



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application HILL BOTANICALS, LLC Application ID 1049

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

Hill Botanicals, LLC

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

ONE

A-1.3 Business Street Address

2102 Lincoln Way East

A-1.4 City

Massillon

A-1.5 State

OH

A-1.6 Zip Code

44646

A-1.7 Phone

6148327832

A-1.8 Email

hillbotanicals@gmail.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

Jonathan

A-2.3 Middle Name

Reid

A-2.4 Last Name

Yoder

A-2.5 Street Address

209 S. Main St., Third Floor

A-2.6 City

Akron

A-2.7 State

OH

A-2.8 Zip Code

44308

A-2.9 Phone

3307627477

A-2.10 Email

ryoder@dpylaw.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

07/27/2017

A-3.4 Business Name on Formation Documents

Hill Botanicals, 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-4

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

Stark

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 8

A-6.1 First Name

Christine

A-6.2 Middle Name

Diane

A-6.3 Last Name

Hill Wilson

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Entrepreneur

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

60%

A-6.9 Types of shares owned

Common

A-6.10 Percent interest in Applicant's business

60%

A-6.11 Voting percentage

60%

A-6.12 Proposed Role

OWNER

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

Ms. Wilson is the majority owner and primary investor of Hill Botanicals, LLC. By trade, Ms. Wilson is

an entrepreneur and businesswoman. She is a former owner of a large, successful family business that employed approximately 90 individuals. Ms. Wilson has a passion and vision for improving healthcare in Ohio. She has assembled a world class team of motivated professionals that share her dedication to finding alternatives to our current pain management system. Driven by her compassion for o

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

6620 Ballantrae Place

A-6.17 City

Dublin

A-6.18 State

OH

A-6.19 Zip Code

43016

A-6.20 Phone

6148327832

A-6.21 Email

chrissiehwillson@gmail.com

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

No response provided by applicant

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:

48 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 8

A-6.1 First Name

Julie

A-6.2 Middle Name

Ann

A-6.3 Last Name

Deane

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Investments

A-6.6 Title in the Applicant's business

Vice President

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

20%

A-6.9 Types of shares owned

Common

A-6.10 Percent interest in Applicant's business

20%

A-6.11 Voting percentage

20%

A-6.12 Proposed Role

OFFICER

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

As a former longtime owner of a well established Northeast Ohio business, Julie Deane brings a great

deal of business acumen and expertise to Hill Botanicals. Ms. Deane has decades of experience in operations, accounting and marketing. Ms. Deane has also been active as a board member and volunteer with a number of high profile non-profit organizations, including the Akron Children's Hospital Woman's Board and The Stephen A. Comunale Jr. Family Cancer Foundation for many years. She has been app

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

2365 Covington #325

A-6.17 City

Akron

A-6.18 State

OH

A-6.19 Zip Code

44313

A-6.20 Phone

3307308100

A-6.21 Email

juliedeane@hotmail.com

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

No response provided by applicant

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:

63 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 8

A-6.1 First Name

Christian

A-6.2 Middle Name

Erik

A-6.3 Last Name

Hageseth

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

President, ACP, LLC

A-6.6 Title in the Applicant's business

CEO

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

20%

A-6.9 Types of shares owned

Common

A-6.10 Percent interest in Applicant's business

20%

A-6.11 Voting percentage

20%

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Mr. Hageseth will be contributing his expertise and years of experience. He has worked in the legal

cannabis industry full-time since July 2009 when he founded TGM Beneficial Care, LLC, the predecessor of Green Man Cannabis, LLC. He is one of the most knowledgeable individuals in the country regarding medicinal marijuana and has been asked to provide advice and counseling to multiple companies and regulators across the nation. As an advocate of regulatory compliance, Mr. Hageseth has appeared o

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

7993 E. Maple Avenue

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80230

A-6.20 Phone

3039222122

A-6.21 Email

Christian@americancannabisparkers.com

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

No response provided by applicant

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:

No response provided by applicant

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 4 of 8

A-6.1 First Name

Lemma

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Getachew

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Pharmacist

A-6.6 Title in the Applicant's business

Director of Compliance

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

Mr. Getachew is a pharmacist, businessman, entrepreneur and real estate investor based in Northeast

Ohio. An immigrant from Ethiopia, he is the founder and operator of two compounding pharmacies serving the Cleveland area, and along with his wife, owns a home healthcare agency based in Cleveland, with offices in Akron and Columbus. Both of his compounding pharmacies serve their inner-city communities well, providing specialty compounds, pharmaceuticals and medical equipment, delivered to the c

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

365 Wakefield Run Blvd.

A-6.17 City

Hinckley

A-6.18 State

OH

A-6.19 Zip Code

44233

A-6.20 Phone

2162883611

A-6.21 Email

rxlemma@aol.com

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

No response provided by applicant

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:

30 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 5 of 8

A-6.1 First Name

David

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Smith

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Detective/Criminal Law Professional

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

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

1267 Strada Milan Ln. #4

A-6.17 City

Naples

A-6.18 State

FL

A-6.19 Zip Code

34105

A-6.20 Phone

2392938217

A-6.21 Email

dbsmith9911@gmail.com

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

No response provided by applicant

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:

No response provided by applicant

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 8

A-6.1 First Name

Daniel

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Sheffer

A-6.4 Suffix

Ph.D.

A-6.5 Occupation

Professor

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

As past chair of the University of Akron's Biomedical Engineering Department and current research

medical staff at Summa Health System, Dr. Sheffer adds yet another layer of medical expertise to Hill Botanicals' leadership team. He is a graduate of Northwestern State University and received his doctorate at Texas A&M University. He is also the author of multiple peer reviewed articles.

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

21 Melbourne Avenue

A-6.17 City

Akron

A-6.18 State

OH

A-6.19 Zip Code

44313

A-6.20 Phone

No response provided by applicant

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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:

Lifetime

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 8

A-6.1 First Name

Mark

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Galambos

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Pastor

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

No response provided by applicant

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

12776 Vincent Drive

A-6.17 City

Mantua

A-6.18 State

OH

A-6.19 Zip Code

44255

A-6.20 Phone

No response provided by applicant

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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:

Lifetime

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 8

A-6.1 First Name

Jack

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Jeter

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Philanthropist

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

TBD

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

Jack Jeter will assist in the implementation of systems for organizing, monitoring, and securing storage

of the Company's financial and operational records.

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

1010 Merriman Rd.

A-6.17 City

Akron

A-6.18 State

OH

A-6.19 Zip Code

44303

A-6.20 Phone

No response provided by applicant

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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:

Lifetime

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?

NO

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

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 8

B-3.1 First Name

Christine

B-3.2 Middle Name

Diane

B-3.3 Last Name

Hill Wilson

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner/President

B-3.6 Brief description of role

Chrissie Hill Wilson will be responsible for overseeing the daily operations of the Company, including: assisting in hiring, training, and educating new employees, overseeing company's financial management; and, reviewing reports from the Director of Compliance.

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 2 of 8

B-3.1 First Name

Julie

B-3.2 Middle Name

Ann

B-3.3 Last Name

Deane

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Vice President

B-3.6 Brief description of role

Julie Deane will ensure auditory compliance. She will oversee the account manager and manage the budgets for various departments and operations.

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 3 of 8

B-3.1 First Name

Christian

B-3.2 Middle Name

Erik

B-3.3 Last Name

Hageseth

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

CEO

B-3.6 Brief description of role

Christian Hageseth will be responsible for formalizing strategic growth, maintaining relationships with cultivators and those in the community, as well as communicating with the Ohio Board of Pharmacy to ensure regulatory compliance. Mr. Hageseth will assist the Director of Compliance in overseeing the educational and training components of the Company.

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.

ACP, LLC, 155 S. Madison St., Suite 212, Denver, CO 80209
GMC, LLC, 2460 W. 26th Ave., Suite C-170, Denver, CO 80211

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.

ACP, LLC, 155 S. Madison St., Suite 212, Denver, CO 80209

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 8

B-3.1 First Name

Lemma

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Getachew

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Compliance

B-3.6 Brief description of role

Lemma Getachew will be responsible to ensure the Company is compliant with the Ohio Board of Pharmacy regulations and the Company's standard operating procedures. Mr. Getachew's primary responsibilities will be developing a training program for new employees and overseeing training. Mr. Getachew will also oversee inventory and security of medicinal marijuana storage and dispensing.

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 5 of 8

B-3.1 First Name

David

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Smith

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member

B-3.6 Brief description of role

David Smith shall serve as the Company's liaison with law enforcement and also implement procedures and policies to assist employees with recognizing drug dependency and monitor compliance with state law. Mr. Smith will also be responsible for the training and education of employees and assist in implementing security protocols.

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 6 of 8

B-3.1 First Name

Daniel

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Sheffer

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Daniel Sheffer will be responsible for advising the executive team on advancements in medicinal marijuana research. Further, he will contribute to and provide guidance relating to quality control of the product the Company is receiving.

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 7 of 8

B-3.1 First Name

Mark

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Galambos

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Mark Galambos will provide advice on the compassionate treatment of patients and will advise on developments of programs to provide assistance for veterans and the indigent.

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 8 of 8

B-3.1 First Name

Jack

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Jeter

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Jack Jeter will assist in the implementation of systems for organizing, monitoring, and securing storage of the Company's financial and operational records.

