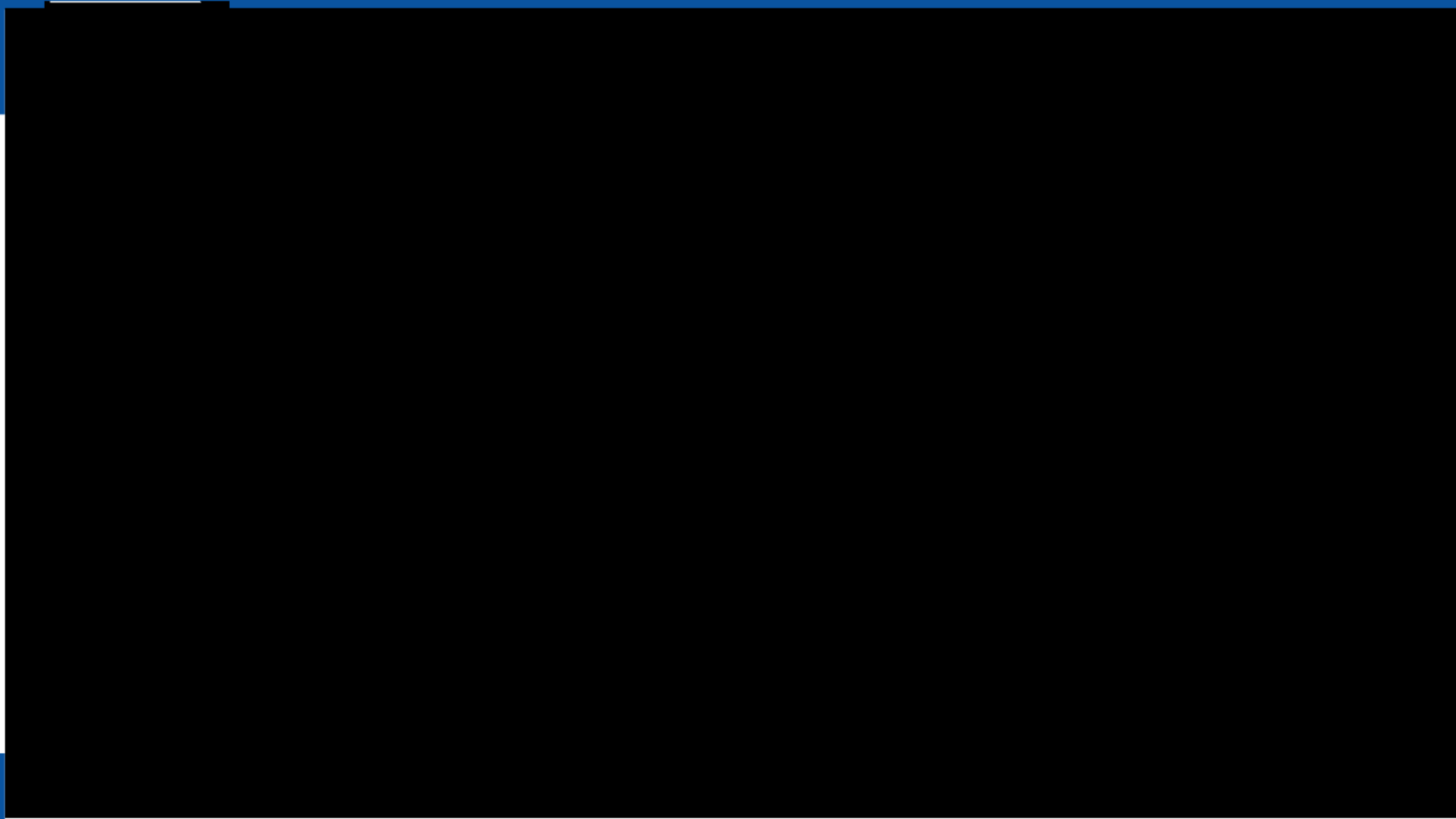


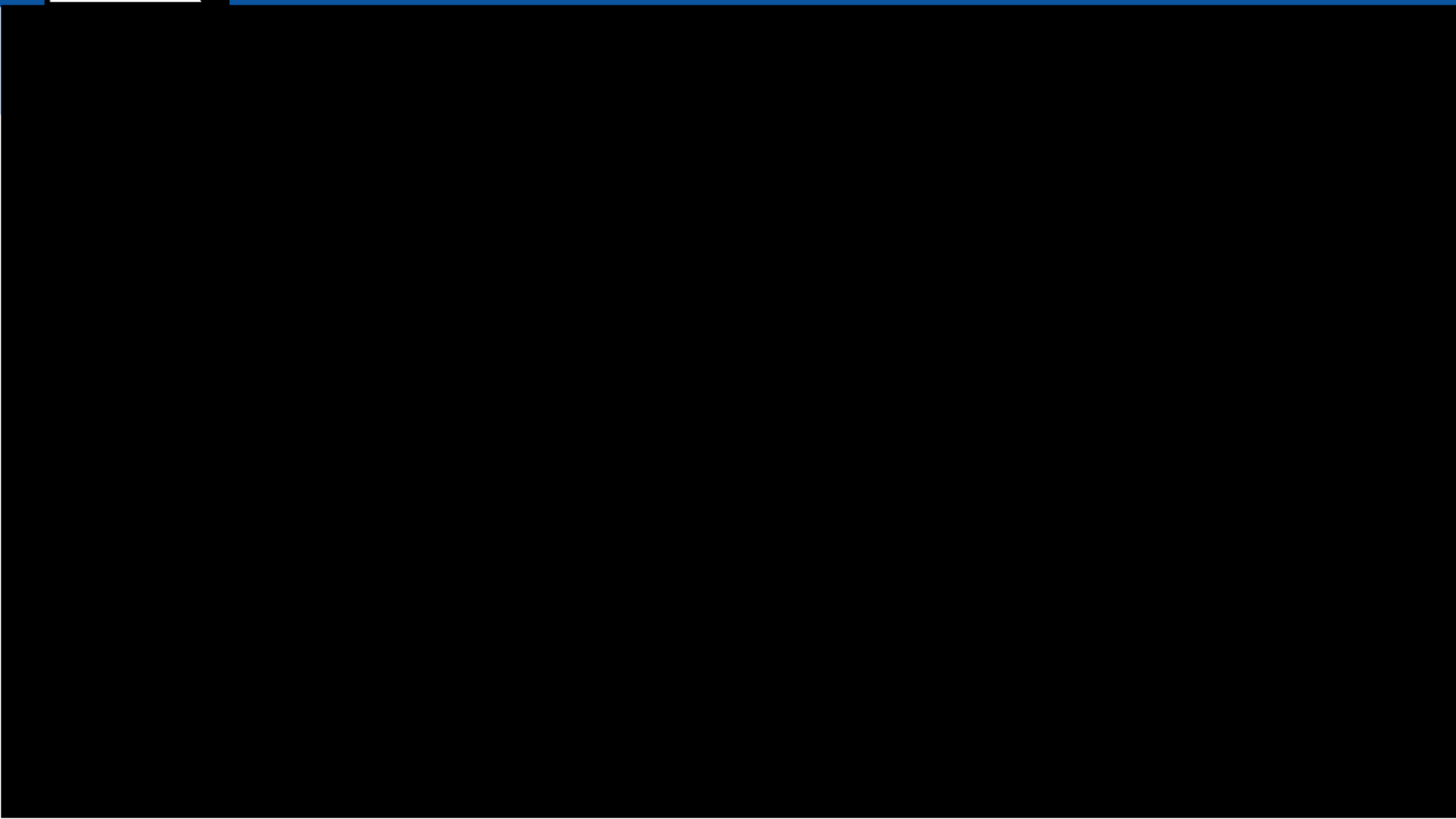


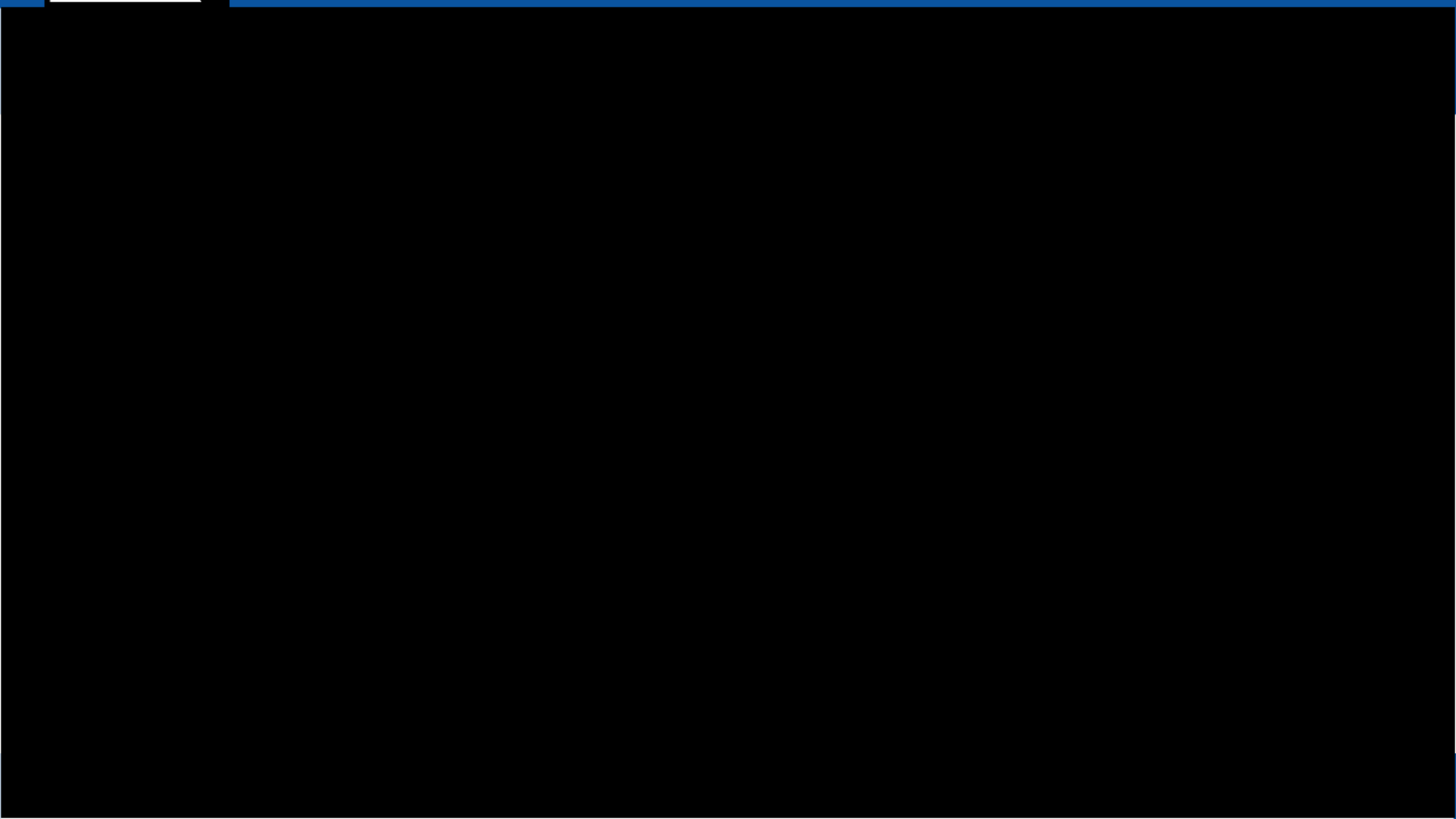


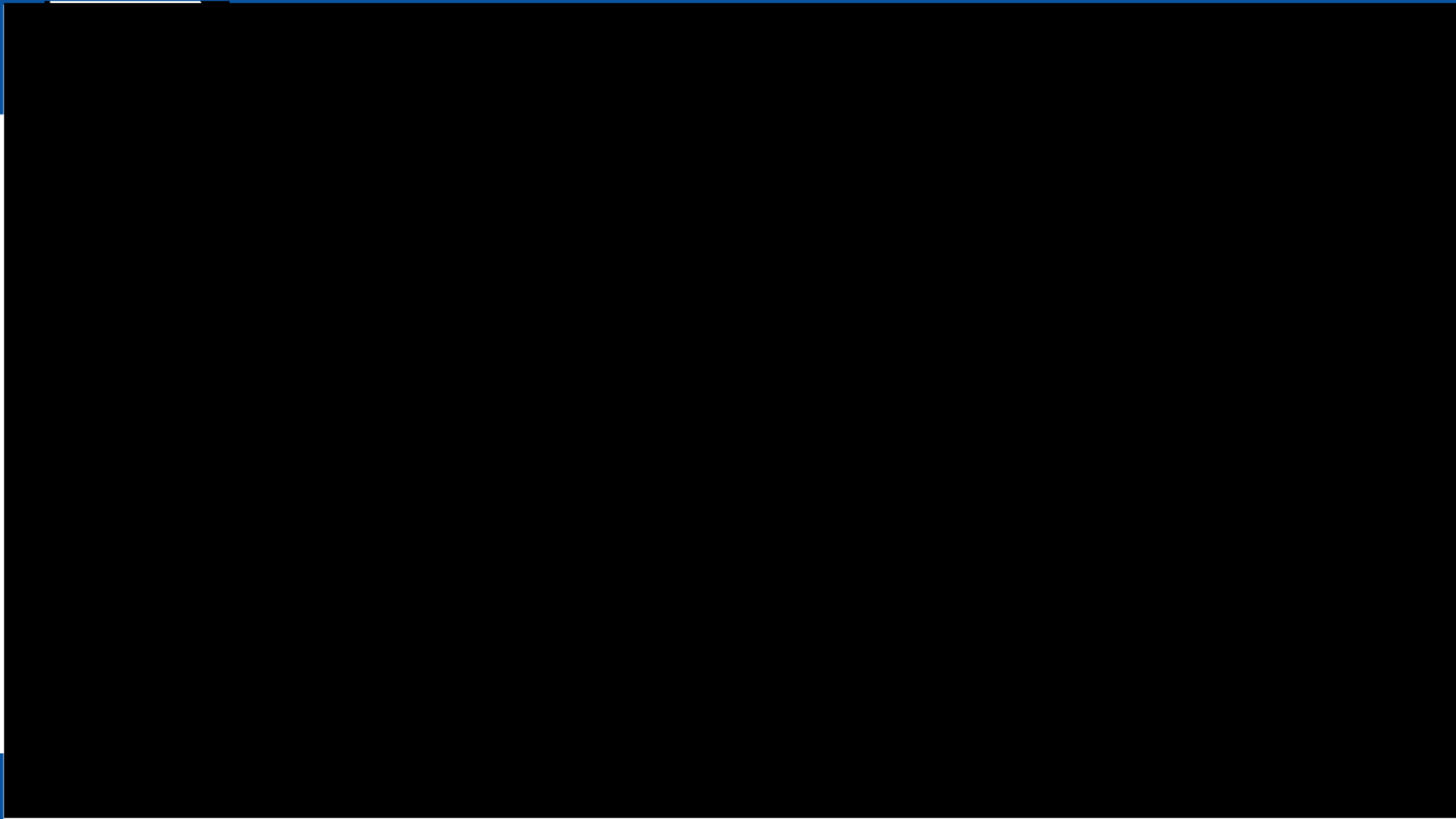


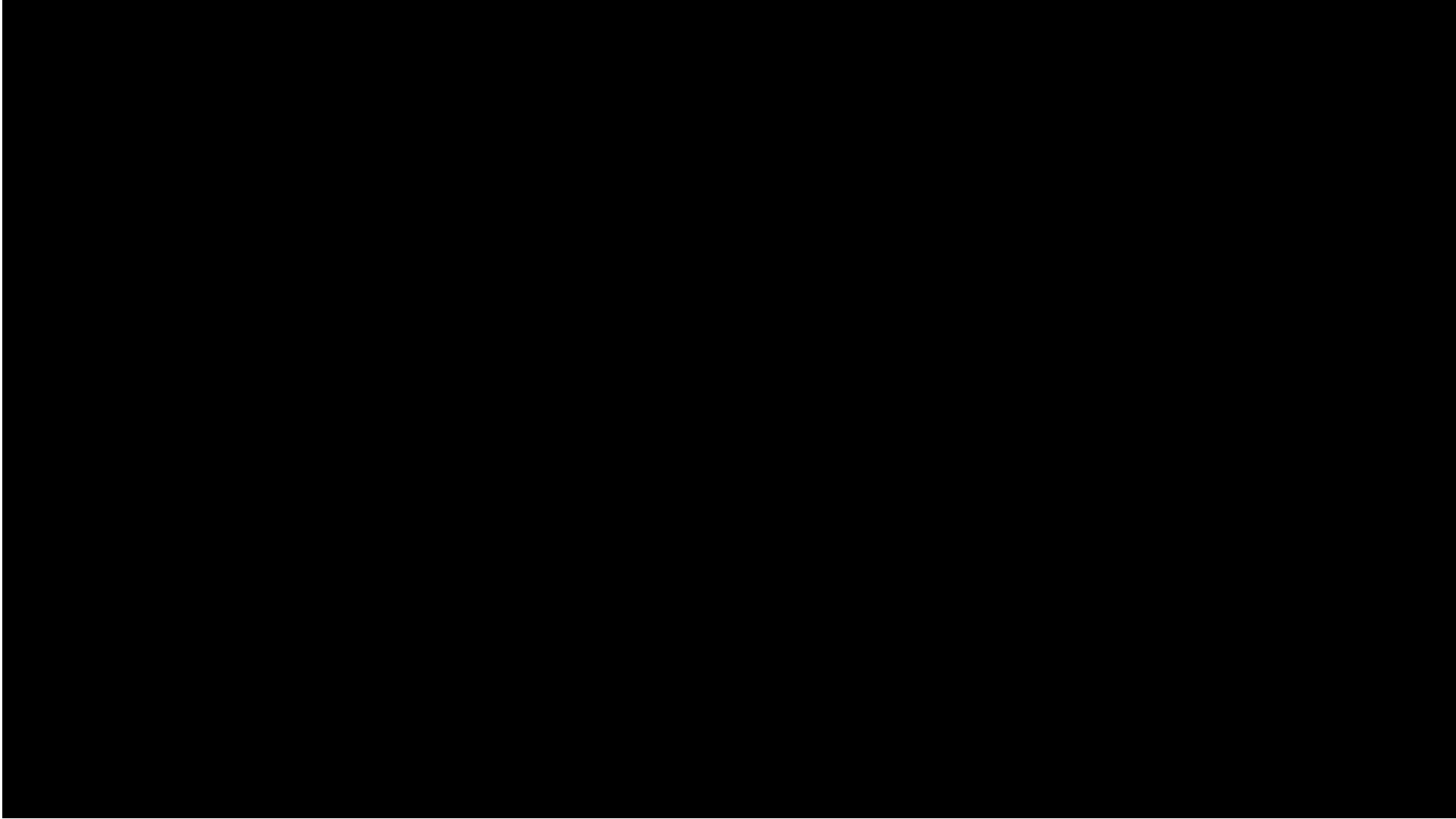




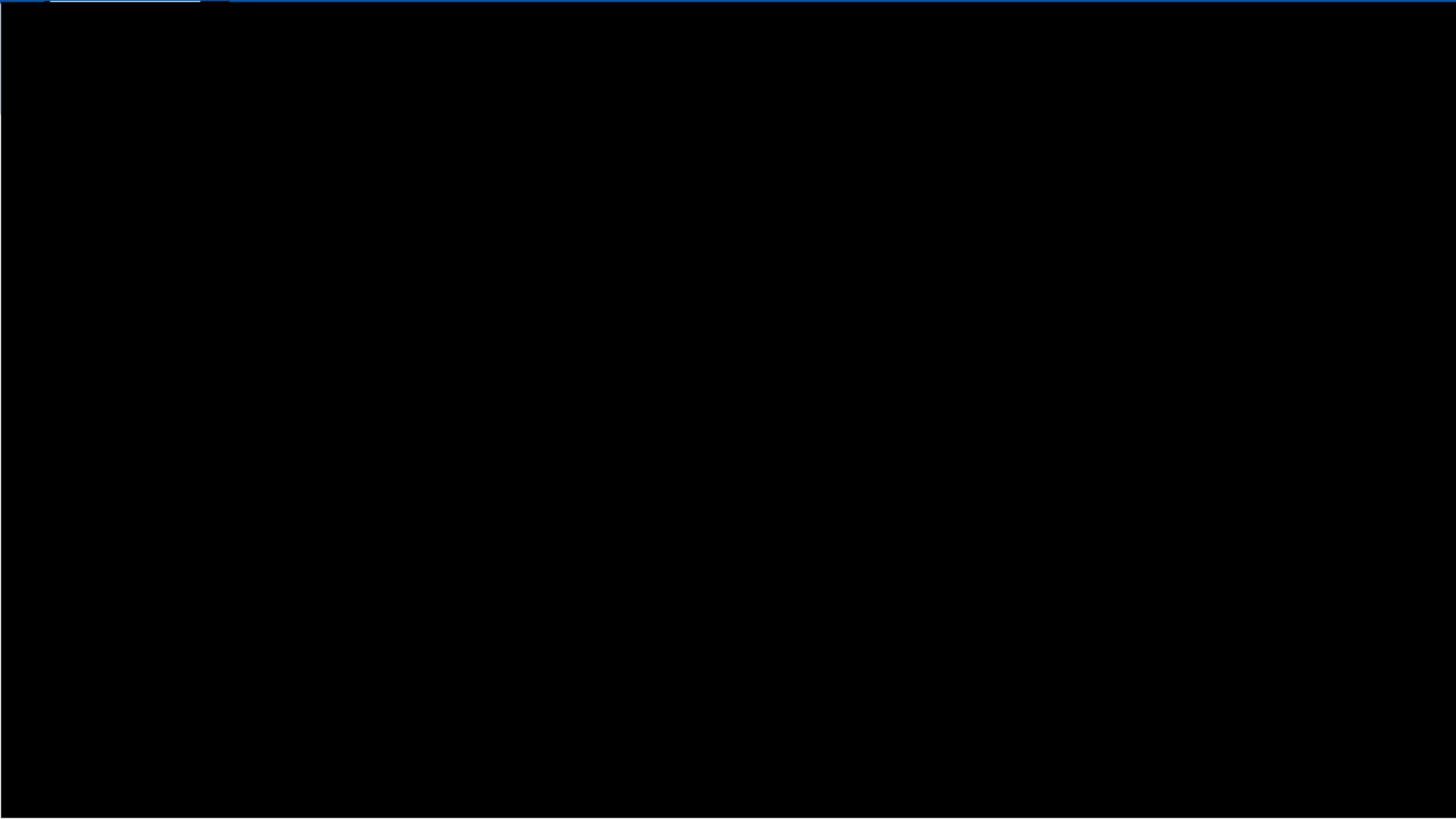


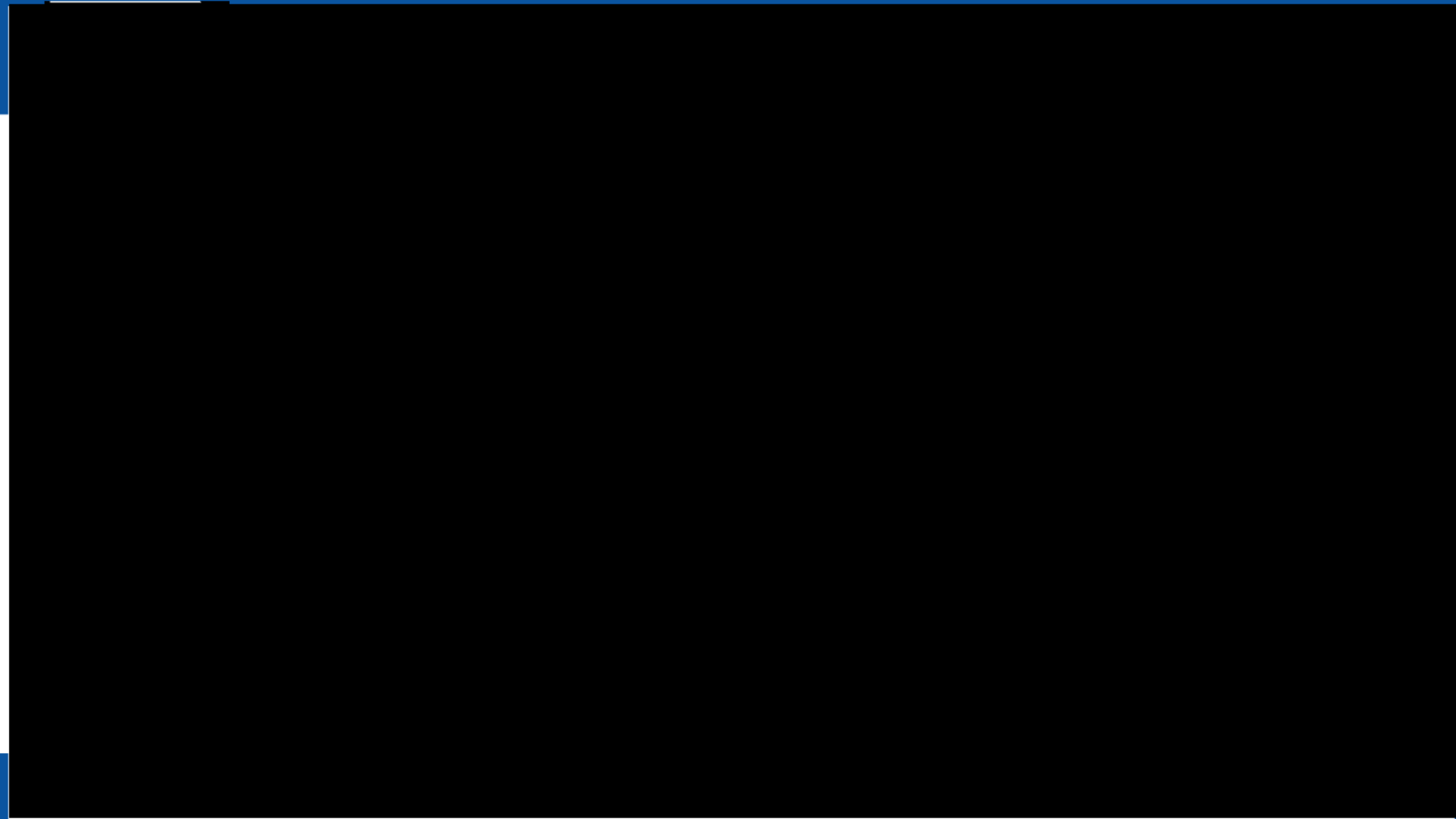


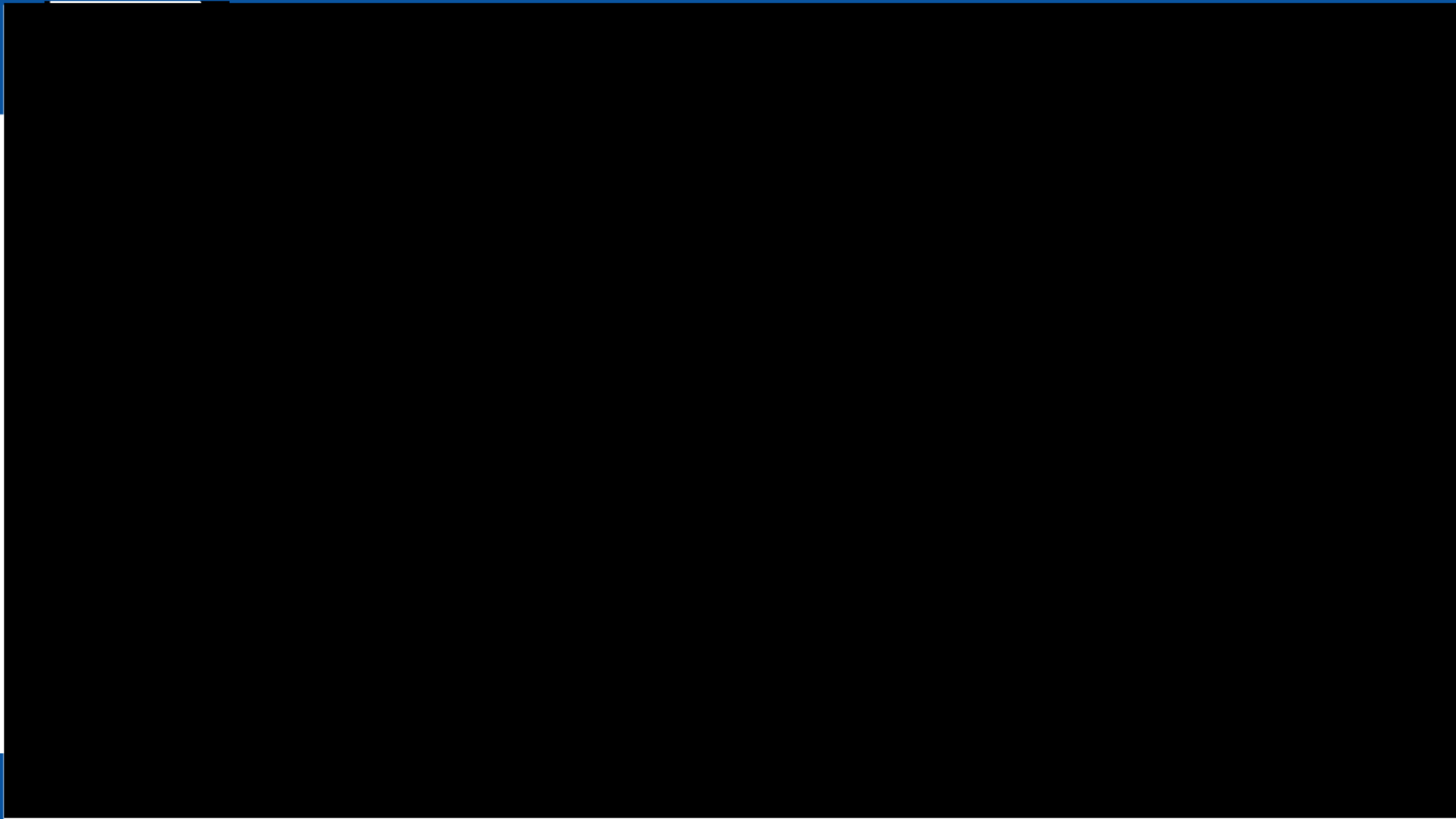


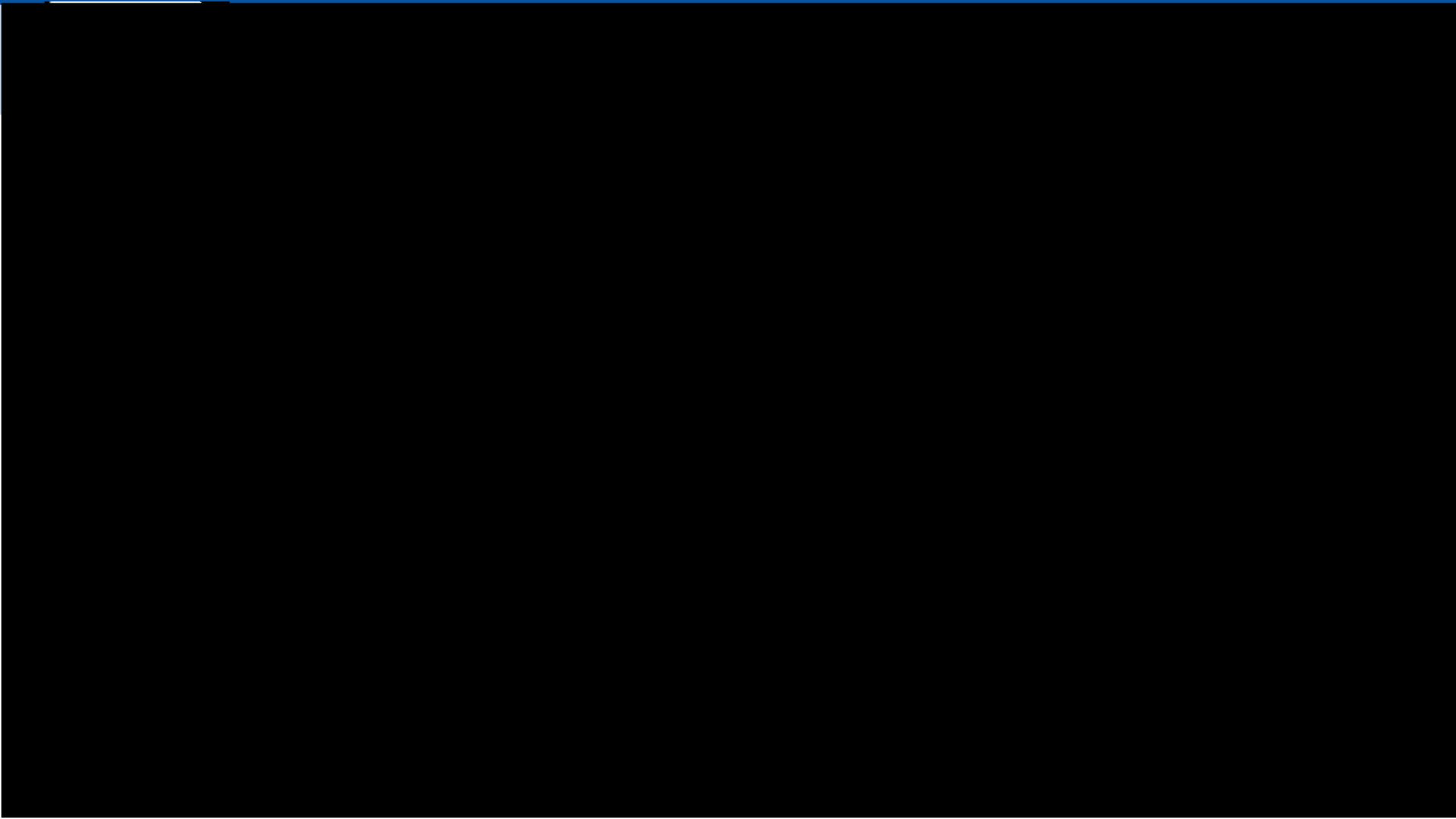


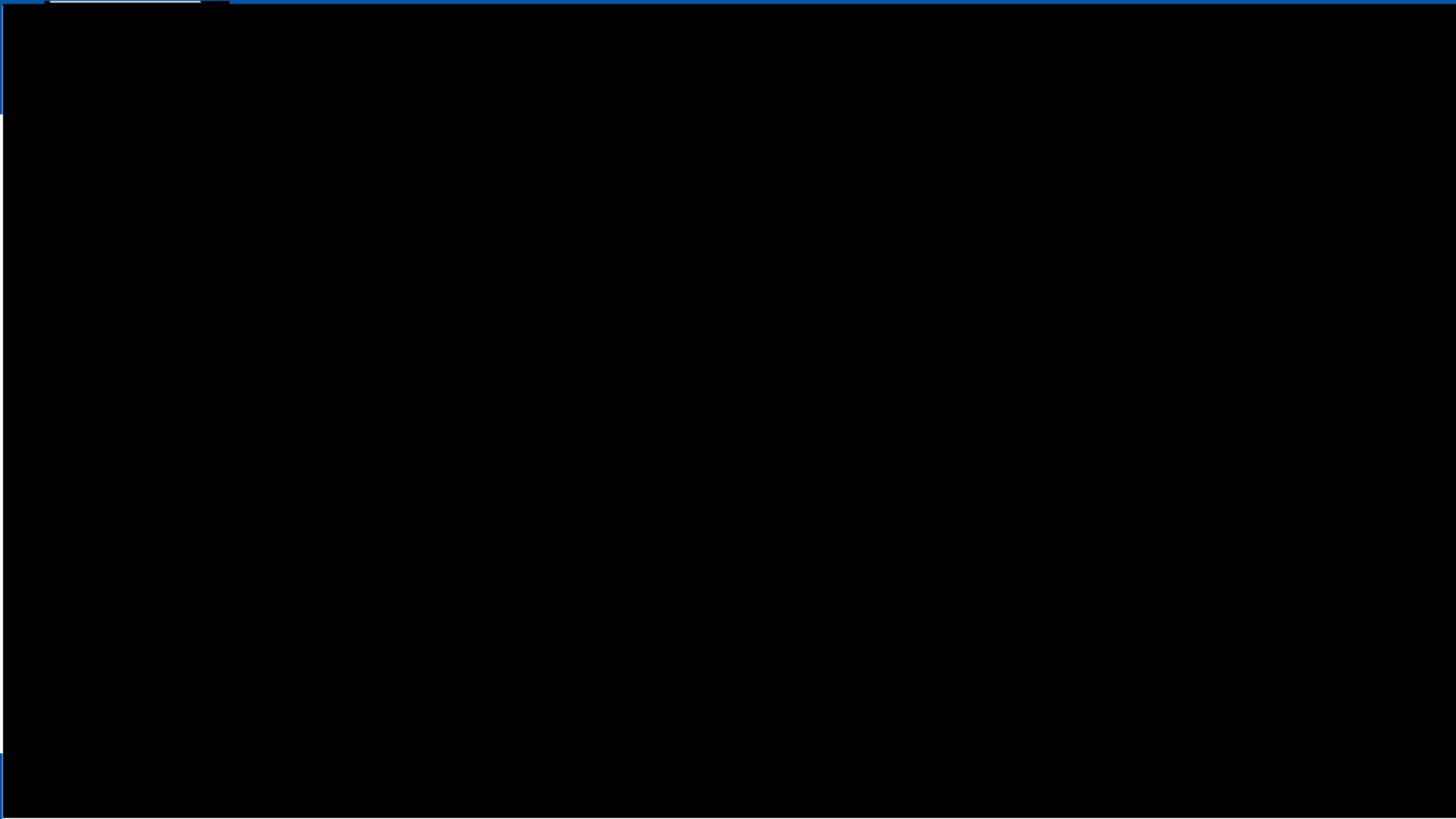


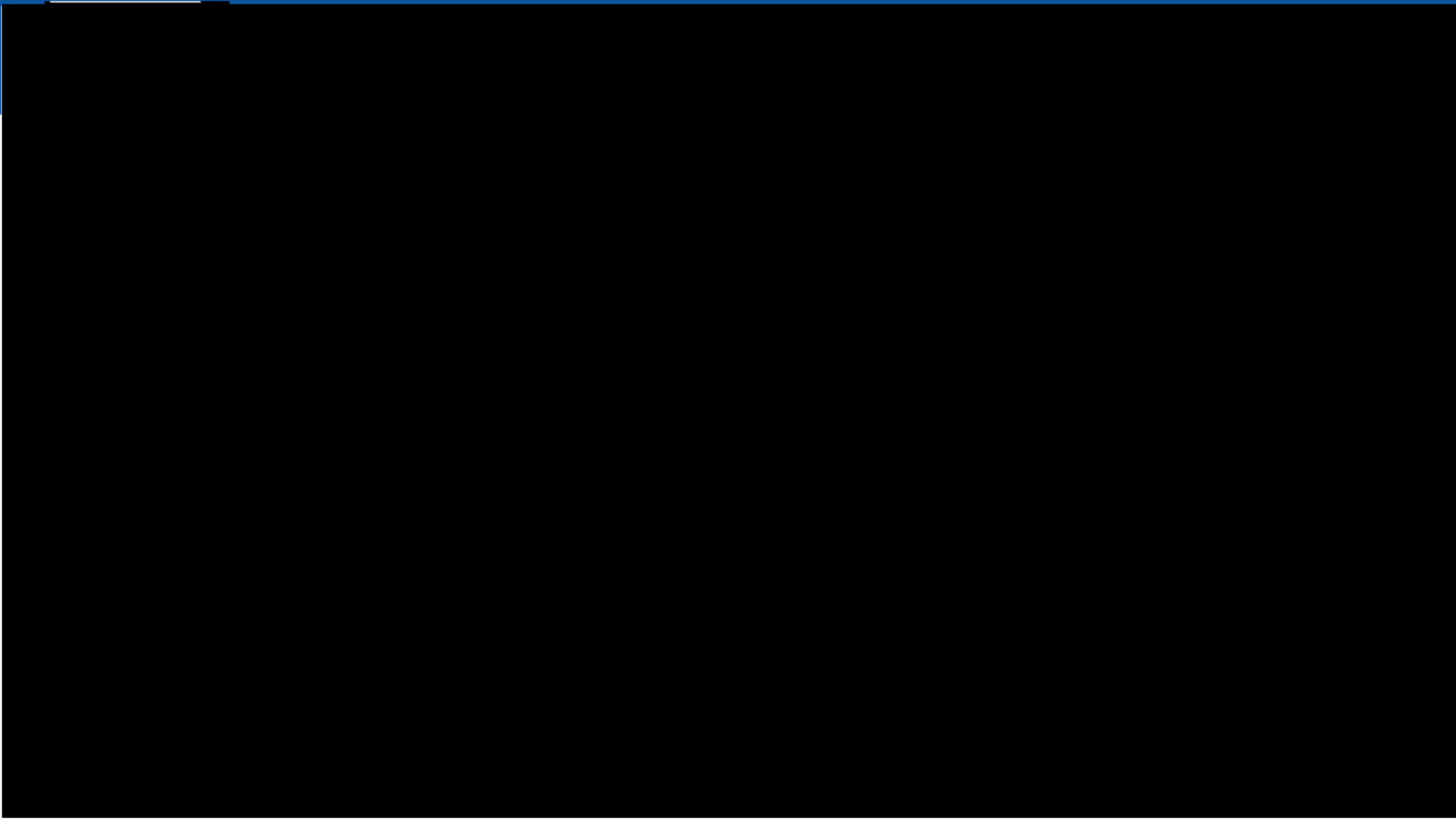


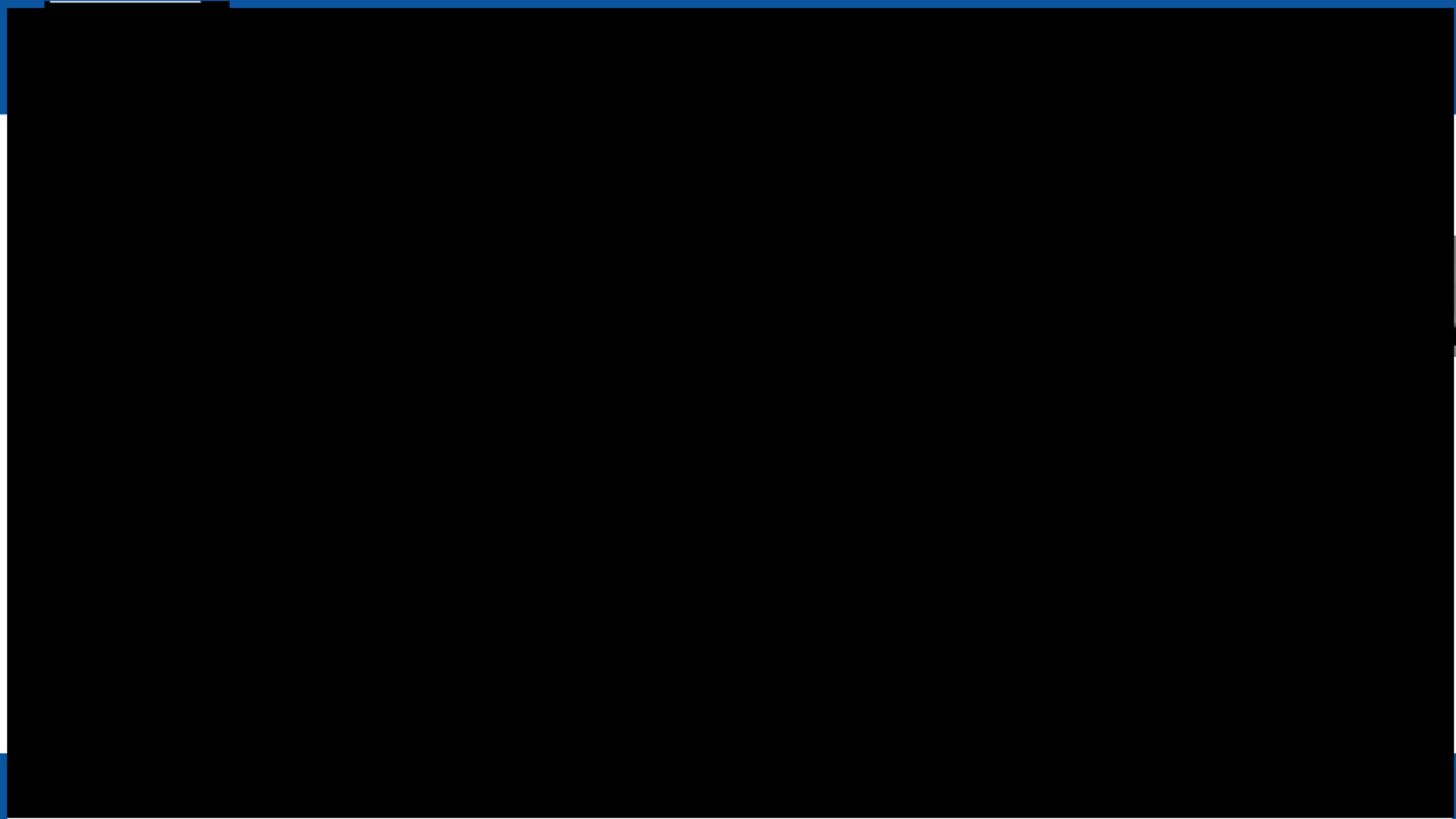




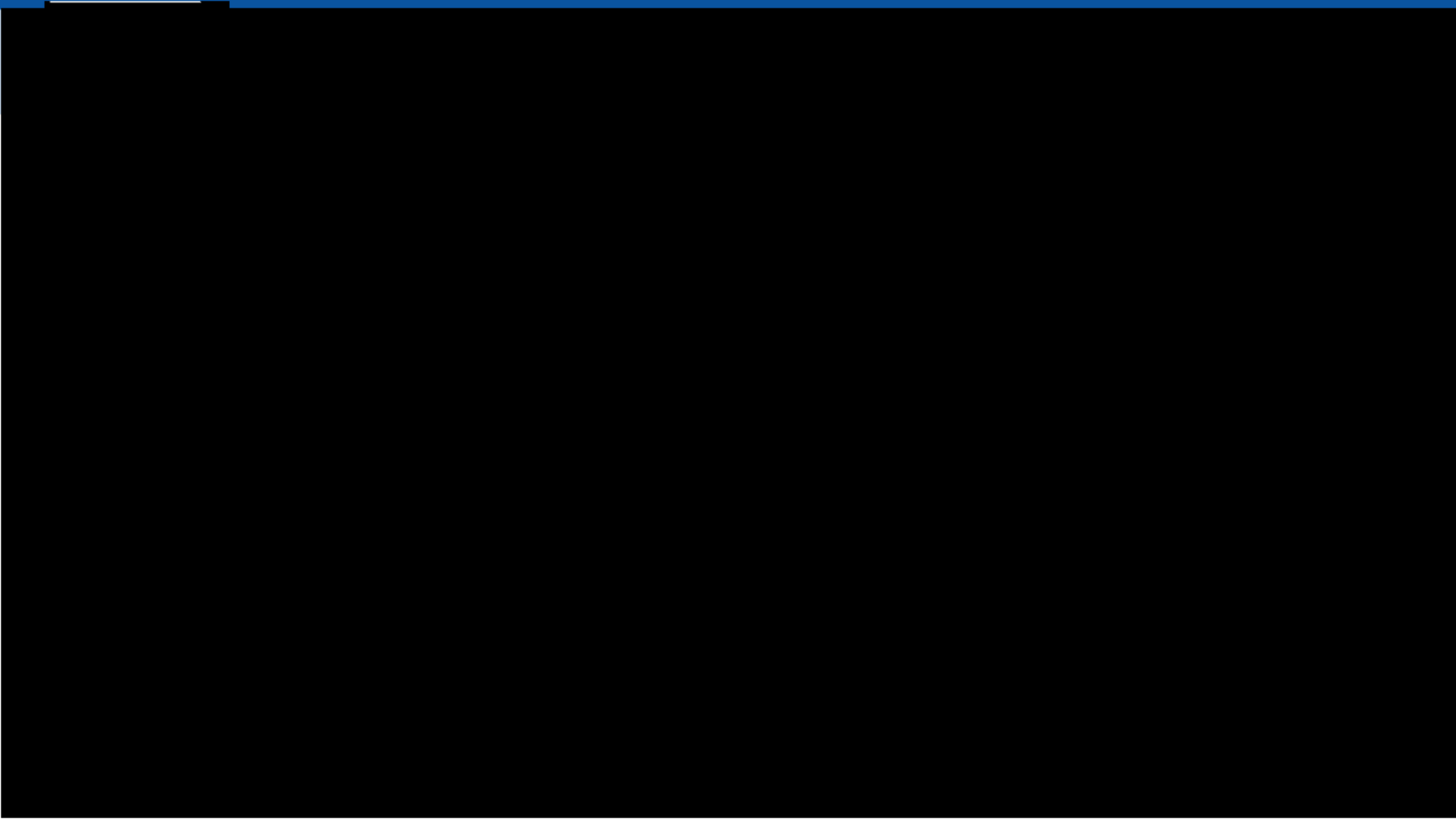


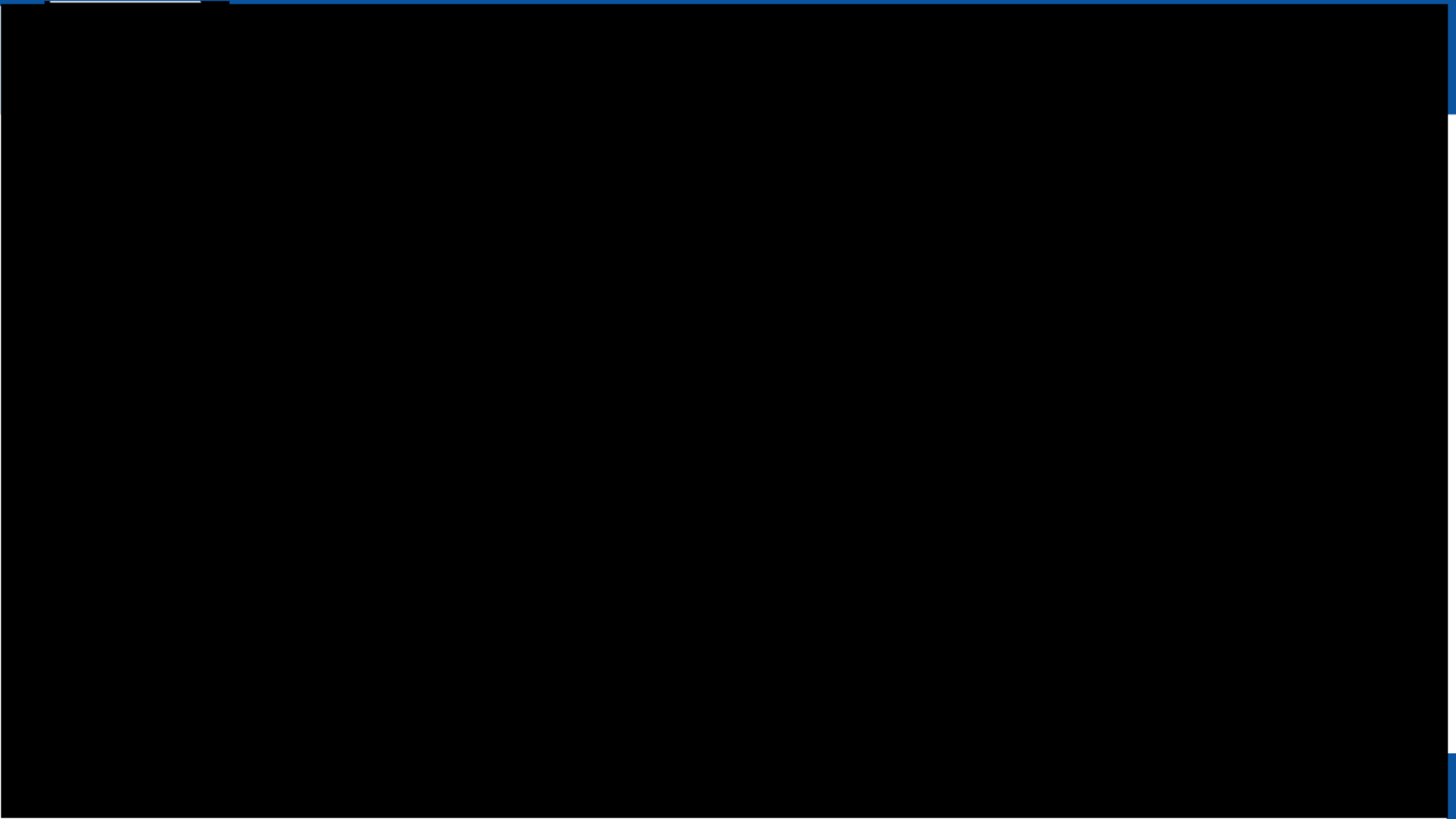


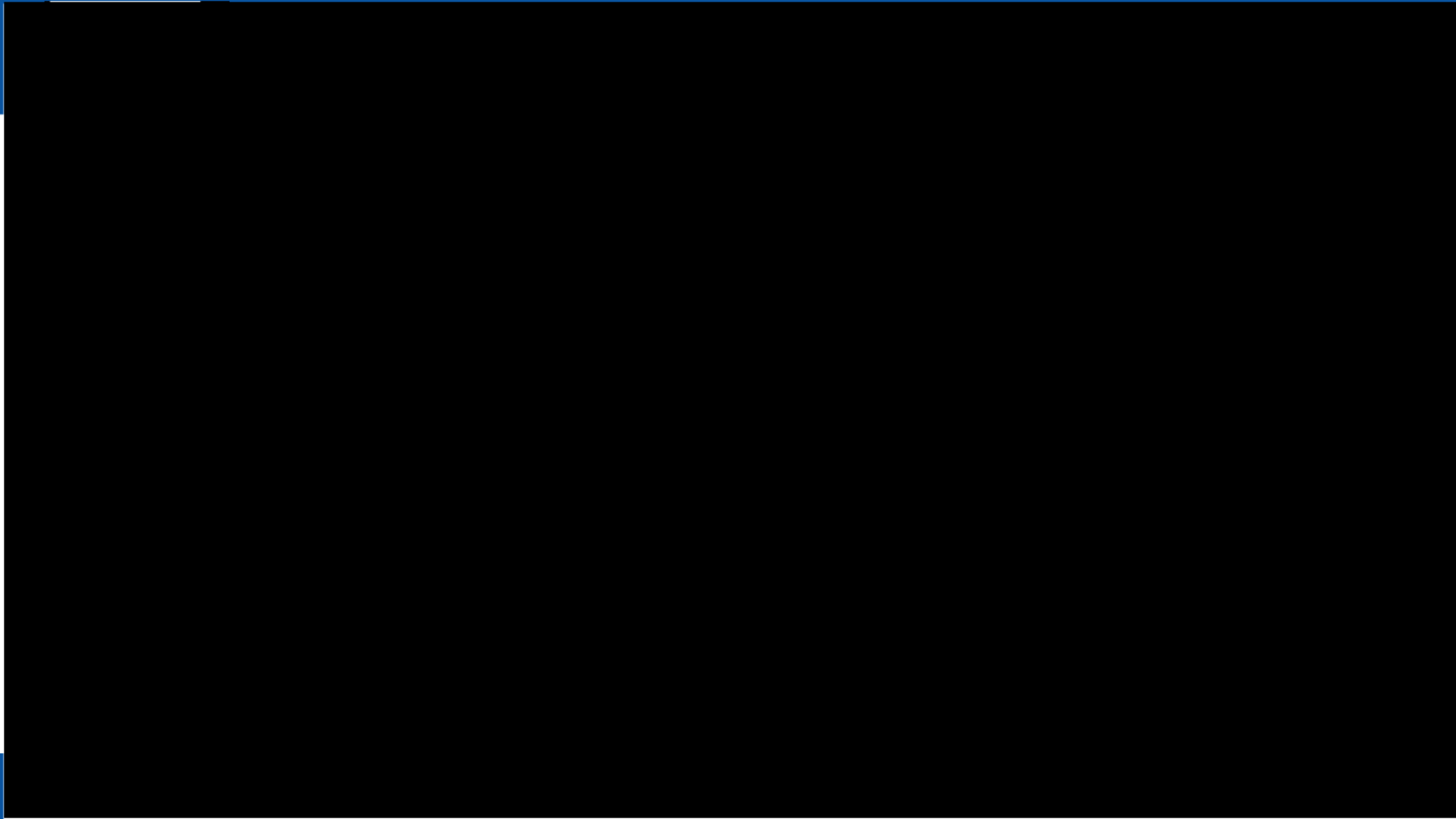












D-2.3 By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the Revised Code](#).

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

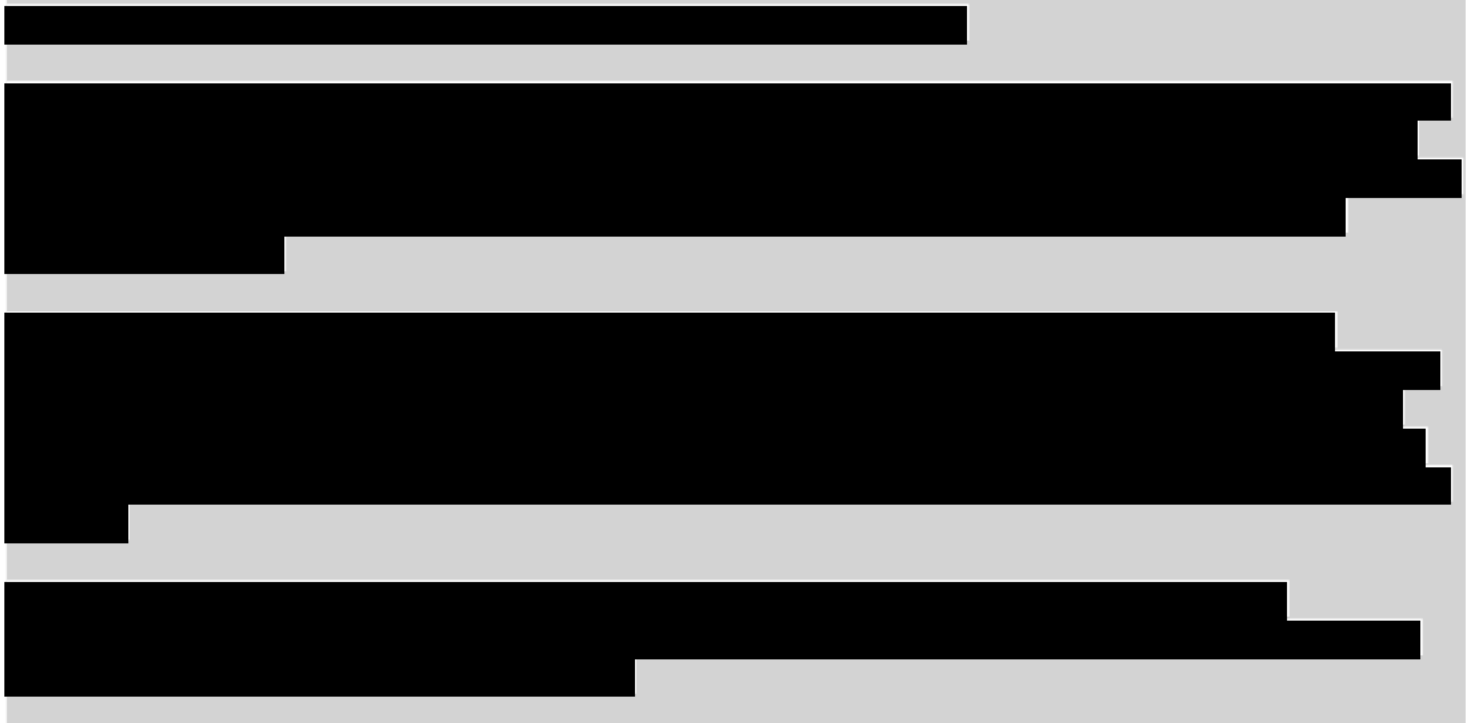
D-3.2 By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded 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](#)

[Redacted content]

[illegible]



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: **D-3.3.1_Receiving Attachment.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

Attachment to D-3.3.1 Receiving

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

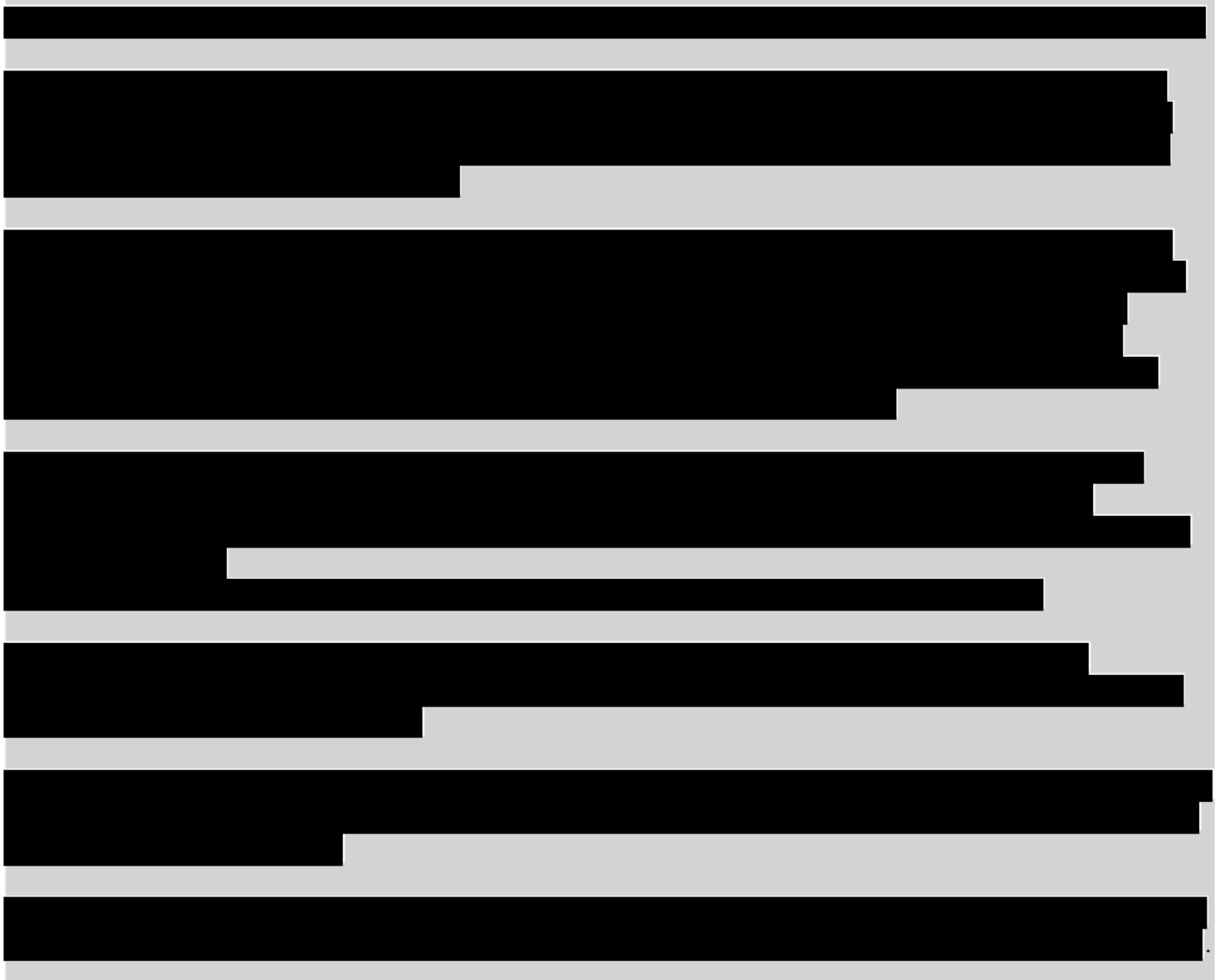
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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.

[Redacted content]



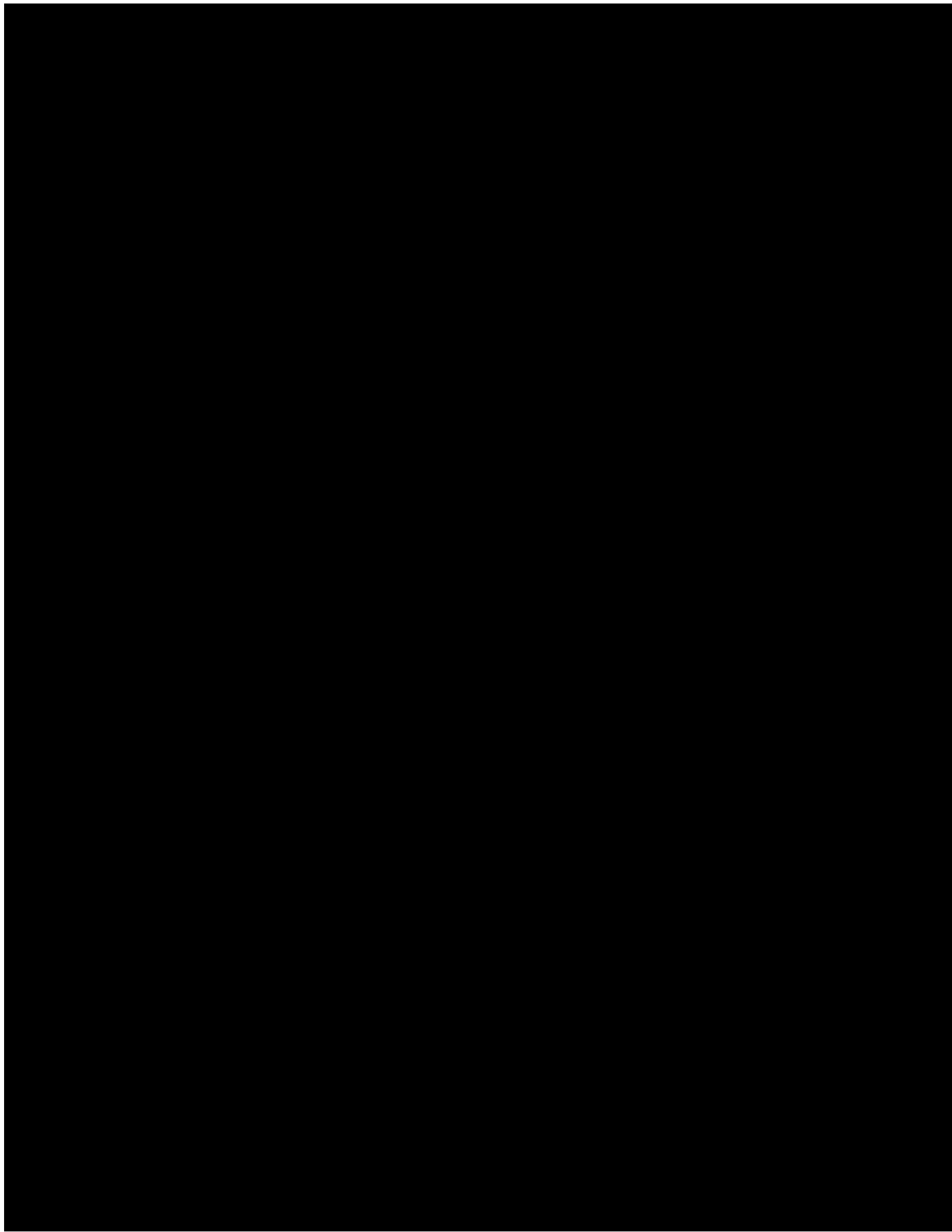


D-4.4.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-4.4.1_Storage1.pdf**
NOTE: This applicant uploaded document is the next 6 page(s) of this document.

Attachment to D-4.4

Storage



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).

1 at reception, 4 for sales area, 1-2 extra for backup: total of 7 Scanners

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](#)

[REDACTED]



[REDACTED]

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: **D-5.5.1_Dispensing.pdf**
NOTE: This applicant uploaded document is the next 12 page(s) of this document.

Attachment to D-5.5

Dispensing



APPLICANT DISPENSARY

INDICA

20.7% THC  10.8% CBD 
1.7% THCA  3.8% CBDA 

PATIENT NAME JOE BROWN
REGISTRY NUMBER 0394485
CAREGIVER NAME JANE SMITH

DATE DISPENSED 10/01/2018
QUANTITY DISPENSED 10 PIECES OF CHOCOLATE
PRODUCT IDENTIFIER 3945863
CANNABINOID PROFILE THC 20.7% – CBD 10.8% – THCA 1.7% –
THCV 0.0% – CBDA 3.8% – CBDV 0.0% –