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.pdf**

NOTE: This applicant uploaded document is the next 14 page(s) of this document.

COMMERCIAL LEASE AGREEMENT
Jones Properties Ltd. and Hill Botanicals, LLC
2102 Lincoln Way East, Massillon Ohio

THIS LEASE is made this 11.07 day of 2017 by and between Jones Properties Ltd. (hereinafter called "Landlord", and Hill Botanicals, LLC, (hereinafter called "Tenant").

WITNESSETH:

DEFINITIONS AND USE OF PREMISES

(a) "Real Property" shall mean the real estate located at 2102 Lincoln Way East, Massillon Ohio 44646.
(b) "Improvements" shall mean the buildings and improvements existing or to be constructed on the Real Property.
(c) "Premises" refers to that portion of the Improvements to be leased to Tenant hereunder Unit _____ (consisting of approximately _____ square feet).

(c) "Base Year" shall be the calendar year commencing January 1, 2017 and ending December 31, 2017.
(d) "Comparison Year" shall be the first calendar year following the Base Year and thereafter each subsequent calendar year during which this Lease shall be in effect.

(e) "Lease Year" shall mean any twelve (12) month period commencing on the Opening Date (as defined in Section 2 below) or any anniversary thereof, whether such period is in the Term hereof or the Renewal Term (if exercised).

(h) "Use of Premises" Tenant shall use and occupy the Premise for the sale of medical marijuana as permitted under the laws and regulations of State of Ohio and for no other purpose. Tenant shall use and occupy the Premise to dispense medical marijuana in the following forms: (1) Oil; (2) Tinctures; (3) Plant material; (4) Edibles; (5) Patches; (6) any other form approved by the state board of pharmacy under section 3796.061 of the Ohio Revised Code. Tenant shall not dispense medical marijuana in any other form and all medical marijuana dispensed by Tenant shall conform to all state laws and/or regulations. Tenant shall operate its business during the hours of 7:00 am to 9:00 pm. Tenant shall prohibit loitering. Tenant shall not use any hazardous substances. Tenant shall only permit entry to individuals authorized in accordance with the laws and regulations of the State of Ohio.

Tenant shall keep the Premises (expressly including heating, air conditioning, ventilation, plumbing and electrical equipment and systems located within or on the roof of the Premises) at all times in good order, condition and repair (including making all necessary replacements thereto), and shall also keep the Premises in a clean, sanitary and safe condition in accordance with laws and/or regulations of the State of Ohio, and in accordance with all directions, rules and regulations of the health officer, fire marshal, building inspector or other proper officers of state governmental agencies having jurisdiction, at the sole cost and expense of the Tenant, and Tenant shall comply with all requirements of state law, ordinance or otherwise, affecting the Premises. Tenant shall pay on demand for any unusual use of heat, air conditioning, electricity or water because of any special needs or practices of the Tenant. Tenant shall permit no waste or nuisance upon or damage or injury to the Premises or utilities supplied thereto, and at the expiration of the tenancy created, hereunder, Tenant shall surrender the Premises in as good condition and repair as they were at the time Tenant took possession, excepting reasonably wear and tear and loss by fire or other insured casualty. Tenant agrees that Tenant shall commit no act which will cause either Tenant or Landlord to be in noncompliance with any and all zoning ordinance of the City of Ravenna.

1. DESCRIPTION AND LEASE OF PREMISES

Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord, in the City of Massillon, County of Stark and State of Ohio, known for street numbering purposes 2102 Lincoln Way East, Massillon Ohio 44646, subject to all terms, conditions and contingencies contained herein.

1.1 Commencement of the Lease: This Lease shall have a commencement date of March 1, 2018, subject to and conditioned upon all contingencies contained herein. Tenant shall have the right of possession on the commencement date. The first installment of Annual Rent shall be due and payable on the commencement date, March

1, 2018. Tenant shall have the option to extend the commencement date of this Lease for an additional three (3) months to June 1, 2018, one time, only if it provides Landlord with an additional non-refundable payment as described in Section 1.2. Thirty (30) days prior to the original commencement date of February 1, 2018, Tenant shall provide Landlord with written notice of its intent to commence the Lease or whether Tenant wishes to exercise its option for a three (3) month extension of time to satisfy all Lease contingencies. If Tenant chooses to exercise its option to extend the commencement date of this Lease to June 1, 2018, thirty (30) days prior Tenant shall provide Landlord with written notice of its intent to commence the Lease. If Tenant cannot commence the Lease on June 1, 2018, because the contingencies contained herein have not been met, Landlord at its sole discretion may extend the commencement date of this Lease another three (3) months to September 1, 2018, or choose to terminate this Lease. Tenant may choose to terminate this lease before the original or first extended commencement date based upon Tenant's failure to meet any of the described contingencies herein. Tenant's termination of this Lease does not constitute a default if, and only if, it terminates this Lease prior to June 1, 2018. Each extension of the commencement date will require Tenant to provide Landlord with a non-refundable payment as described below.

1.2 Non-Refundable Payment. Tenant shall provide Landlord with a non-refundable payment of \$7500.00 to cover Landlord's expenses and costs for the Premises during the Contingency Period of this Lease. The Contingency Period means from the date of the execution of this Lease to the commencement date of March 1, 2018. If the commencement date is extended the Contingency Period means from March 1, 2018 to June 1, 2018, so on and so forth and Tenant shall provide Landlord with an additional \$7500.00 non-refundable payment for the three (3) month Contingency Period therefrom. Each time the commencement date is delayed, Tenant shall provide a non-refundable payment of \$7500.00 to Landlord by the preceding commencement date. For example, if Tenant chooses to extend the commencement date to June 1, 2018, the additional \$7500.00 is due to Landlord on March 1, 2018 to cover costs and expenses for the subsequent three (3) month Contingency Period. If payment is not received Landlord may terminate this Lease.

1.3 Lease Contingencies. Notwithstanding anything to the contrary contained herein, this Lease is subject to and conditioned upon the following:

- (a) Tenant executing this Lease;
- (b) Tenant providing Landlord with a Personal Guaranty, specifying a guaranty for payment and performance under the terms of the Lease;
- (c) Tenant obtaining its Medical Marijuana Dispensary license;
- (d) Tenant's ability to operate its Medical Marijuana Dispensary in Ravenna, Ohio, through permission granted by the State of Ohio and likewise permitted through local zoning ordinances.
- (e) Further, Landlord has entered into an additional contingency lease/purchase with a third party for the same premises. This third party is also applying for a cannabis dispensary license with the Board of Pharmacy. Landlord agrees that if Tenant receives its license from the State of Ohio and the property is zoned properly Landlord hereby agrees to lease the property to tenant, thereby revoking Landlord's obligation to sell/lease premise to third party.

2. TERM

2.1 Original Term. The term of this Lease shall be three (3) years. The commencement date shall be March 1, 2017. However, the commencement date may change as reflected in Section 1.2. Tenant is permitted to take possession of the Premises on the commencement date. If the commencement date is any date other than the first day of a calendar month, it shall be known as the "Opening Date".

2.2 Renewal. Tenant shall have the right and option to renew the Lease ("Renewal Option") for two additional periods of five (5) years each (the "Option Terms") (a separate notice is required for each Option Term); provided, however, each Renewal Option is contingent upon the following: (i) Tenant is not in default beyond any applicable notice and cure period provided for herein at the time Tenant gives Landlord notice of Tenant's intention to exercise the Renewal Option; (ii) upon the Expiration Date or the expiration of the then current Option Term, Tenant has no outstanding default beyond any applicable notice and cure period provided for herein; (iii) no event has occurred that upon notice or the passage of time would constitute a default; and (iv) Tenant continues to conduct business at the Premises. Following the expiration of the Option Terms, Tenant shall have no further right to renew the Lease.

(a) Exercise of Option. Tenant shall exercise each Renewal Option by giving Landlord notice at least nine (9) months prior to the Expiration Date or the last day of the then current Option Term. If Tenant fails to give notice to Landlord prior to the nine (9) month period, then Tenant shall forfeit the Renewal Option. If Tenant exercises the Renewal Option, then during the applicable Option Term, Landlord's and Tenant's respective rights, duties and obligations shall be governed by the terms and conditions of the Lease, except as provided otherwise herein. Time is of the essence in exercising each Renewal Option.

2.3 Rent Escalation. Rent each year to increase, with monthly payment rounded to the nearest dollar as detailed below. Each preceding year to become the base year for the following year, and the rent shall increase 1.5% over the last base year. The rent to be computed at each yearly anniversary date of the Lease, and the increase payable upon the Tenant's receipt of statement. Base year's initial anniversary date is February 1, 2018.

Lease Year	Annual	Payable in Monthly
Base Rent	Installment of:	
1.	\$36,000.00	\$3000.00
2.	\$36,540.00	\$3045.00
3.	\$37,088.10	\$3090.67

3. RENT

3.1 Rent. Tenant agrees to pay Landlord for the original term of this Lease, rental at the rate of \$1500.00 per month. The resulting rent of \$36,000.00 per year shall be payable in equal monthly payments of \$3000 in advance, on the first day of each month. . Each and any payment not received by the 10th of the month adds 5% to the payment; all balances beyond 30 days will include interest at 18% per year. The first installment of Annual Rent shall be due and payable on March 1, 2018. Tenant shall pay Common Use Charges as described.

3.4 Security Deposit. A security deposit of \$3000.00 shall be paid on the date this Lease is executed, and in advance of the first month's rent and before occupancy of the premises to be held by Landlord until termination of the tenancy and is not to be construed as any part or all of the last month's rent. The security deposit will be refunded to Tenant if it cannot commence the Lease. If the Lease is commenced, the security deposit shall be returned after termination of tenancy and inspection of premises by Landlord with a reasonable amount deducted from the deposit for any damage done to the premises, with the exception of reasonable wear and tear from normal use, unpaid rent, or unpaid utility bills due on the premises. Tenant shall immediately restore the \$3000.00 security deposit if depleted due to Landlord applying the deposit to payment of the tenant's obligations.

3.5 Method of Payment. All rent and other charges shall be made payable to Landlord and shall be delivered to Landlord at its rental office located at 2102 Lincoln Way East, Massillon Ohio 44646, unless Landlord directs otherwise by notice to the Tenant. All rent and other charges shall be due on the 1st of the month.

3.6 Demand for Rent. Every demand for rent or other charges due wherever and whenever made shall have the same effect as if made at the time it falls due and at the place of payment and, after the service of any notice of commencement of any suit, or final judgment therein, Landlord may receive and collect any rent due, and any such collection or receipt shall not operate as a waiver of nor affect such notice, suit or judgment.

4. GUARANTY OF LEASE. This Lease is subject to and conditional upon Tenant's delivery to Landlord concurrently with Tenant's execution and delivery of this Lease, of a personal guaranty of lease (the "Guaranty") fully executed and binding upon **CHRISSE D. HILL WILSON**, as guarantor ("Guarantor"). Said Guaranty shall be in the form and upon the terms contained in Exhibit "A" attached hereto and made a part hereof, specifically stating the Guaranty is for payment and performance, not only collection.

5. POSSESSION.

Tenant may enter into full possession of the Premises, subject to all of the terms and conditions precedent of this Lease, on the commencement date, March 1, 2018. Taking possession of the Premises by Tenant shall be conclusive evidence that the Premises were in good order and in satisfactory condition when Tenant took possession. Provided, however, that Landlord hereby covenants and agrees that if Tenant shall promptly and faithfully perform all of the covenants and agreements herein stipulated to be performed on Tenant's part, Tenant shall at all times during said term have the peaceable and quiet enjoyment and possession of said Premises without hindrance or claim from Landlord or any persons lawfully claiming said Premises by or under the Landlord.

6. CONDITION OF PREMISES, REPAIRS, ALTERATIONS AND MAINTENANCE.

6.1 Repairs by Landlord. Landlord shall make necessary structural repairs to the roof, foundation, exterior walls and any load bearing interior walls of the Premises and the Common Areas. Landlord further agrees to provide and install new flooring to Tenant at no additional cost. Landlord shall provide and install the new flooring at a maximum cost of \$19.50 a square yard. If Tenant chooses flooring more expensive than \$19.50 a square yard then Tenant will be responsible for the additional costs. Landlord shall not be required to make any repairs to windows, plate glass, doors and any fixtures composed of glass, and Landlord shall not be required to repair any damage caused by any act, omission or negligence of Tenant, its agents or invitees. Landlord shall similarly not be required to repair any damage due to vandalism, theft or other criminal activity, and any such damage shall be the sole responsibility of Tenant to repair or replace. Landlord shall not be called upon to make any repairs occasioned by the act of omission of Tenant, its officers, agents, servants, guests or invitees, including repairs due to vandalism, theft or other criminal activity.

6.2 Required Repairs and Maintenance by Tenant. Except as otherwise provided herein, Tenant shall have sole responsibility, at its expense, to repair and maintain the Premises with the approval of the State Board of Pharmacy. Tenant shall maintain and keep in good repair and condition the Premises and contents and decoration thereof, including without limitation all pipes and other plumbing, toilets, sinks, lights and other electrical systems and fixtures, all glass, floor coverings, and heating and air conditions systems. If, after the notice from Landlord, Tenant fails or refuses to make any repairs or provide any maintenance required by Tenant hereunder, then Landlord may, but shall not be obligated to, make or cause such repairs to be made or maintenance provided, the Tenant agrees that it will, in such event, pay the full cost thereof to Landlord upon demand, as additional rental hereunder, with all remedies attendant thereon.

6.3 Alterations. Tenant will make no alterations in or additions to or improvements to the Premises without first obtaining the written consent of the Landlord thereto and then shall make such alterations only between hours and by such contractors and mechanics as may be approved by Landlord. Approval by Landlord shall not be unreasonably withheld. Tenant shall make any such alterations, changes and improvements in a good and workmanlike manner, shall comply with all applicable laws and building regulations, and shall, prior to the making of said alterations, changes and improvements, assure Landlord that payment for the same will be made by Tenant. Tenant hereby completely and fully indemnified Landlord against any Mechanic's lien or other lien or claims in connection with the making of any such alterations, changes and improvements. All alterations, additions, improvements and replacements made or provided by Landlord or Tenant upon the Premises, except as moveable office furniture and trade fixtures provided at Tenant's expense, shall be the property of Landlord, and shall remain upon and be surrendered with the Premises upon termination, without molestation or injury; provided, however, that at Landlord's election, Tenant shall remove all or part of any such alterations, additions, improvements or replacements made by Tenant and repair and restore all damages or harm caused by such removal at Tenant's expense.

Landlord may make such alterations and additions affecting the Premises, as it might desire provided that the same shall not materially impair Tenant's use of the Premises consistent with this Lease.

6.4 Security. It shall be Tenant's sole responsibility to install, maintain, and pay for security surveillance equipment as required by the laws and regulations of the State of Ohio for medical marijuana dispensaries, and any other additional security equipment or monitoring devices installed at the discretion of Tenant. At the end of the Lease term Tenant may opt to either leave the security equipment in place or at Tenant's expense repair and restore property to the condition it was prior to installation of security equipment.

6.5 Condition of Premises at Termination of Lease.

(a) Upon the expiration or other termination of this Lease, Tenant shall remove its goods and effects and those of all persons claiming under it from the Premises and shall deliver and yield the Premises to Landlord in as good repair and condition as the Premises were at the commencement of the Lease, except reasonable wear and tear for which Tenant is not obligated to make repairs.

(b) All improvements installed in the Premises by Tenant but not affixed to the Premises as permanent installations shall remain the property of Tenant. Tenant may remove the same upon the termination of this Lease and shall repair to Landlord's satisfaction or reimburse Landlord for any damage resulting from such removal. All improvements affixed to the Premises with the intention to make them permanent installations, whether installed by Tenant or by Landlord, shall be the sole property of Landlord, and Tenant shall have no right to remove same.

6.6 ~~Damage to or Destruction of the Premises:~~ If the Premises should be damaged or destroyed by any cause and such damage or destruction can be repaired within one hundred twenty (120) days from the date of such damage or destruction, then

(a) Tenant shall not be entitled to terminate this Lease, and

(b) Landlord shall, at its option elect either to terminate this Lease, or, with reasonable speed, repair or rebuild the Premises so that they are restored to the same utility for the uses described herein that they had immediately prior to the happening of such damage or destruction. So long as Tenant shall be unable to occupy the entire Premises for the uses described herein because of any damage or destruction not caused by the conduct of Tenant, its agents, employees, visitors, or invitees, its rent shall be reduced by an amount which bears the same ratio to the rent thereunder as the unusable square footage bears to the total number of square feet comprising the Premises.

7. UTILITIES AND SERVICES

Landlord shall provide the Premises with utilities connections for gas, all electricity, water and sewers, and shall supply the Premises with water for domestic uses. Landlord shall have the right, without notice to Tenant, to discontinue any service to be provided to Tenant hereunder, during any period of which payment is overdue from Tenant on account of rent or other charge for services for which payment is due from Tenant to Landlord to any public utility agency, or pursuant to any obligation of Tenant to Landlord hereunder, and rental shall not abate during any such period of discontinued service. Tenant shall pay for all utilities and services used or consumed upon the Premises to the extent such are separately metered and shall pay any charges made for the installation of new or additional connections or modifications in such services to the Premises required by Tenant and made during the term hereof. Tenant shall pay for such utilities and services either directly to the utility or, in the event Landlord shall pay the charges, to Landlord based on the readings of a submeter and a rate that would have been payable if such service were directly billed by the utility.

The amount and character of any utilities and services provided by Landlords shall be solely within the judgement of the Landlord. Landlord shall not be liable in any way for interruption or failure of any such services from any cause whatsoever and any such interruption or failure of service shall never be deemed an eviction or disturbance of the Tenant's use and possession of the Premises or any part thereof or render the Landlord liable to the Tenant for damages, or relieve the Tenant from performance of the Tenant's obligations of this Lease.

8. PARKING.

Parking is available for _____ cars.

9. **LOCK OUT FEE.** During business hours - no charge. After business hours - \$50.00.