CBN 0.0% – CBG 0.0% – CBC 0.0%

DATE HARVESTED 08/01/2018
DATE MANUFACTURED 09/01/2018
NAME OF PROCESSOR PROCESSOR NAME
PROCESSOR LICENSE #3847593
INGREDIENTS CANNABIS, CHOCOLATE (SUGAR, MILK,
COCOA BUTTER, CHOCOLATE LIQUOR,
SOY LECITHIN [AN EMULSIFIER],
ARTIFICIAL FLAVOR [VANILLIN]).
SOLVENT EXTRACTION CONTAINS: MILK AND SOYBEANS.
PROCESS NONE
HEAT

10 PIECES

THC  CBD 
THCA  CBD 
CBN  CBG 
CBDA 

STORAGE INSTRUCTIONS
Keep in a cool, dry, locked storage
container out of reach of children.

DISPENSARY NAME

DISPENSARY ADDRESS
CITY, OH, ZIP CODE
LICENSE NO: 9384574

WARNING: THIS PRODUCT MAY CAUSE IMPAIRMENT AND MAY BE HABIT-FORMING. THIS PRODUCT MAY BE UNLAWFUL OUTSIDE OF THE STATE OF OHIO. **CAUTION:** WHEN EATEN OR SWALLOWED, THE EFFECTS AND IMPAIRMENT CAUSE BY THIS DRUG MAY BE DELAYED.

Sample Label for an edible medical marijuana product.

EXIT PACKAGING
INFORMATION

FOR PATIENTS & CAREGIVERS

APPLICANT
DISPENSARY

*At Applicant's Dispensary,
we aim to provide the
highest quality medicine
and first-class customer
service to our patients.*

You can reach us 24/7
with questions or concerns
XXX-XXX-XXXX

DISPENSARY NAME
DISPENSARY ADDRESS
CITY, OH, ZIP CODE
WEBSITE
PHONE NUMBER

EXIT PACKAGING
INFORMATION

FOR PATIENTS & CAREGIVERS

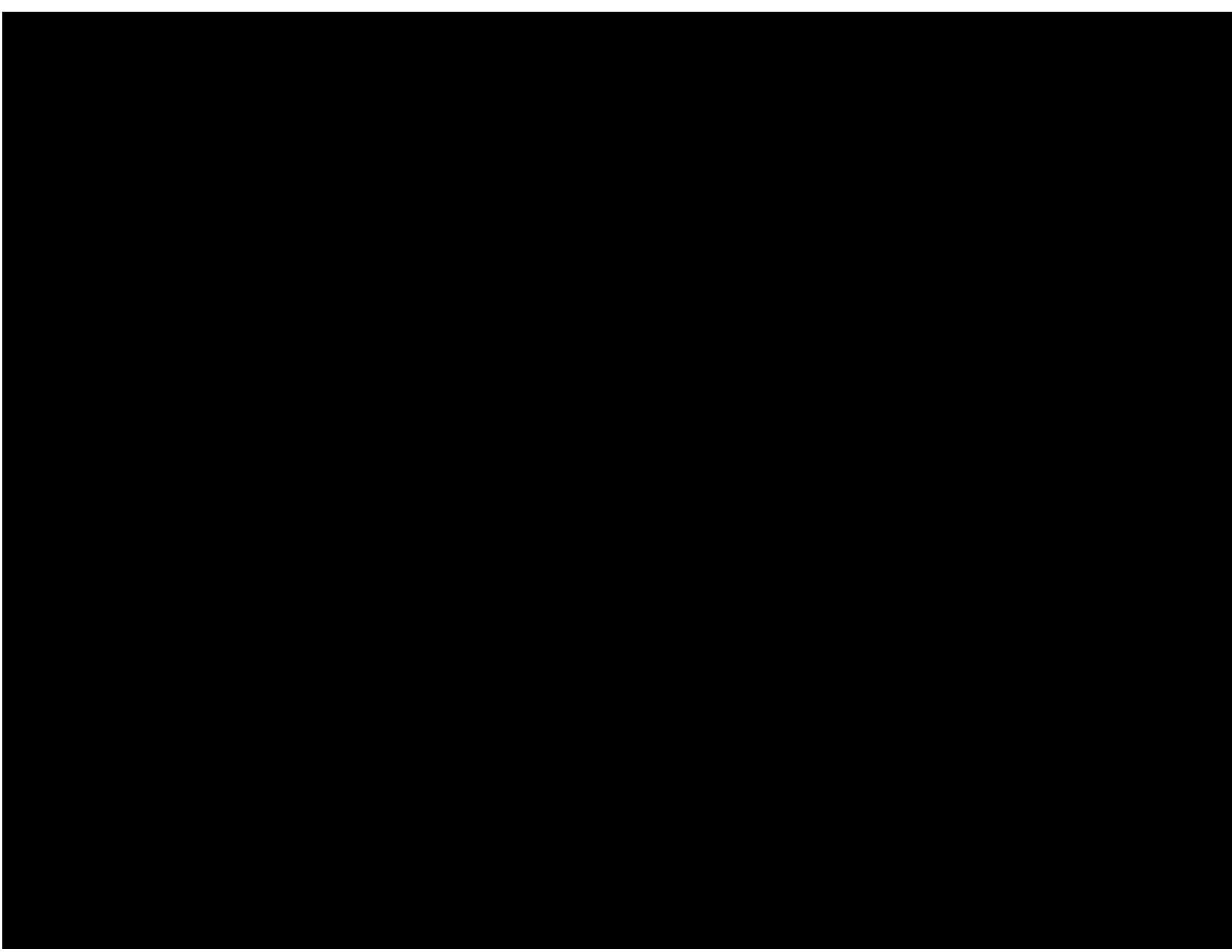
Disclosure of any pesticides applied
to the marijuana plants and growing
medium during production and process:

If you have a concern that an error may have
occurred in the dispensing of your medical
marijuana, you may contact the State Board
of Pharmacy using the contact information
found at: www.medicalmarijuana.ohio.gov

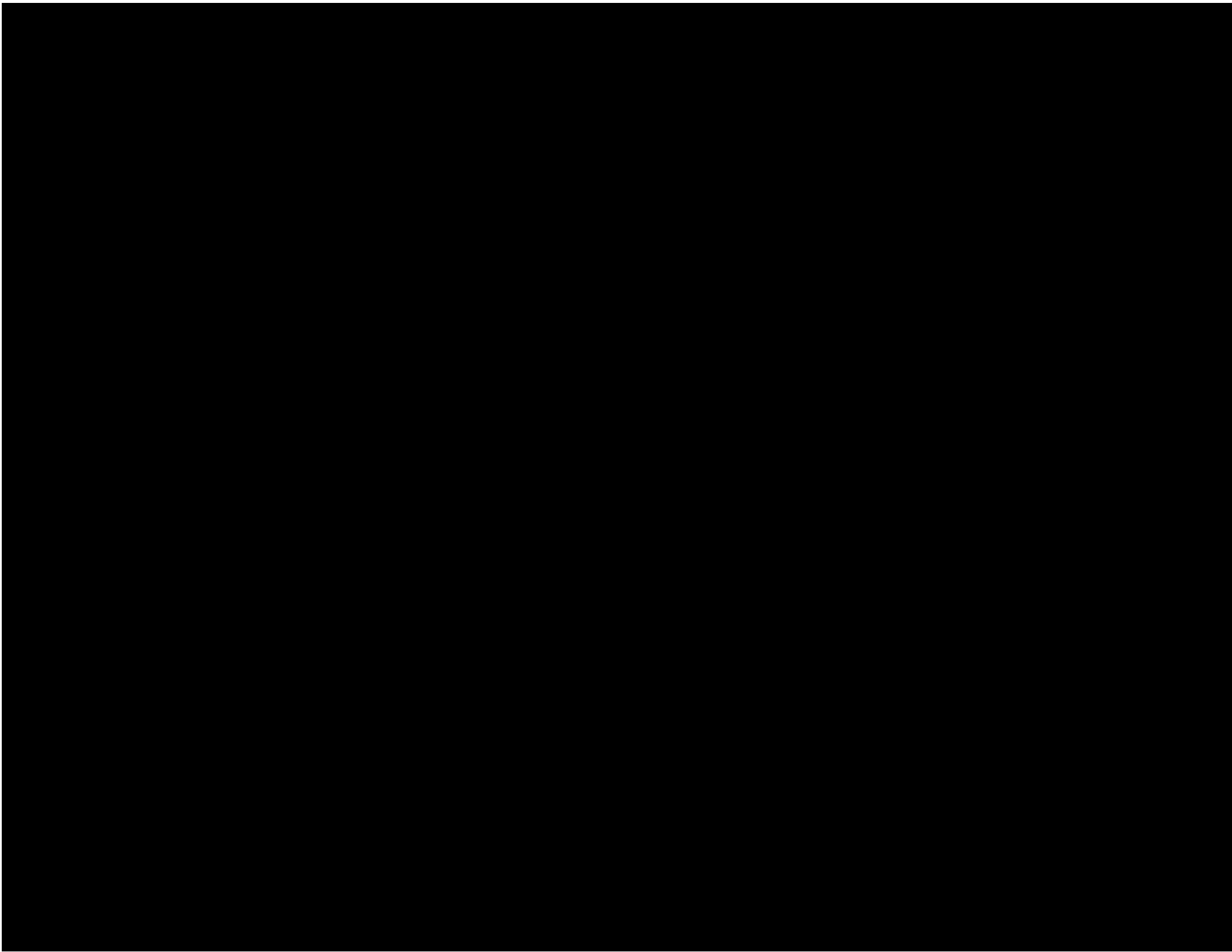
Toll-Free Telephone Line for the
Ohio Board of Pharmacy: **XXX-XXX-XXXX**

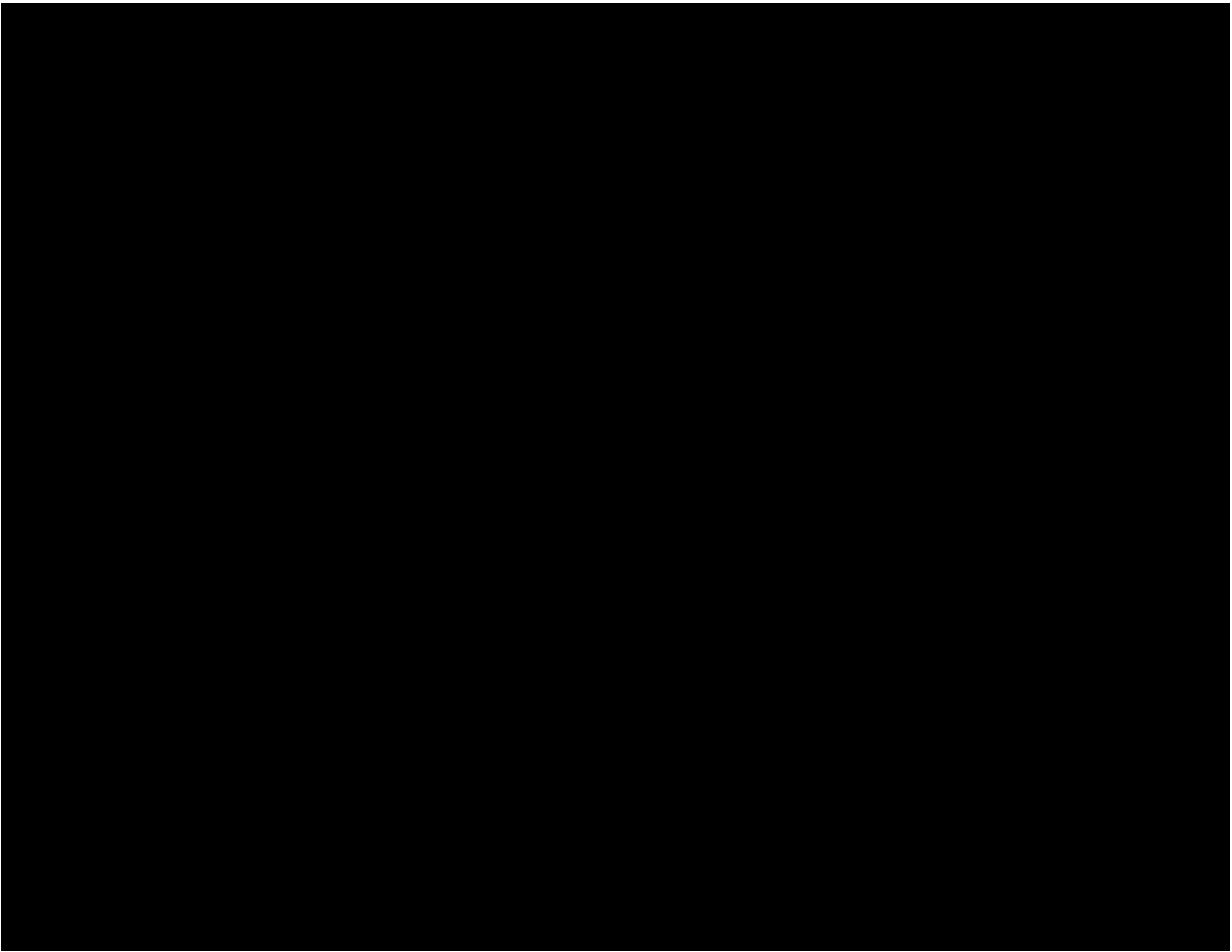
WARNING: THIS PRODUCT MAY CAUSE
IMPAIRMENT AND MAY BE HABIT-FORMING.
SMOKING MEDICAL MARIJUANA IS NOT PER-
MITTED IN THE STATE OF OHIO. THERE MAY BE
HEALTH RISKS ASSOCIATED WITH CONSUMP-
TION OF THIS PRODUCT. FOR USE ONLY BY
THE PERSON NAMED ON THE LABEL OF THE
DISPENSED PRODUCT. KEEP OUT OF REACH OF
CHILDREN. MARIJUANA CAN IMPAIR CONCEN-
TRATION, COORDINATION AND JUDGMENT. DO
NOT OPERATE A VEHICLE OR MACHINERY
UNDER THE INFLUENCE OF THIS DRUG.
SHOULD NOT BE USED BY WOMEN WHO ARE
PREGNANT OR BREASTFEEDING.

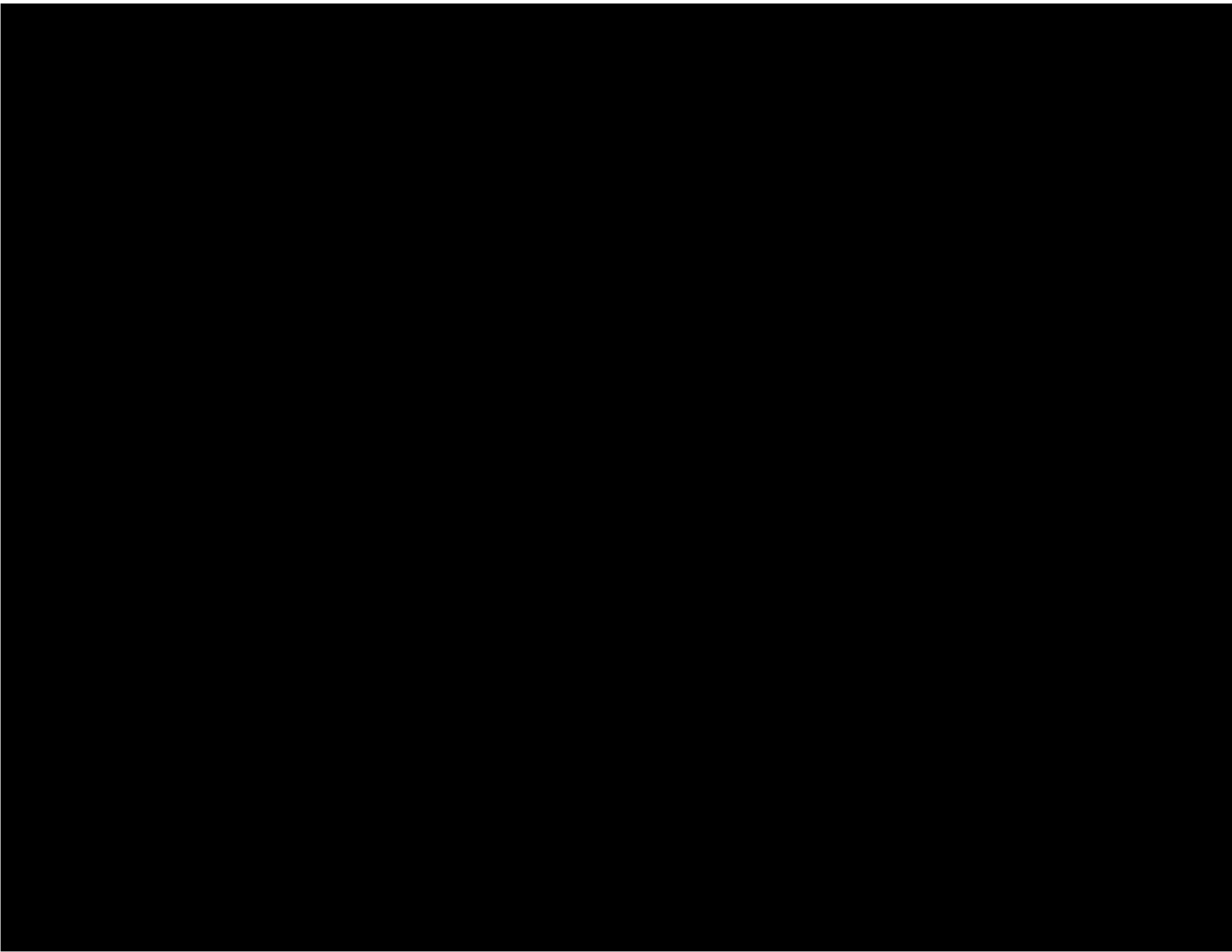
Sample exit literature provided at the end of each transaction.