10. EMINENT DOMAIN

10.1 **Effect of Eminent Domain or Similar Proceeding.** If all or any part of the Premises is appropriated or taken under the power of eminent domain by any public authority, or by any quasi-public authority, and as a result of such taking there is material interference for more than ninety (90) days with the conduct of Tenant's business conducted with the Premises or if Tenant is denied access to the Premises for more than ninety (90) days, then Tenant may terminate this Lease by notice to Landlord, and the rent and any other sums payable by Tenant to Landlord shall be prorated as of the date that possession is taken by such condemning authority, and other sums payable by Tenant pursuant to this Lease shall be paid. However, if (i) Landlord is able to restore the Premises or other improvements within ninety (90) days so that upon the completion of such improvements Tenant will be able to operate its business in a manner that is not materially adverse to such operations or (ii) such taking or voluntary conveyance does not materially interfere for more than ninety (90) days with the conduct of Tenant's business or access to the Premises, then this Lease shall not terminate, but the rent and other charges payable by Tenant to Landlord shall be adjusted upon a basis which shall be reasonable under the circumstances then existing, and the Landlord shall promptly commence and diligently proceed to restore the Premises to a complete architectural unit out of the proceeds received by Landlord for such taking.

10.2 Disposition of Award. If there are any legal proceedings in connection with any taking referred to in this paragraph, the entire award or compensation for the taking shall be paid to the Landlord, and the Tenant hereby waives any right to share therein.

11. INDEMNITY AND INSURANCE

11.1 Landlord Held Harmless. Tenant shall defend and save harmless Landlord from and against any and all loss, cost, damage, or expense, including attorney's fees, of any nature whatsoever arising out of or connected with the use or occupancy of the Premises by Tenant, the materials or things maintained or kept by Tenant, its agents, employees, guests, invitees and contractors, in or on the Premises, the approaches thereto and the Common Areas, or arising or alleged to have arisen out of the acts or omissions or Tenant's officers, agents, employees, guests, invitees and contractors.

Landlord shall not be liable to the Tenant, its officers, agents or employees, for any theft, damage or injury occasioned by failure to keep the Premises heated, cooled or in repair, or for any bodily injury or property damage done or occasioned by or from structural failure or collapse, fixtures (whether in place or otherwise), fixture failure, other materials or part of the Improvements, plumbing, downspouts, gas, water, steam or other pipes, or sewage, or the bursting, leaking or running of any water outlet, container or fixture, in above, upon or about the Improvements or Premises, nor for injury or damage occasioned by wind, water, snow or ice being upon or coming through the roof, skylight, windows, stairs, doors, parking, road and sidewalk areas, or otherwise, nor for any injury or damage arising from the omissions of any of the utilities or service supplied or due to be supplied by Landlord hereunder, or from acts of negligence or willfulness of co-tenants or other occupants of the Improvements or other contiguous buildings or property.

Tenant will indemnify and defend Landlord from and against any and all claims, liabilities, damage or loss to persons (including loss of life) or property which may arise from the use of the Premises or from the conduct or management of or from any work or thing done in or about the Premises by or on behalf of Tenant or any employee, agent, invitee or licensee of Tenant, together with all costs, expenses and attorneys' fees incurred by Landlord in connection with any such claim, demand, or legal proceeding arising therefrom brought against Landlord.

11.2 Public Liability Insurance. At all times during the terms of this Lease, Tenant will obtain, at its expense, effective as of the commencement of its right to occupy the Premises, and will maintain so long as Tenant continues to occupy or lease any part of the Premises, complete comprehensive liability insurance, under which Landlord will be named as an additional insured, the policy or policies to be in such form and issued by such company or companies as are satisfactory to Landlord, in the sum of at least Three Hundred Thousand Dollars (\$300,000.00) in the event of injury to one person or damage to property and Five Hundred Thousand Dollars (\$500,000.00) in the event of injuries to more than one person or damage to property arising out of each occurrence for which a claim for damages may result. Said policy or policies, or a copy or copies thereof, or a certificate or certificates thereof, will be deposited with Landlord, together with evidence of payment of the premiums thereon, within thirty (30) days after their issuance.

11.3 Contents. The insurance coverage of contents of the Premises belonging to Tenant, if such coverage is desired, shall be the sole responsibility of Tenant.

11.4 Waiver of Subrogation. Each party hereby waives all causes and rights of recovery which it has or may have or which may arise hereafter against the other party, its agents, officers and employees for any loss occurring to the leased Premises, property or business (regardless of cause or origin, including the negligence of such other party, its agents, officers and employees), resulting from any of the perils against which the damaged party is protected by fire, extended coverage, building and contents, business interruption, or other insurance, to the extent of any recovery upon such policies of insurance. However, if said waiver should invalidate such policies of insurance in whole or in part, said waiver shall be void.

12. MUNICIPAL, COUNTY, STATE OR FEDERAL TAXES. Tenant shall pay, before delinquency, (or may contest at Tenant's sole cost and expense) all municipal, county and state or federal taxes assessed against any leasehold interest of Tenant or any fixtures, furnishings, equipment, stock-in trade or other personal property of any kind owned, installed or used in or on the Premises. Any tax contest shall be prosecuted by Tenant with all due diligence, and shall not delay or excuse the timely payment of the contested tax except to the extent permitted by applicable law.

13. RENTAL TAXES. Should any governmental taxing authority levy, assess or impose any tax, excise or assessment (other than an income or franchise tax) upon or against the rentals payable by Tenant to Landlord, either by way of

substitution for or in addition to any existing tax, on land and buildings or otherwise, or upon Landlord or Tenant as a result of Landlord's ownership of the Premises or that are otherwise measured by or based upon the Premises or any portion thereof, Tenant shall be responsible for and shall pay any such tax, excise or assessment, or shall reimburse the Landlord for the amount thereof, as the case may be.

14. USE

14.1 General. Tenant shall occupy and use the Premises for a business, specifically a medical marijuana dispensary as approved under the laws and regulations of the State of Ohio, and in a careful, safe and proper manner shall not commit or suffer any waste therein. Tenant shall not occupy or use the Premises for any unlawful purpose under the laws and regulations of the State of Ohio, in violation of any state lawful covenant or condition of record restricting the use of the Premises, or in any way that would increase the premiums to be paid by Landlord for fire and extended coverage insurance affecting the Premises. In its occupation and use of the Premises, Tenant shall comply with all state laws, ordinances, rules, regulations, requirements and orders of all state governmental authorities having jurisdiction over the Premises.

14.2 Description of Use. Tenant shall only operate as a medical marijuana dispensary in accordance with the laws and regulations of the State of Ohio. As mentioned above, Tenant shall limit its marijuana products to: (1) Oils; (2) Tinctures; (3) Plant material; (4) Edibles; (5) Patches; (6) any other form approved by the state board of pharmacy under section 3796.061 of the Ohio Revised Code. Tenant is not permitted to cultivate or grow any marijuana plants on the property. Any discovery of cultivation shall be considered a material breach of the Lease.

14.3 Hours of Operation. Tenant shall operate its business during regular business hours. Regular business hours means any time between 7:00 am and 9:00 pm. During Tenant's hours of operation it shall prohibit loitering around, near and in front of its business.

Tenant shall only permit entry to individuals authorized in accordance with the laws and regulations of the State of Ohio. Tenant shall prohibit the use of medical marijuana or medical marijuana products on the Premises.

14.4 Signs. Tenant may erect and maintain signs advertising its business on and about the Premises so long as such signs are:

- (a.) permitted by the laws, ordinances, rules, regulations, requirements and orders of all state governmental authorities having jurisdiction over the Premises including the effect of the Premises being part of an historic rehabilitation
- (b.) not in violation of any state lawful covenant or condition of record restricting the use of the Premises, and
- (c) have been previously approved, in writing, by Landlord.

15. DEFAULT

15.1 Events Constituting Default. For the purposes of this Lease, "default" shall mean any of the following events:

- (a) Abandonment of the Premises by Tenant; or
- (b) An assignment made by Tenant for the benefit of creditors or consent by Tenant to an appointment of a receiver or trustee of all or a substantial part of Tenant's property; or
- (c) The filing of an involuntary petition seeking the appointment of a receiver or trustee of all or a substantial part of its property, which proceeding is not dismissed or stayed within sixty (60) days from its entry; or
- (d) Failure by Tenant to pay any installment of rent or other charges and/or money obligation within five (5) days after such rent or other obligation is due; or
- (e) Failure by Tenant to perform or observe any other covenant or agreement under this Lease, which failure shall continue uncured for a period of thirty (30) days after delivery to Tenant of written notice thereof; or
- (f) The taking of the leasehold estate hereby created on execution or by other process or operation of law; or
- (g) Tenant's ceasing to continue to carry on its business; or

(h) A change of ownership or control of Tenant; or
(i) Tenant's failure to fulfill all contingencies contained herein to effectuate the commencement of the Lease on or before June 1, 2018; or
(j) Tenant's failure to provide Landlord with written notice and payment to extend the Contingency Period as described in Section 1.2; or
(k) Cultivation or processing of medical marijuana; or
(l) Failure to obtain proper authorization from the State of Ohio to allow Landlord to enter the premises at any time and enter any area; or
(m) Tenant's violation of any State law, regulation, ordinance; or
(n) Federal intervention; or
(o) A change in federal enforcement policy related to marijuana; or
(p) Forfeiture threats by the federal government; or
(q) Foreclosure threats; or
(r) Federal enforcement actions, such as DEA raids, DOJ criminal charges or administrative actions against Tenant or Landlord.

Tenant and Landlord mutually agree all above events are considered a default under the terms of this lease and any default is a material breach of the Lease. Any breach of this Lease shall be governed by the laws of Ohio. Tenant and Landlord agree that events constituting a default, which are not directly related to acts, omissions or failures of the Tenant, i.e. Federal intervention, shall be construed as if the Tenant's acts, omissions or failures directly resulted in the default and resulting breach of the Lease.

15.2 Effect of Default. In the event of default, Landlord may at its option:

- (a) terminate this Lease; or
- (b) without terminating this Lease, terminate Tenant's right to possession of the Premises under this Lease;
(c) reenter the Premises with or without process of law, using such force as may be necessary and remove all persons and chattels therefrom, and Landlord shall not be liable for damages or otherwise by reason of such entry;
- (d) sue for and collect
 - (i) the whole amount of rent herein provided to be paid through the entire term of this Lease (including the unexpired portion thereof);
 - (ii) all other sums for which Tenant shall be in default (including, but not limited to, those resulting from damage to the Premises, taxes, assessments, insurance, repair and replacement costs, maintenance costs and utility costs);
 - (3) the costs of preparing the Premises for re-rental (including, but not limited to, brokerage fees, advertising costs, and painting and repainting); and
 - (4) reasonable attorneys' fees to the extent permitted by law;
- (e) cure any default relating to the condition of the Premises and obtain reimbursement of expenses therefor from Tenant; or
- (f) exercise its rights under the personal guaranty; or
- (g) employ any and all other remedies provided by law.

The foregoing remedies may be exercised individually or cumulatively at the Landlord's option, and the exercise of any one shall not be deemed a waiver of Landlord's right to exercise one or more additional remedies. Except as otherwise provided in this Lease, Tenant waives the necessity of demand for rent and any other demand or notice that may now or hereafter be required by any statute, regulation or decision for the maintenance of any action in forcible entry and detainer. The commencement of such an action by Landlord shall for the purposes of this Lease be equivalent to Landlord's exercise of its right to reenter the Premises.

15.3 Waiver of Default. No waiver of any condition or covenant of this Lease by Landlord or Tenant shall be construed as a waiver of any subsequent breach of any such condition or covenant or as justification or authorization for the breach of any other covenant or condition of this Lease, nor shall the acceptance of rent by Landlord when Tenant is in default under any covenant or condition of this Lease be construed as a waiver of such default or of any of Landlord's rights, including, but not limited to, the right to terminate this Lease on account of such default or as an

estopped against Landlord or be construed as an amendment to this Lease or as a waiver by Landlord of any other right created herein or by law in favor of Landlord and against Tenant on account of such default.

16. QUIET ENJOYMENT

Upon Tenant's paying the rent and performing and observing the agreements and conditions on its part to be performed and observed, Tenant shall and may peaceably and quietly have, hold, and enjoy the Premises during the term of his Lease without interference by Landlord or anyone claiming by, through or under Landlord. However, Landlord shall not be liable for any damage or interference with use occasioned by or from (i) any plumbing, gas, water or other pipes bursting or leaking, or (ii) water, snow or ice entering the Premises.

17. RIGHT OF ENTRY

Landlord, its agents and employees shall have the right, at all reasonable times during the term of this Lease,

- (a) to enter the Premises to view and inspect the same and
- (b) to perform any work therein which may be permitted of Landlord thereunder, but, in exercising such right, Landlord, its agents and employees shall not unreasonably interfere with the operation of Tenant's business.
- (c) During the last (6) months of the term (original or additional) of this Lease, or
- (d) In the event of any default by Tenant, Landlord may enter the Premises, show the premises to prospective Tenants, and advertise on the Premises for such purposes.

Within 180 days of the commencement of the Lease, Tenant shall apply, pay and provide Landlord access to the Premises through the process outlined by the State of Ohio, i.e. licensing the Landlord as a person permitted to enter the premises at any time, with access to any area. The Landlord, its agent or employee, shall be determined by Landlord and Tenant, and Tenant guarantees Landlord will have access to all parts of the Premises. Landlord warrants it shall not enter the premises unless one of the conditions above apply. Tenant's failure to obtain Landlord's access to the entirety of the Premises shall be considered a material breach of the Lease.

18. BANKRUPTCY

Neither this Lease, nor any interest therein, nor any estate thereby created shall pass to any trustees or receiver or assignee for the benefit of creditors or otherwise by operation of law. If the estate created hereby shall be taken or attempted to be taken in execution or by other process of law, or if Tenant shall be adjudicated insolvent or bankrupt pursuant to the provisions of any state or federal insolvency or bankruptcy act, or if a receiver or trustee of the property of Tenant shall be appointed by reason of Tenant's insolvency or inability to pay its debts, or if any assignment shall be made or attempted to be made by Tenant's property for the benefit of creditors, then and in any such event, Tenant will be deemed in default under this Lease. The allowance of any petition under the bankruptcy law, or the appointment of a trustee or receiver of Tenant or its assets shall be conclusive evidence that Tenant caused, or gave cause therefor, in violation of this Lease, unless such allowance or the petition, or the appointment of a trustee or receiver, is vacated within thirty (30) days after such allowance or appointment. Any act described in this Section 19 shall be deemed a material breach of Tenant's obligation hereunder, and at any time when such a breach exists, Landlord may, at its option, and in addition or and independent of, any remedy available to Landlord, terminate this Lease and all rights of Tenant hereunder by giving to Tenant notice in writing of the election of Landlord so to terminate, and re-enter and repossess the Premises with or without prior notice.

19. SUBORDINATION AND ATTAINMENT

This Lease shall, at Landlord's option, be subject, subordinate and inferior in lien to a mortgage that may hereafter be placed on the Premises, and Tenant will, upon demand, without cost, execute, acknowledge, and deliver any instrument necessary to effectuate such subordination. If, within five (5) days after submission of such instrument, Tenant fails to execute, acknowledge, and deliver same, Landlord may execute, acknowledge, and deliver same as attorney-in-fact, coupled with an interest, for Tenant.

20. ASSIGNMENT AND SUBLEASE

Except as noted herein, tenant shall not assign this Lease or any of its benefits or burdens under this Lease, or sublet all or any part of the Premises, or permit all or any part of the Premises to be used or occupied by others unless Tenant first obtains Landlord's prior written consent. Notwithstanding any assignment, sublease or permission granted thereunder, Tenant will not be discharged of any obligation or liability under this Lease unless Landlord shall have first consented to such discharge.

21. NO BROKER

Each party represents and warrants to the other that this Lease was procured without the services of a broker or finder. If any person, firm or corporation shall claim compensation against either party by reason of the alleged representation of such party in connection with this transaction, the party whom such broker purports to have represented shall hold the other party harmless from, and defend such other party against, any such claim for compensation.

22. NOTICES

All notices to Landlord shall be sent to 3205 Breckton NW, St. 100 N. Lakewood, OH 441720. All notices to Tenant shall be sent to the Premises. Either party may at any time change the address to which notice shall be sent by advising the other party in writing of such change. Notice shall be deemed given if sent by Certified Mail, Postage Prepaid, Return Receipt Requested, and any such notice shall be deemed given when mailed as provided in this section.

23. PARTIES BOUND AND BENEFITED

This Lease shall bind and benefit the parties hereto, their successors and assigns. The words "Landlord" and "Tenant" in this Lease shall be construed to include the partnership and corporation named herein as Landlord and Tenant, respectively, and their respective successors and assigns. This Section shall not be construed to abridge, modify or remove the prohibitions or restrictions on assignment, subleasing, permission to occupy or similar acts contained elsewhere in this Lease.

24. RELATIONSHIP OF THE PARTIES

Nothing contained herein shall be deemed or construed by the parties hereto nor by any third party as creating the relationship of principal and agent or of partnership or of joint venture between the parties hereto, or any relationship between the parties hereto other than that of Landlord and Tenant.

25. ONLY AGREEMENT

This instrument contains the entire and only agreement between the parties, and neither party has made any representations or warranties other than those contained herein. It shall not be modified in any way except by a writing signed by both parties.

26. GOVERNING LAW

The law of Ohio, where the Premises are located, shall govern the validity and construction of this Lease. If any covenant, agreement or condition of this Lease or the application thereof to any person, firm, or corporation, or to any circumstance, shall to any extent be invalid or unenforceable, the remainder of this Lease, or the application of such covenant, agreement or condition to persons, firms, or corporations, or to circumstances other than those as to which it is invalid or enforceable, shall not be affected thereby. Each covenant, agreement or condition of this Lease shall be valid and enforceable to the fullest extent permitted by Law.

27. LEASE CONTINGENCIES

Landlord and Tenant agree this Lease is subject to and contingent upon all contingencies listed above. Notwithstanding anything to the contrary contained herein, all contingencies must be met prior to Lease commencement and Tenant taking possession on the Premises.

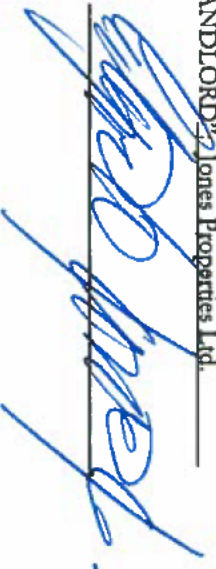
IN WITNESS WHEREOF, Landlord and Tenant have caused this Lease to be executed as of this 7th day of

November, 2017.

WITNESS:

"LANDLORD" Jones Properties Ltd.