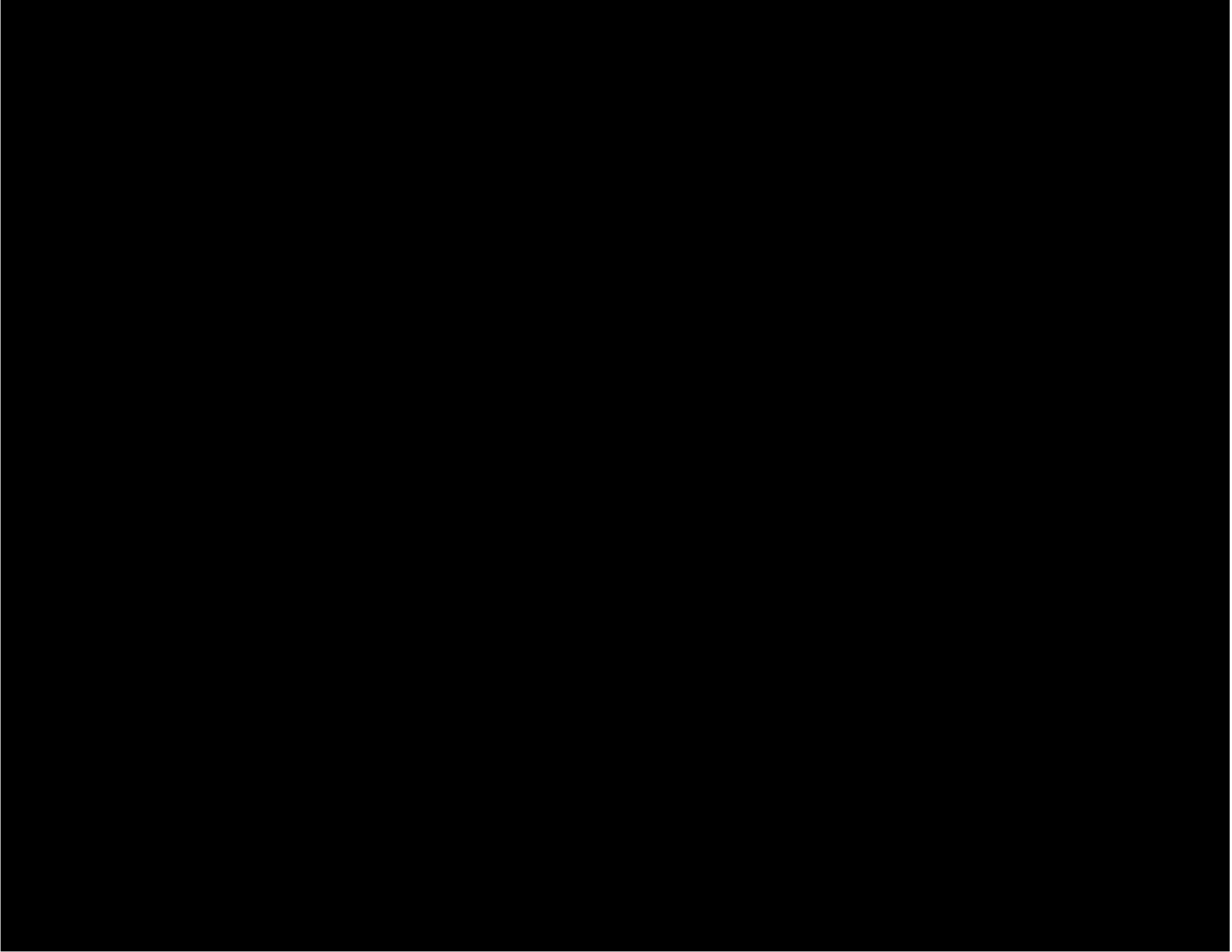












Operations Plan(Inventory Management of Product)

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](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. Returns are further described

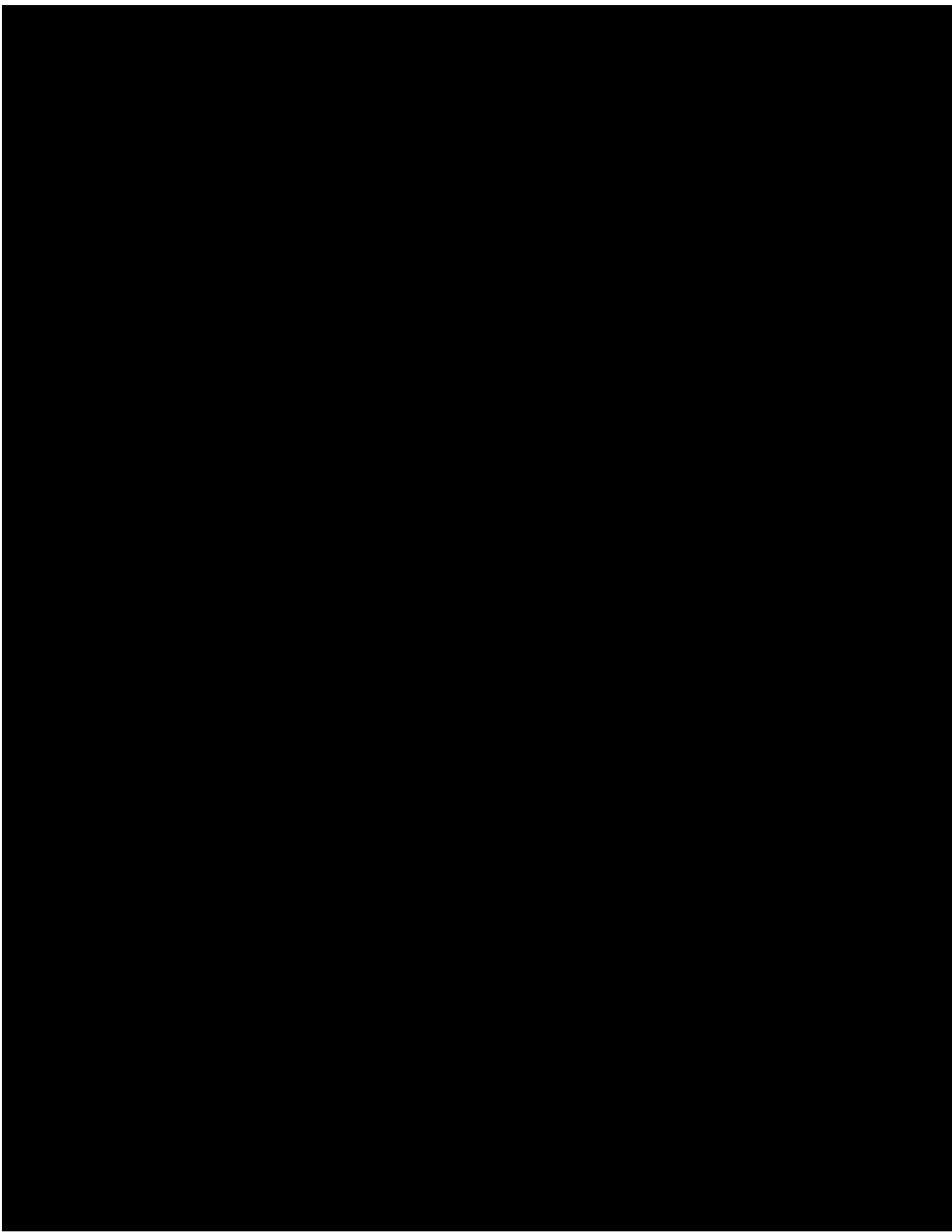
in D-6.9.

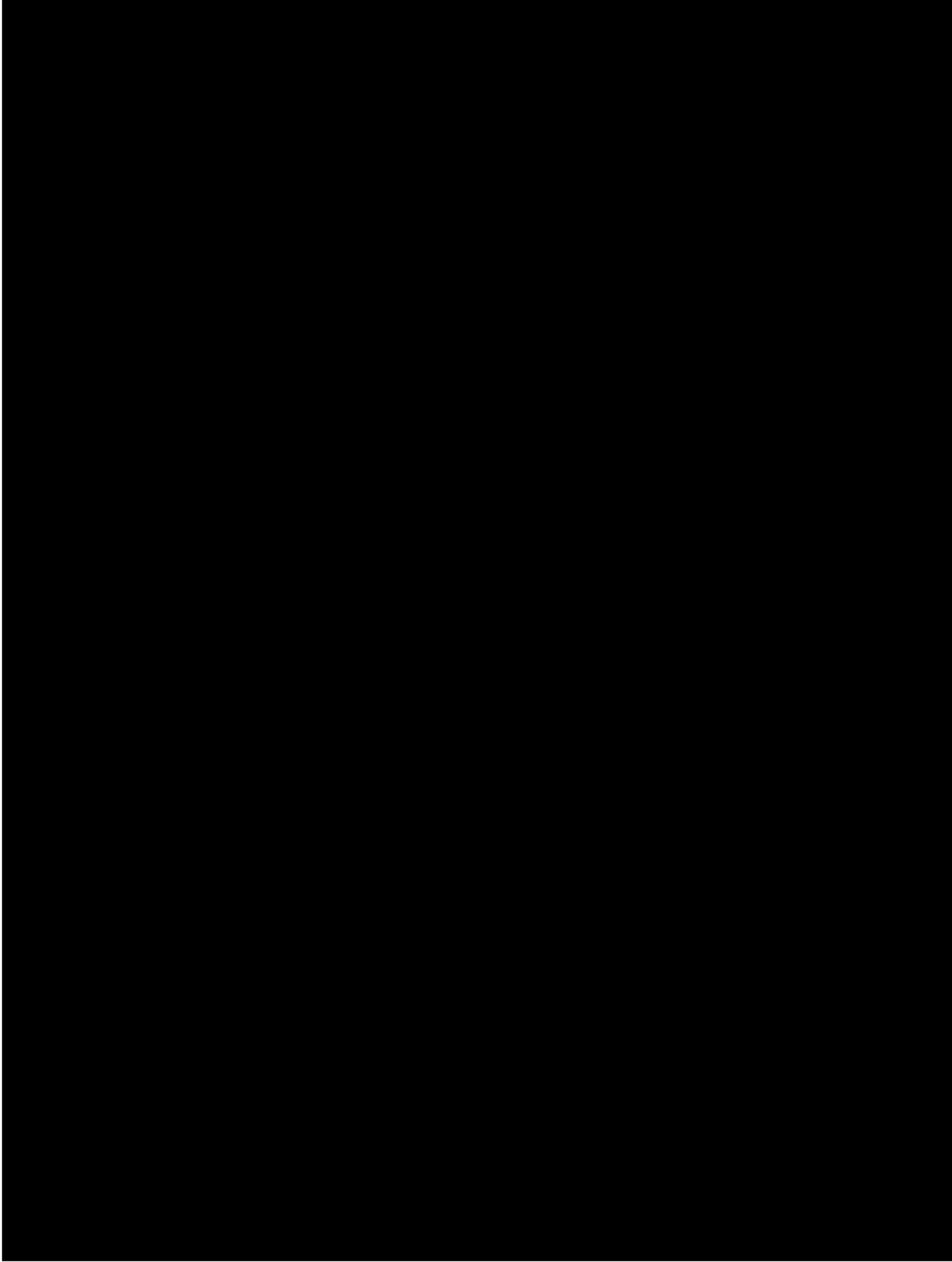
[REDACTED]

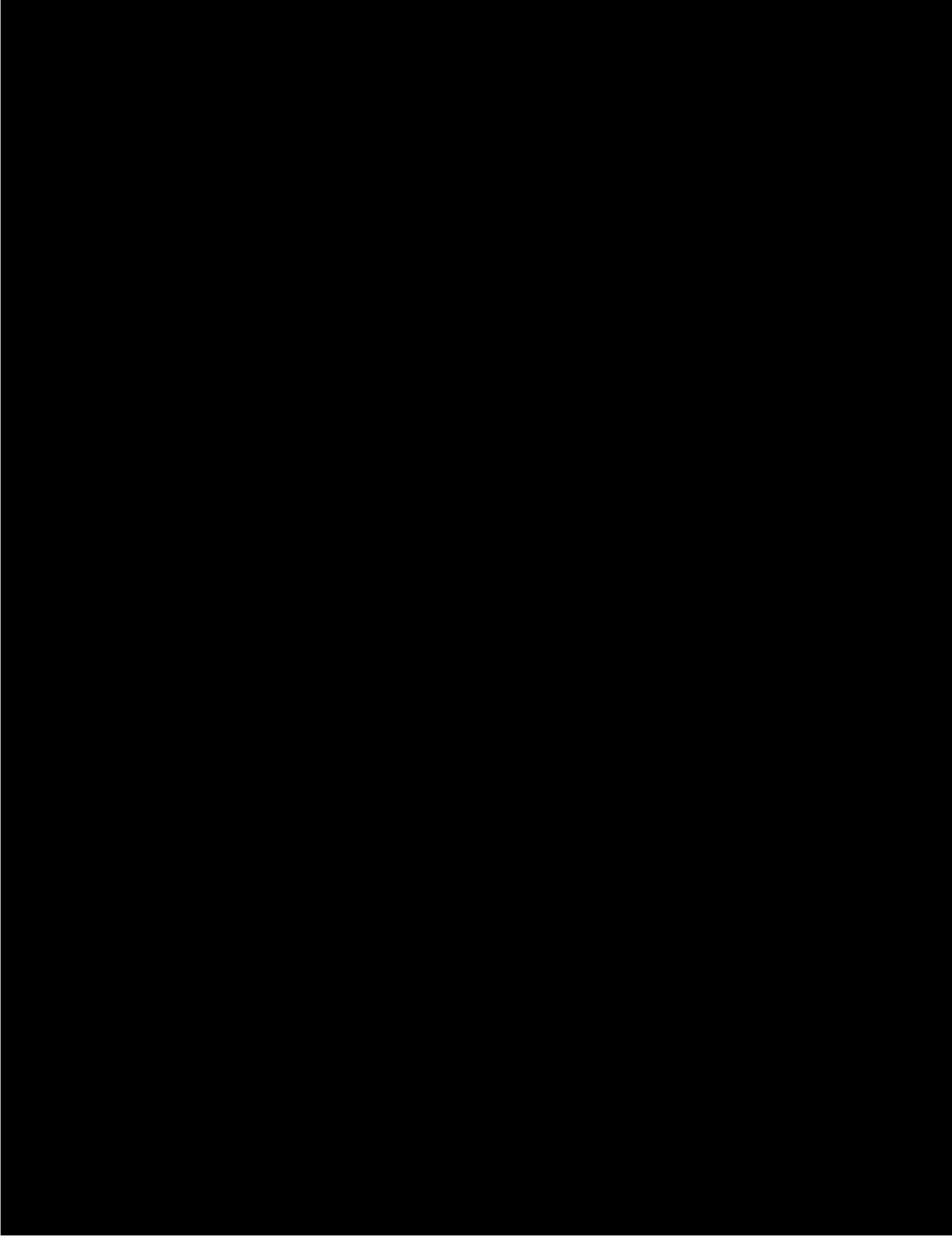
Uploaded Document Name: **D-6.8.1_Inventory Attachment.pdf**
NOTE: This applicant uploaded document is the next 40 page(s) of this document.

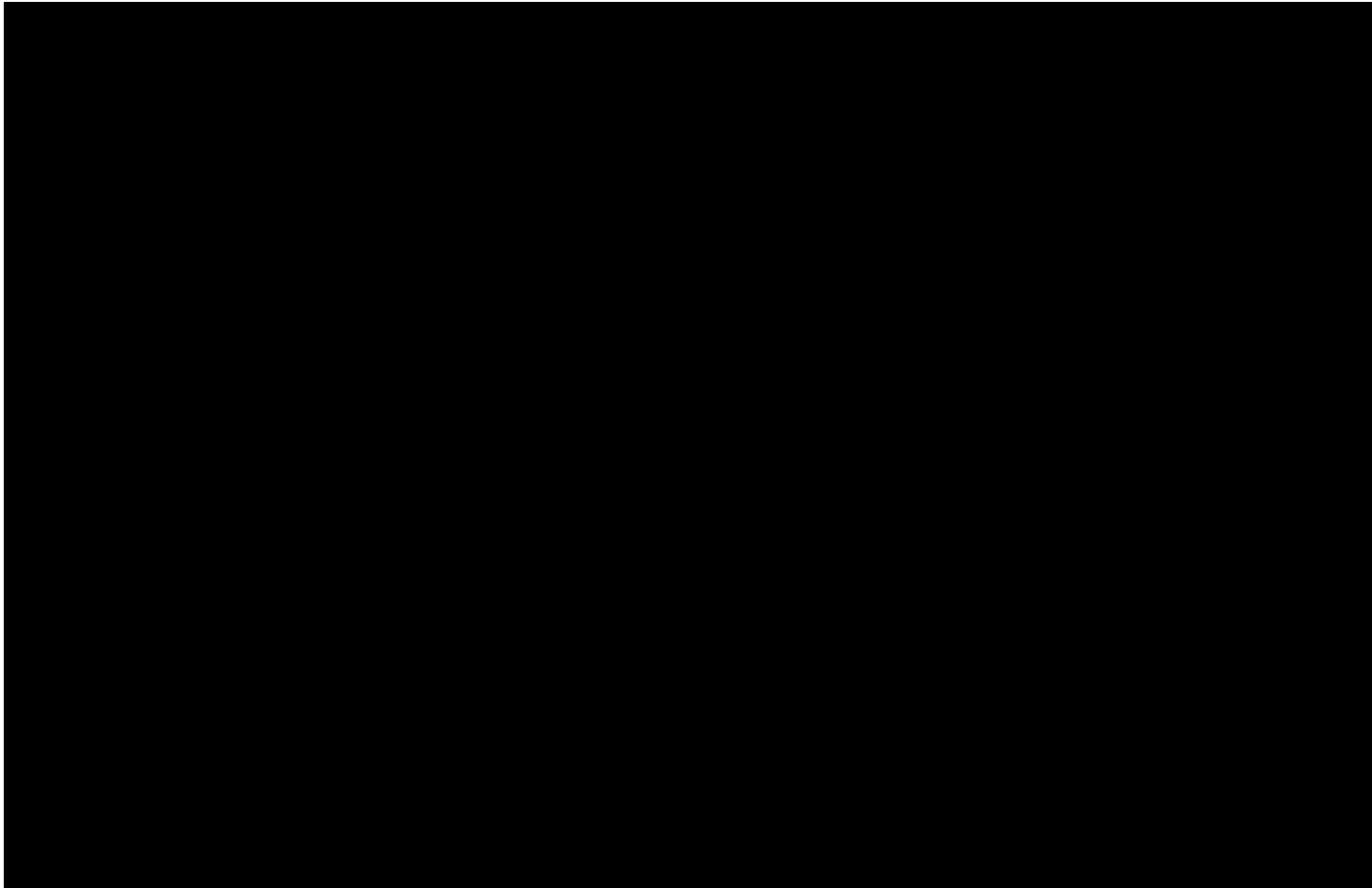
Attachment to 6.8.1

Inventory

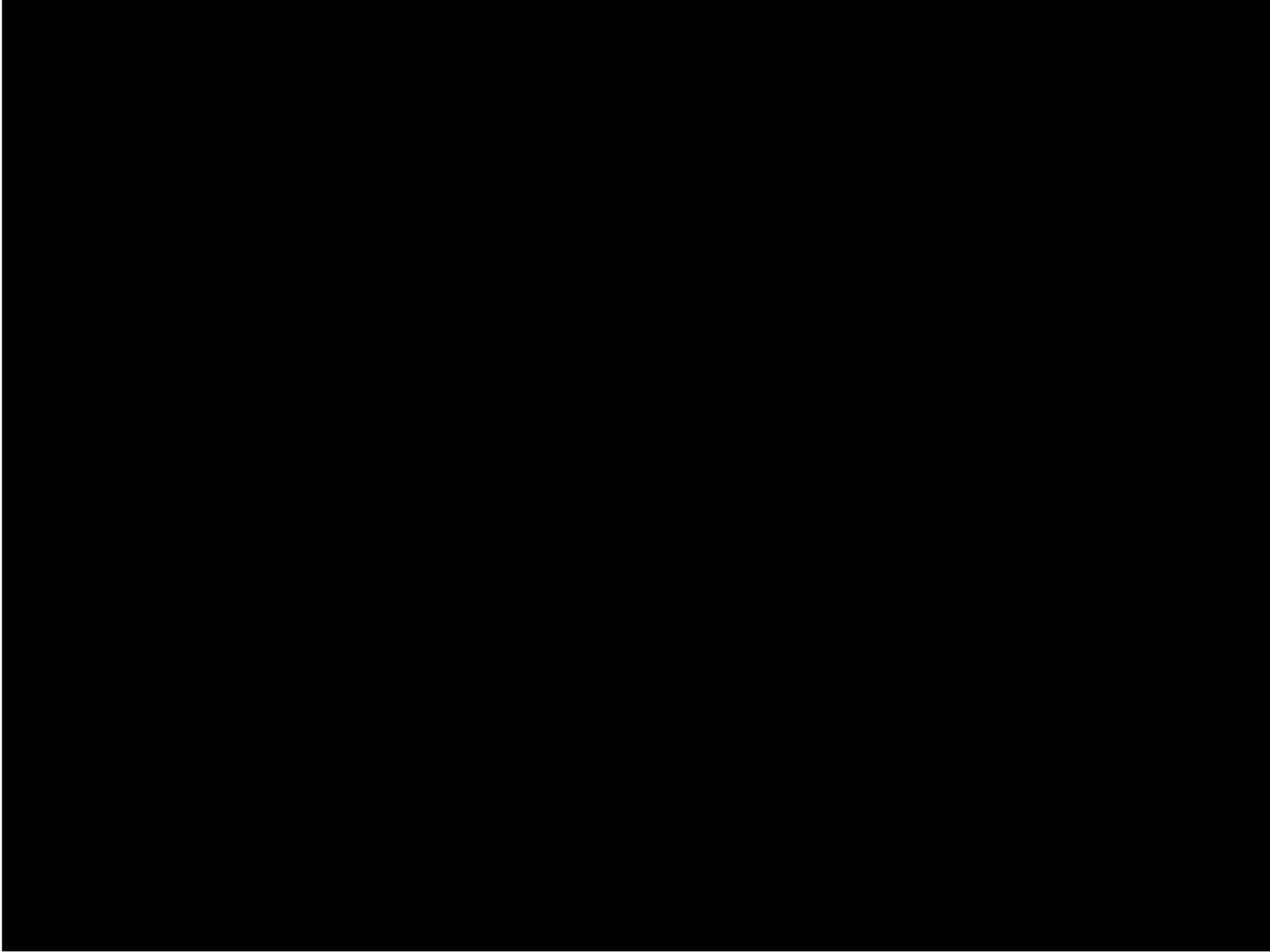














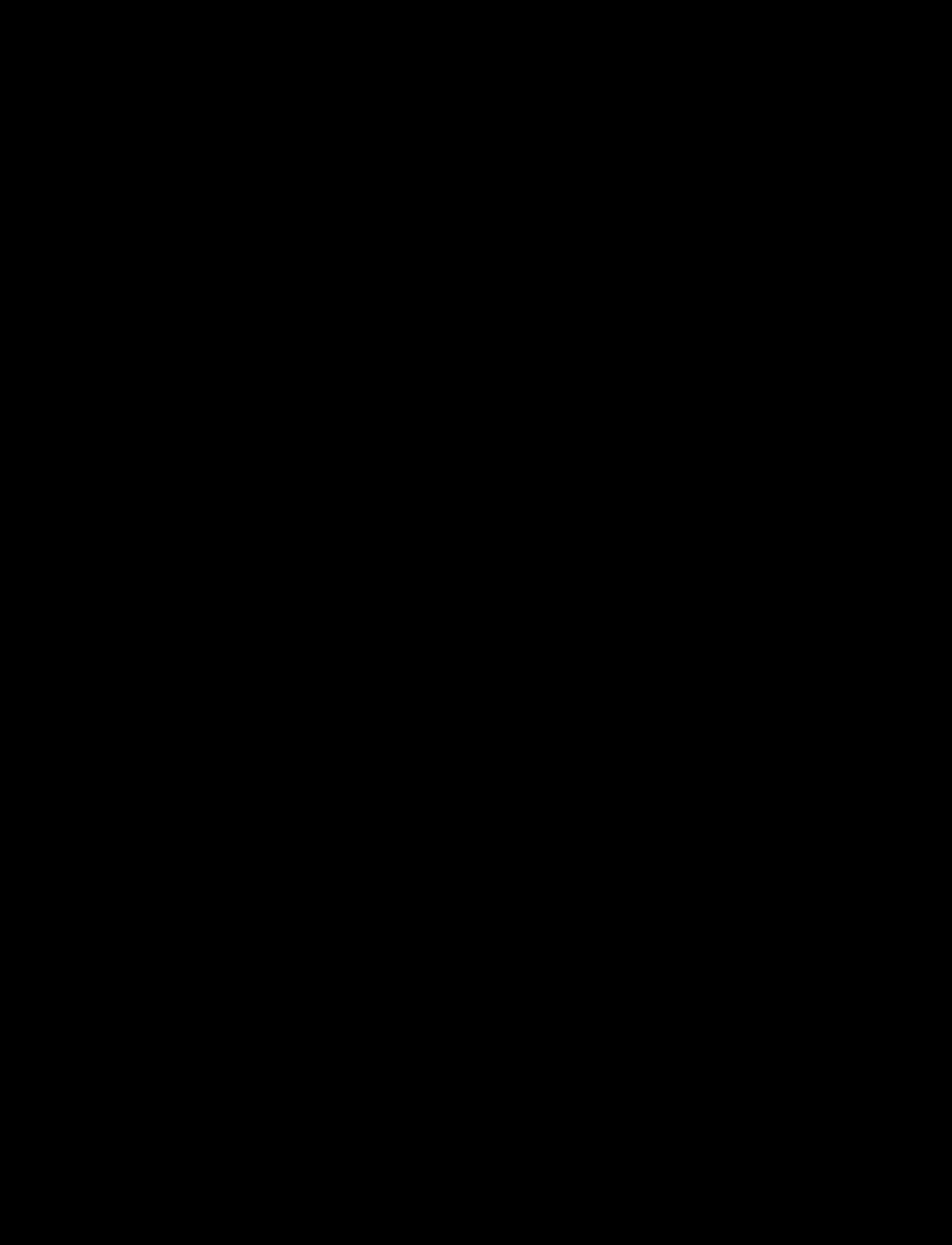


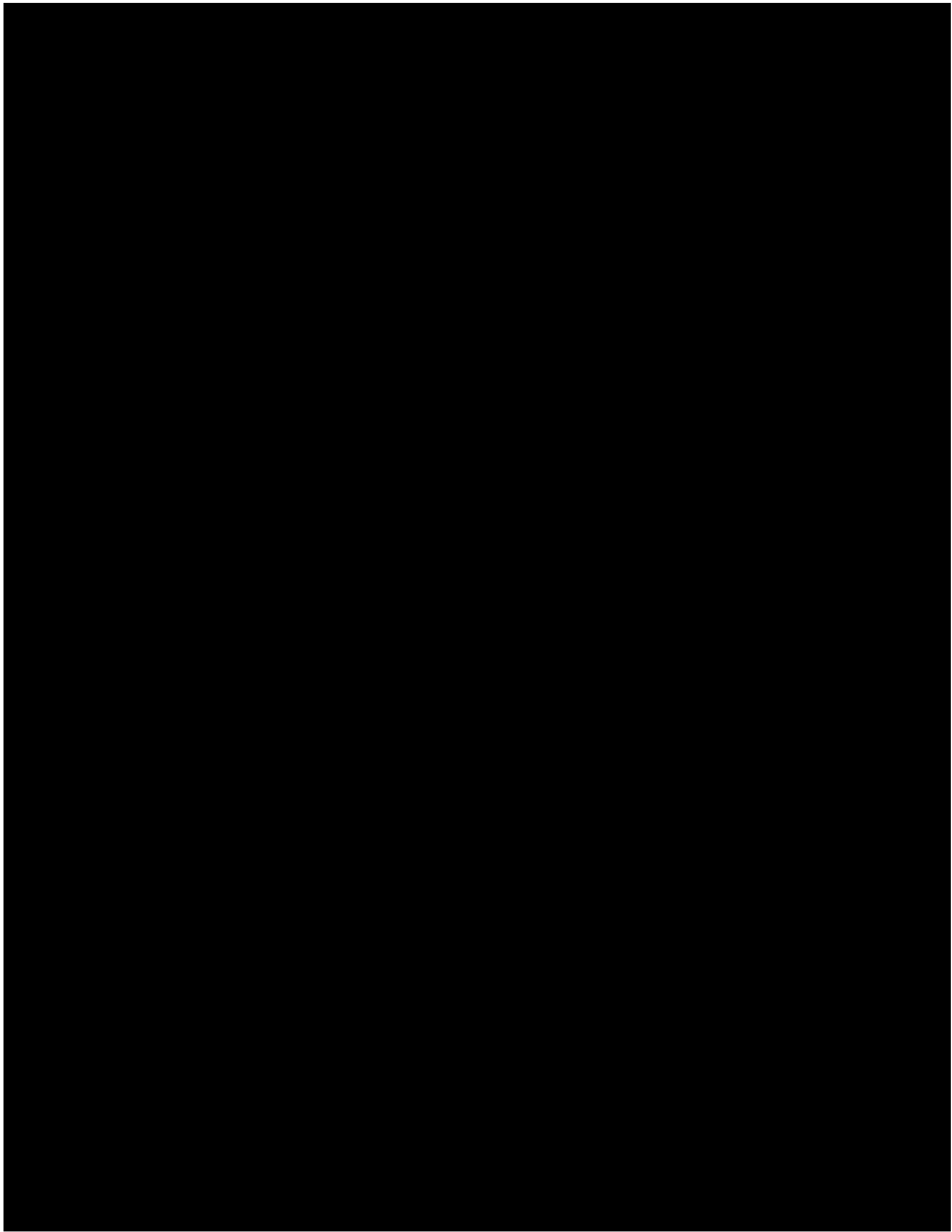


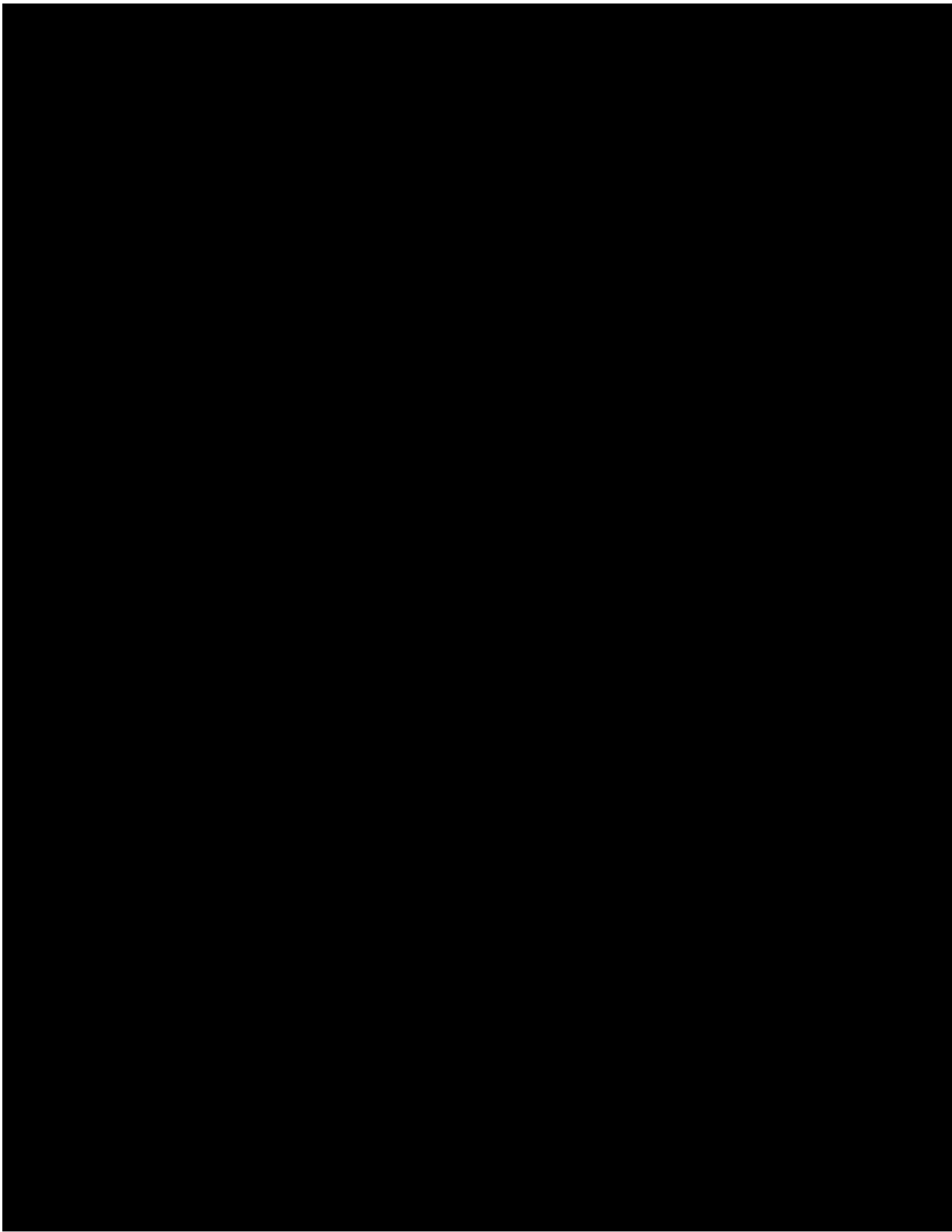


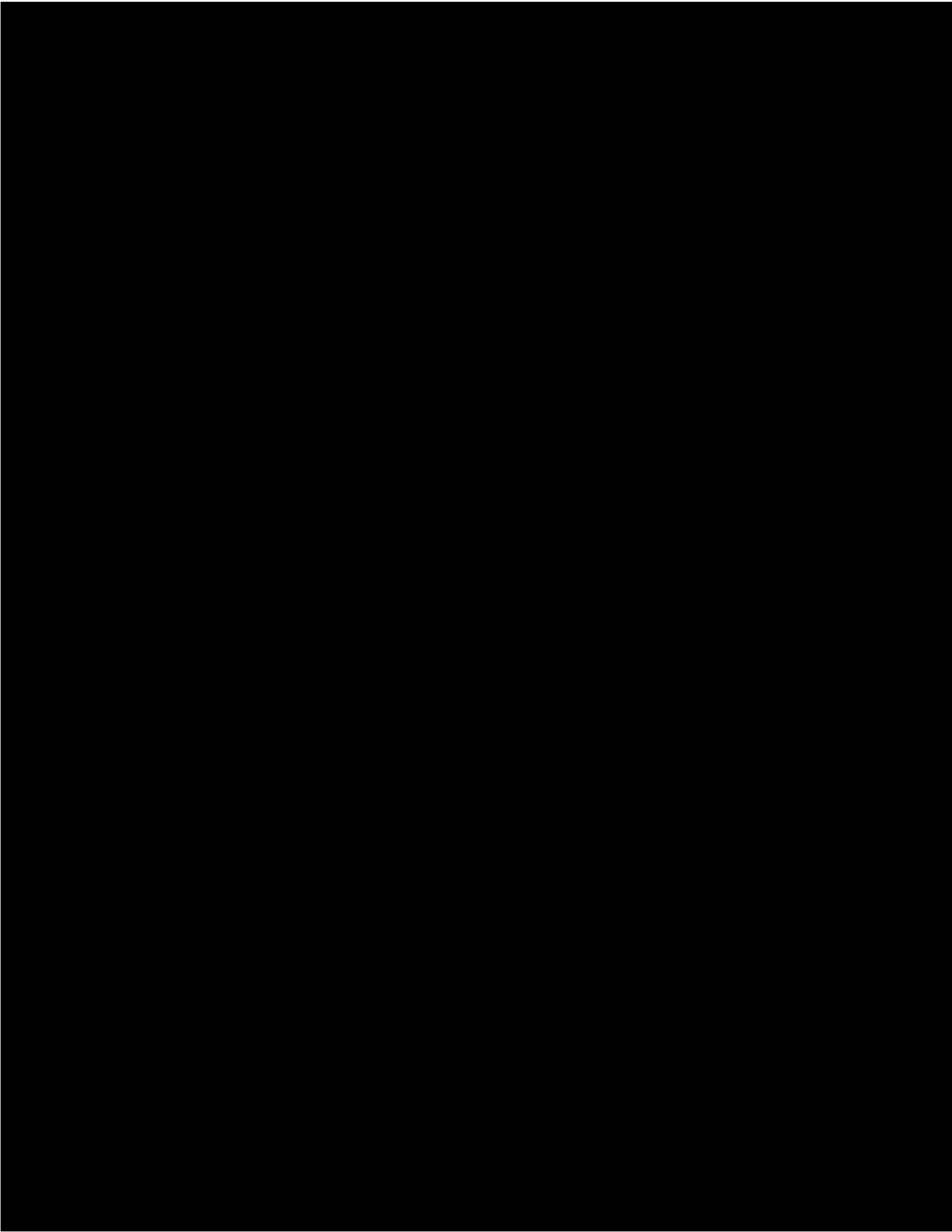


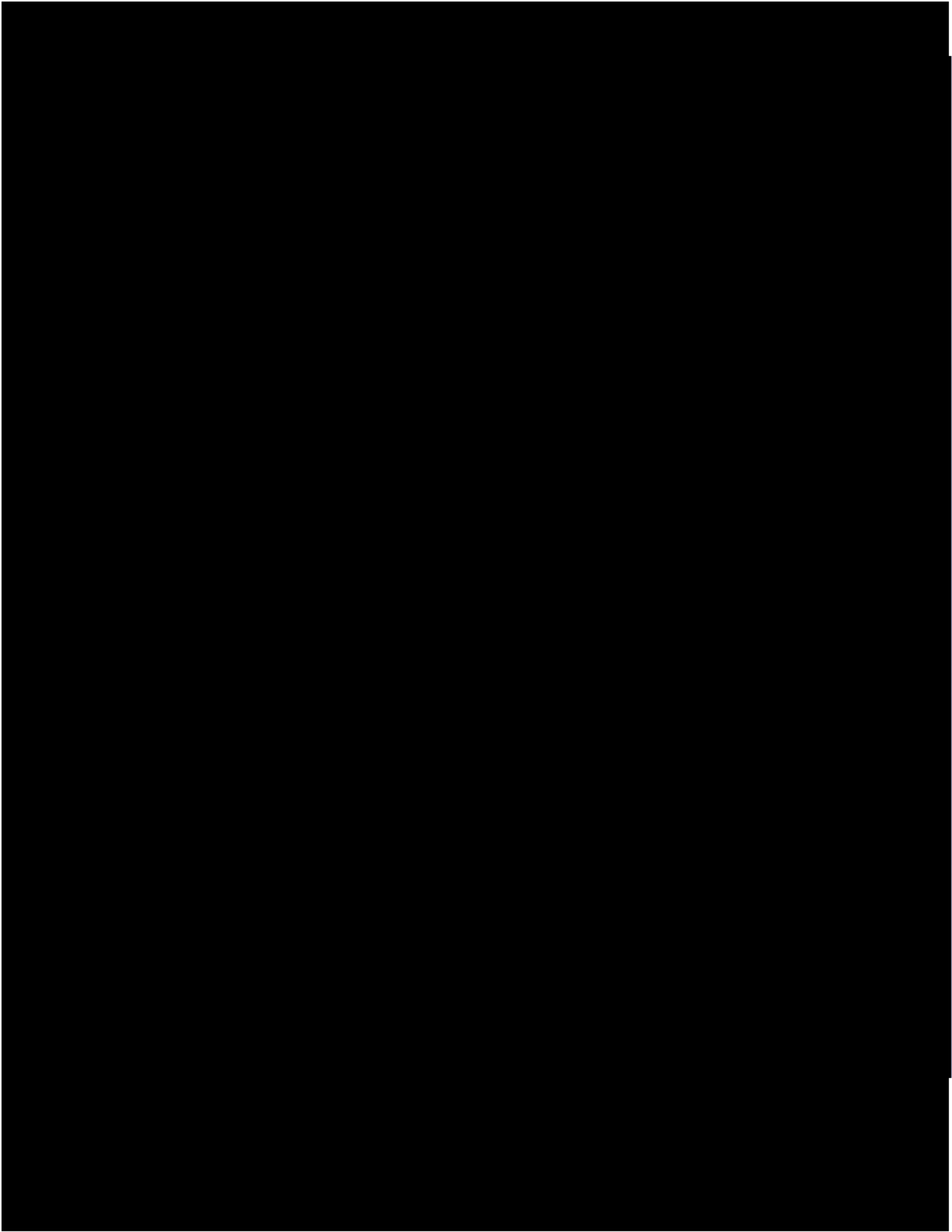












D-6.9 Please describe the Applicant's processes, procedures and controls regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of

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

[illegible]

[illegible]

[REDACTED]

[REDACTED]

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.

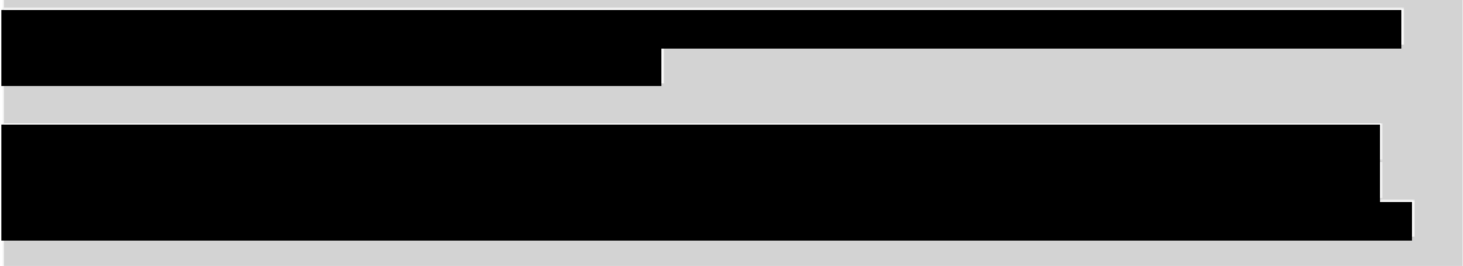
No response provided by applicant

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](#)

[Redacted content]





Operations Plan(Sanitation and Safety)

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.

[Redacted content]





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.

[Redacted content]

[illegible]



Operations Plan(Other)

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](#)

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

No response provided by applicant

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

D-10.3 Describe the Applicant's efforts to minimize the environmental impact of the proposed dispensary. [OAC 3796:6-2-02](#)

[Redacted]

[Redacted]

[Redacted]



[REDACTED]

D-10.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-10.3.1_Environmental Plan Attachment.pdf**

NOTE: This applicant uploaded document is the next 53 page(s) of this document.