By:



STATE OF OHIO
COUNTY OF Stark

Before me, the undersigned, a Notary Public, personally appeared Edgar W. Jones Jr. of Jones Properties Ltd. Properties, (the "Landlord"), the landlord in the foregoing instrument who acknowledged the signing of the foregoing instrument to be his free act and deed on behalf of the sole member of Landlord for the uses and purpose set forth therein.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal on the 7th day of March, 2017

Notary Public

Reid Yeater
J. Reid Yeater, Notary Public at Law
Resident Summit County
Notary Public, State of Ohio
Commission Expires No Expiration Date
Sec 147.03 RC

WITNESS:

"TENANT": Hill Botanicals LLC

By: Christine Hill

STATE OF OHIO

COUNTY OF Summit

Before me, the undersigned, a Notary Public, personally appeared Christine Hill of Hill Botanicals, LLC, (the "Tenant"), the tenant in the foregoing instrument who acknowledged the signing of the foregoing instrument to be his free act and deed on behalf of the Tenant for the uses and purpose set forth therein.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal on the 8th day of March, 2017

Notary Public

Type or Print Name

Reid Yeater

Exhibit A

GUARANTY OF LEASE

THIS GUARANTY is made as of the 17 day of November, 2017 by CHRISIE D. HILL WILSON, personally, ("Guarantor"), in favor of IONES PROPERTIES, LTD, ("Landlord").

A. HILL BOTANICALS, LLC, ("Tenant") is desirous of entering into a certain Lease (referred to herein for convenience as the "Lease"), of even date herewith, or bearing a reference date which may or may not coincide with the reference date set forth above, with Landlord relating to certain premises known 2102 Lincoln Way East, Massillon, Ohio 44646 ("Property").

B. Guarantor has represented to Landlord that Guarantor has an ownership or affiliate interest in, or with, Tenant, and has requested that Landlord enter into the Lease; Landlord has declined to enter into the Lease unless Guarantor personally guarantees Tenant's obligations under the Lease as provided herein.

NOW, THEREFORE, in consideration of the foregoing recitals, and to induce Landlord to enter the Lease, Guarantor, and such heirs, personal representatives, successors or assignees, hereby unconditionally and irrevocably personally guarantees to Landlord and the successors and assigns of Landlord full payment by Tenant, its assigns, and assigns of its assigns, so on and so forth, of all the monetary terms, covenants and conditions in the Lease payable by Tenant during the Term of the Lease and it is not to be affected by reason of any extension of time that may be granted by the Landlord to the Tenant. This is a guaranty of payment and performance. However, notwithstanding the foregoing, in no event shall Guarantor be liable for more than One Hundred Thousand Dollars (\$100,000.00) (the "Liability Amount") under this Guaranty for monetary losses of rent or performance of the Lease; provided, however, that the Liability Amount shall not limit any amounts to be paid by Guarantor for costs incurred by Landlord in any collection or attempted collection of the amounts guaranteed hereby as further provided in this Guaranty below. If any Event of Default exists under the Lease, the Liability Amount shall not thereafter be affected or reduced. It shall be immediately payable to Landlord. If any Event of Default causes harm, loss or burden to Landlord, above and beyond monetary losses of rent or performance of the Lease by Tenant, its assigns and assigns of its assigns, so on and so forth, the Guarantor shall provide Landlord and the successors and assigns of Landlord with an "Additional Liability Amount" (\$250,000.00). Guarantor and Landlord expressly agree the Additional Liability Amount is intended to cover any Event of Default outlined in the Lease at Section 15.1(a)-(g).

Guarantor hereby waives acceptance and notice of acceptance of this Guaranty, notice of non-payment, non-performance or non-observance, notices of the existence, creation or incurring of new or additional obligations, and all other notices and all proofs or demands. Any consent of Landlord or its successors or assigns to any manner or thing relating to the Lease, or the granting of any indulgences or extensions of time to Tenant, may be done without any notice to Guarantor and without releasing the obligations of Guarantor hereunder. The liability of Guarantor hereunder shall in no way be affected by (a) the release or discharge of Tenant in any creditors', receivership, bankruptcy or other proceedings, (b) the impairment, limitation or modification of liability of Tenant or the estate of Tenant in bankruptcy, or of any remedy for the enforcement of Tenant's liability under the Lease resulting from the operation of any present or future provision of the Federal Bankruptcy Code or other statute or from the decision in any court, (c) the rejection or disaffirmance of the Lease in any such proceedings; (d) the assignment or transfer of, or sublease under, the Lease by Tenant except to the extent Tenant is released from liability under the Lease by Landlord upon such assignment or sublease; (e) any disability or other defense of Tenant; or (f) the exercise by Landlord of any rights or remedies reserved to Landlord under the Lease.

The provisions of the Lease may be changed, modified, amended (including, without limitation, amendments expanding and/or relocating the Premises) or waived without the consent of or notice to Guarantor. This Guaranty shall guarantee payment as so changed, modified, amended or waived. Guarantor agrees that it may be joined in any action against Tenant in connection with the obligations of Tenant under the Lease as covered by this Guaranty and recovery may be had against Guarantor in any such action, or Landlord may enforce the obligations of Guarantor hereunder without first taking any action whatsoever against Tenant or its successors and assigns, or pursue any other remedy or apply any security it may hold and Guarantor hereby waives all rights to assert or plead at any time any and all surety or other defenses in the nature thereof. This instrument constitutes the entire agreement between Landlord and Guarantor


with respect to the subject matter hereof, superseding all prior oral or written agreements or understandings with respect thereto and may not be changed, modified, discharged or terminated orally or in any manner other than by an agreement in writing signed by Guarantor and Landlord. No delay on the part of Landlord in exercising any right hereunder or under the Lease shall operate as a waiver of such right or of any other right of Landlord under the Lease or hereunder, nor shall any delay, omission or waiver on any one or more occasions be deemed a bar to or a waiver of the same or any other right on any other future occasion.

This Guaranty shall be governed by and construed in accordance with the laws of the State in which the Premises are located. If Landlord is required to turn over any amounts received under the Lease or this Guaranty to any bankruptcy court or state insolvency proceeding, as a "preference" or otherwise, Guarantor shall promptly pay Landlord such amount as a reinstated obligation hereunder.

If Landlord successfully enforces Guarantor's obligations hereunder by legal proceedings, Guarantor shall pay to Landlord all costs incurred, including without limitation reasonable attorneys' fees. Guarantor's obligations under this Guaranty shall be binding on the successors, heirs and assigns of Guarantor by operation of law or otherwise (including any receiver or bankruptcy trustee). Guarantor shall not be released by any assignment or delegation by it of its obligations hereunder. GUARANTOR REPRESENTS AND WARRANTS TO LANDLORD THAT GUARANTOR HAS READ THE LEASE AND THIS GUARANTY AND UNDERSTANDS THE CONTENT HEREOF, AND THAT THIS GUARANTY IS ENFORCEABLE AGAINST GUARANTOR, HER HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS OR ASSIGNEES, IN ACCORDANCE WITH ITS TERMS.

IN WITNESS WHEREOF, Guarantor has executed this Guaranty as of the day and year first above written.

GUARANTOR:


CHRISSE D. HILL WILSON

STATE OF OHIO

COUNTY OF Summit

Before me, the undersigned, a Notary Public, personally appeared CHRISSE D. HILL WILSON, (the "Guarantor"), in the foregoing instrument who acknowledged the signing of the foregoing instrument to be her free act and deed for the uses and purpose set forth therein.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal on the 8th day of November, 2017.


Notary Public


Reid Yeohr, Attorney at Law
Summit County, Ohio
Notary Public, State of Ohio
Commission Expires No Expiration Date
Exp. 04/01/2018

November 15, 2017

Ohio Board of Pharmacy
Ohio Medical Marijuana Control Program
77 South High Street
Columbus, OH 43215

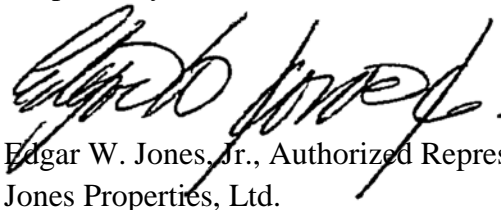
***Re: Permission to Operate Medical Marijuana Dispensary at 2102 Lincoln Way,
East, Massillon, OH***

To Whom it May Concern:

I write today with respect to Hill Botanicals, LLC's lease within the city of Massillon. Jones Properties Ltd. and Hill Botanicals are parties to an agreement which permits Hill Botanicals to operate a medical marijuana dispensary at 2102 Lincoln Way East, Massillon, OH 44646 for the duration of the initial provisional license, if granted by the state.

Should you have any questions or concerns, please feel free to contact me.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Edgar W. Jones, Jr.", is written over the typed name and title.

Edgar W. Jones, Jr., Authorized Representative
Jones Properties, Ltd.

3205 Bretton, N.W., Suite 100
North Canton, Ohio 44720
330-806-7241

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

Hill Botanicals, LLC

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

ONE

C-1.4 Business Address

2102 Lincoln Way East

C-1.5 City

Massillon

C-1.6 State

OH

C-1.7 Zip Code

44646

C-1.8 Phone

6148327832

C-1.9 Email

hillbotanicals@gmail.com

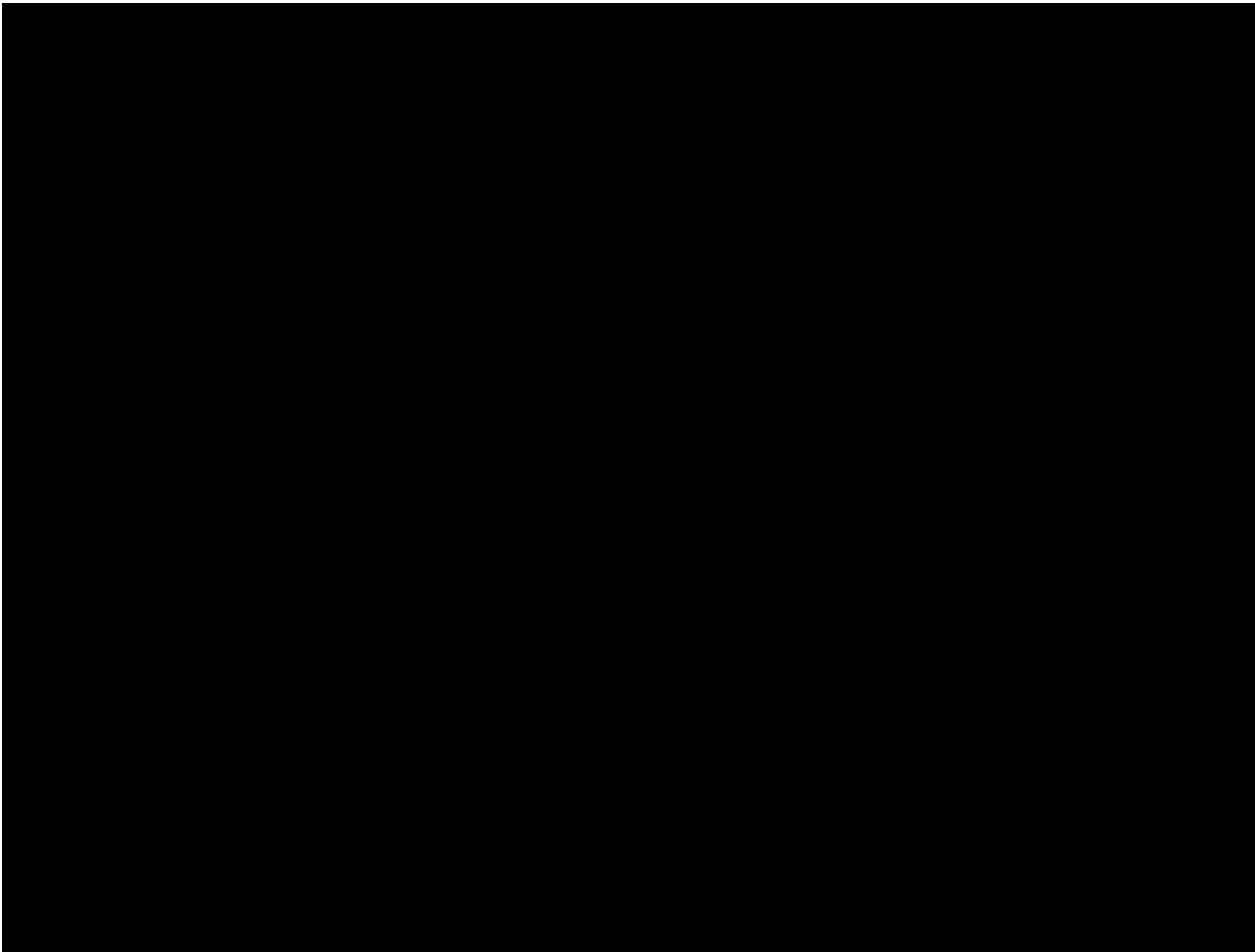
Business Plan(Site and Facility Plan)

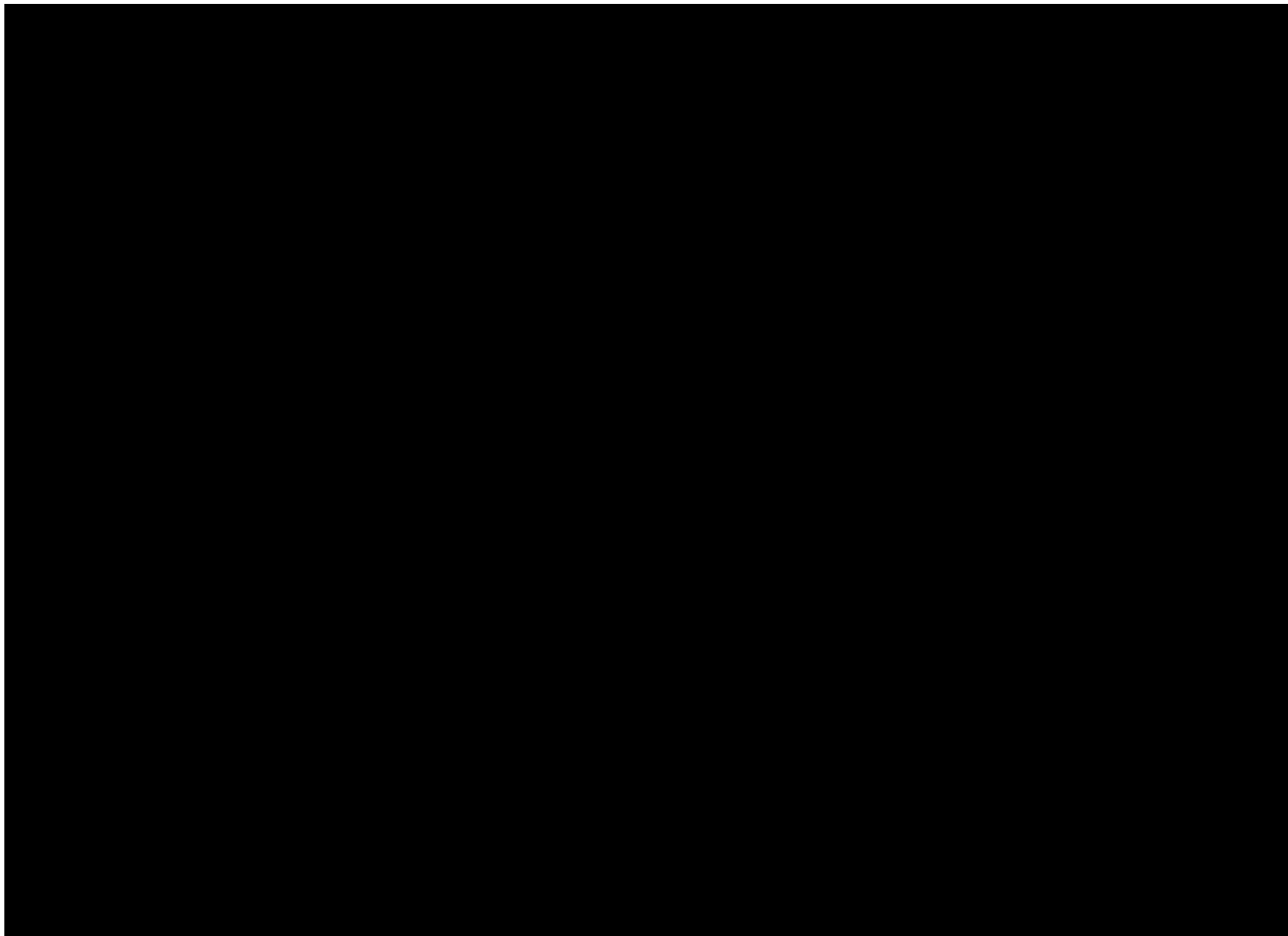
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

- 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-2.1b.pdf**

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







Waiting Room



Dispensary

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.pdf**

NOTE: This applicant uploaded document is the next 3 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: <u>Hill Botanicals, LLC</u>		
Physical Address and Name of Proposed Medical Marijuana Dispensary: <u>2102 Lincoln Way East - Hill Botanicals</u>		
City: <u>Massillon</u>	County: <u>Stark</u>	
State: Ohio	Zip Code: <u>44646</u>	Phone Number: <u>330-762-7477</u>
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government <u>Massillon, Ohio</u>		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of <u>Massillon, Ohio</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. *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.		
<input checked="" type="checkbox"/> The area of <u>Massillon, Ohio</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.

Printed Name of Local Government Representative:

Title:

DAVID MALKY

Economic Development Director

Signature:

Date:

David Malky

11-13-2017

Kathy Catazaro-Perry, Mayor

Massillon

City of Champions

November 16, 2017

Ohio Board of Pharmacy
Ohio Medical Marijuana Control Program
77 South High Street
Columbus, OH 43215

Re: 2102 Lincoln Way East Dispensary Location for Hill Botanicals, LLC

To Whom It May Concern:

I write today with respect to Hill Botanicals, LLC's proposed use within the city of Massillon where I serve as Economic Development Director. The City's zoning comes under my office. Upon review and discussion as to the company's plan, it appears that the proposed use appears to be planned in accordance with the City's zoning regulations. There is no moratorium in place.

Specifically, I write this letter in relation to Hill Botanicals given the fact that the City's zoning regulations do not require any further action on the part of the company unless and until it is granted a license. The proposed dispensary is a permitted use. However, as indicated above, it appears to the undersigned that the proposed use appears to be planned in accordance with the City's rules and regulations.

Should you have any questions or concerns, please feel free to contact me.