D-10.3

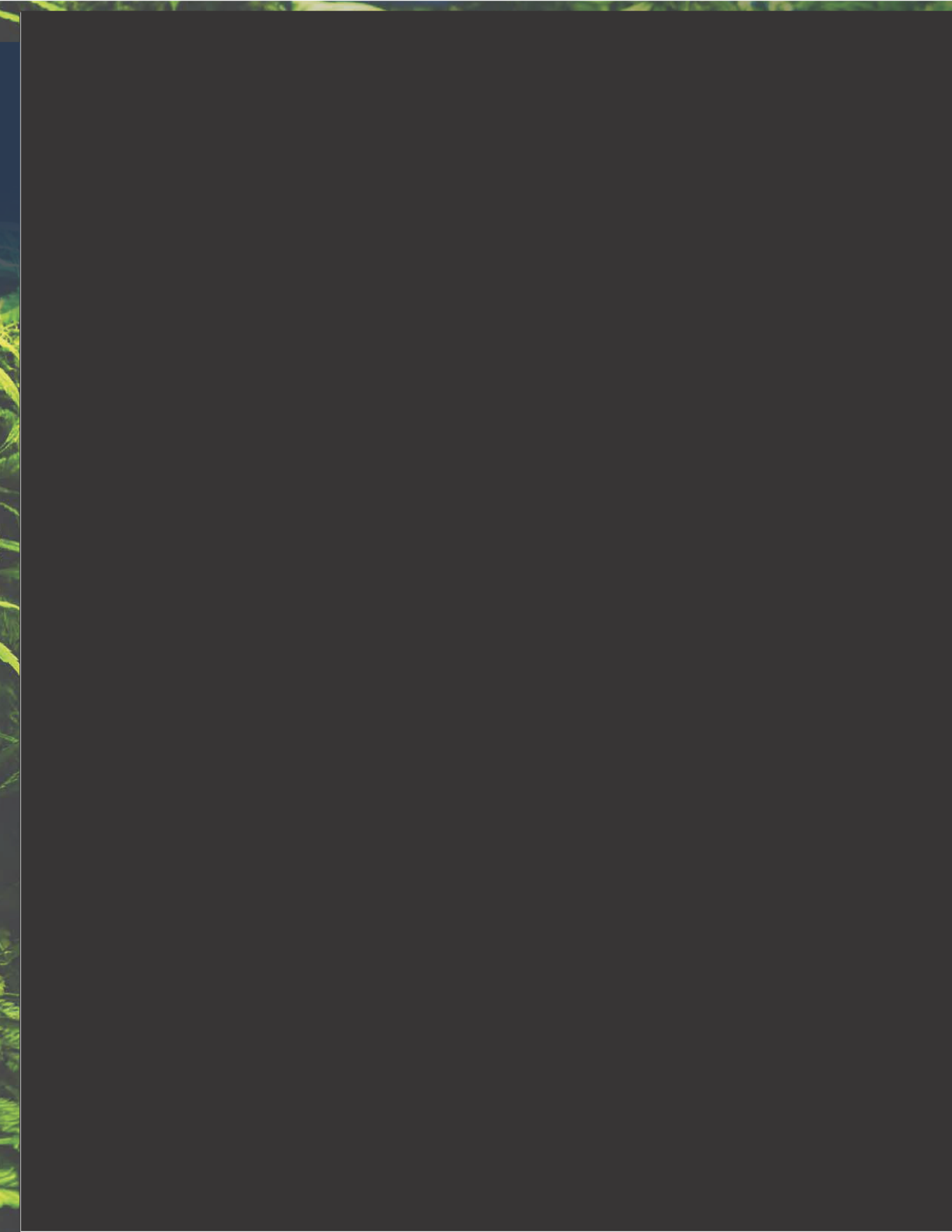
Environmental Plan

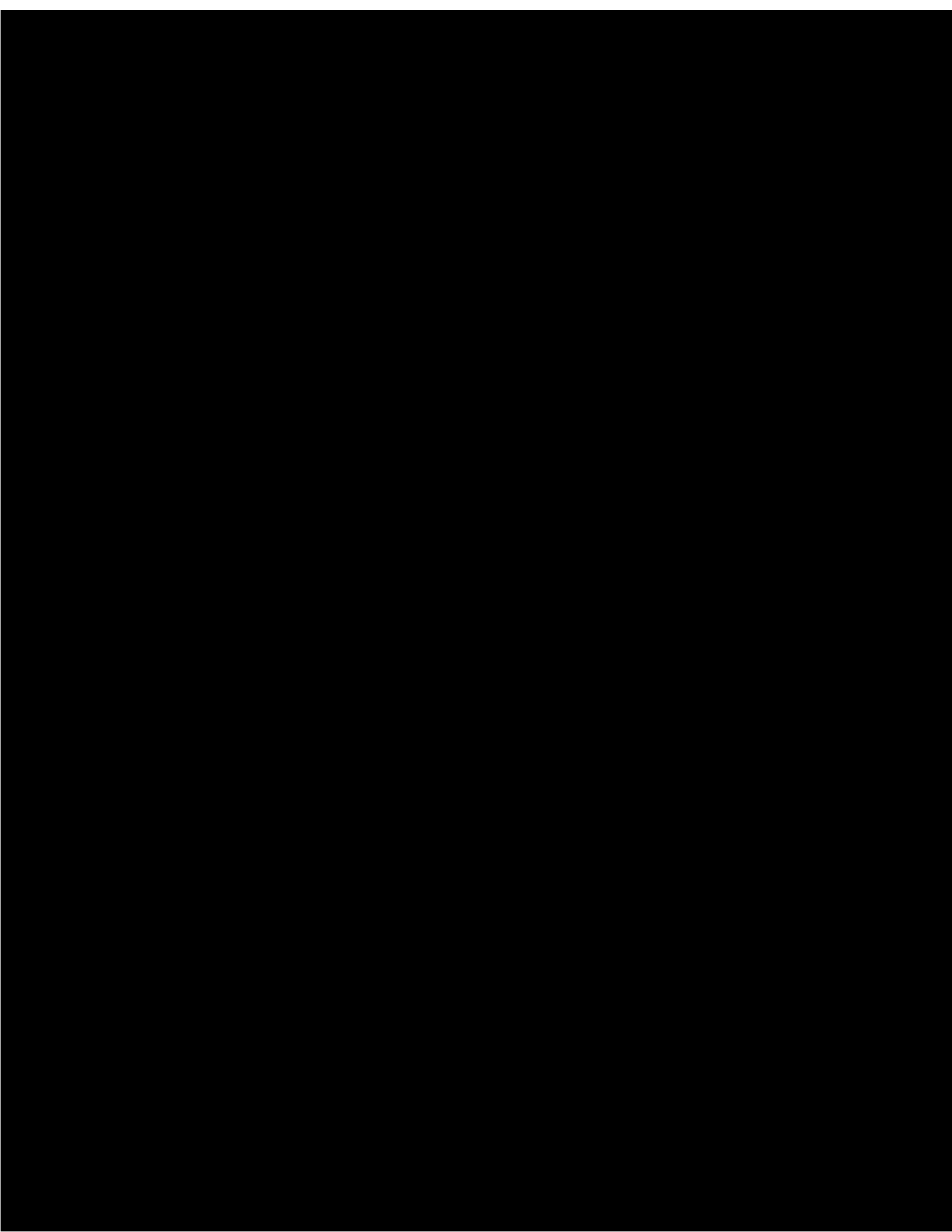
The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

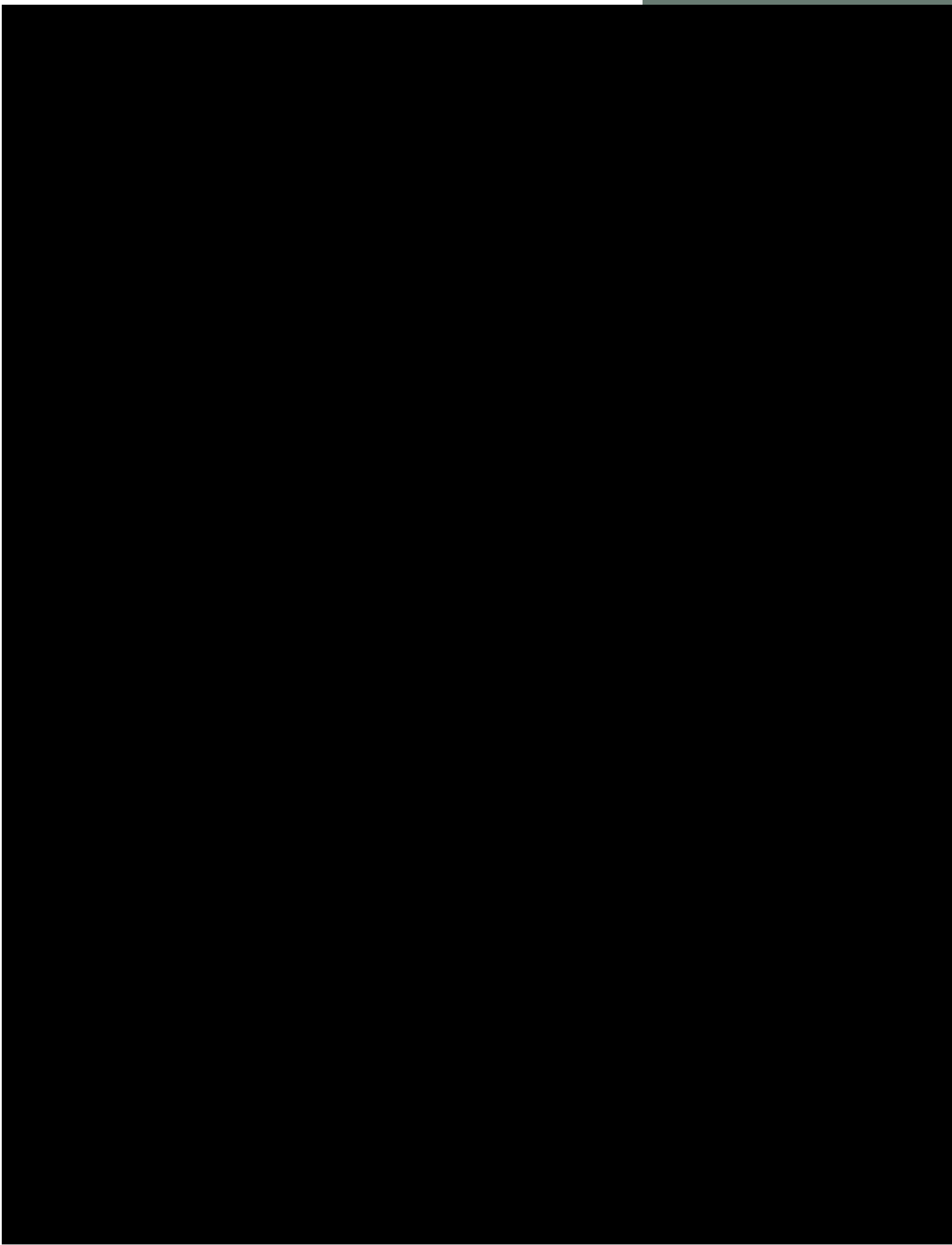
The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to gain a comprehensive understanding of the research topic.

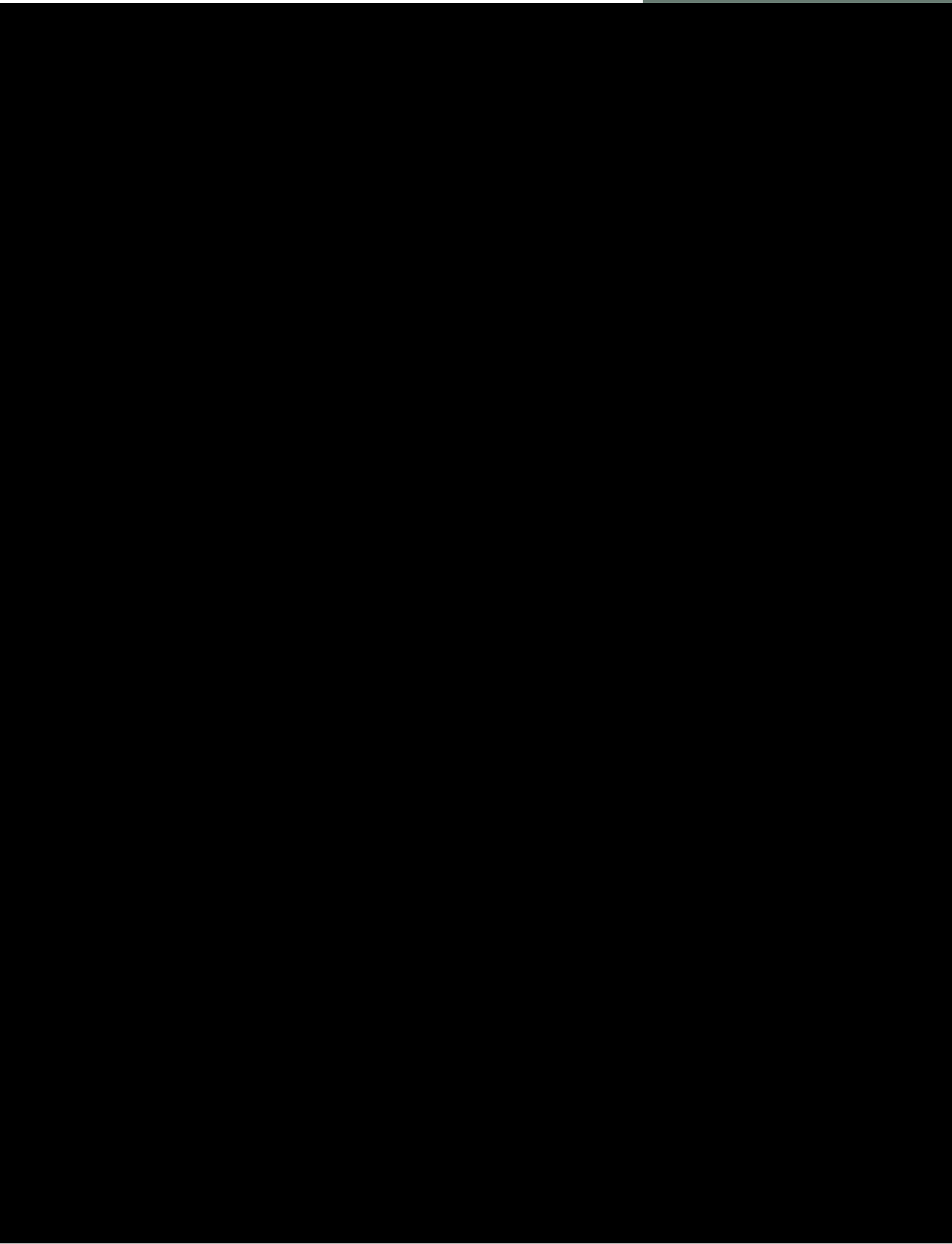
The third part of the paper presents the findings of the study. It discusses the results of the quantitative data analysis and the insights gained from the qualitative interviews. The authors conclude that there are significant cultural differences in the way that students learn and that these differences should be taken into account by educators.

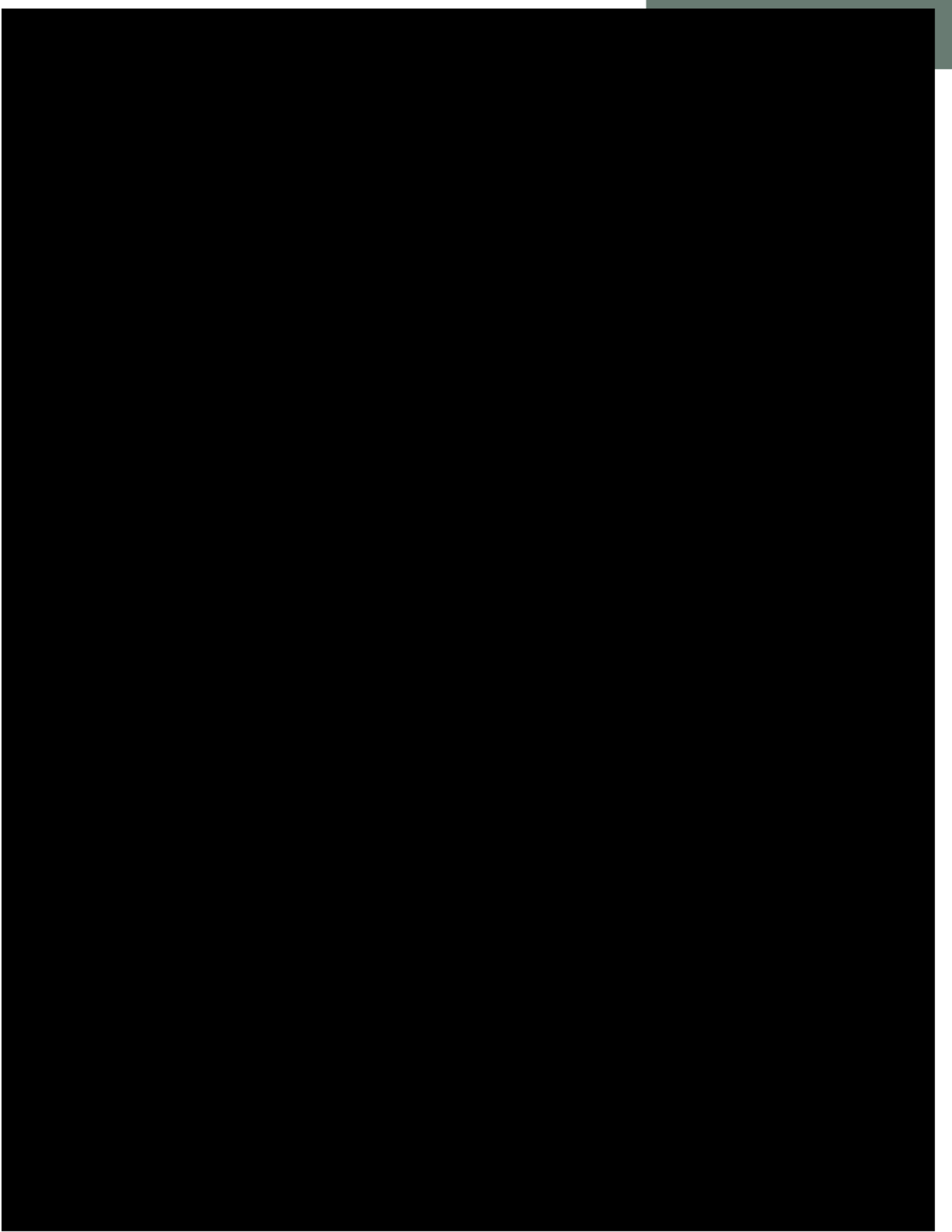
The final part of the paper discusses the implications of the findings for future research and practice. It suggests that further studies should be conducted to explore the cultural factors that influence learning outcomes. Additionally, it recommends that educators should be trained to recognize and respond to the cultural needs of their students.

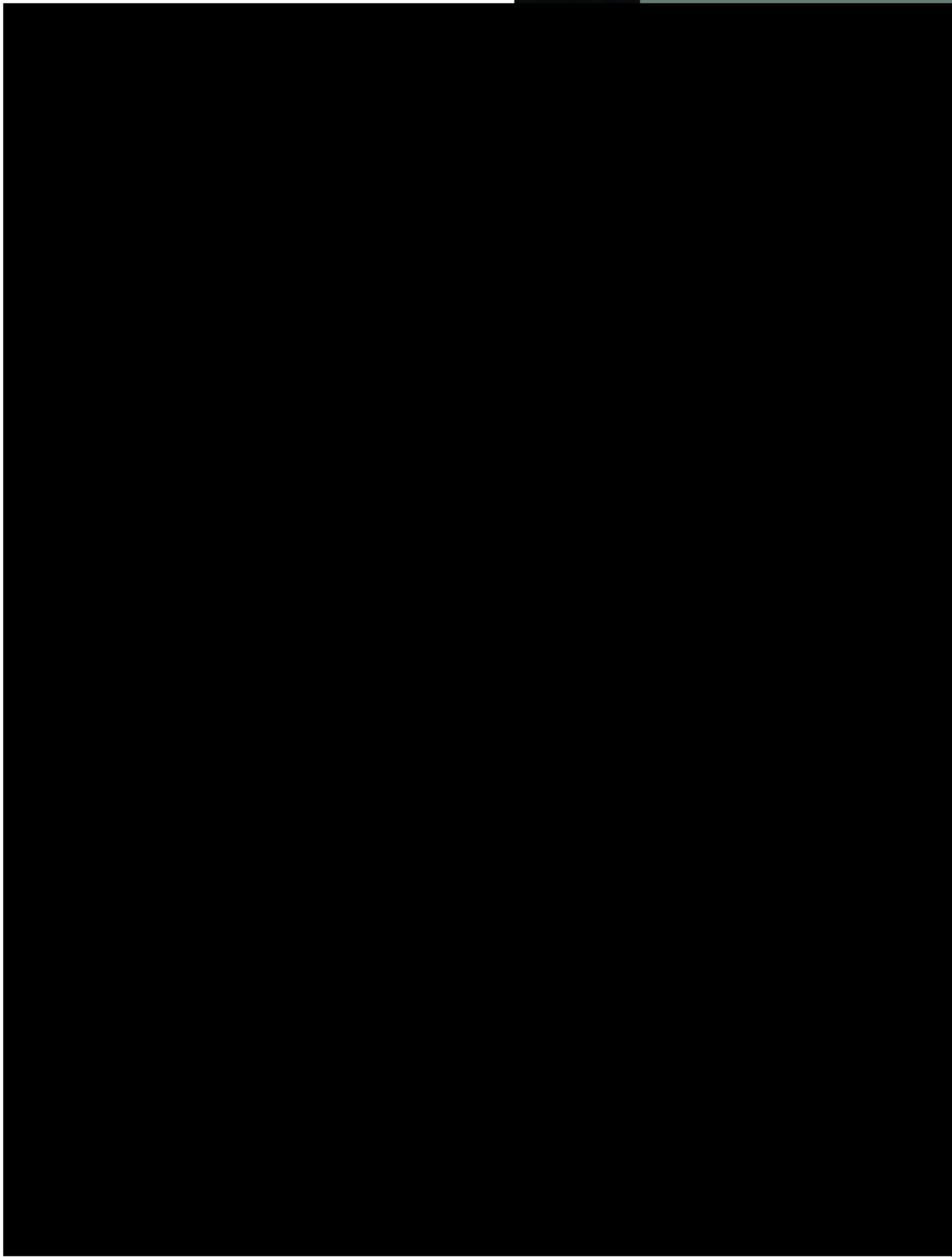


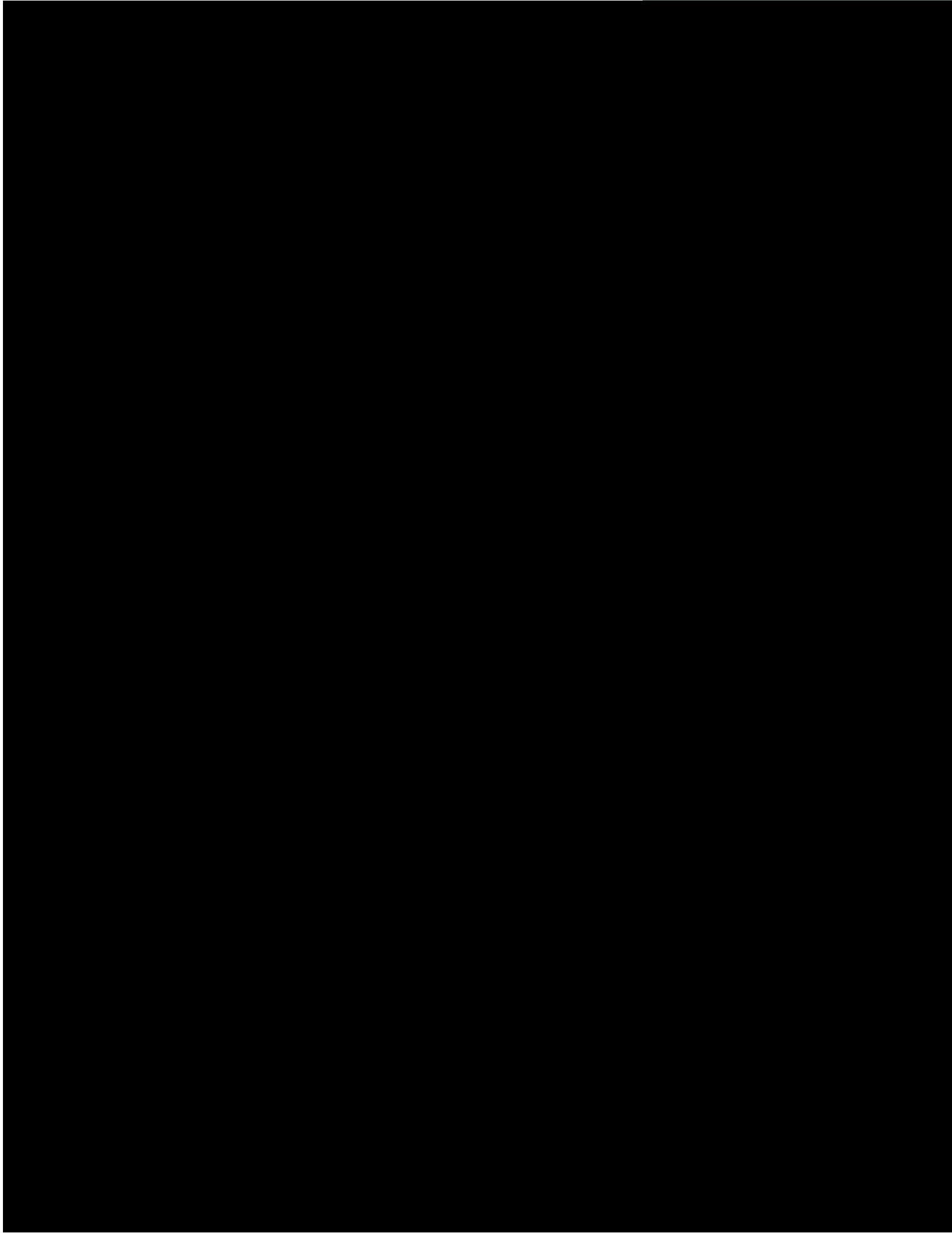


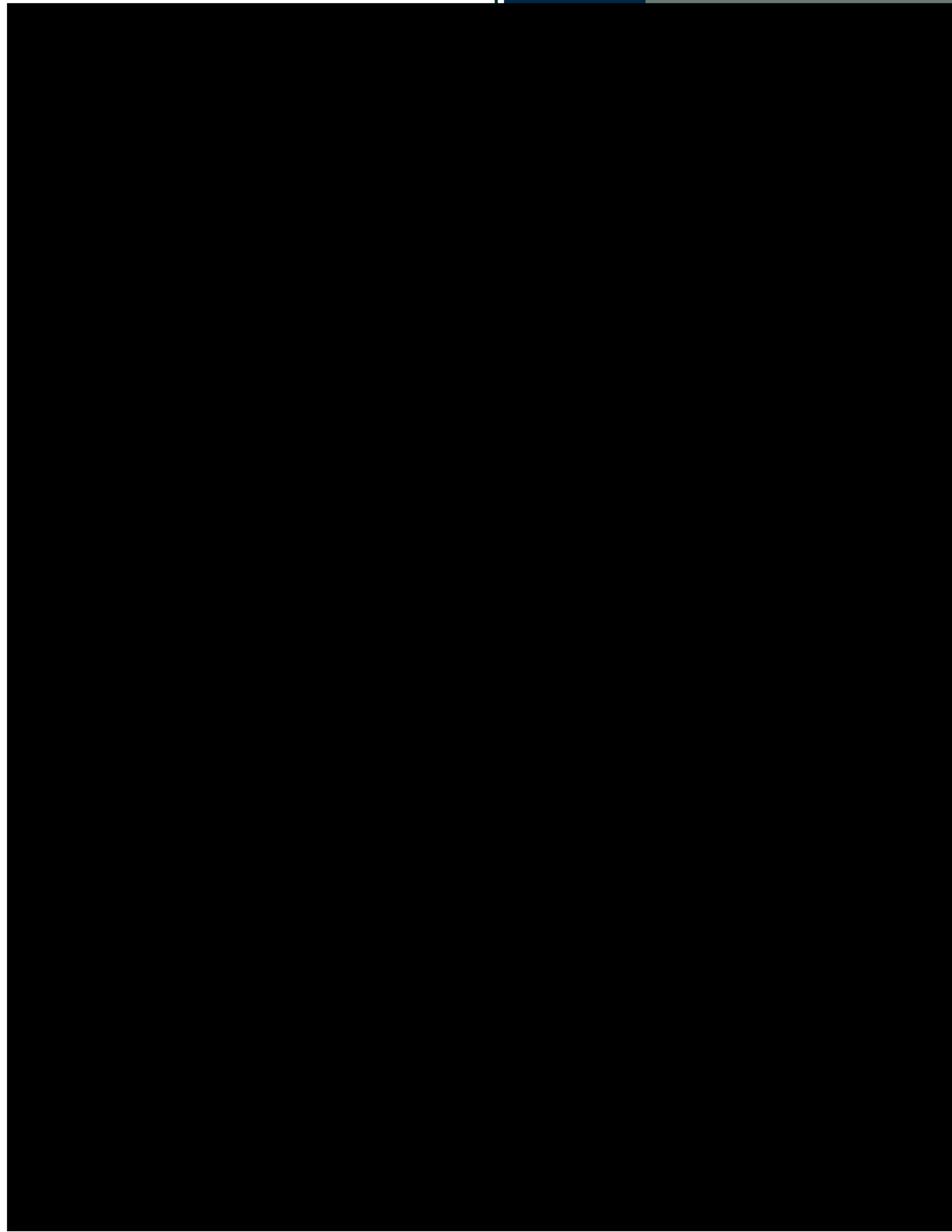


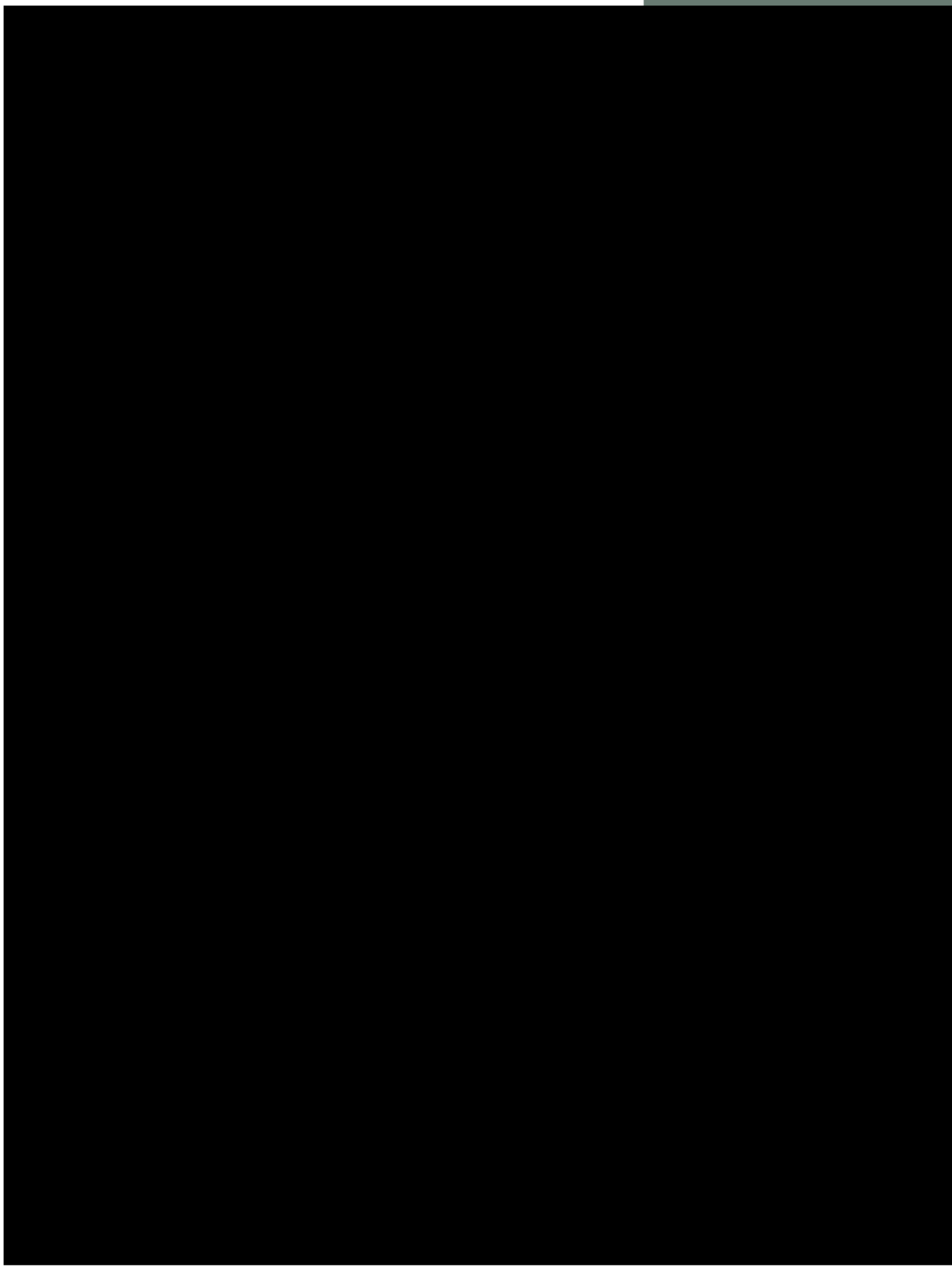


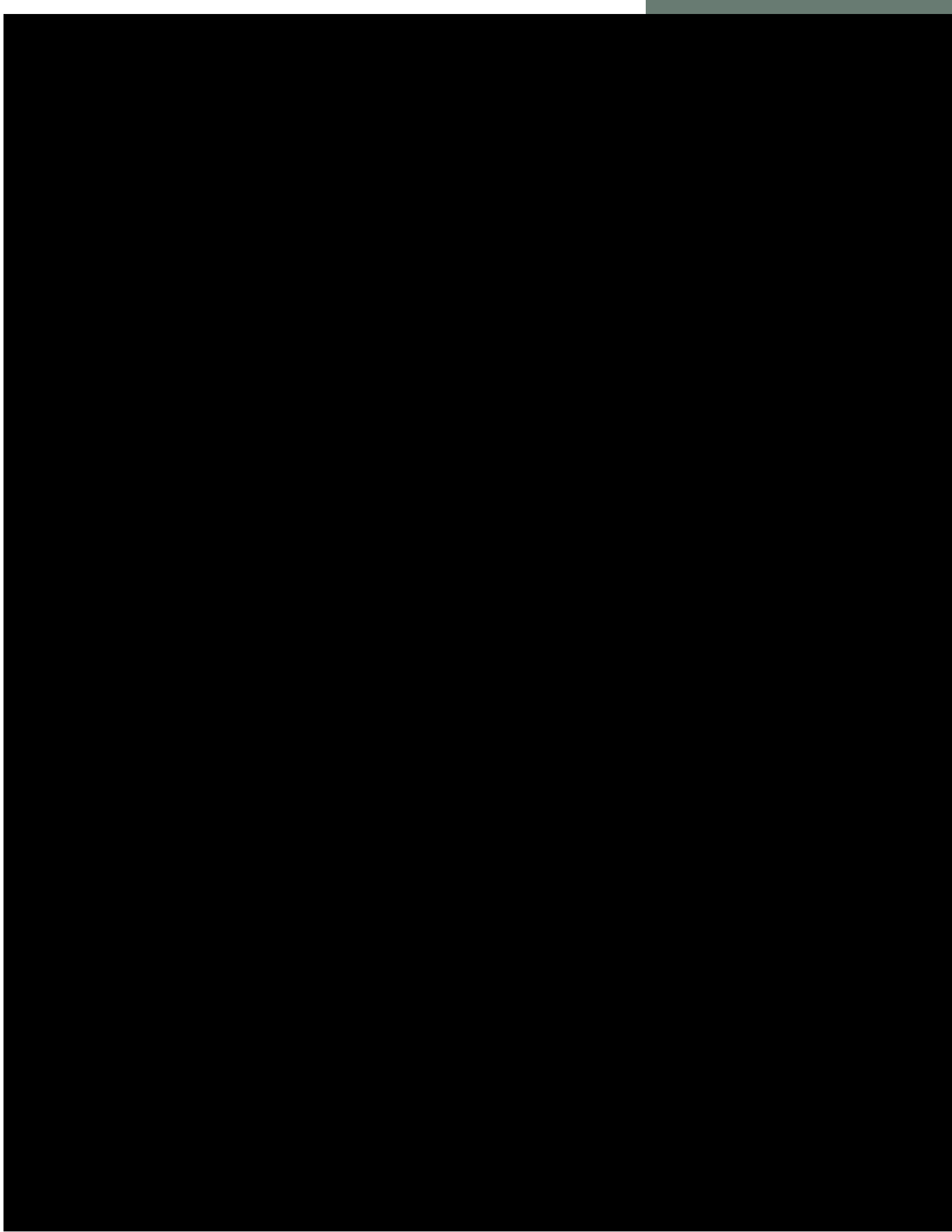


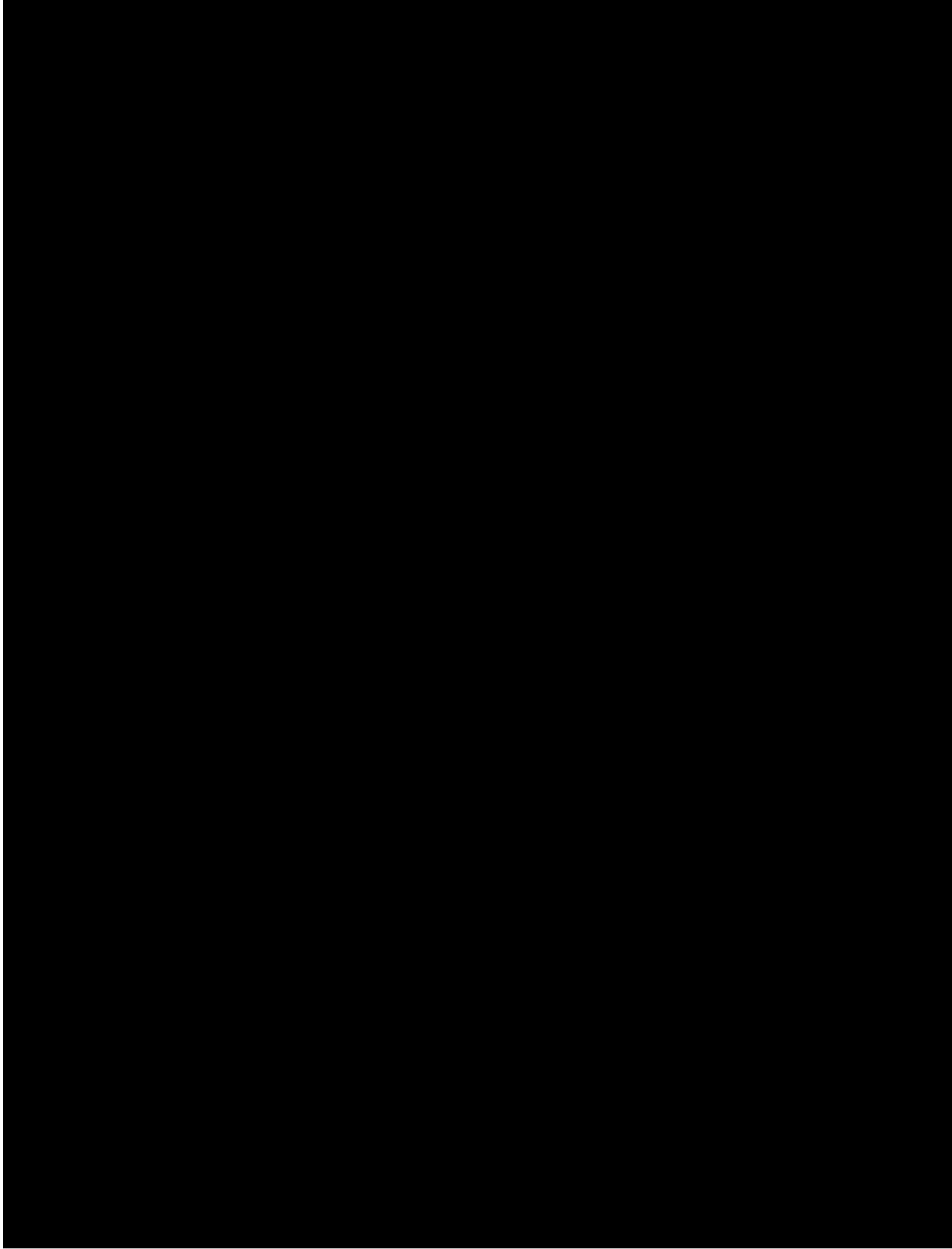


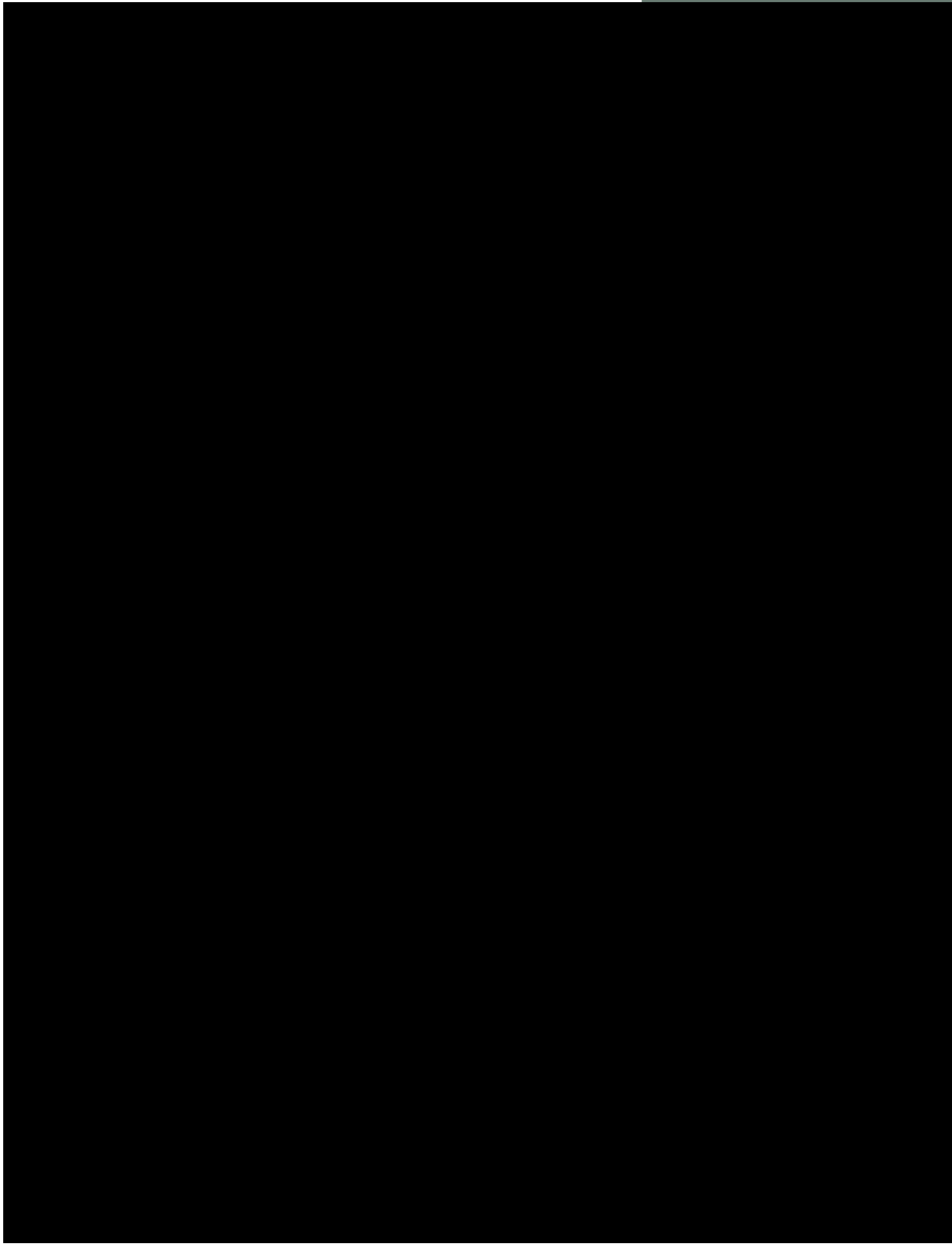


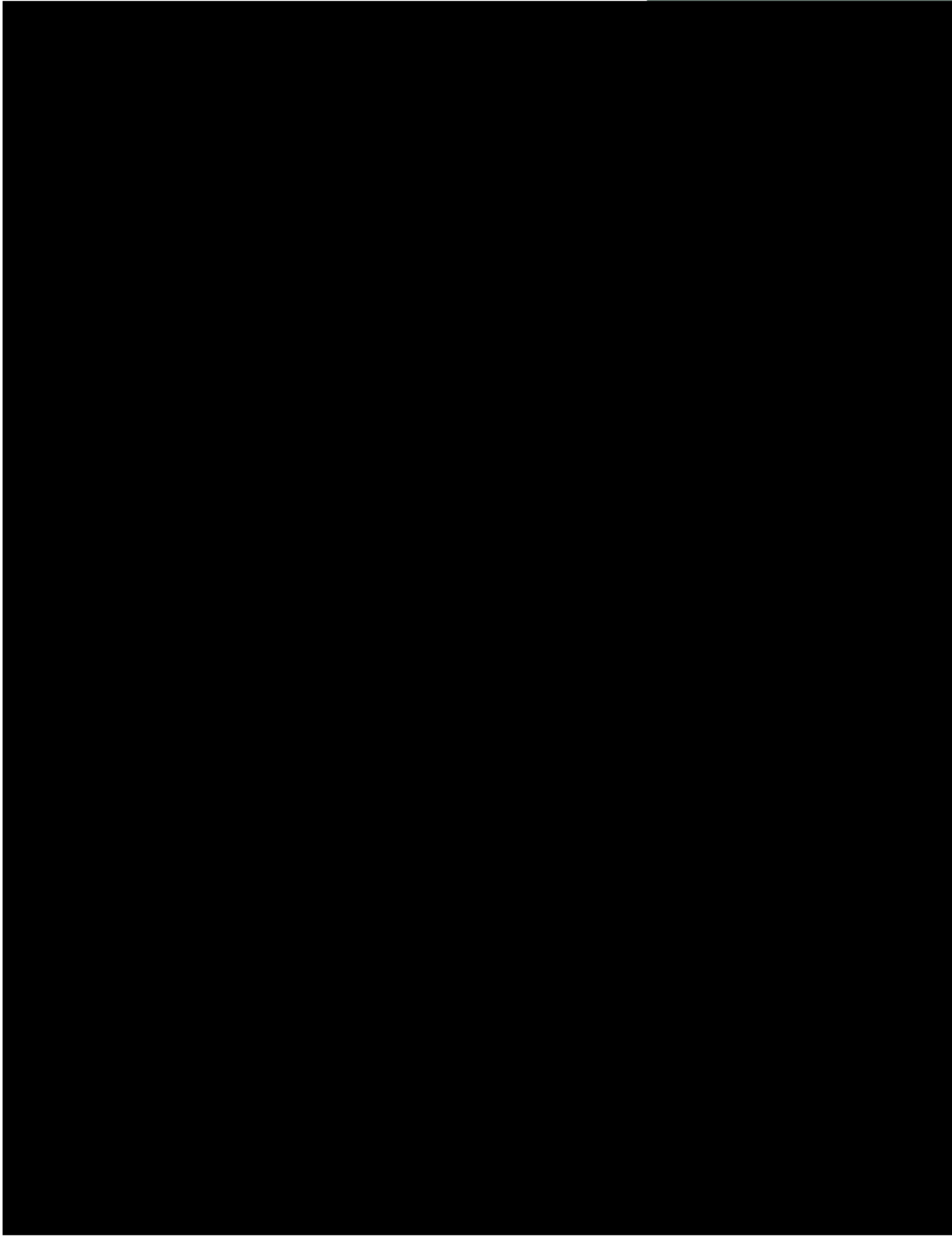


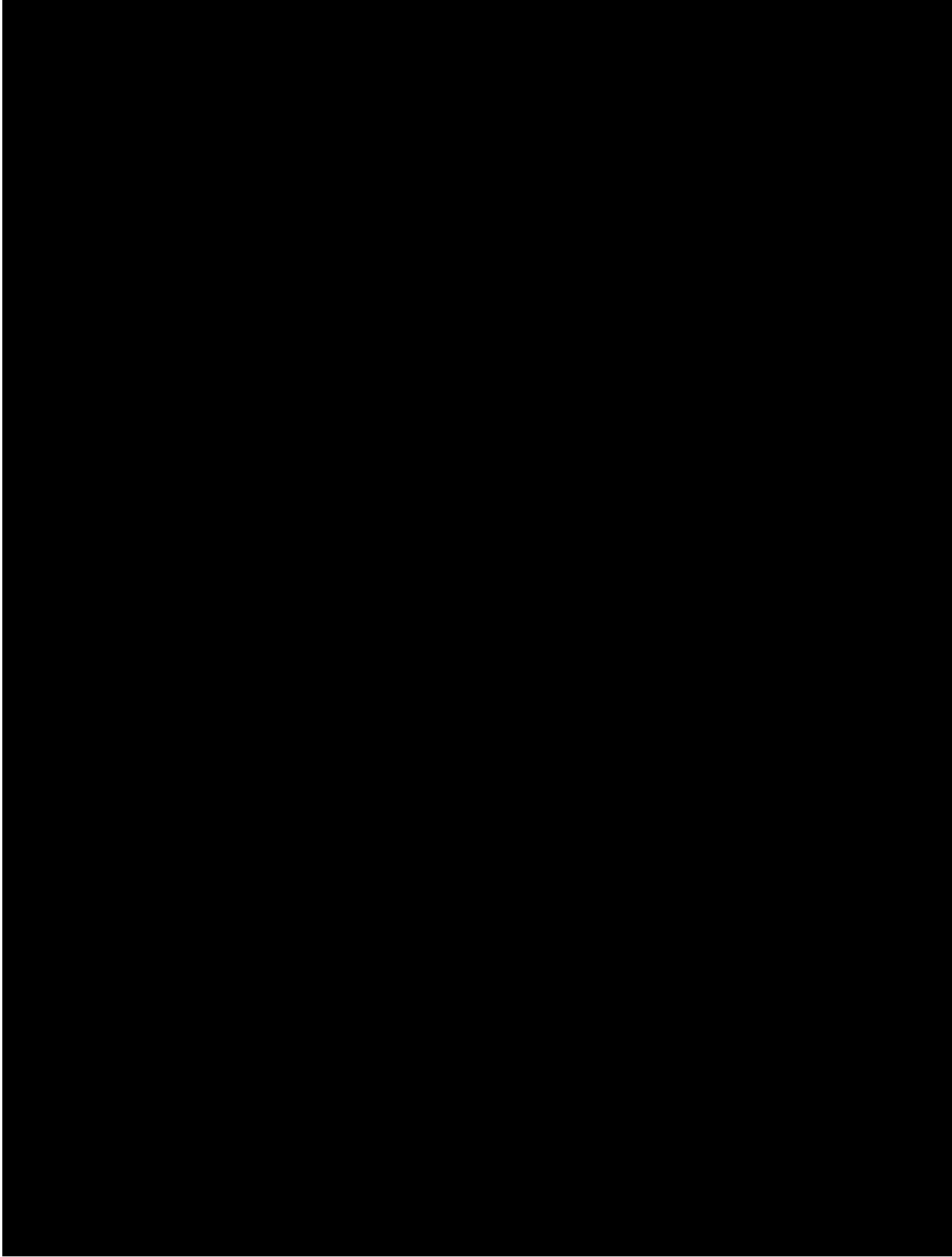


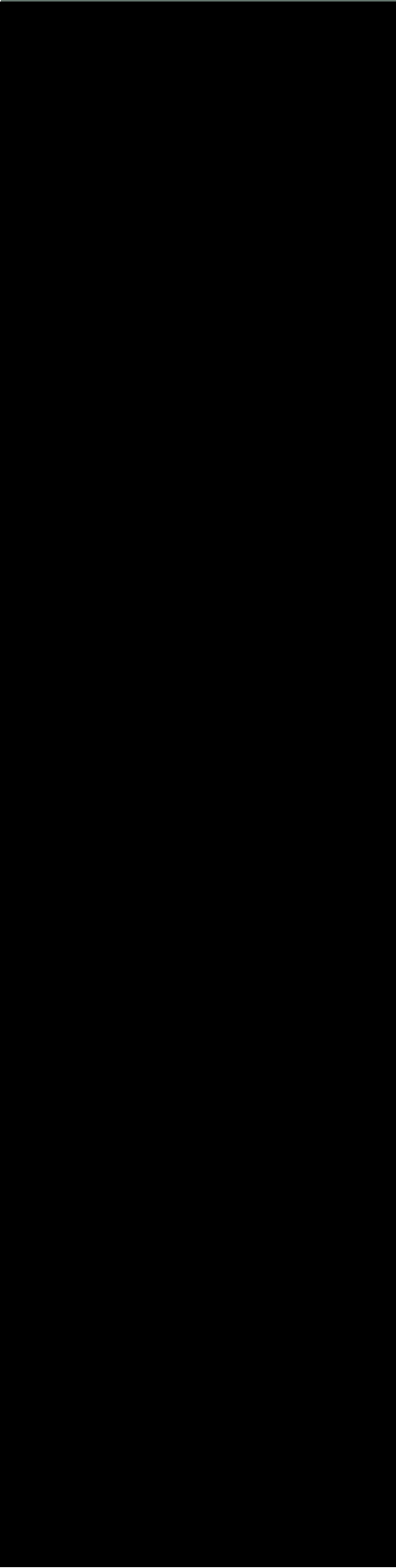
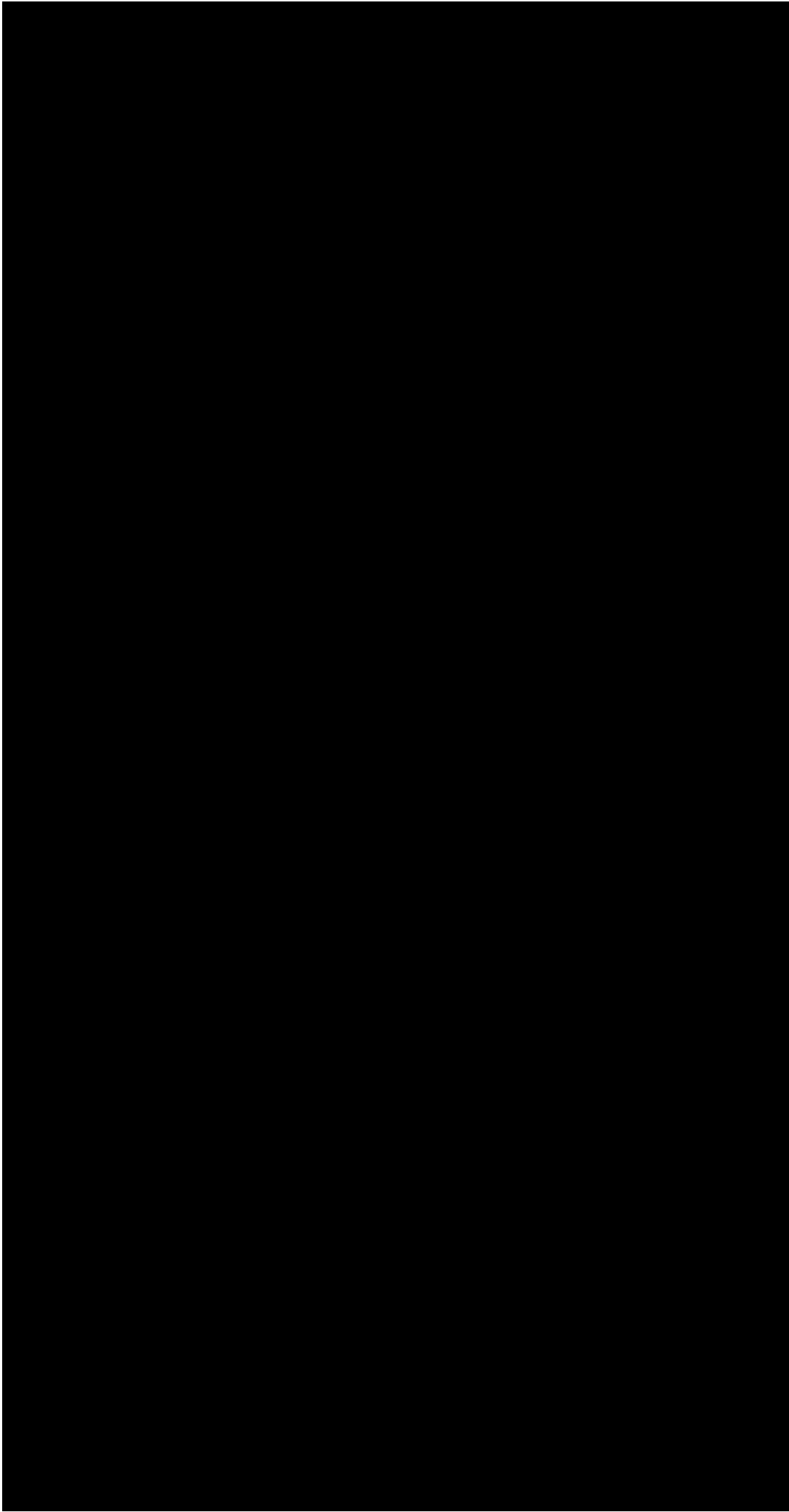


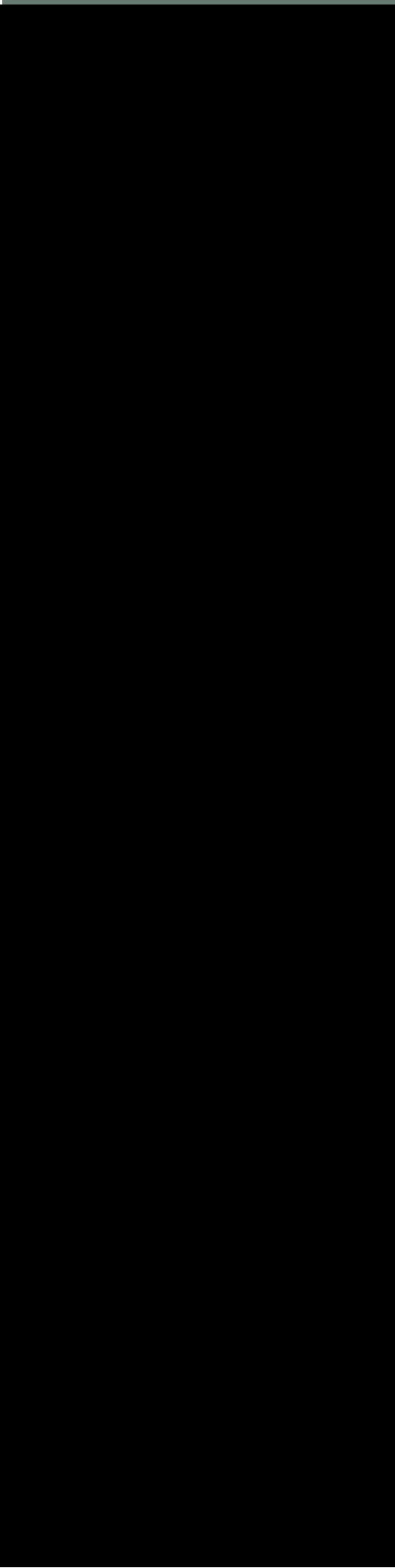
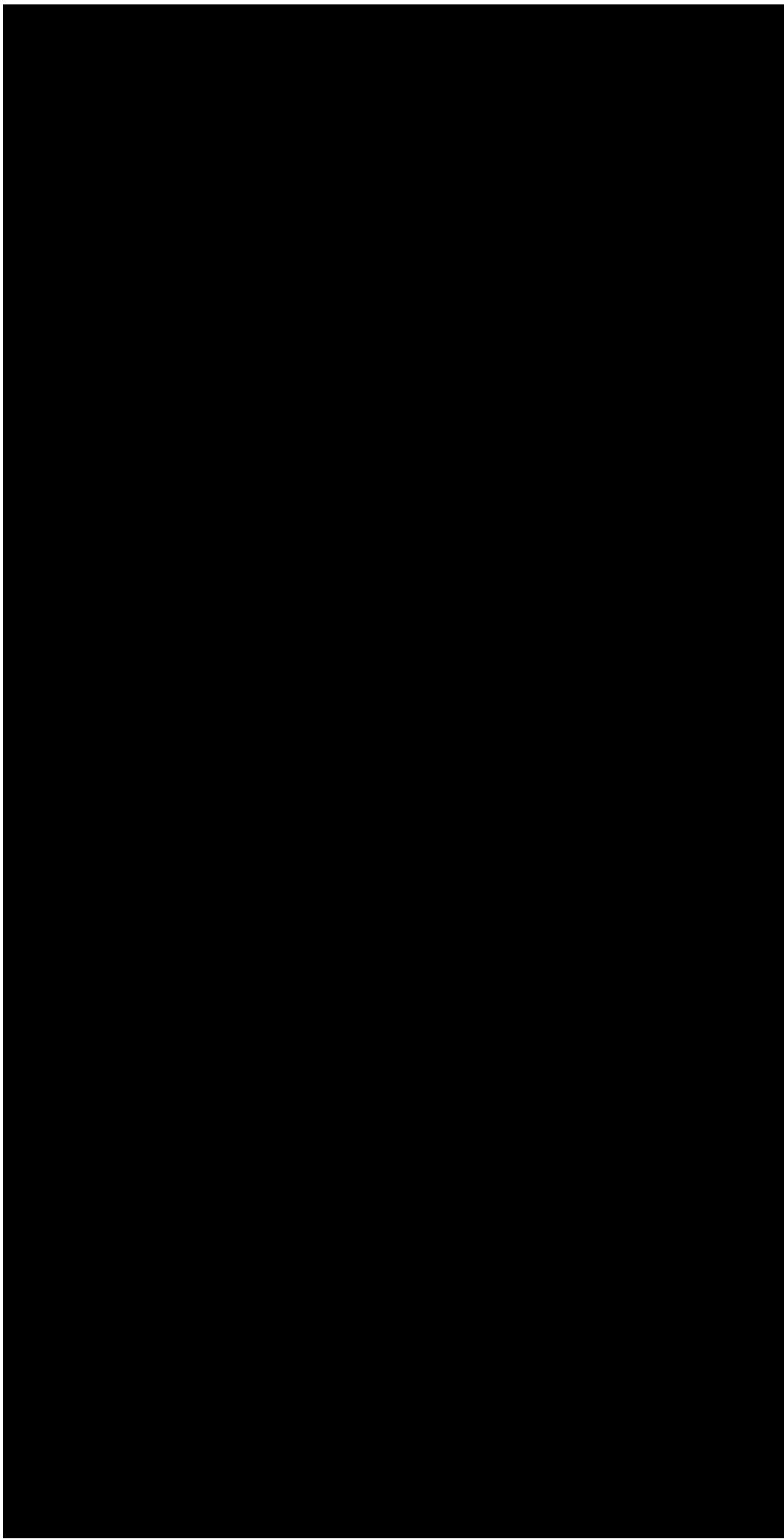


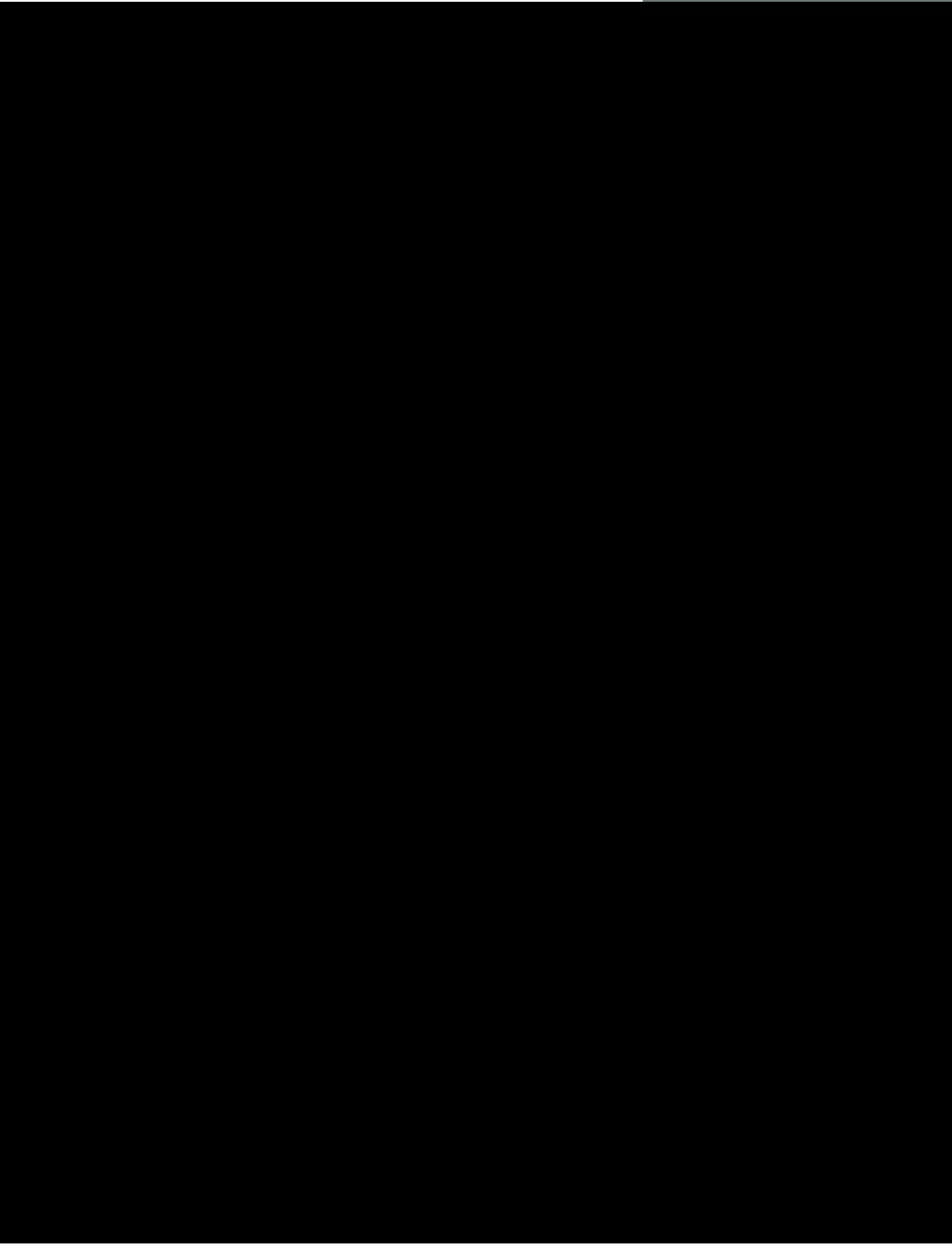


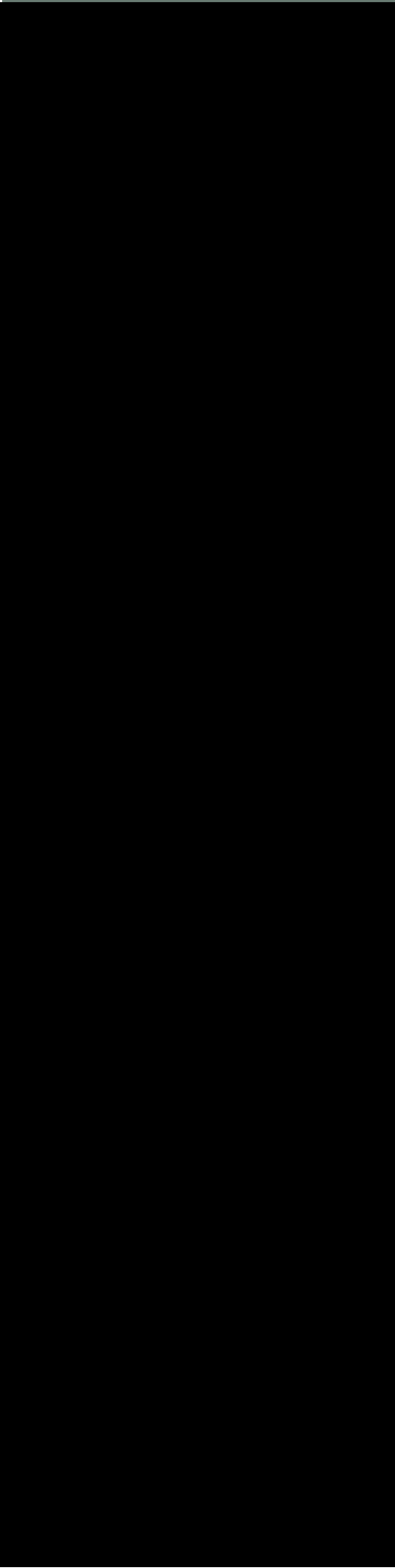
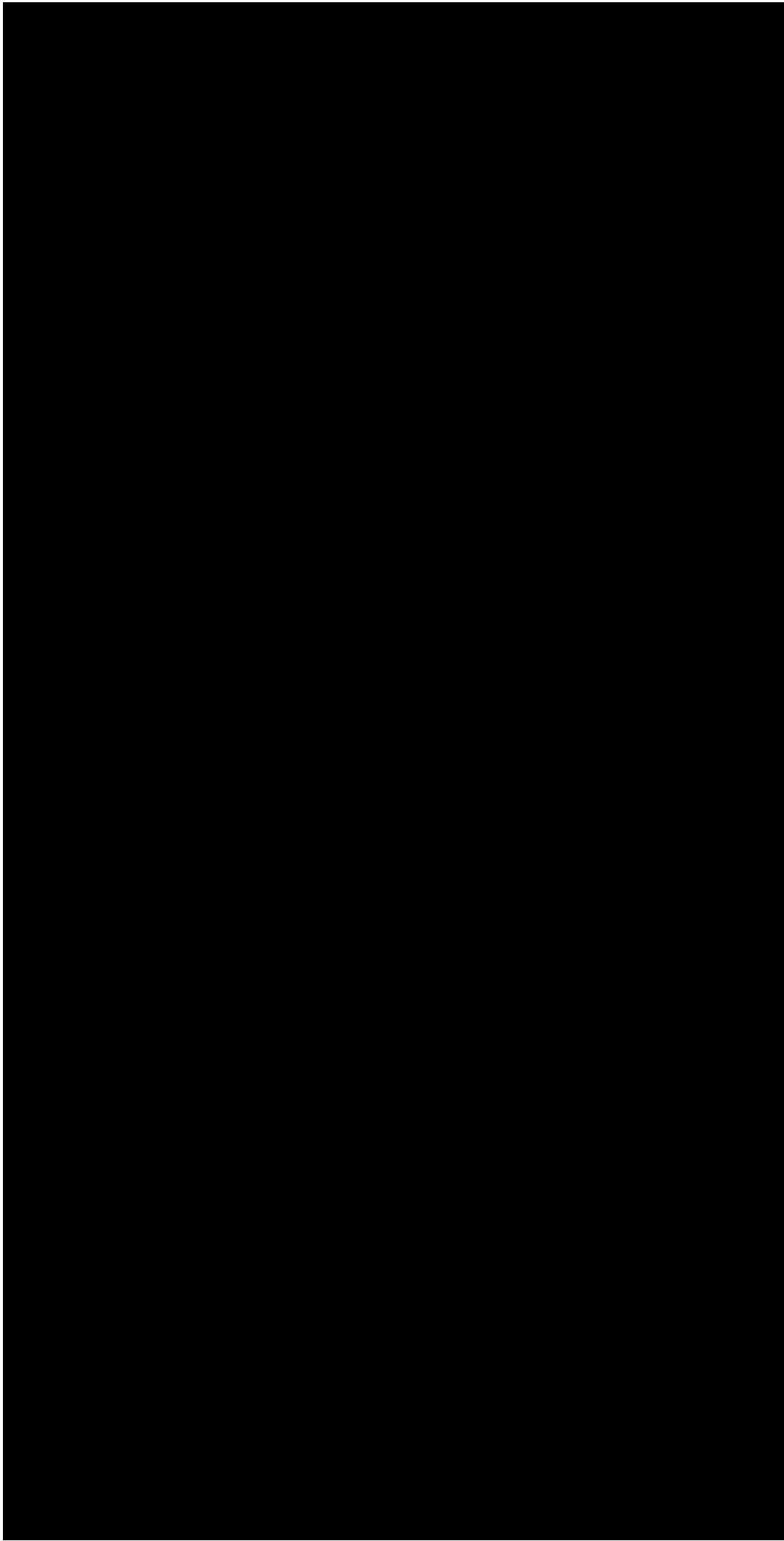


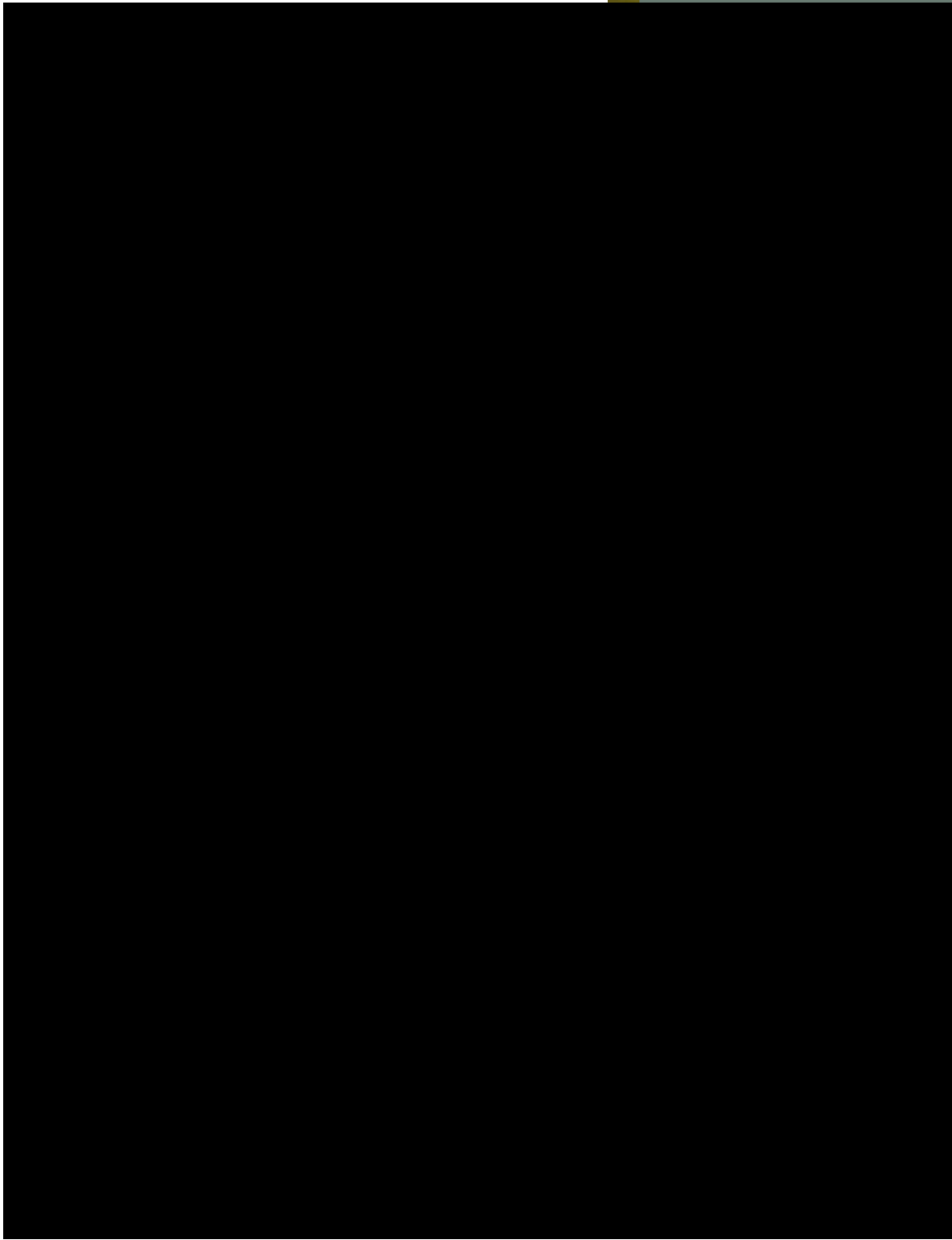


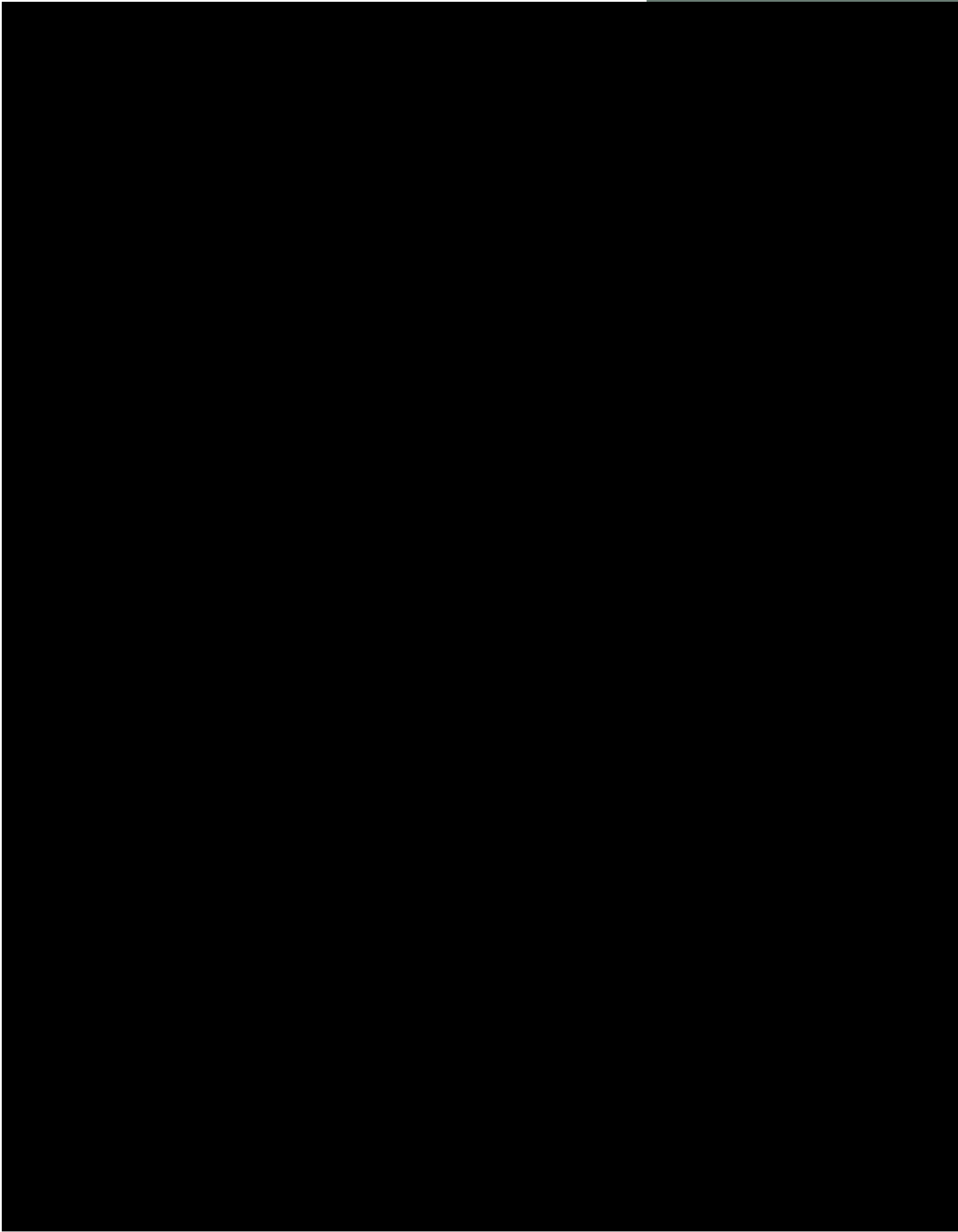


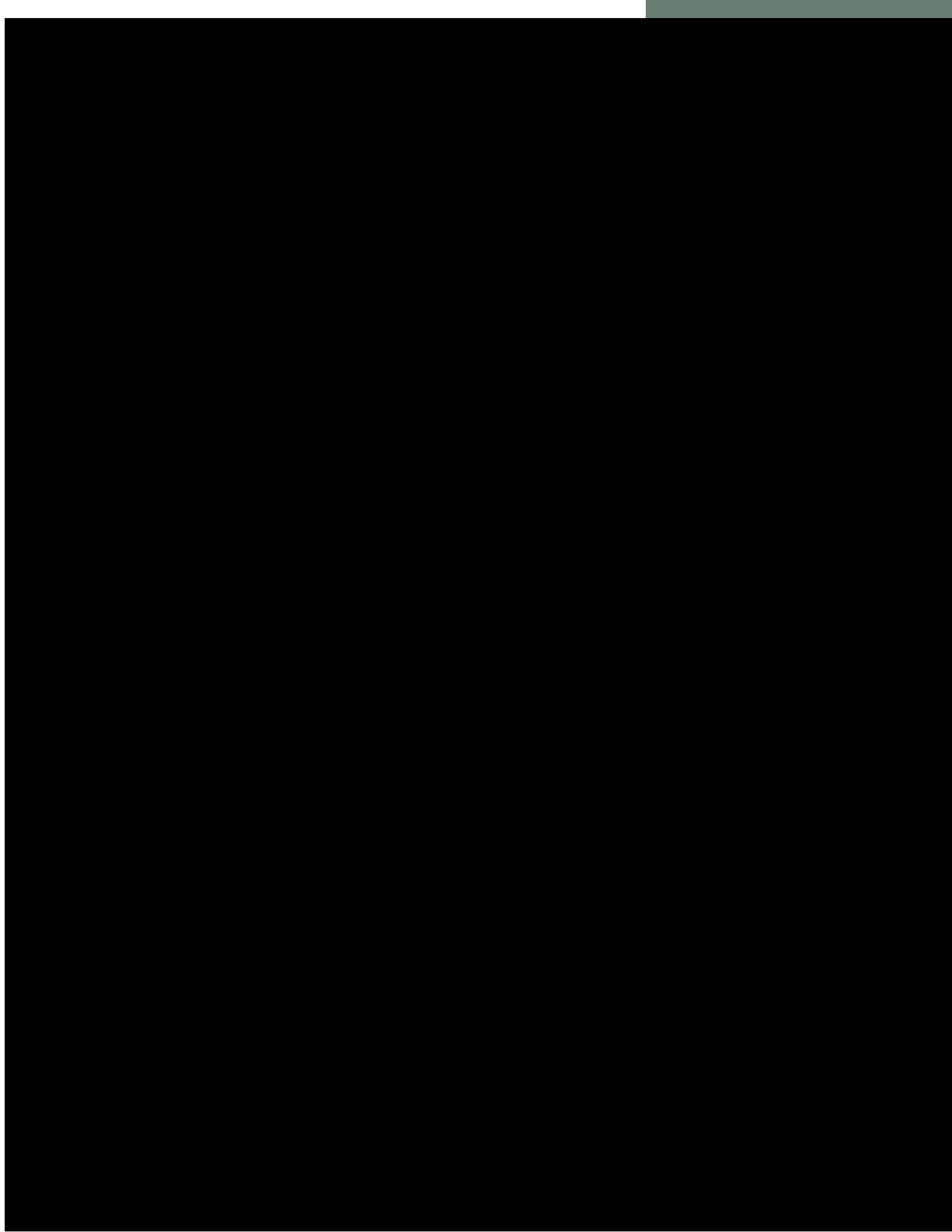




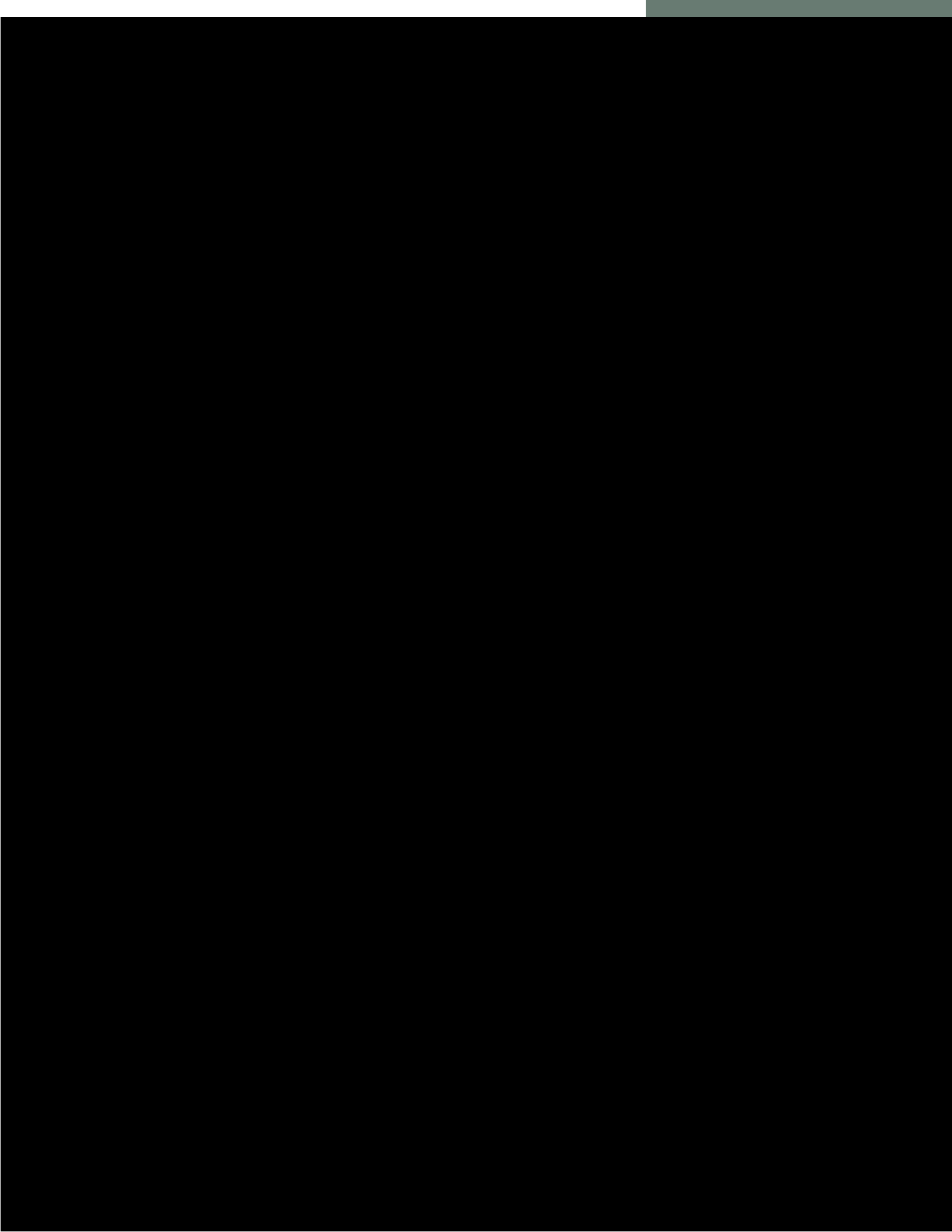


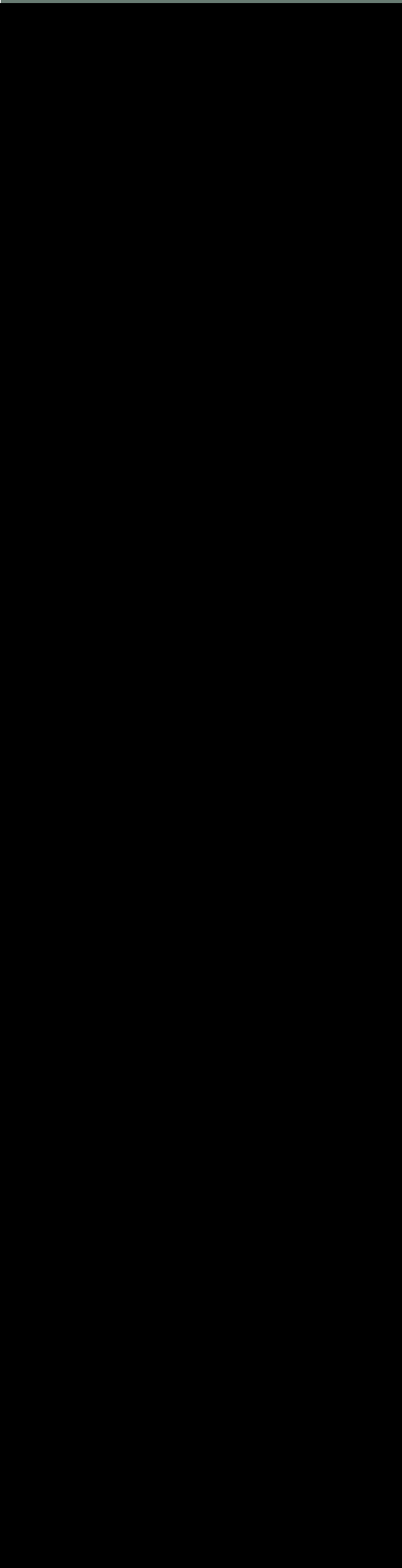
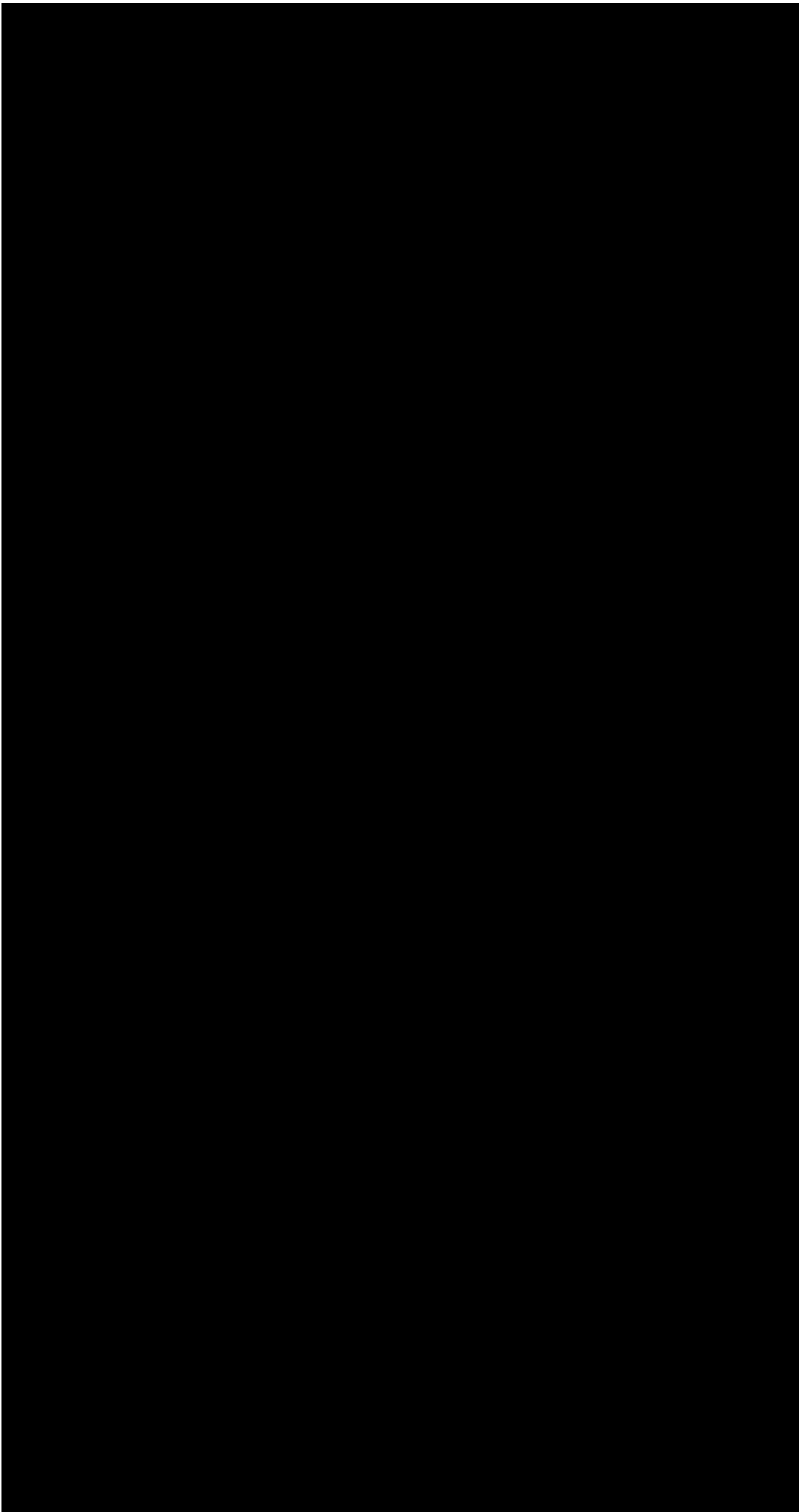


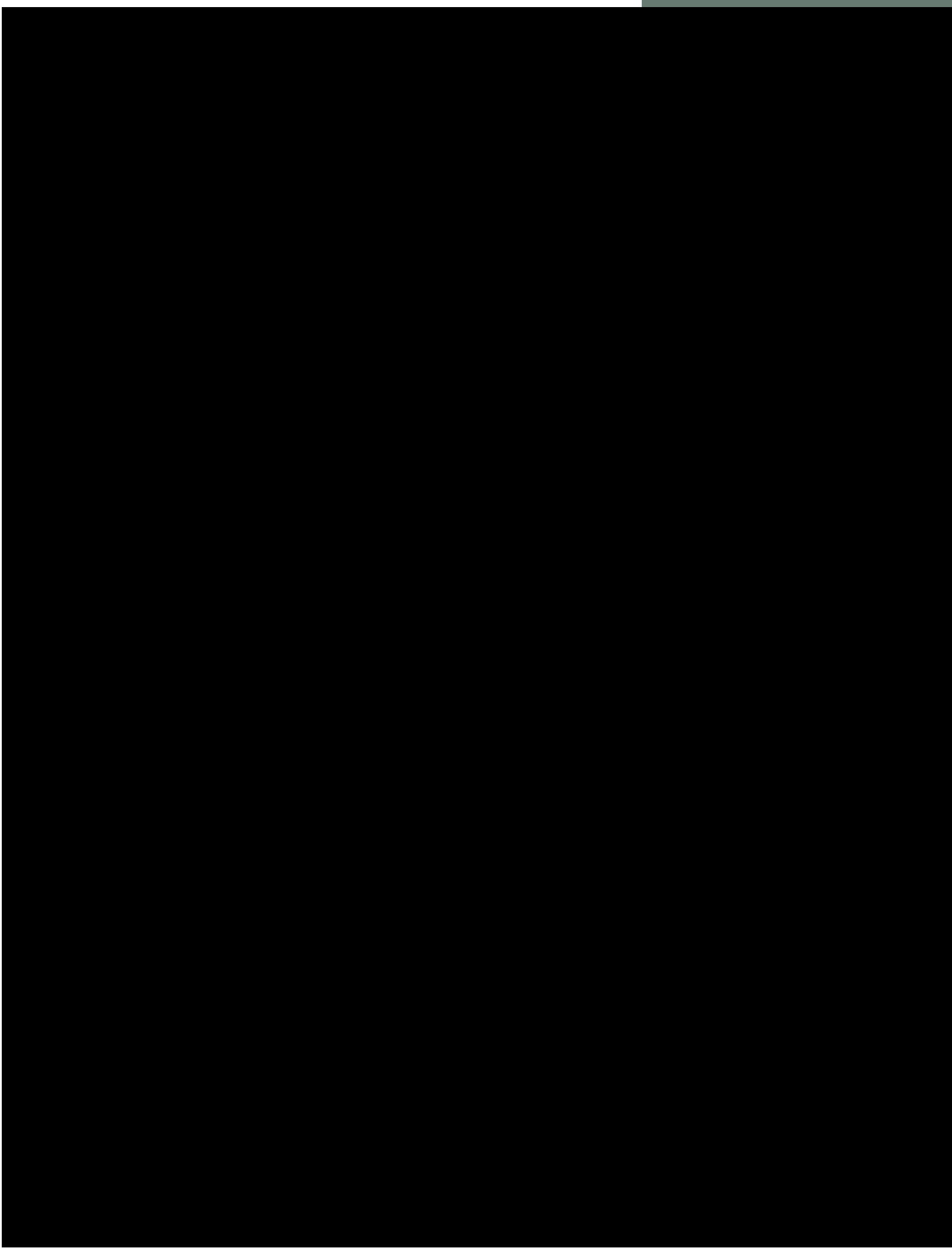


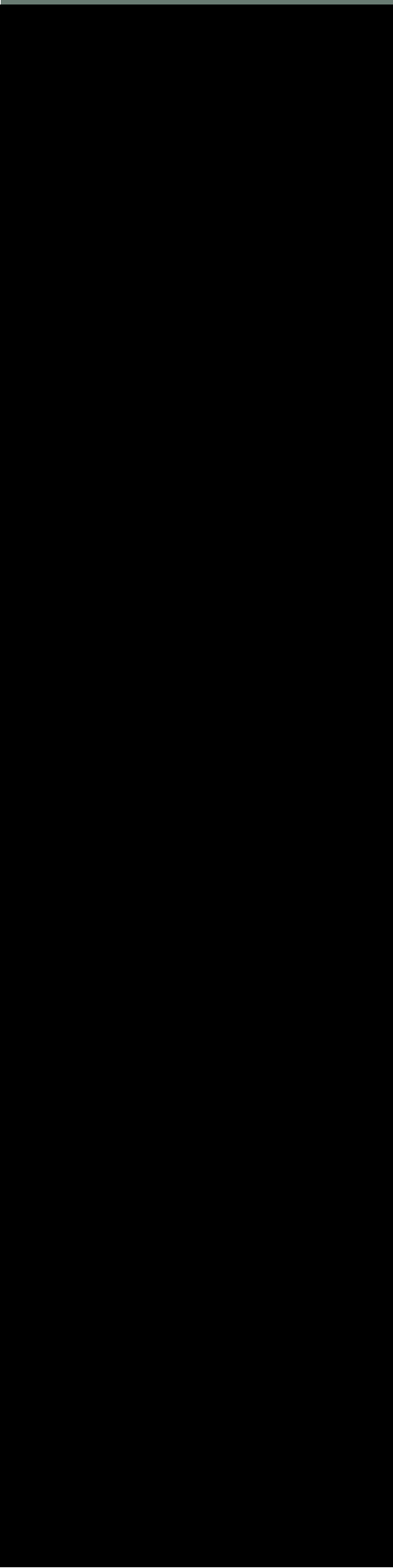
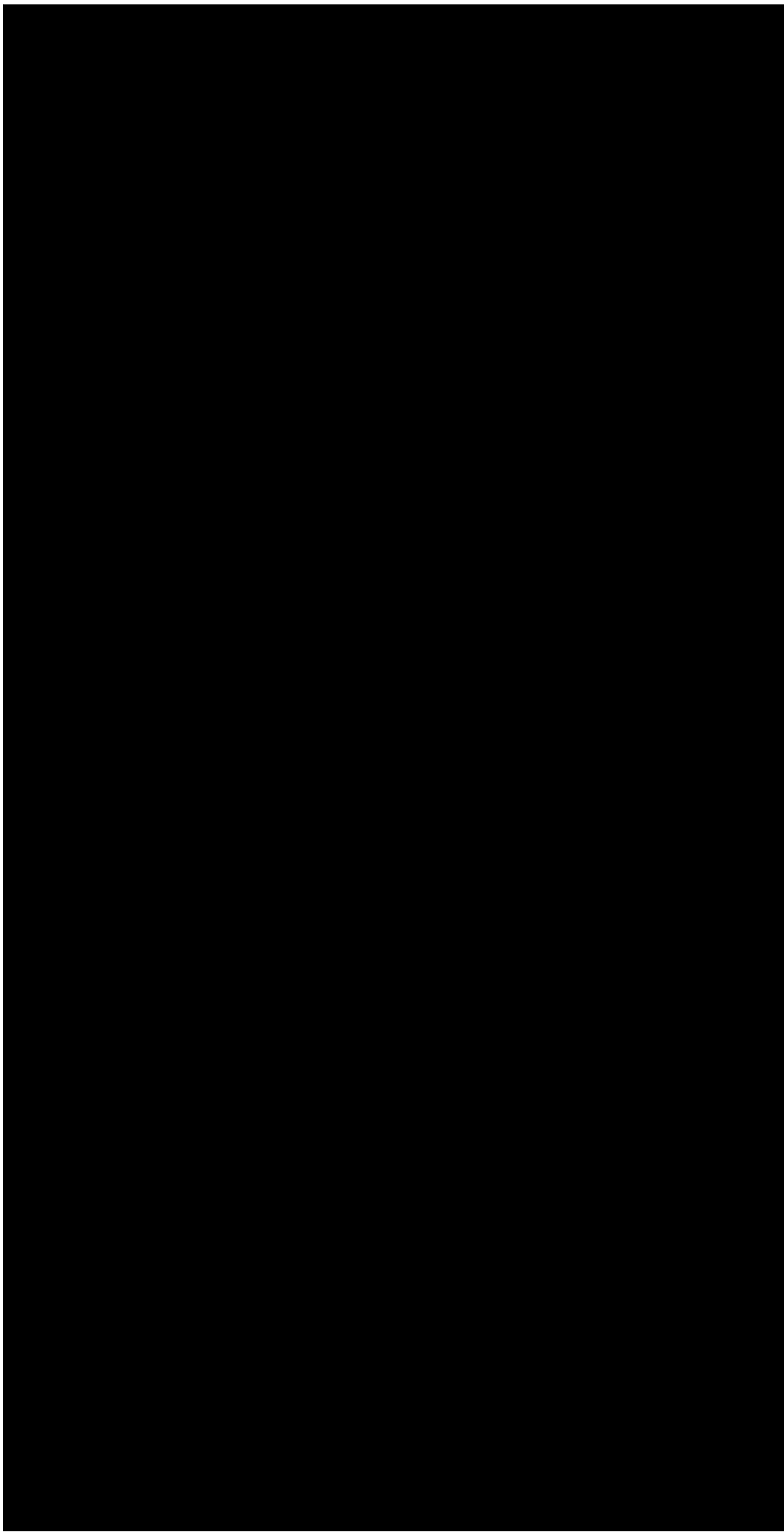


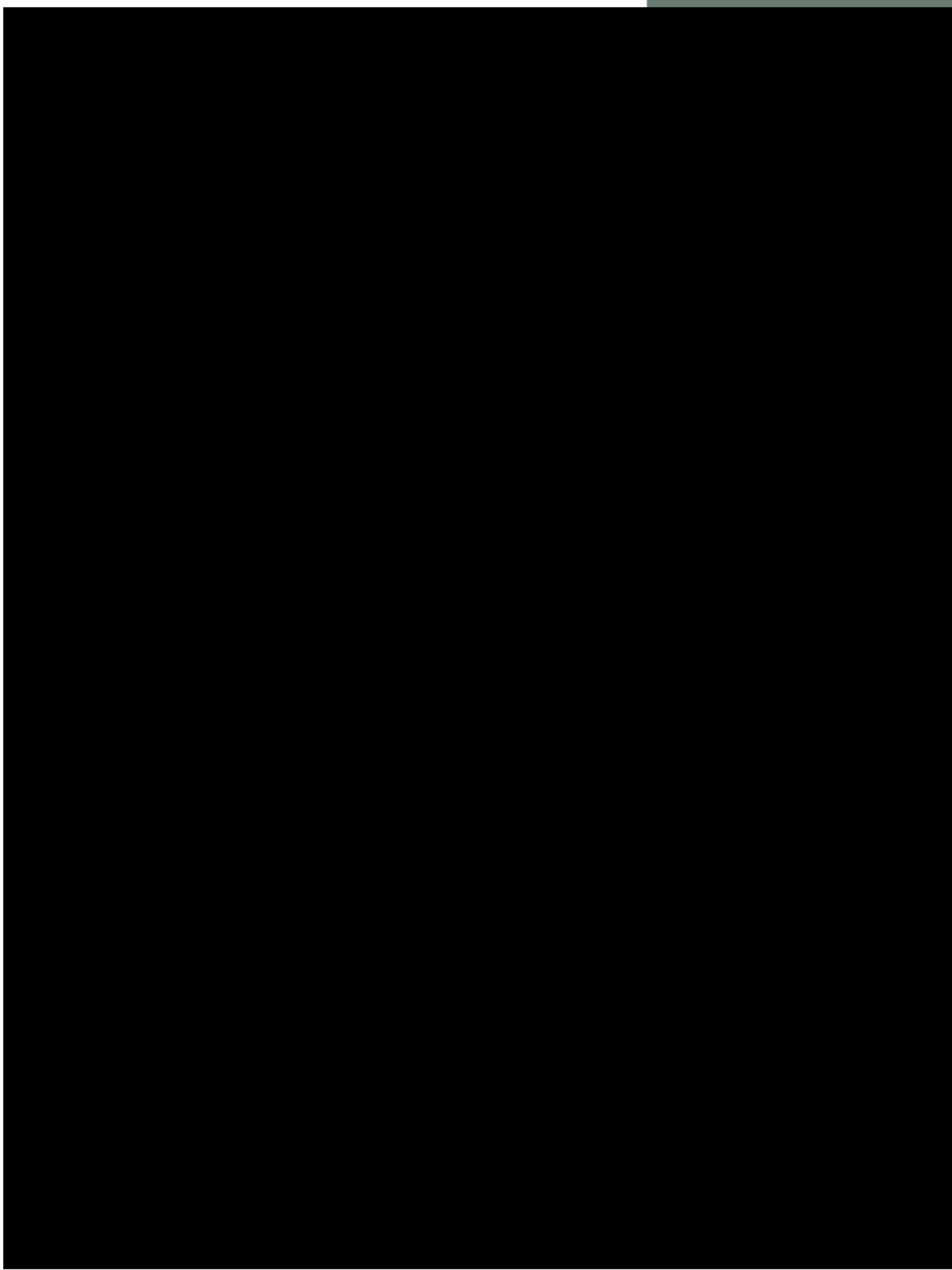


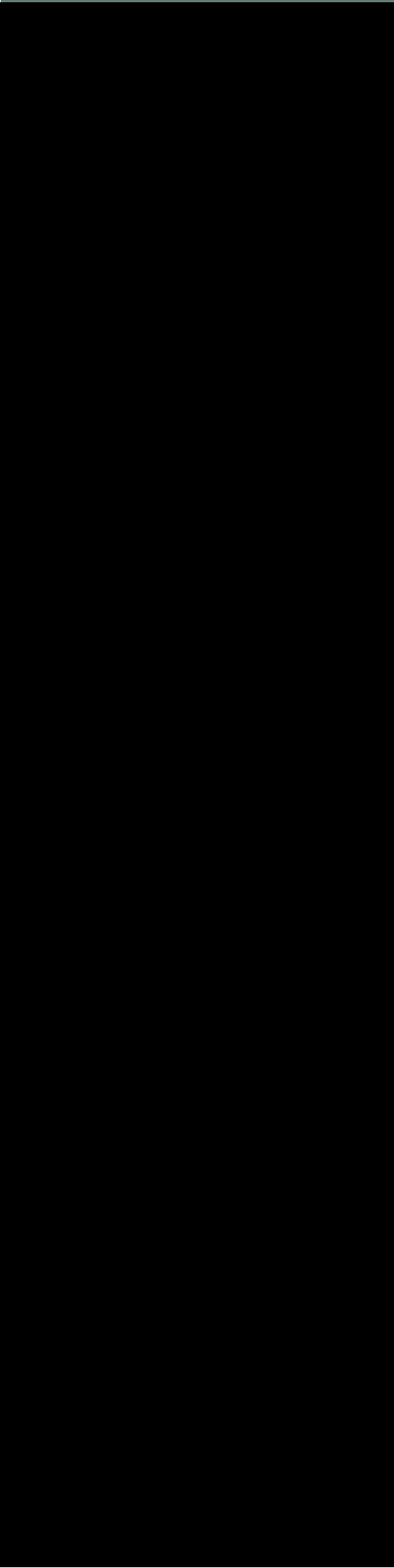
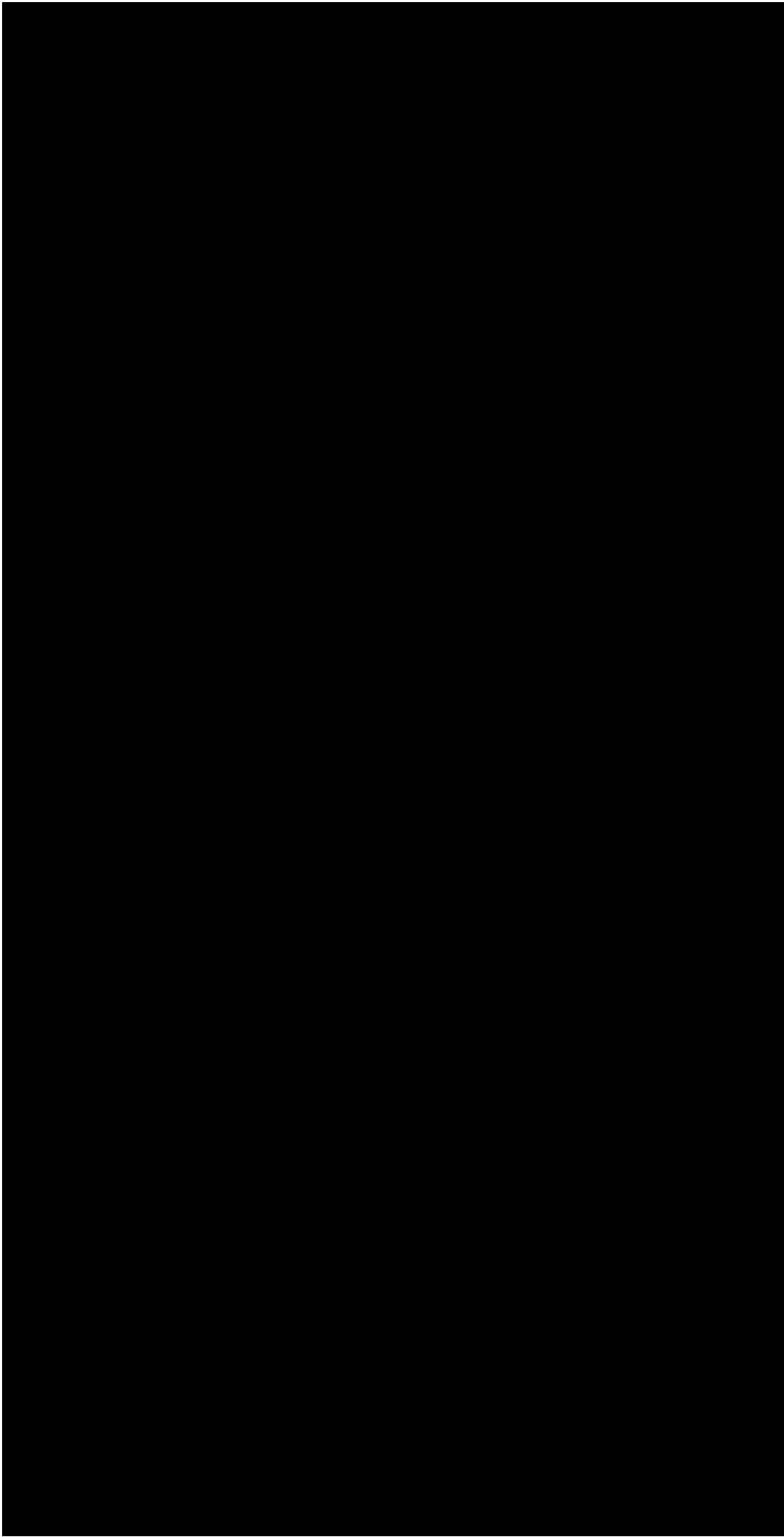


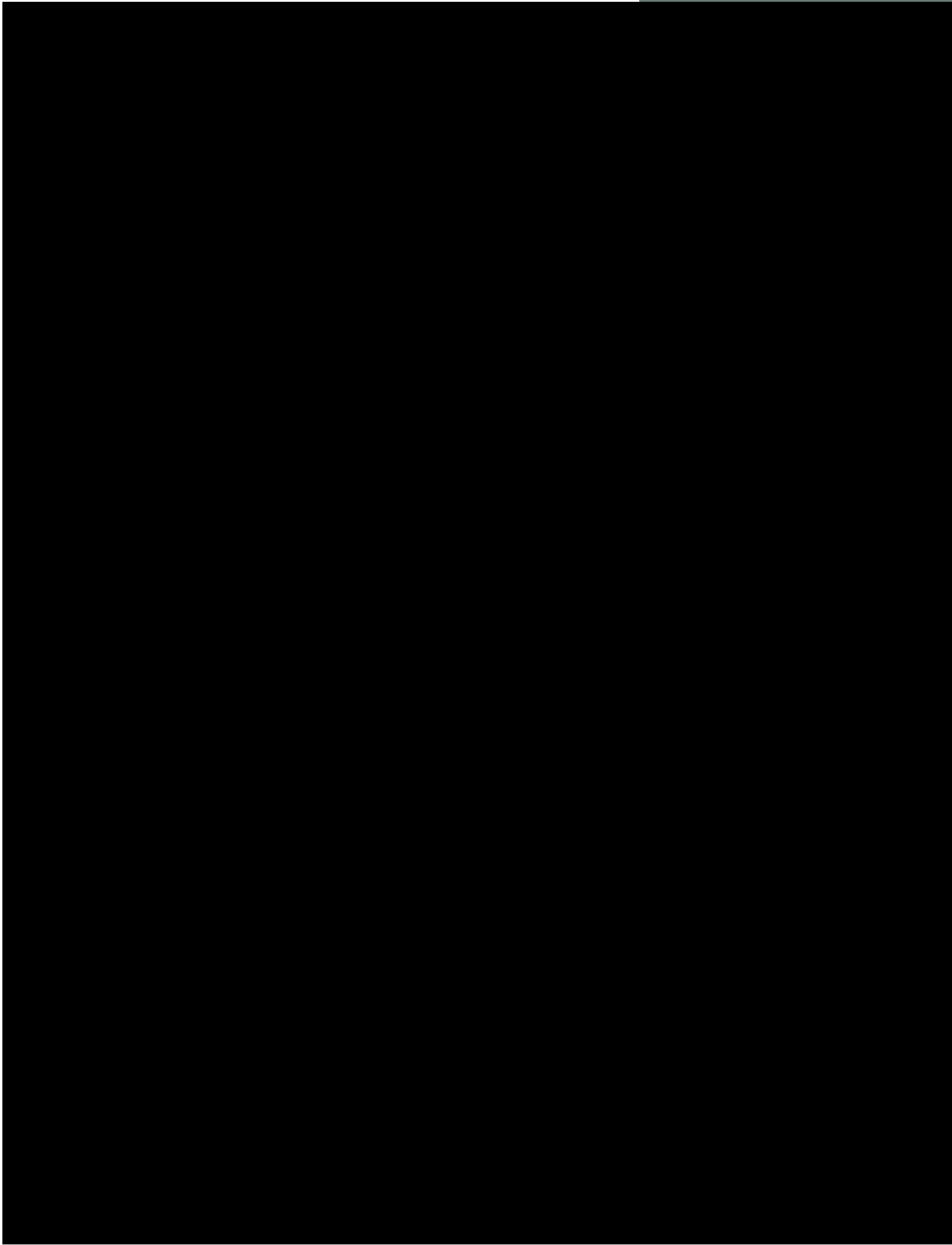


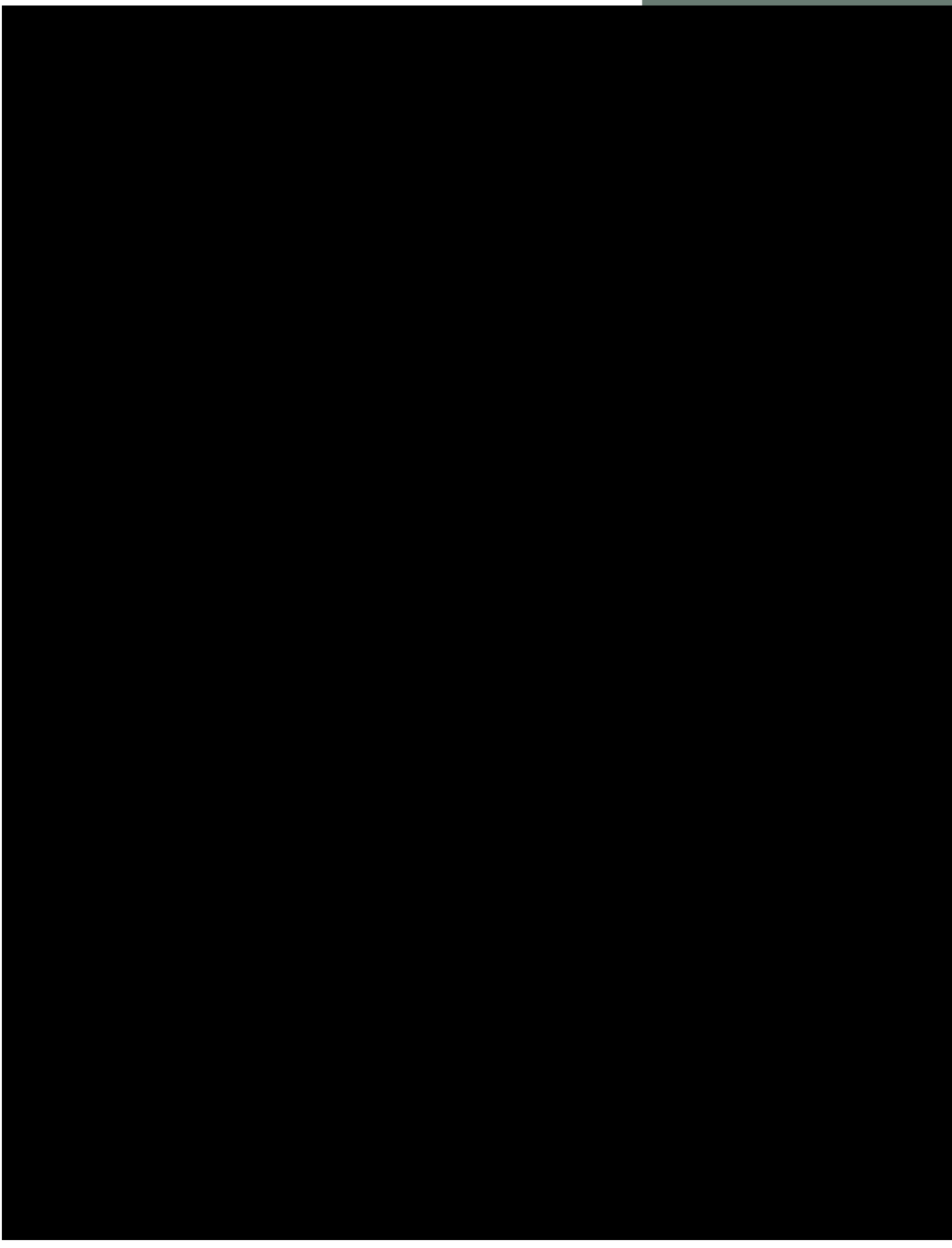


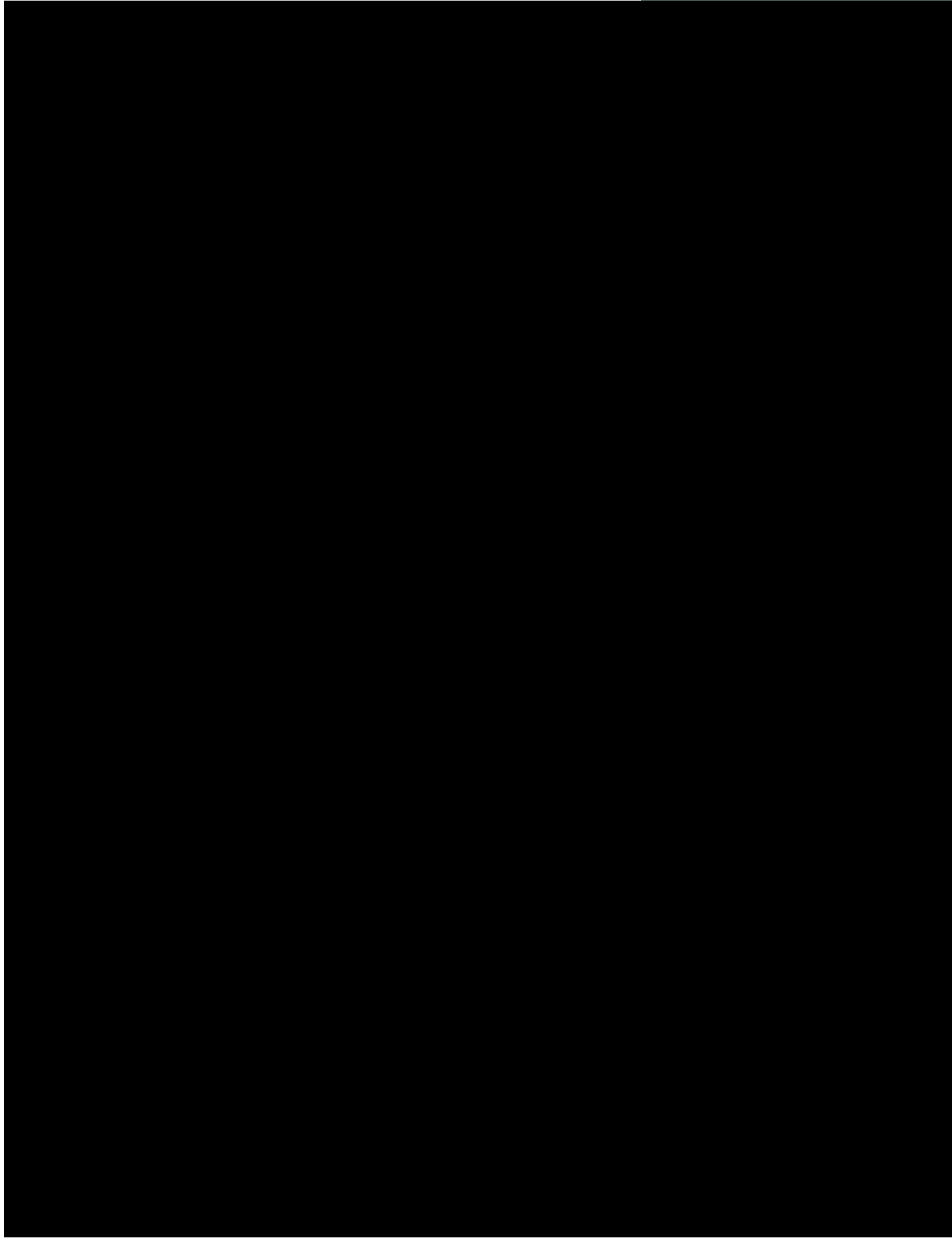


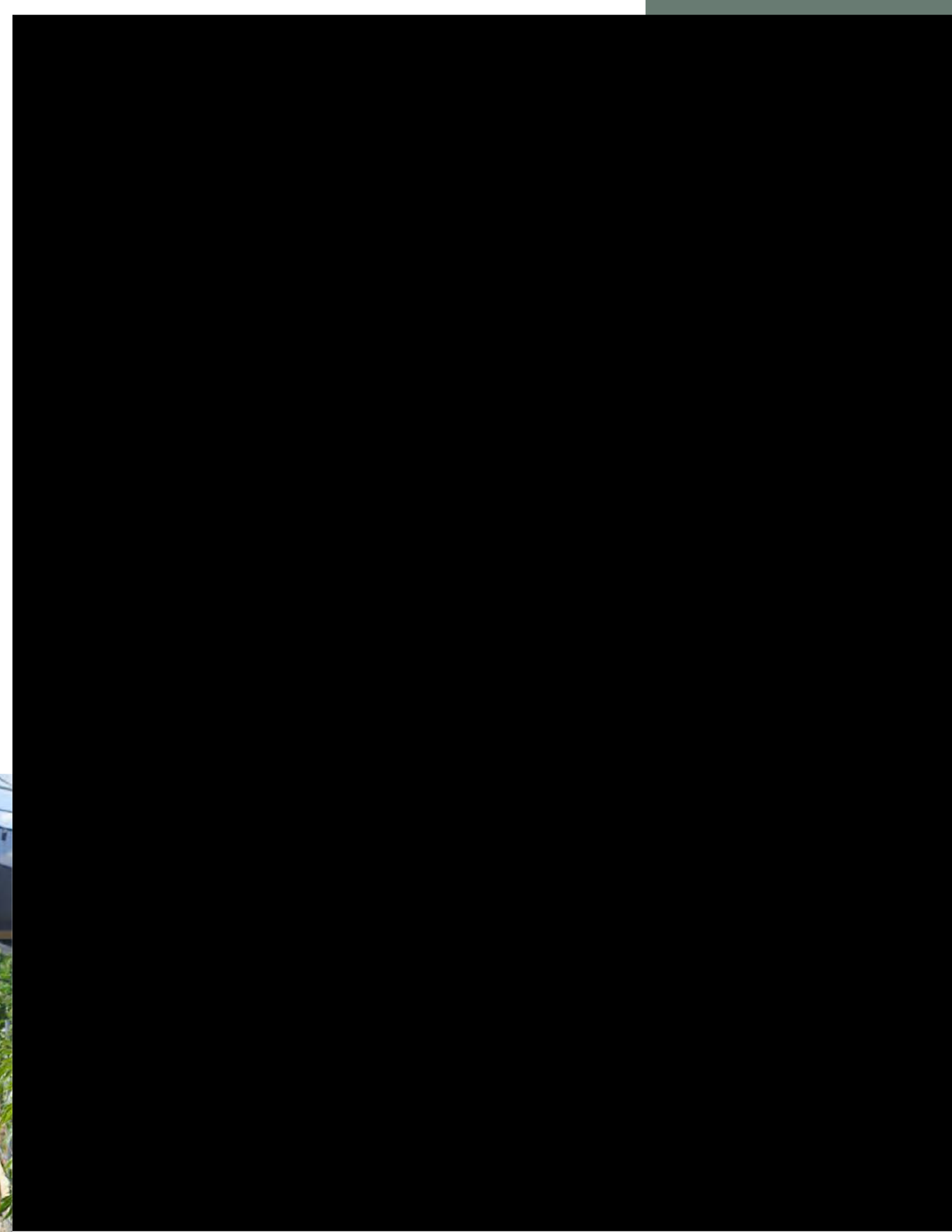


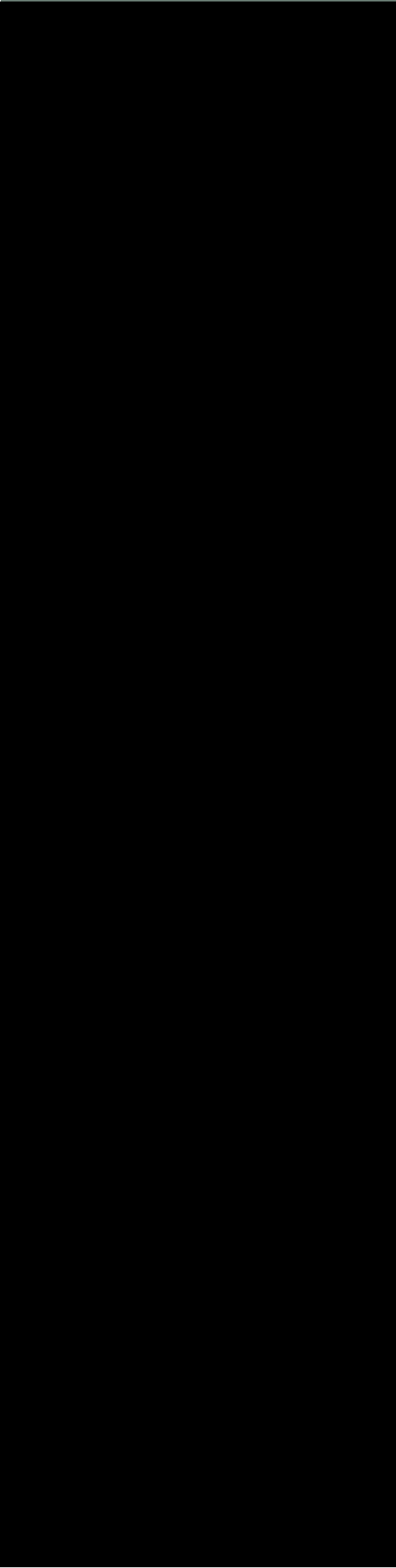
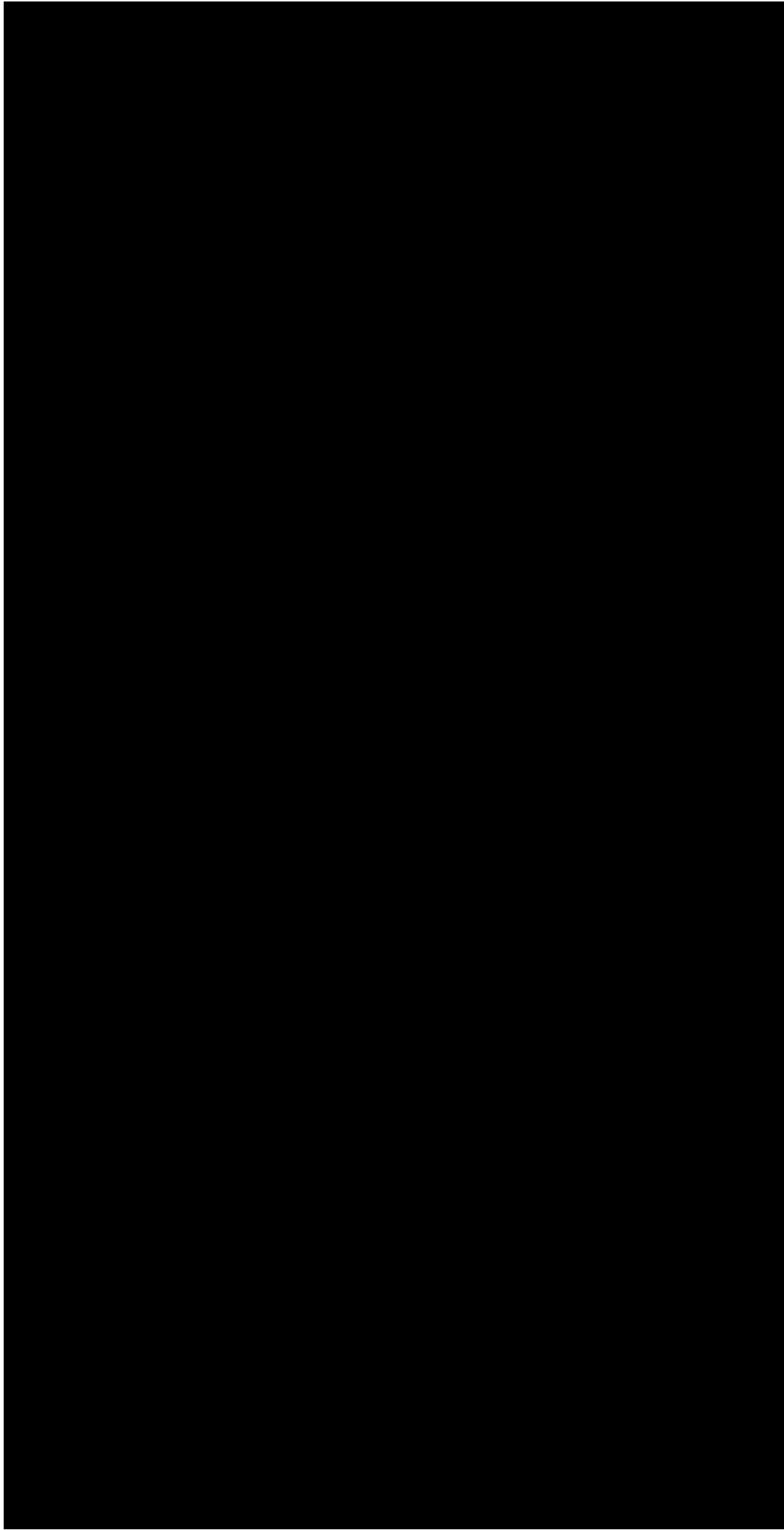


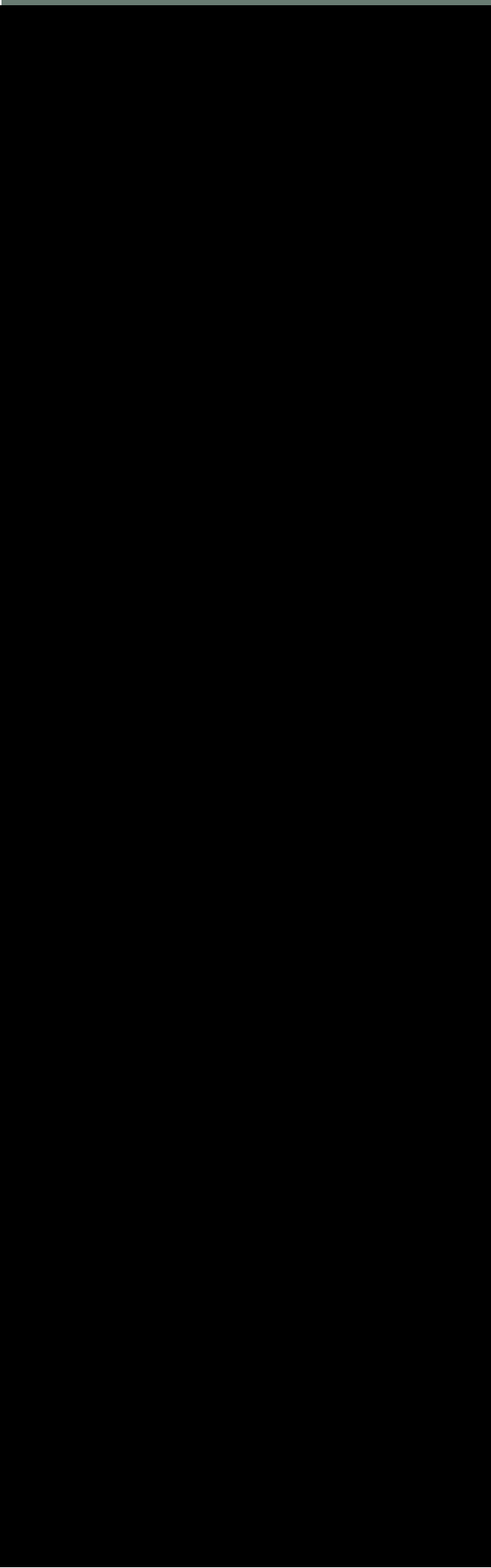
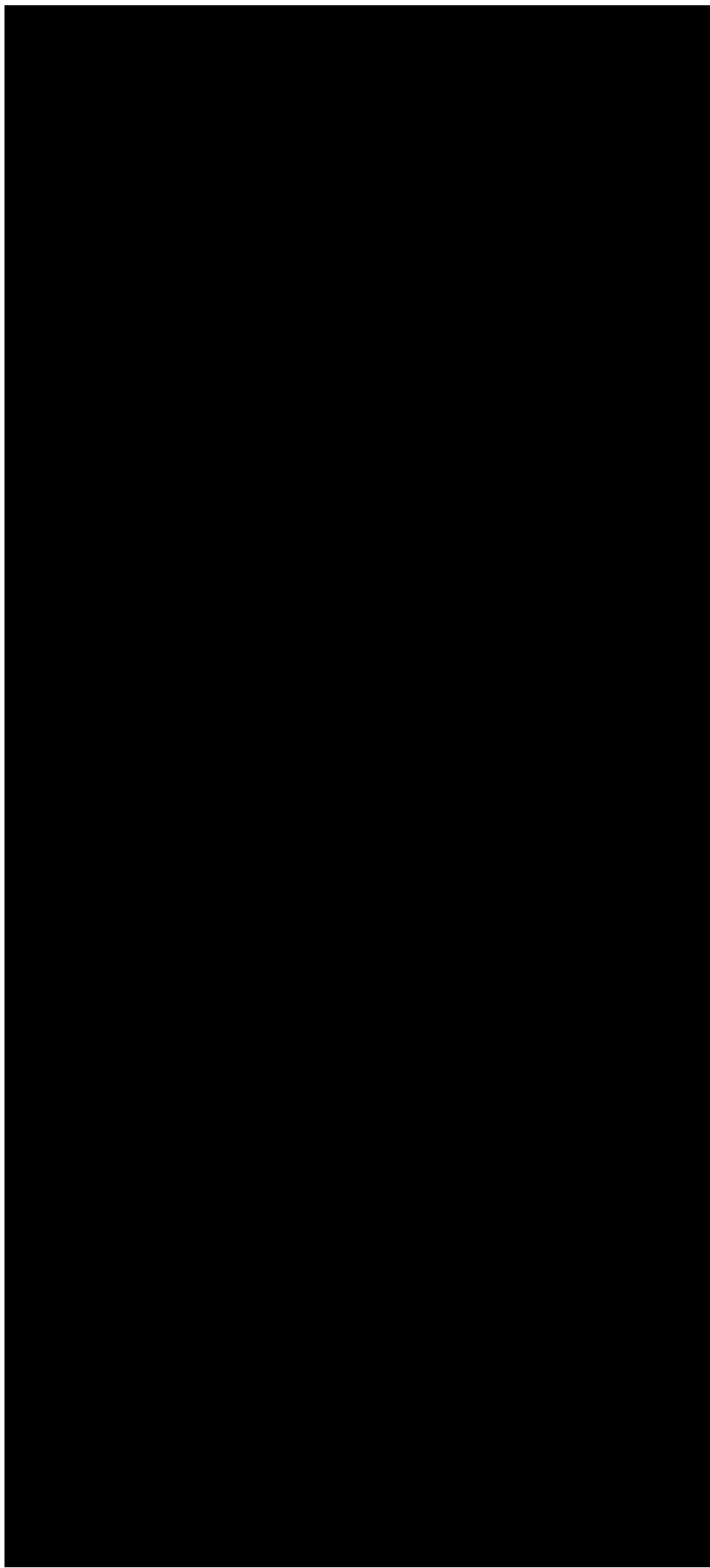


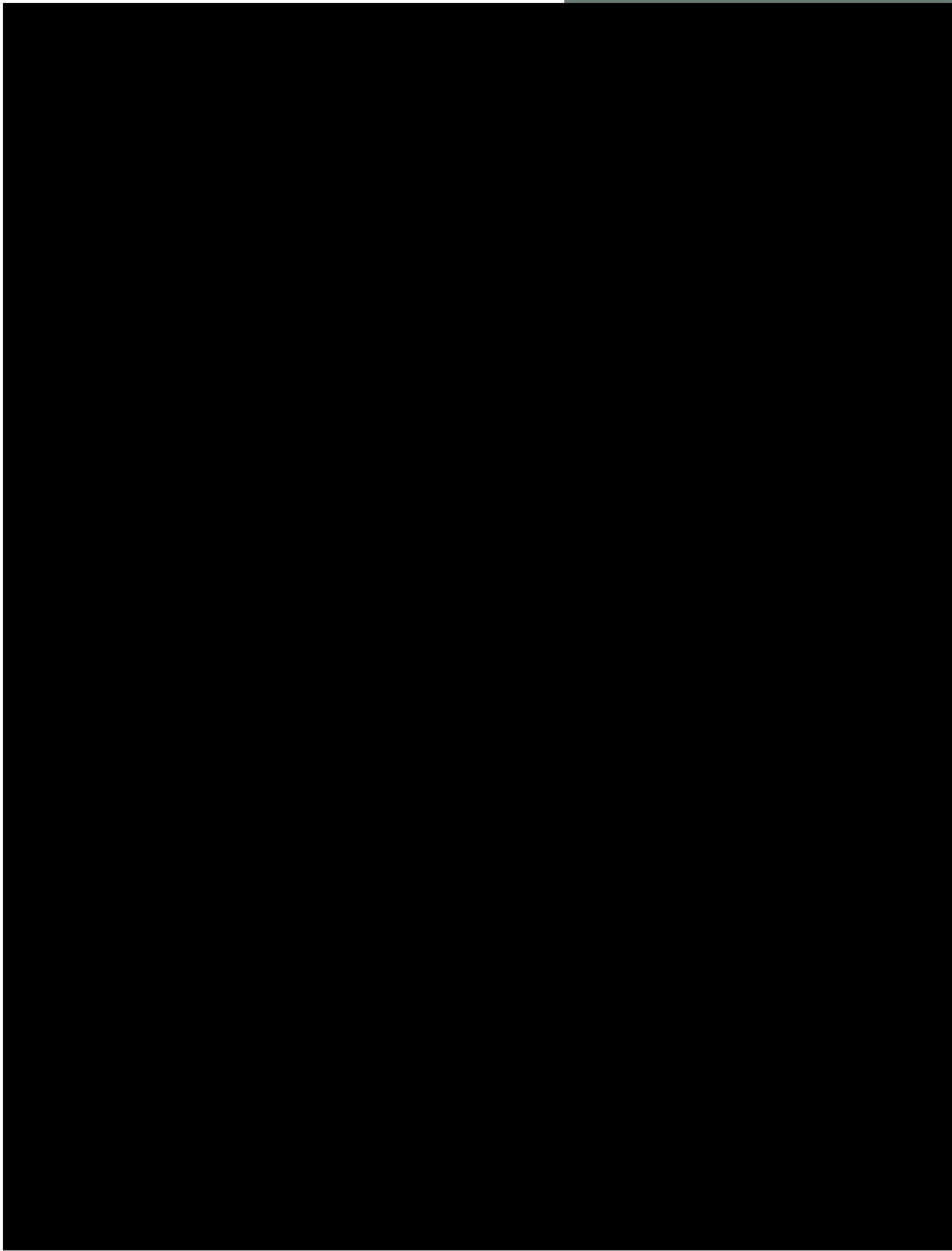


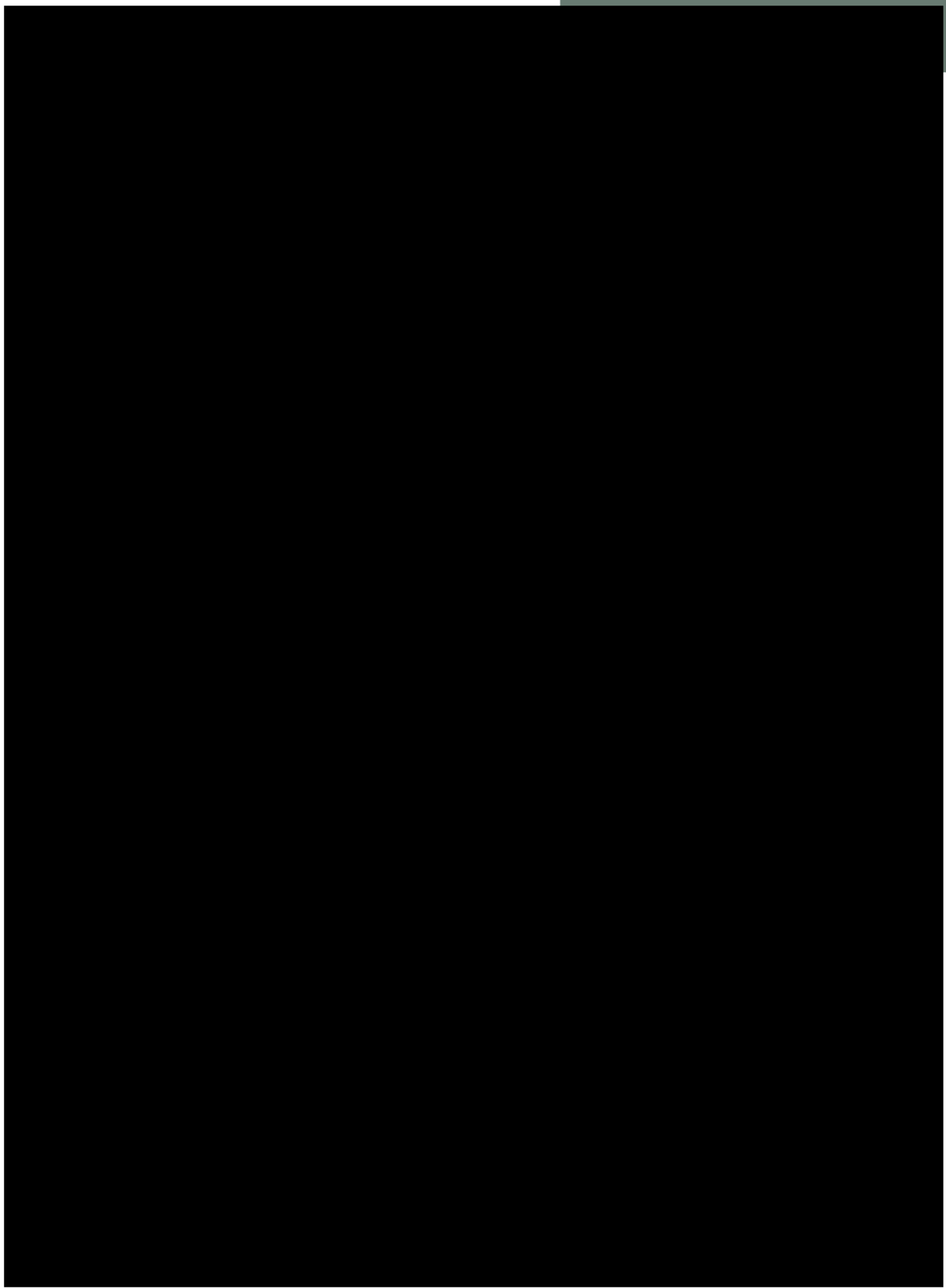


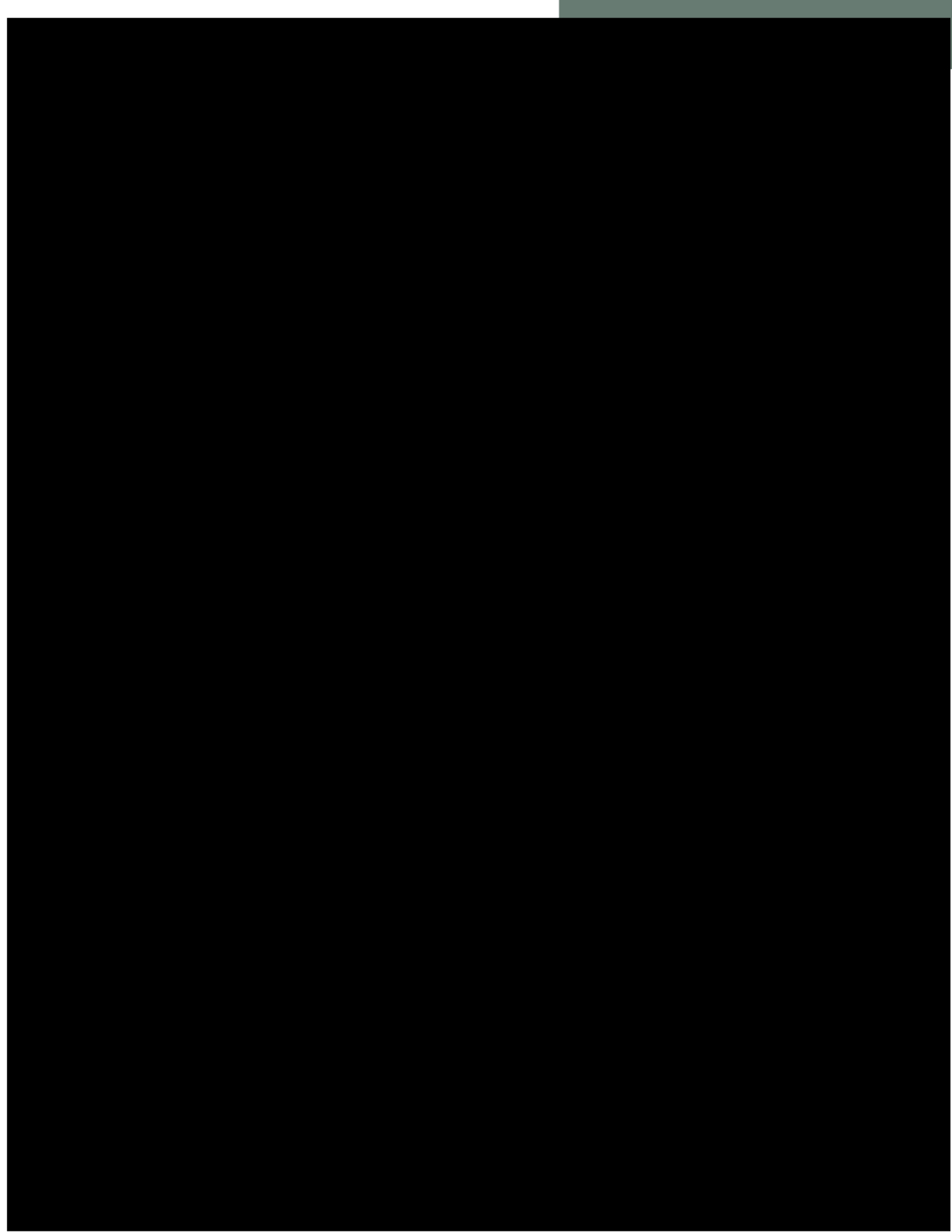


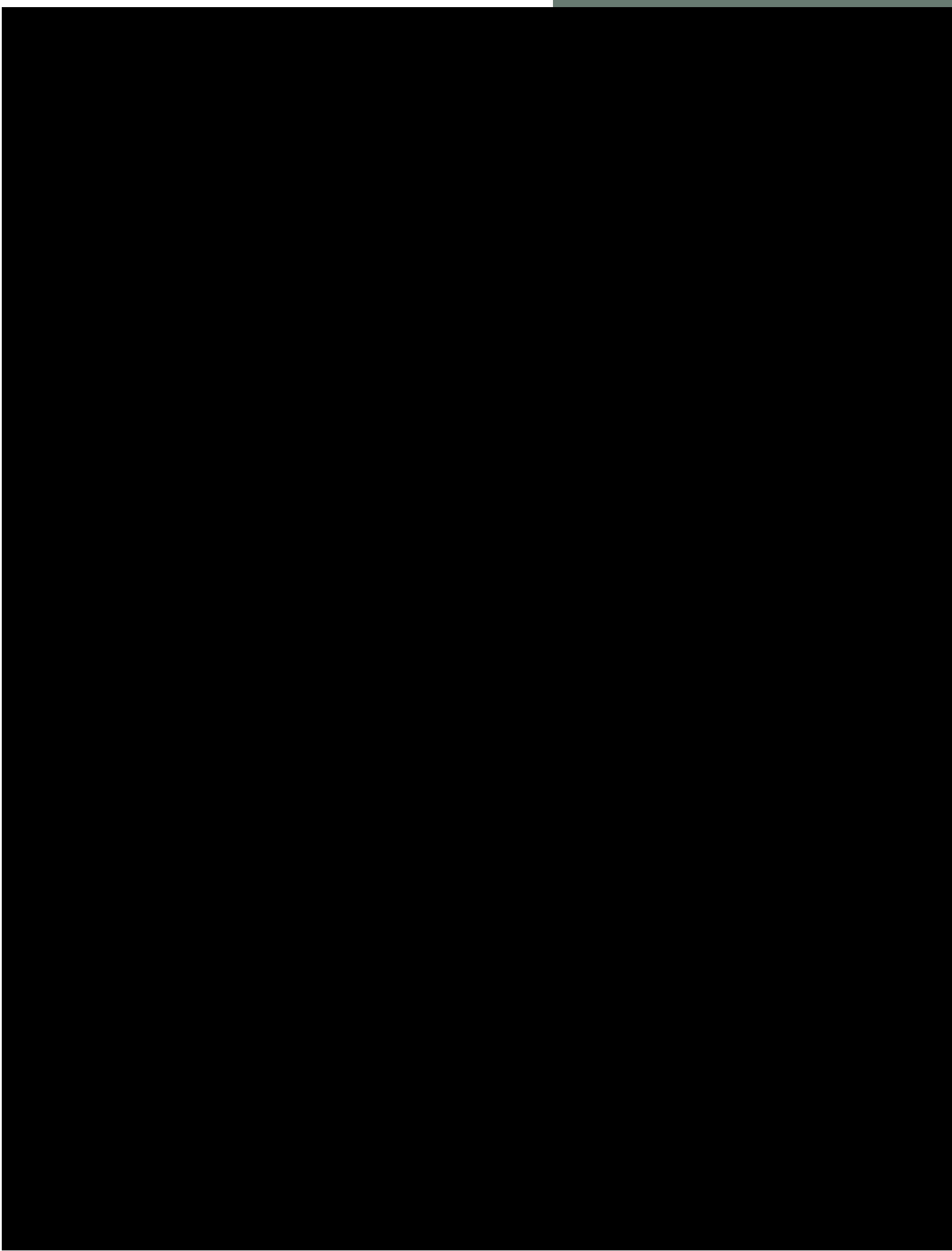














Operations Plan(Security & Infrastructure Records)

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

Patient Care(Staff Education and Training)

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](#)

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

E-1.1.1 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.

Uploaded Document Name: **E-1.1.1_Training Attachment.pdf**

NOTE: This applicant uploaded document is the next 5 page(s) of this document.

Attachment to E-1.1.1 Training Plan

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

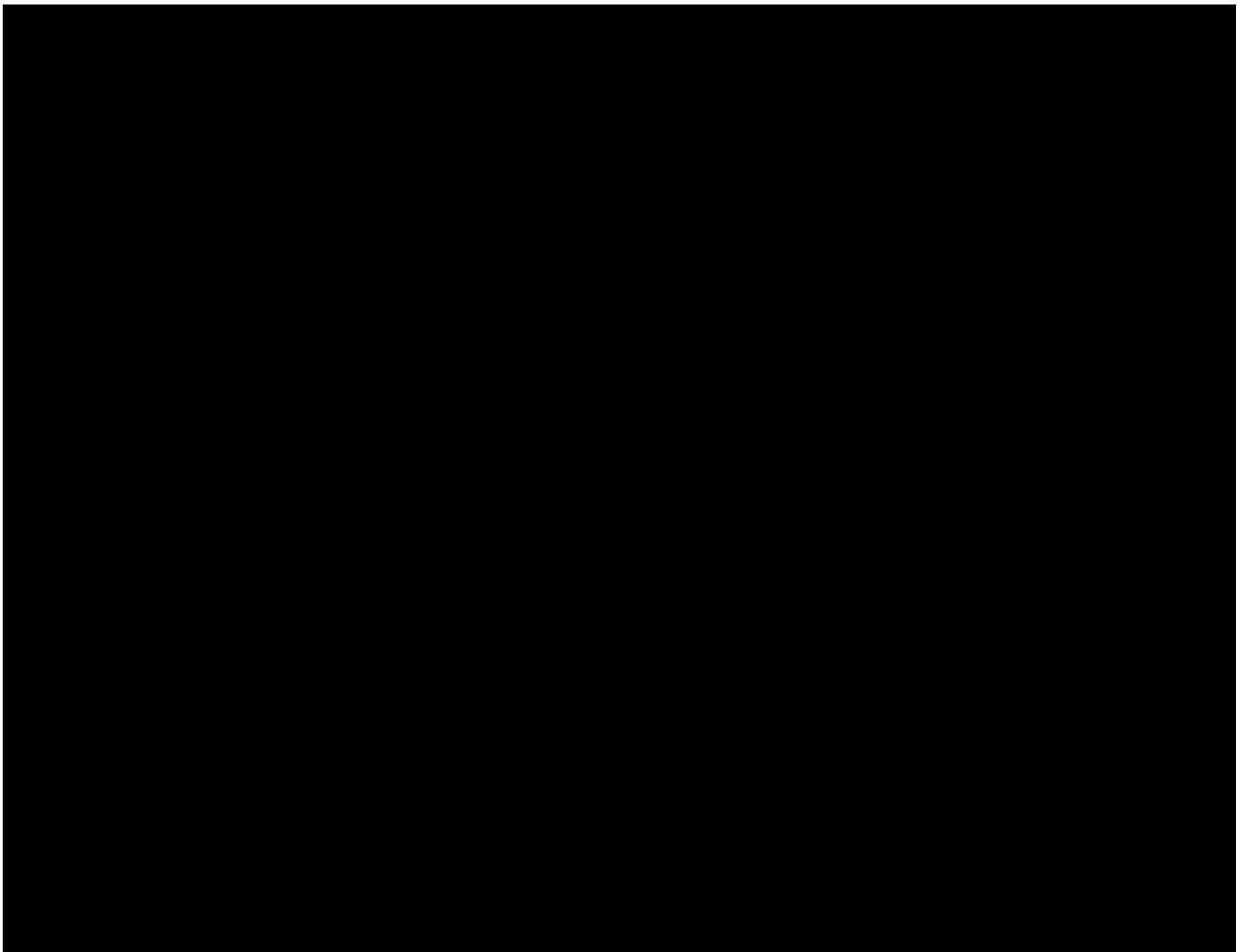
996

997

998

999

1000



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](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

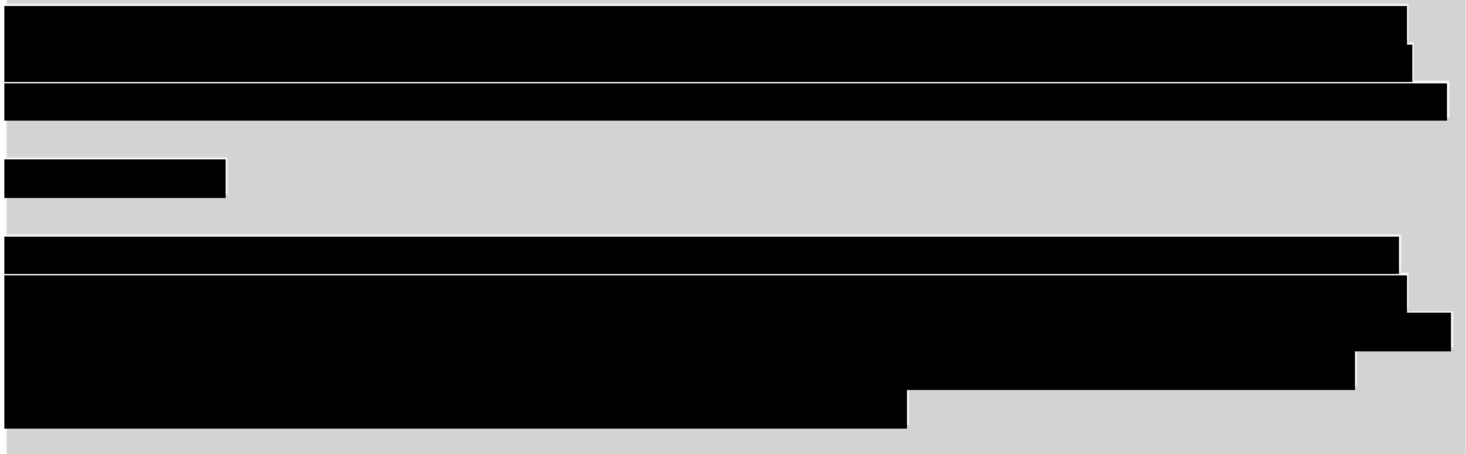
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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.

No response provided by applicant

Patient Care(Patient Care and Education)

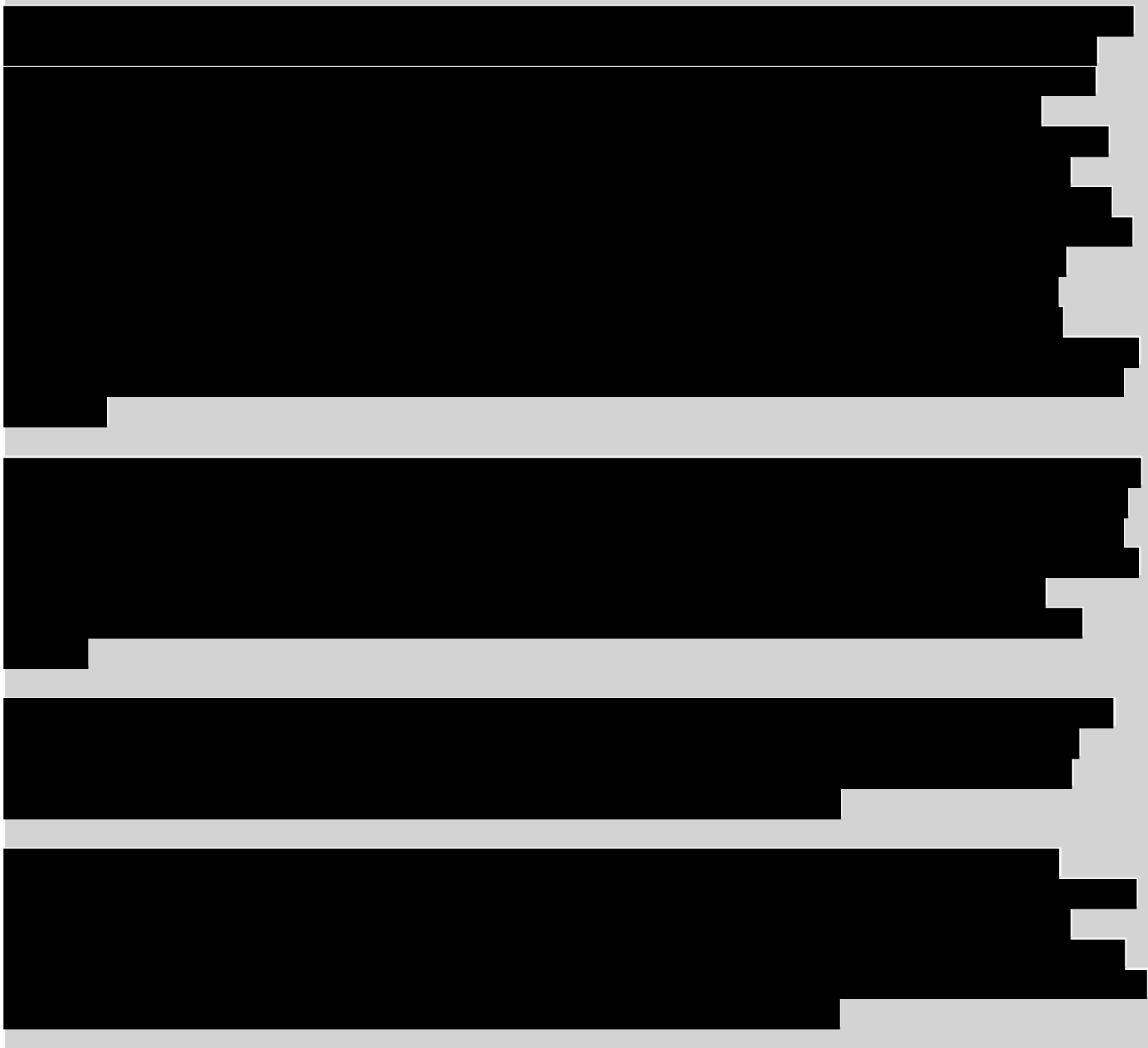
E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:

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.

[Redacted content]





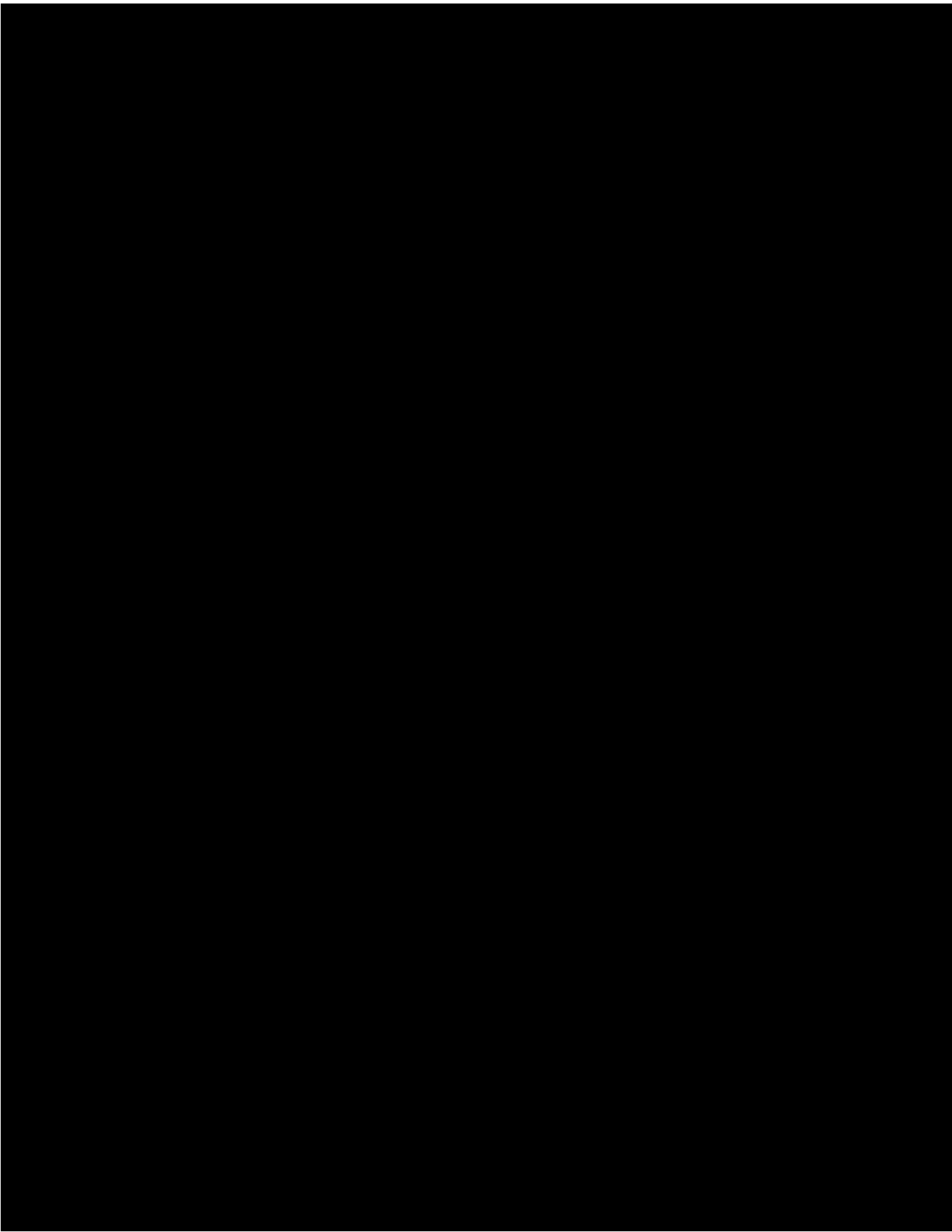
E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

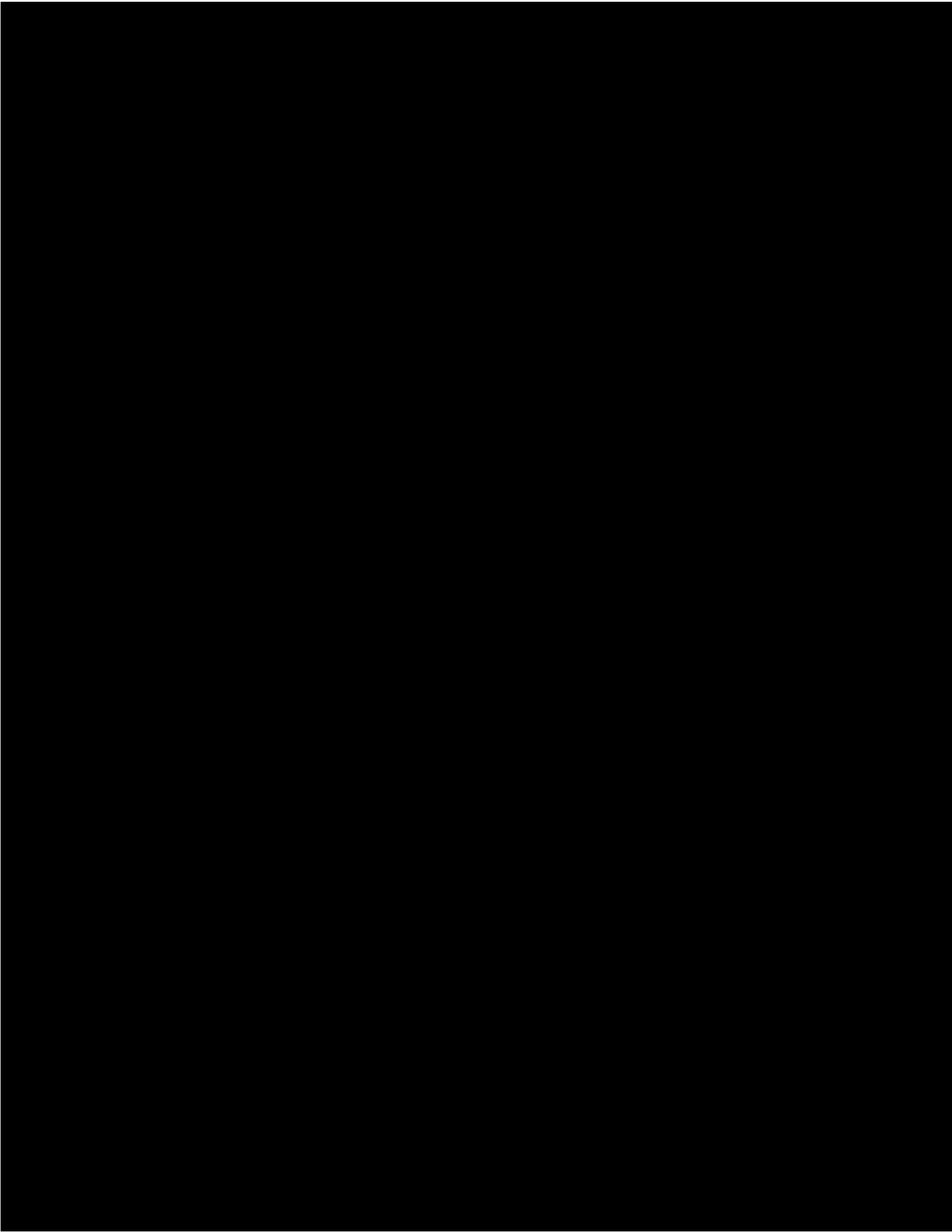
Uploaded Document Name: **E-2.1.1_Patient Education Attachment.pdf**
NOTE: This applicant uploaded document is the next 19 page(s) of this document.

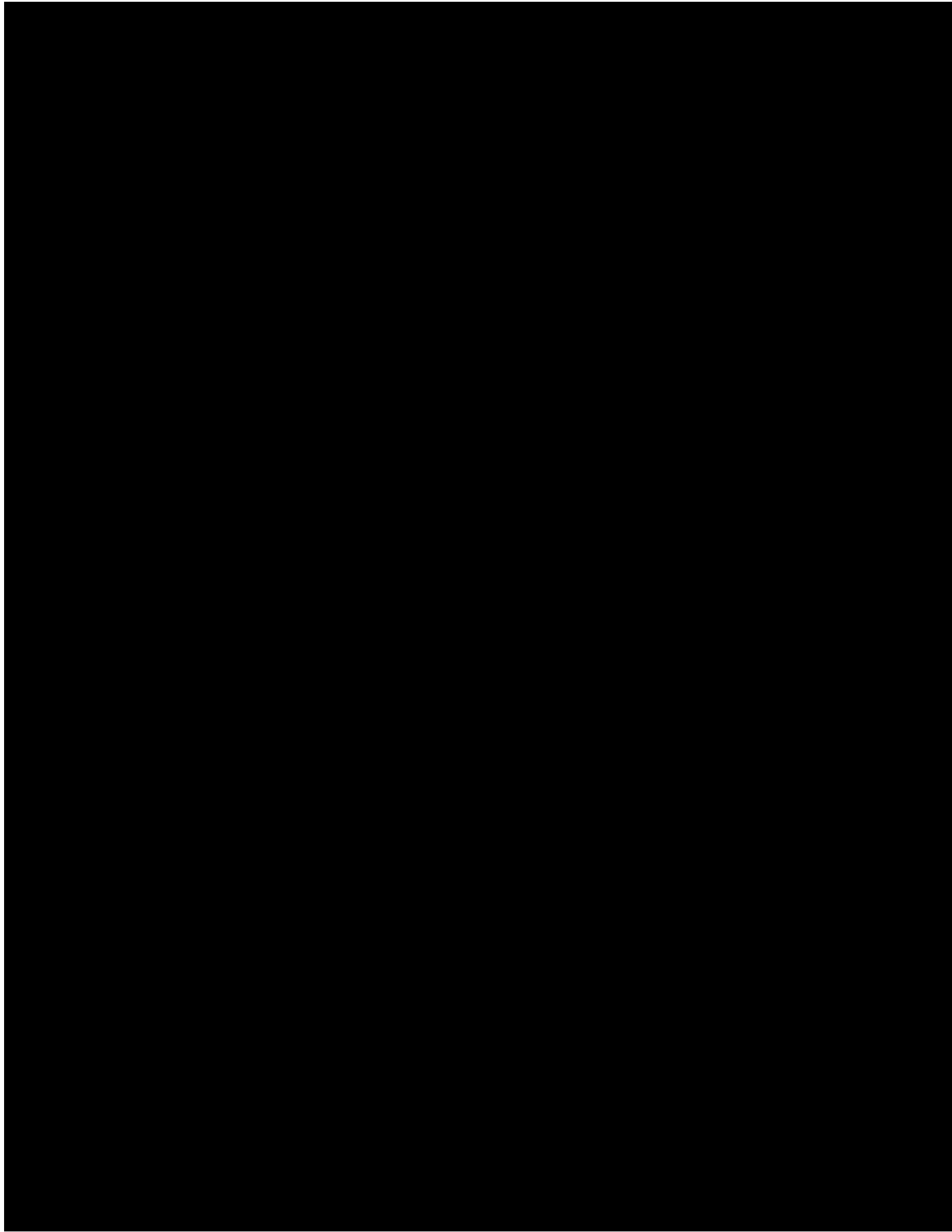
Attachment to E-2.1

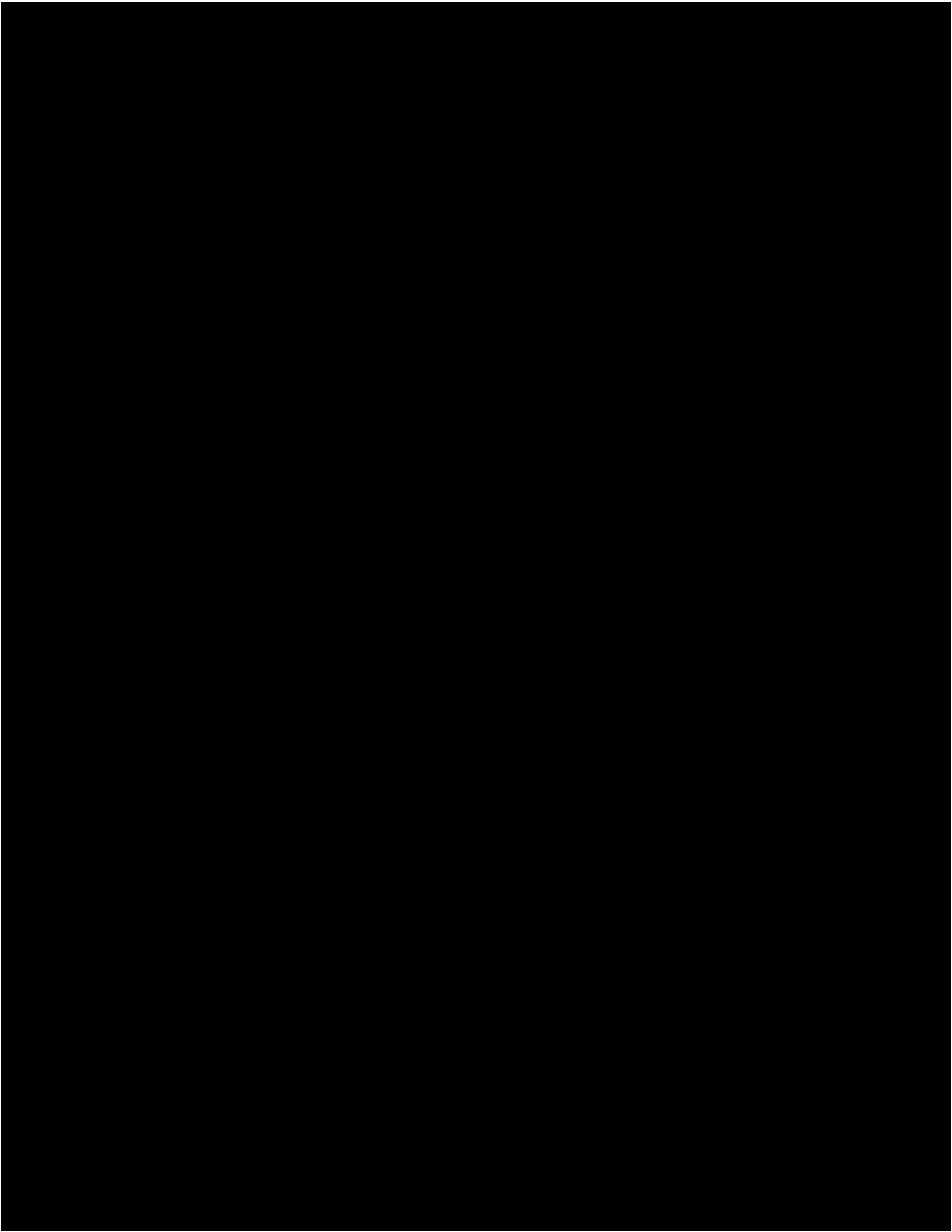
Patient Education

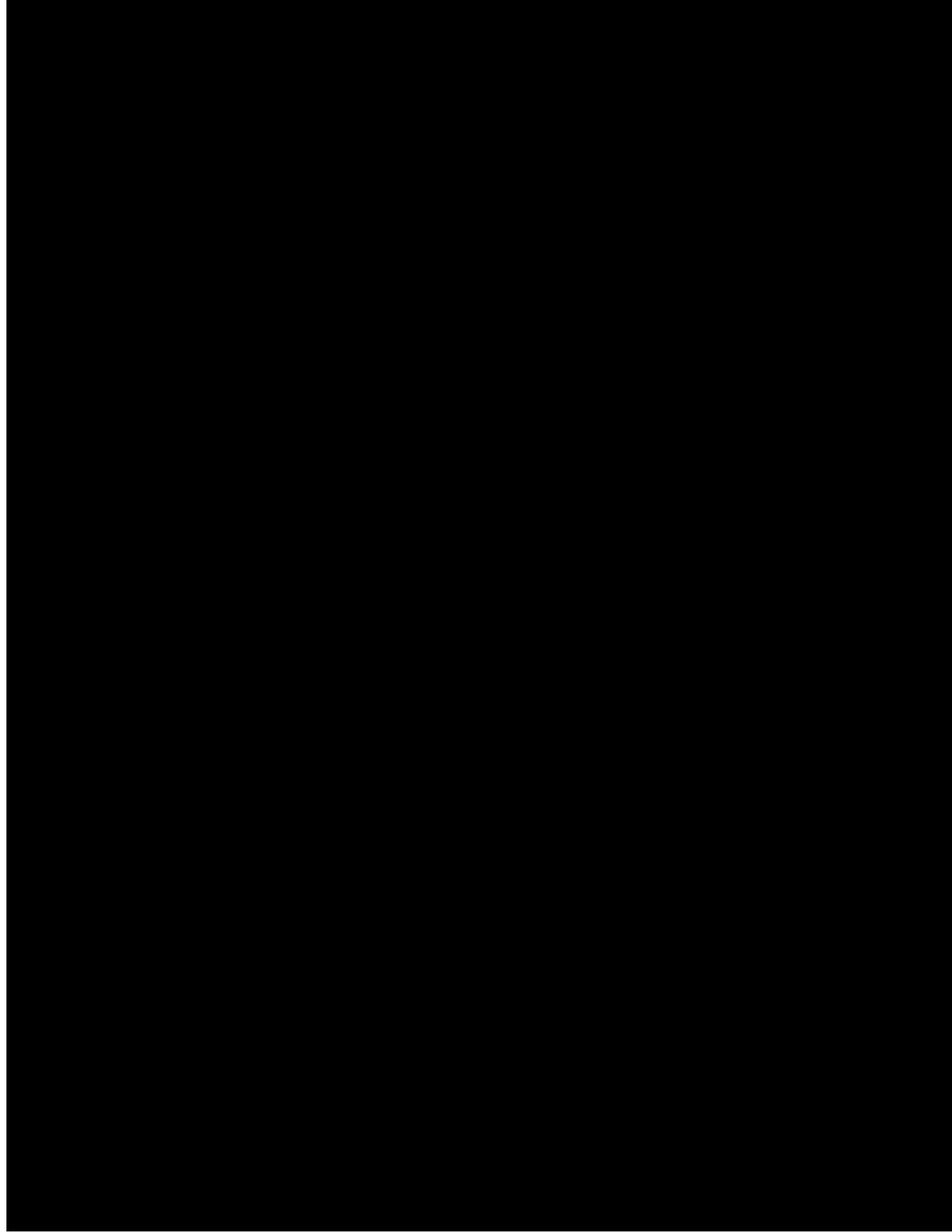


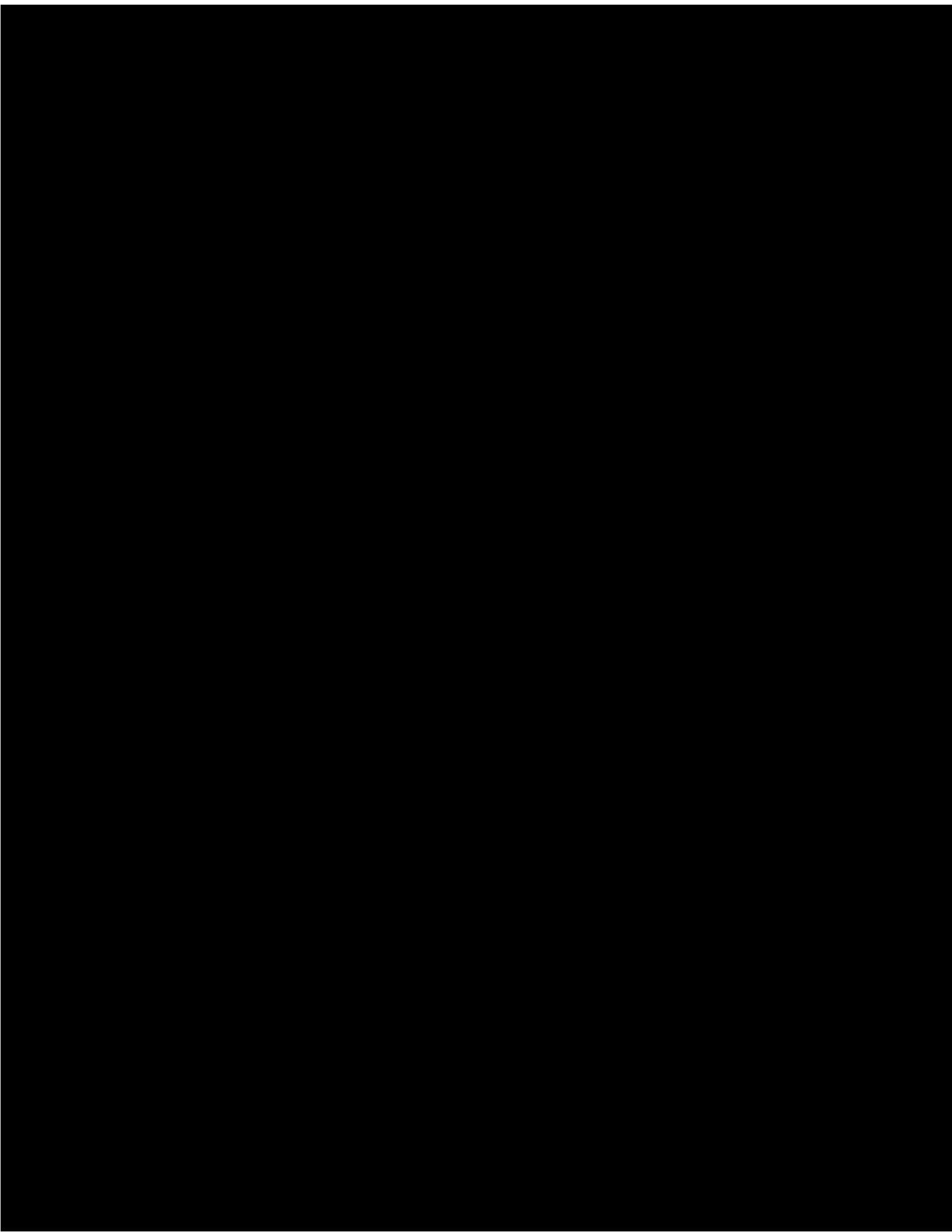


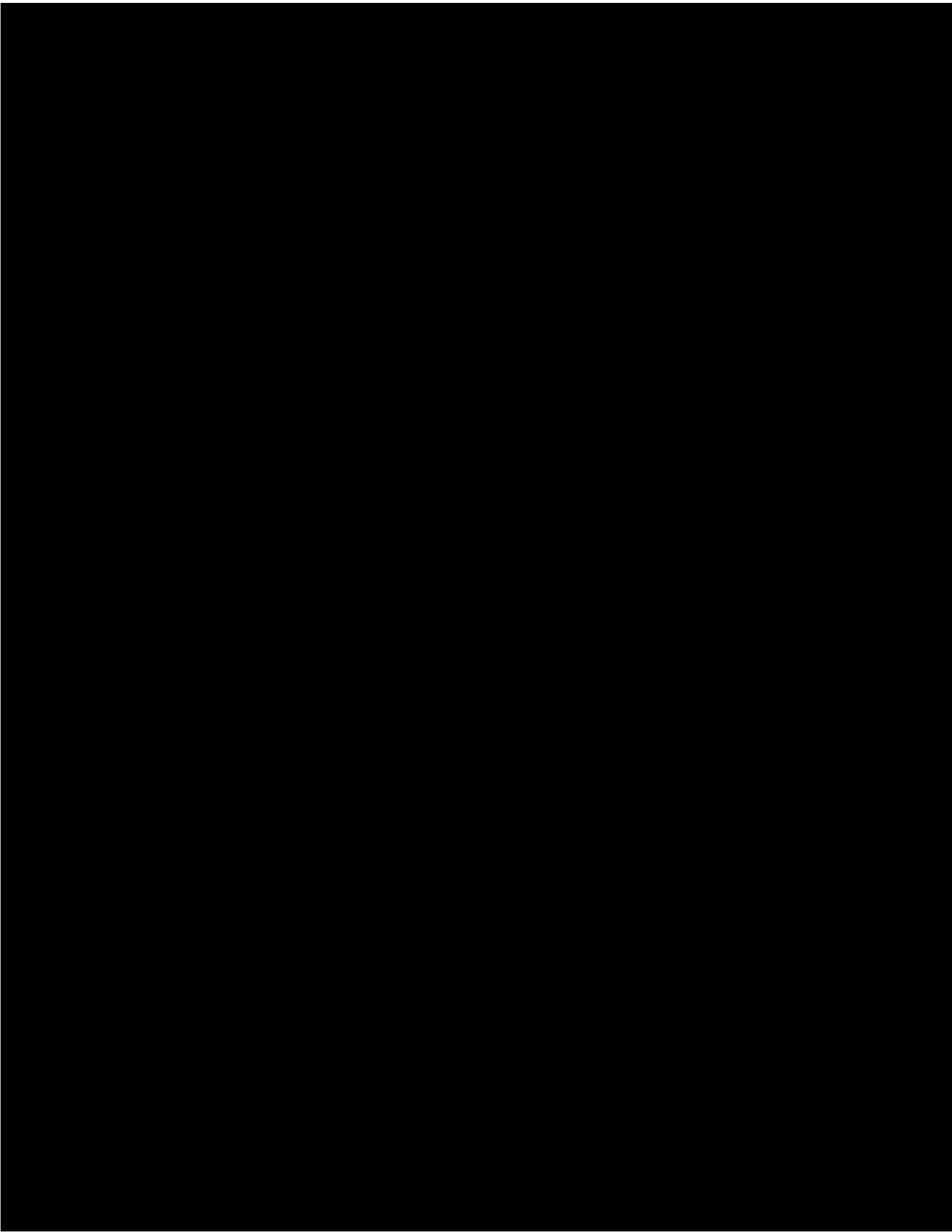












E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Patient Care(Patient Care Facilities)

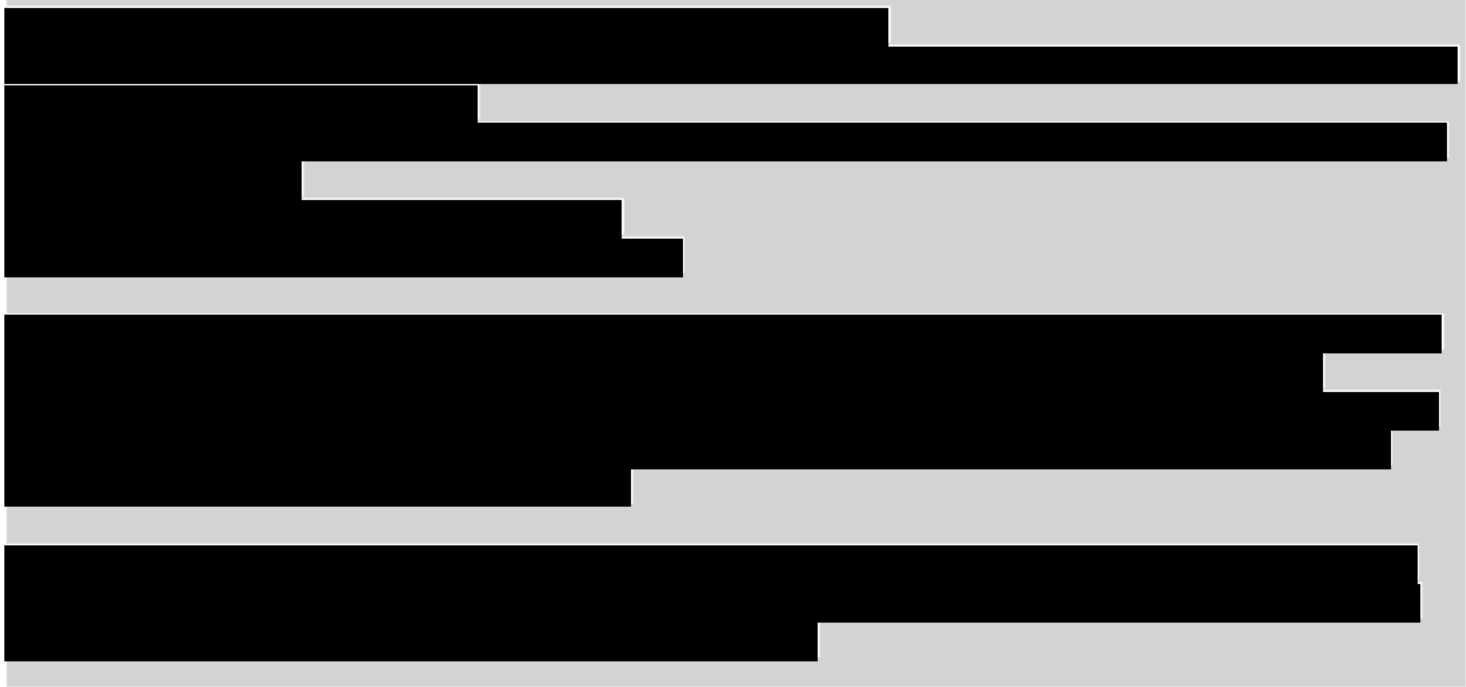
E-3.1 Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location:

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.

[Redacted content]

[illegible]

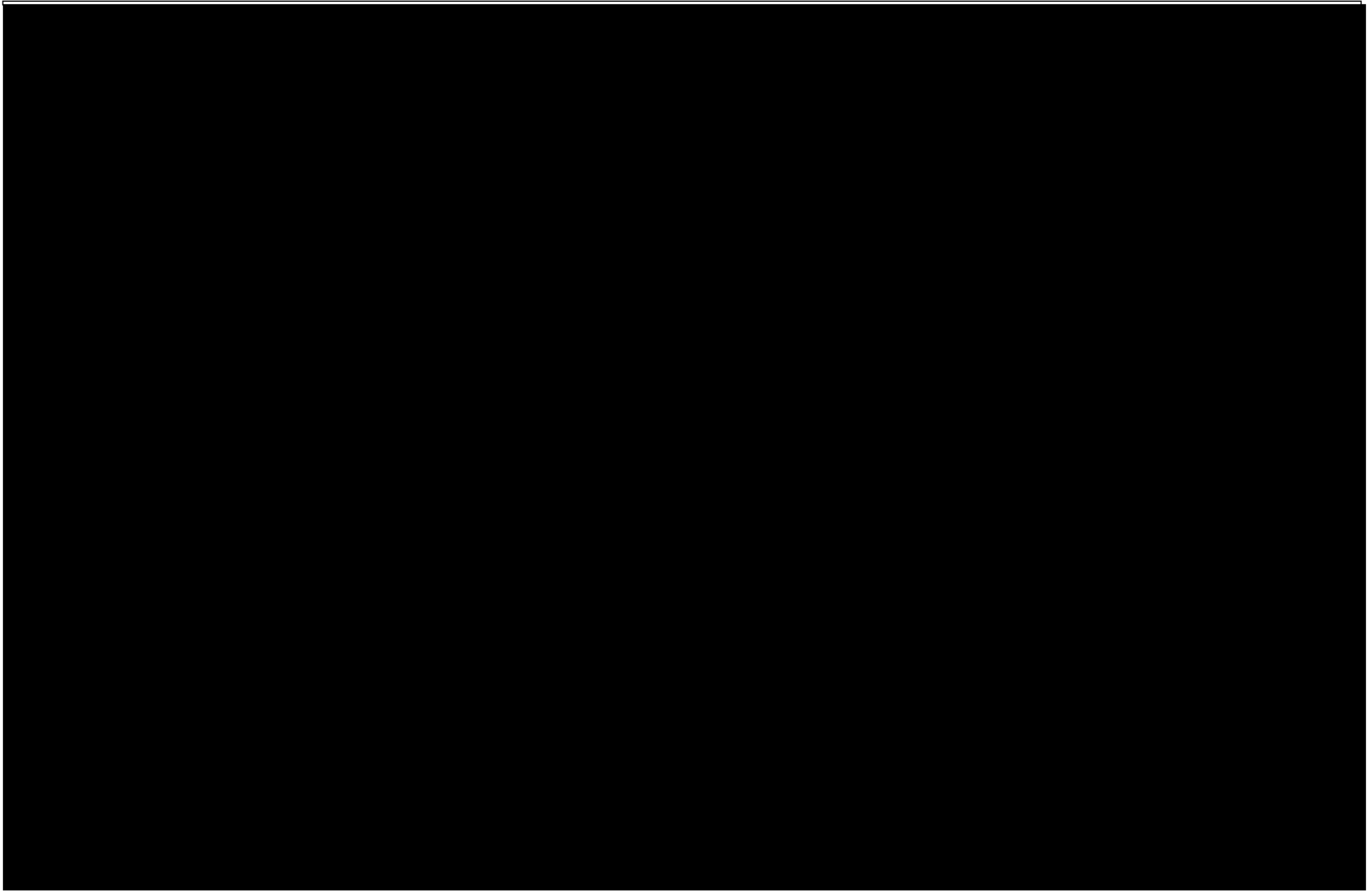


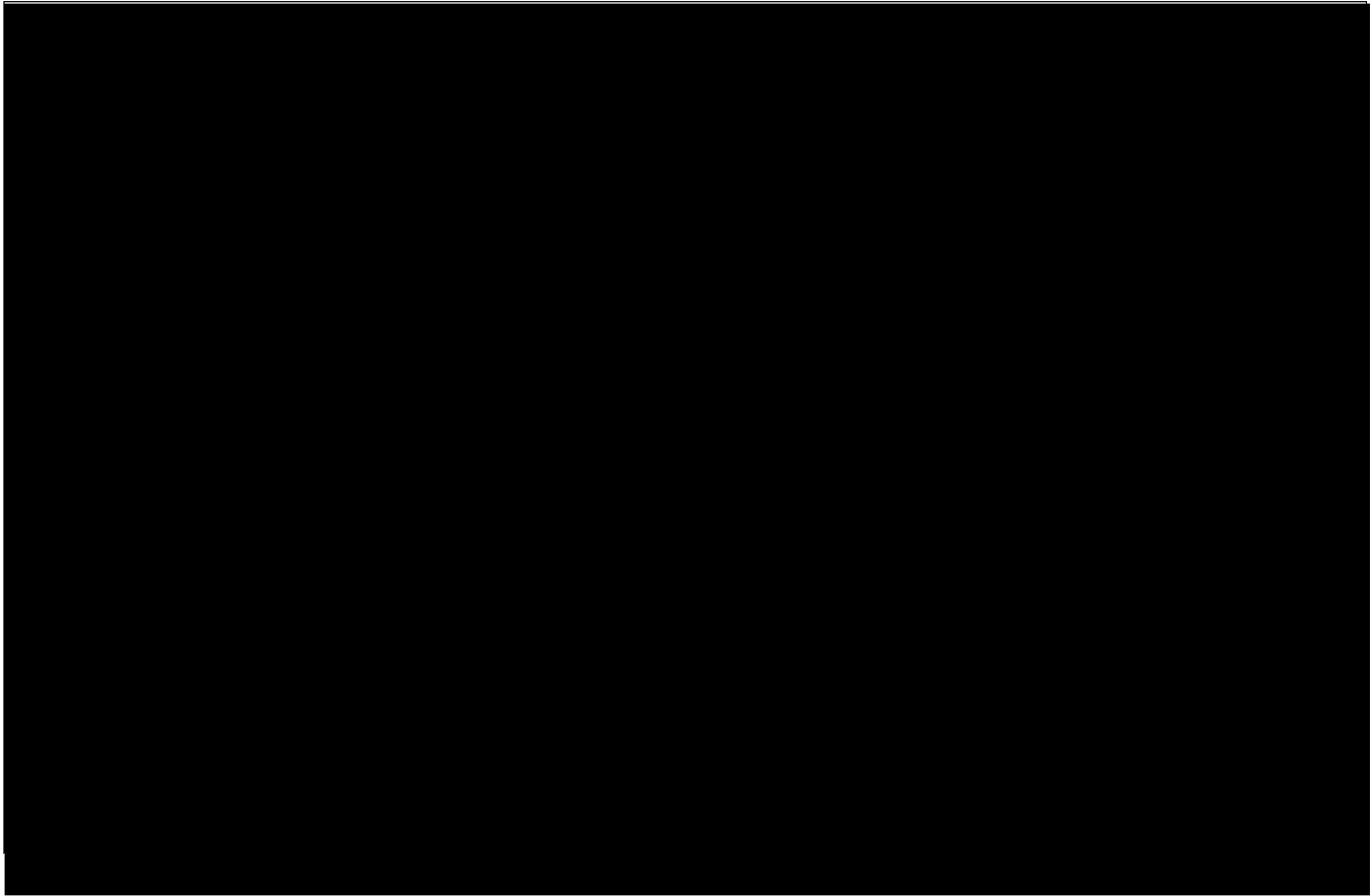
E-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

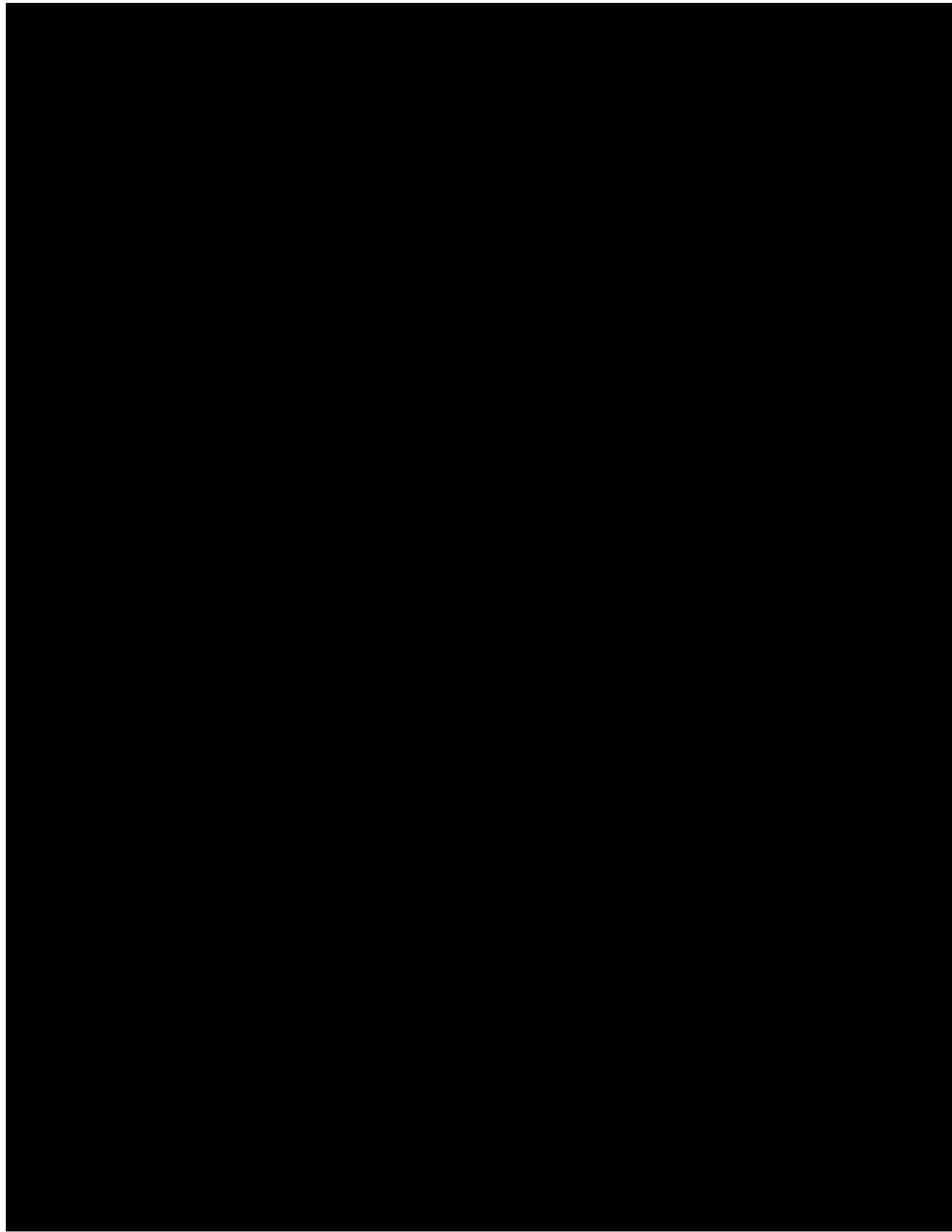
Uploaded Document Name: **E-3.1.1_Adequacy of Size.pdf**
NOTE: This applicant uploaded document is the next 9 page(s) of this document.

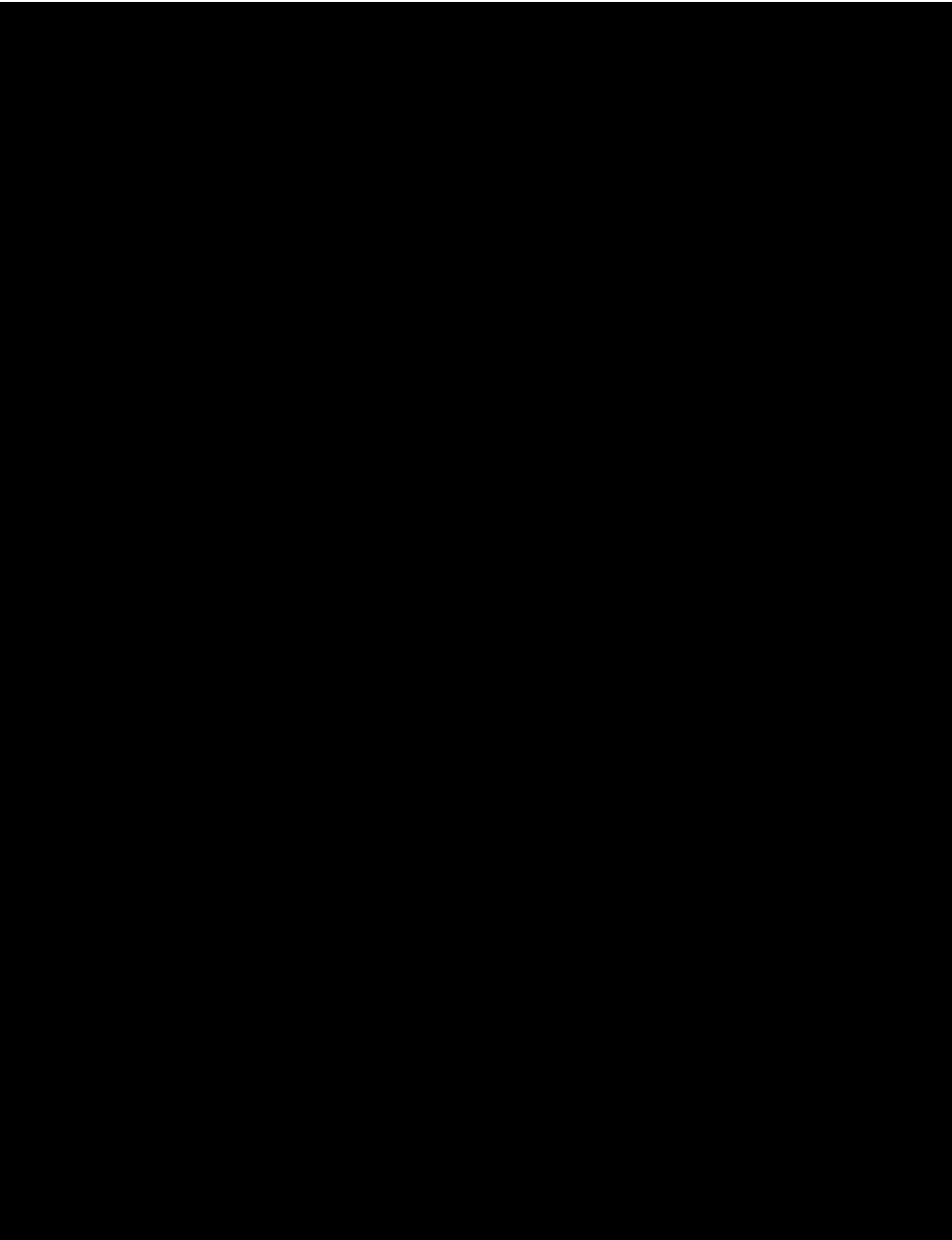
Attachment to E-3.1 Adequacy of Size

TRADE SECRET



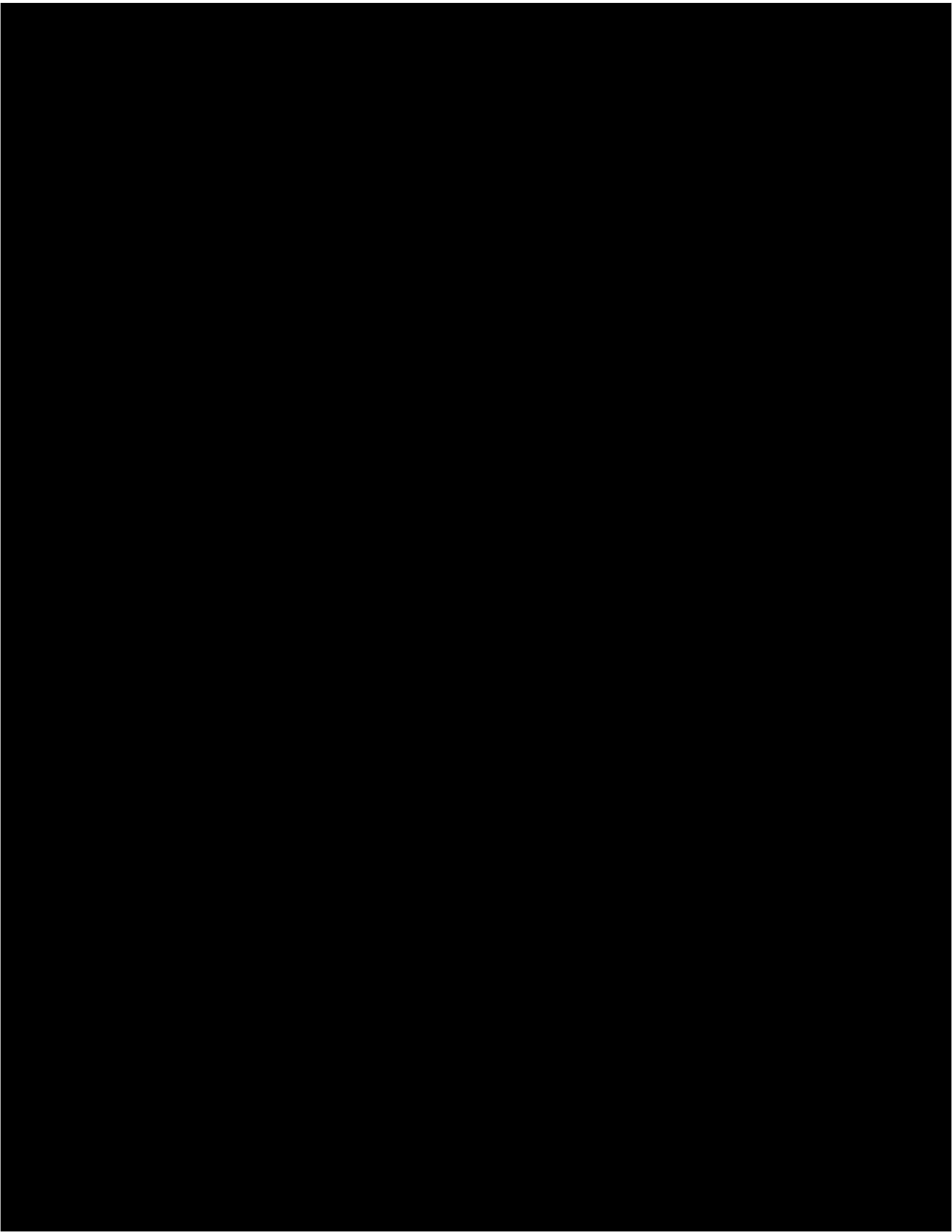


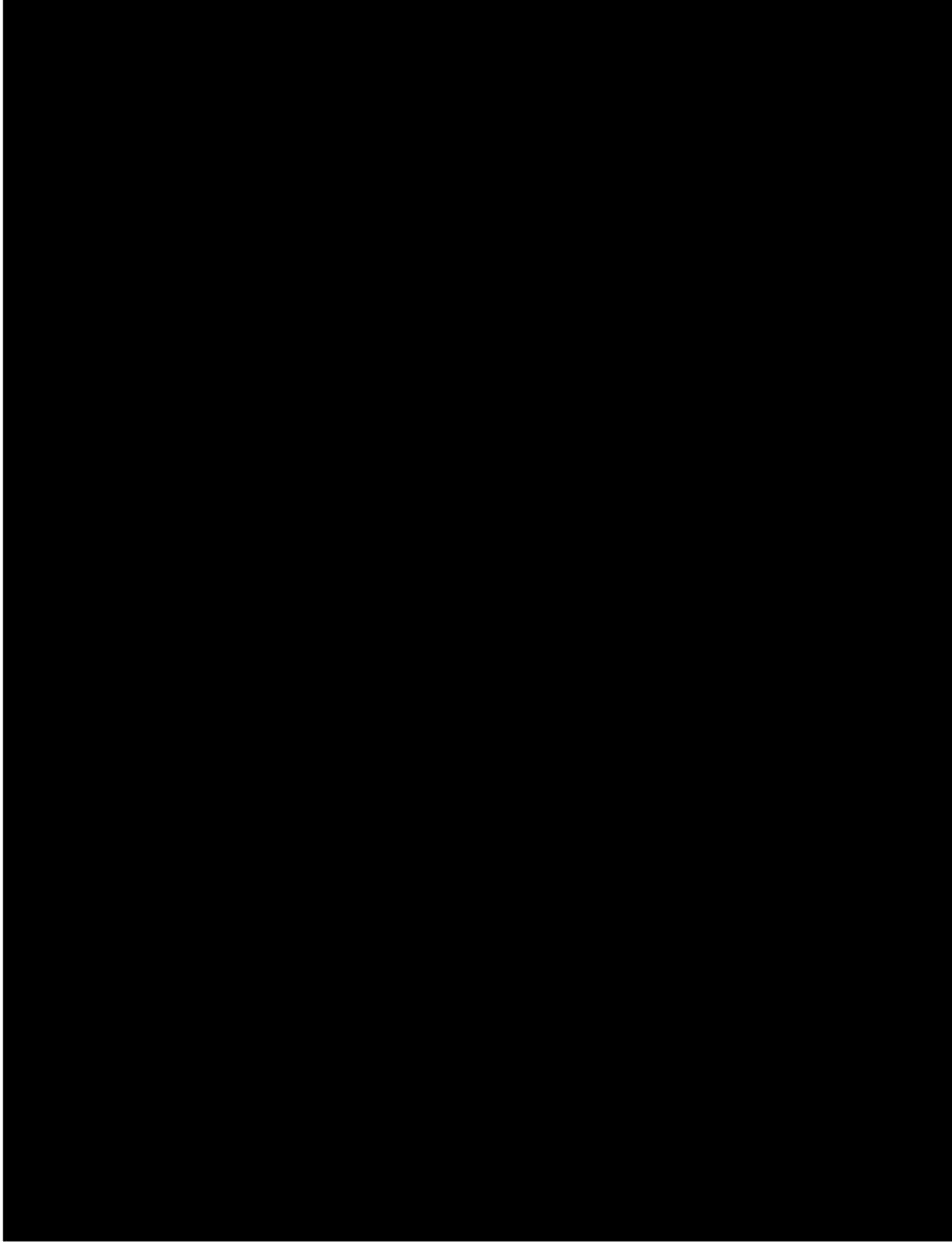




[REDACTED]

[REDACTED]





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](#)

7am - 9pm (7 days a week)

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

Attestations and Acknowledgements(Attestations and Acknowledgements)

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: **F-1.1_Trade Secret Form Buckeye Relief.pdf**

NOTE: This applicant uploaded document is the next 12 page(s) of this document.




STATE OF
OHIO
BOARD OF PHARMACY



Trade Secret Form

(Attachment to Application Section F-2.1)

Business Name of Applicant: Buckeye Relief, LLC	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Printed Name of Authorized Representative Andrew Rayburn	
Signature 	Date 11/15/17



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
A-1, A-2, A-3,		This information is extremely personal and identifying. The identity of the team members, and the information contained is proprietary and a source of economic benefit to the Applicant. Any person identifying these team members could reasonably deduce Applicant's intended locations and attempt to undercut Applicant's progress in these locations,
A-6.1-6.23, A-6.24,		either by purchasing or otherwise occupying one of the few properly zoned vacant locations in such areas, or by frustrating efforts to build relationships with
		local officials, or in any other manner. The Business Identification Number could be used for identity theft or fraud, and is treated as confidential By Applicant, as are the names, addresses, and all other confidential information of all team members.
C-1.1		The evidence provided regarding the property is extremely personal and identifying information. Furthermore, Applicant derives independent economic value from the fact that the location of its proposed facility is not widely known: secrecy of this information could enable it to gain economic value versus its competitors, while disclosure could enable competitors to preempt its attempt to locate dispensaries in its desired areas.
C-1.2-1.9		This information is extremely personal and identifying and a source of economic benefit to the Applicant. The Business Identification Number could be used for identity theft or fraud, and is treated as confidential By Applicant, as are the names, addresses, and all other confidential information of all team members.
C-2.1, C-2.2, C-2.3		The secrecy of this information is paramount to the successful implementation of Applicant's business plan. Value is derived from the fact that the location of its facility is confidential: it secures Applicant from harassment. Secrecy of the location of this facility is paramount for these economic reasons, and is thus reasonably kept as a trade secret by Applicant.
C-3.1, C-3.2 (ALL PAGES)		These sections are devoid of any information which would be identifying to Applicant's team members, but contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its business plan is not widely known to its competitors: it invested

Continued on next page.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-3.1, C-3.2 (ALL PAGES)		considerable time and resources to develop the financial assessments contained therein, and would be harmed by its competitors being able to develop the same at no cost. Its competitors would be able to replicate Applicant's market data, detailed lists of capital and operational expenditures, employment policies and more, for free. Given the and economic harm which would be suffered by Applicant in the event of disclosure of any of the above, it is more than reasonable to maintain the secrecy of its business plan.
	C-3.2 (ALL PAGES)	The timeline contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its timeline is not widely known to its competitors: it invested considerable time and resources to develop the timeline assessments contained therein, and would be harmed by its competitors being able to develop the same at no cost. Its competitors would be able to replicate Applicant's timeline, for free. Given the and economic harm which would be suffered by Buckeye in the event of disclosure of any of the above, it is more than reasonable to maintain the secrecy of its timeline.
C-5.1-5.5 (ALL PAGES)	C-5.5 (ALL PAGES)	The financial information contained therein are obviously comprised entirely of extraordinarily sensitive, person and confidential financial data. If this information were disclosed, the owners would suffer from far more disclosure of personal and financial information than intended, but their bank accounts would be compromised and their identity stolen. The owners of Applicant derive substantial economic value from nondisclosure of this information, which is eminently reasonable under the circumstances. The information contained herein was developed only after considerable effort and expense. Its competitors should not be able to acquire this information at no cost to themselves; not only would this be patently unfair and disadvantageous to Applicant, but it would also enable less sophisticated applicants to potentially participate and compete against Applicant, despite lacking the quality or commitment necessary to develop these estimates. Applicant derives independent competitive economic value from the fact that the medical marijuana market will not be flooded with substandard competitors replicating its financial estimates to satisfy regulatory requirements. Any competitor gaining access to the information contained

Continued on next page.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-5.1-5.4, C-5.5 (ALL PAGES)	C-5.5 (ALL PAGES)	therein would be able to steal and use sophisticated estimates regarding the Ohio patient market startup costs, operational expenditures, labor needs, and revenue projections, saving them money and costing Applicant certain segments of market share. Given the uniqueness and general quality of this section, and the competitive advantage which would be lost by the Applicant and gained by its competitors in the event of disclosure, this information should be wholly exempt from public disclosure as a trade secret.
C-6.1-6.8, C-6.9 (ALL PAGES)		This information is identifying and personal. Disclosure could potentially subject individual owners and officers to harassment, retribution, etc. and cause them to rethink participation in a medical marijuana business, jeopardizing their involvement in future applications and Applicant's ongoing financial stability. Home addresses in particular demand secrecy, as disclosure would enable any member of the public to engage in harassment or intimidation of Applicant's team members.
D-2.2 (ALL PAGES)	D-2.2 (ALL PAGES)	This response should be wholly exempt from disclosure as a trade secret and security and infrastructure record, as it contains substantial information which poses a risk to Applicant's economic health as a business and to the safety and security of its facility, personnel and product. Applicant derives actual and potential independent economic value from the fact that its security plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and security procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Moreover, Applicant's security plans and standard operating procedures relating thereto are of an enviable quality, and not easily replicable at any cost. In addition to competitors, however, disclosure of this information would put Applicant risk of economic loss from theft by criminal elements: if its security plan were to become known, potential thieves would be disconcertingly well-informed as to Applicant's intended preventative and defensive measurements. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, as well as the risk of economic harm to criminals who would benefit from its disclosure, this information should be wholly exempt from public disclosure as a trade secret.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-3.3 (ALL PAGES)		<p>The receiving policies and procedures should be wholly exempt from disclosure as a trade secret, as it contains substantial information which poses a risk to Buckeye's economic health as a business and to the safety and security of its facility, personnel and product. Buckeye derives actual and potential independent economic value from the fact that its receiving plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and receiving procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's receiving plans and standard operating procedures relating thereto are of an enviable quality, and not easily replicable at any cost. In addition to competitors, however, disclosure of this information would put Applicant at risk of economic loss from theft by criminal elements: if its receiving plan were to become known, potential thieves would be disconcertingly well-informed as to Applicant's intended preventative and defensive measurements. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, as well as the risk of economic harm to criminals who would benefit from its disclosure, this information should be wholly exempt from public disclosure as a trade secret and infrastructure and security record.</p>
D-4.4 (ALL PAGES)		<p>The storage policies and procedures should be wholly exempt from disclosure as a trade secret, as it contains substantial information which poses a risk to Buckeye's economic health as a business and to the safety and security of its facility, personnel and product. Applicant derives actual and potential independent economic value from the fact that its storage plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and storage procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure.</p>

Continued on next page.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-4.4 (ALL PAGES)		Moreover, Applicant's storage plans and standard operating procedures relating thereto are of an enviable quality, and not easily replicable at any cost. In addition to competitors, however, disclosure of this information would put Applicant at risk of economic loss from theft by criminal elements: if its storage plan were to become known, potential thieves would be disconcertingly well-informed as to Applicant's intended preventative and defensive measurements. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, as well as the risk of economic harm to criminals who would benefit from its disclosure, this information should be wholly exempt from public disclosure as a trade secret and infrastructure and security record.
D-5.5 (ALL PAGES)	D-5.5 (ALL PAGES)	The dispensing plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its dispensing plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's dispensing standard operating procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-6.8 (ALL PAGES)	D-6.8 (ALL PAGES)	The inventory plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its inventory plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-6.8 Cont'd (ALL PAGES)	D-6.8 Cont'd (ALL PAGES)	of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's inventory standard operating procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-6.9 (ALL PAGES)		The return policy contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its return policy is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's return procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-7.1 (ALL PAGES)		This response should be wholly exempt from disclosure as a trade secret and security and infrastructure record, as it contains substantial information which poses a risk to Applicant's economic health as a business and to the safety and security of its facility, personnel and product. Applicant derives actual and potential independent economic value from the fact that its anti-diversion plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and anti-diversion procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Moreover, Applicant's anti-diversion plans and standard operating procedures relating thereto are of an enviable quality, and not easily replicable at any cost. In addition to competitors, however, disclosure of this information would put Applicant risk of economic loss from theft by criminal



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-7.1 Cont'd (ALL PAGES)		elements: if its anti-diversion plan were to become known, potential thieves would be disconcertingly well-informed as to Applicant's intended preventative and defensive measurements. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, as well as the risk of economic harm to criminals who would benefit from its disclosure, this information should be wholly exempt from public disclosure as a trade secret.
D-8.1 (ALL PAGES)		The safety and sanitation plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-9.2 (ALL PAGES)		The recordkeeping plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-9.2 Cont'd (ALL PAGES)		demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-10.1 (ALL PAGES)		Our plans for other services contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating procedures contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's procedures are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-10.2 (ALL PAGES)		Our Veterans/Indigent plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and plans contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
D-10.3 (ALL PAGES)		Our environmental plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-10.3 Cont'd (ALL PAGES)		and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and plans contained therein, and
		would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this
		specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its
		public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this
		intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
E-1.1 (ALL PAGES)	E-1.1 (ALL PAGES)	Our staff education plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual
		and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and plans contained therein, and
		would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this
		specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its
		public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this
		intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
E-1.2 (ALL PAGES)		Our research training plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual
		and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and
		resources to develop the assessments and plans contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
E-1.2 Cont'd (ALL PAGES)		from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
E-2.1 (ALL PAGES)	E-2.1 (ALL PAGES)	Our patient education plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and plans contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
E-2.2 (ALL PAGES)		Our adverse events plan contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and plans contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
E-2.2 Cont'd (ALL PAGES)		economic value, this information should be wholly exempt from public disclosure as a trade secret.
E-3.1 (ALL PAGES)		The adequacy of size plans contains substantial information which mainly poses a risk to Applicant's economic health as a business. Applicant derives actual and potential independent economic value from the fact that its plan is not widely known to its competitors: it invested considerable time and resources to develop the assessments and operating and plans contained therein, and would be harmed by its competitors being able to develop the same at no cost. Indeed, members of its team derive actual economic value from the sale of this specific intellectual property – it has tangible, demonstrable economic value, and like any IP the owner thereof would be irreparably harmed by its public disclosure. Moreover, Applicant's plans are of an enviable quality, and not easily replicable at any cost. Given the uniqueness and general quality of this intellectual property, which is of tangible and demonstrable economic value, this information should be wholly exempt from public disclosure as a trade secret.
ALL OF SECTION B		This information is extremely personal and identifying. The identity of the team members and the information contained therein includes civil and administrative histories which are proprietary and a source of economic benefit to the Applicant. Any person identifying these team members and their civil or administrative histories could use the team members' identities to deduce Applicant's locations and undercut Applicant's progress in its target areas. Additionally, competitors could even attempt to solicit partnerships with those team members. A clean criminal and administrative history is valuable in competitive licensing applications such as these, and the absence of criminal or administrative red flags for these team members could entice competitors to attempt to partner with our team members in other states in which we might apply in the future, using their lack of criminal or administrative violations to bolster their own applications. The entirety of this section of the application should be considered a Trade Secret.

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