Respectfully submitted,



David Maley
Economic Development Director
City of Massillon

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.pdf**

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

DISPENSARY LOCATION
AREA MAP

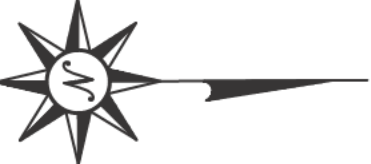
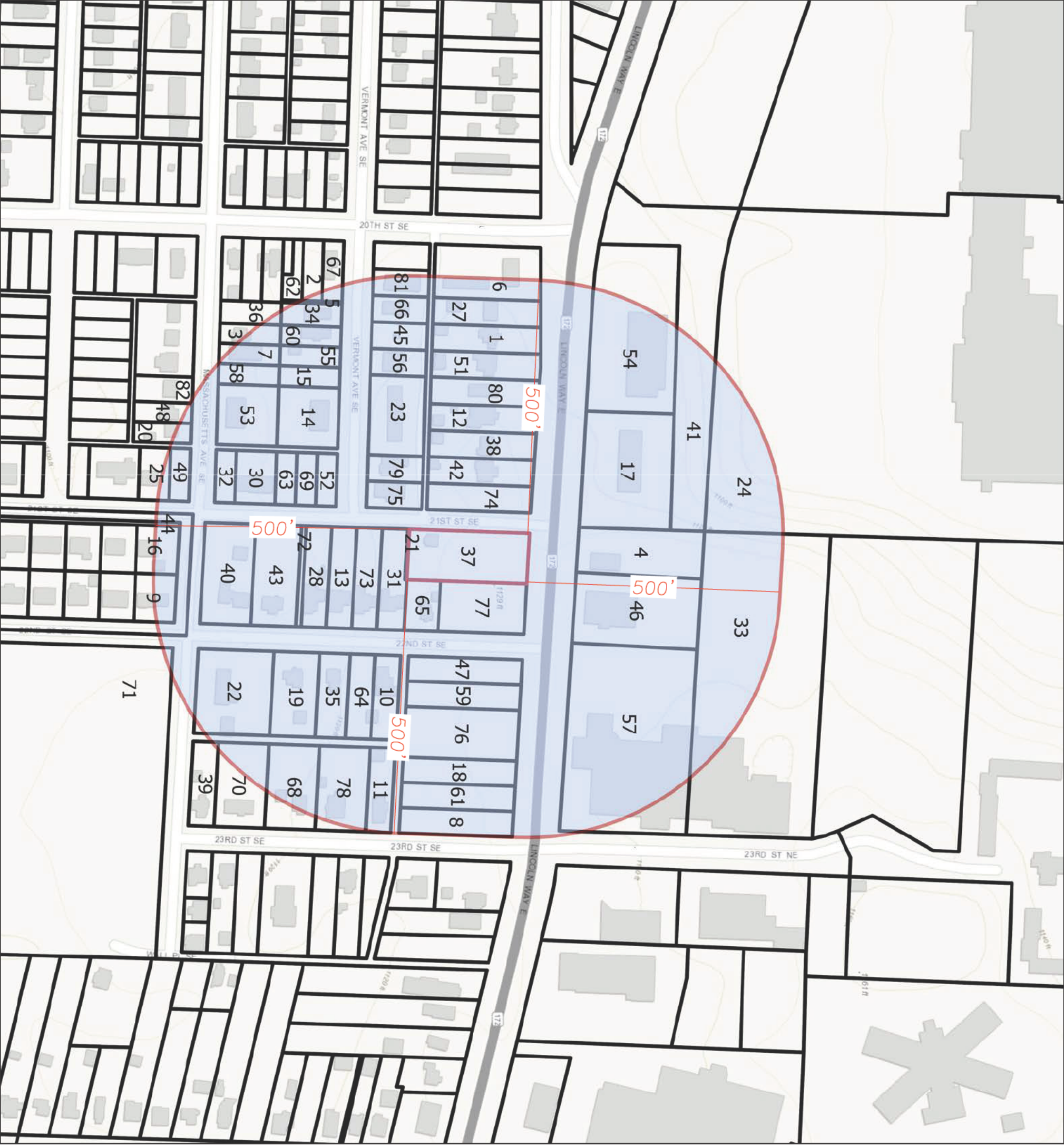
F O R

2102 LINCOLN WAY EAST,
MASSILLON, OH 44646



Christopher J. Dempsey

ALL PARCELS AND THE DIMENSIONS SHOWN HEREIN WERE DERIVED FROM THE STARK COUNTY AUDITORS GIS DATA AND AERIAL IMAGERY, AND ARE NOT BASED ON A FIELD GROUND SURVEY. THIS LOCATION AREA MAP OF THE AREA SURROUNDING THE PROPOSED DISPENSARY FACILITY ESTABLISHES THAT THE FACILITY IS AT LEAST 500 FEET FROM A PROHIBITED FACILITY (PER § 3796.30) AND A COMMUNITY ADDICTION SERVICES PROVIDER AS DEFINED UNDER SECTION 5119.01 OF THE REVISED CODE. IN ESTABLISHING THE DISTANCE BETWEEN THE PROPOSED DISPENSARY AND SUCH A FACILITY, THE DISTANCE WAS MEASURED LINEARLY BY GRAPHICAL MEANS USING THE SHORTEST DISTANCE BETWEEN THE CLOSEST POINT OF THE PROPERTY LINES OF THE PROPOSED DISPENSARY AND THE PROHIBITED FACILITY OR COMMUNITY ADDICTION SERVICES PROVIDER.



SCALE: 1" = 200'

DEMPSEY SURVEYING COMPANY

P 216 226 1130 12815 DETROIT AVENUE
F 216 226 1131 CLEVELAND, OH 44107-2835

	PARCEL #	OWNER	ADDRESS	DESCRIPTION
1	0048847723	STANLEY CHARLES W III & CARLETTE R	2023 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
2	0048990433	LENHART THOMAS	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
3	0048990593	BURNS MEREDITH TYLER & PURDY EMILY	2020 MASSACHUSETTS AVE SE OH	1-FAMILY DWELLING
4	0048755823	JONES PROPERTIES LTD	2102 LINCOLN WAY E MASSILLON OH 44646-7034	RESTAURANT / CAFETERIA BAR
5	0048938213	PAULEY ERIC & MICHELLE	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
6	0048796633	DEVILLE APARTMENTS LTD	2005 LINCOLN WAY E MASSILLON OH 44646-7001	APARTMENTS, 4-19 UNITS
7	0049056871	MOORE ALEX	2024 MASSACHUSETTS AVE SE MASSILLON OH 44646-7134	1-FAMILY DWELLING
8	0048663985	OSER ANDREW M	LINCOLN WAY E OH	RESIDENTIAL VACANT LAND
9	0048890389	IMMLER JOSEPH B ETAL	205 22ND ST SE MASSILLON OH 44646-7003	1-FAMILY DWELLING
10	0048695807	RAJREENA ENTERPRISES LLC	132 22ND ST SE MASSILLON OH 44646-7044	1-FAMILY DWELLING
11	0048980517	JONES PHILLIP K & CHRISTINE A	131 23RD ST SE MASSILLON OH 44646-7045	1-FAMILY DWELLING
12	0048755391	CLIMER ALAN W & KELLY J	2039 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
13	0048705403	BURNS BARRY L & KATHY A	139 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
14	0048920487	CLASSIC APARTMENTS & REAL ESTATE, LLC	2037 VERMONT AVE SE MASSILLON OH 44646-7073	APARTMENTS, 4-19 UNITS
15	0048704547	WELKER HATTIE M	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
16	0048889511	CURTIS DONNA M	204 21ST ST SE MASSILLON OH 44646-7110	1-FAMILY DWELLING
17	0048739753	MEADOWS PLAZA ASSOCLLC	2046 LINCOLN WAY E OH	OTHER RETAIL STRUCTURES
18	0048704639	OSER ANDREW M	2225 LINCOLN WAY E MASSILLON OH 44646-7061	RESIDENTIAL VACANT LAND
19	0048890001	NORRIS KAREN M	148 22ND ST SE MASSILLON OH 44646-7044	1-FAMILY DWELLING
20	0048980819	ROGERS GARY D & JOELLEN M	2041 MASSACHUSETTS AVE SE OH	1-FAMILY DWELLING
21	0048890353	RILEY SHAUN M & MARISSA L	21ST ST SE OH	RESIDENTIAL VACANT LAND
22	0048857999	REMARK KAYLA M & NICHOLAS J	2210 MASSACHUSETTS AVE SE MASSILLON OH 44646-7066	1-FAMILY DWELLING
23	0048891629	BANTZ WILLIAM	2032 VERMONT AVE SE MASSILLON OH 44646-7040	2-FAMILY DWELLING
24	0049037655	MEADOWS PLAZA ASSOCLLC	LINCOLN WAY E OH	COMMUNITY SHOPPING CENTER
25	0048712891	PERFECTION DEVELOPERS INC	209 21ST ST SE MASSILLON OH 44646-7109	2-FAMILY DWELLING
26	0048796807	LENHART THOMAS	20TH ST SE OH	RESIDENTIAL VACANT LAND
27	0048980473	PASSALACQUA MICHAEL A & JOYCE L	2017 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
28	0048757287	HARPER RICK J & SANDRA I	145 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
29	0048938211	PAULEY ERIC & MICHELLE	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
30	0048709827	MERLE MILLER PROPERTIES LLC	159 21ST ST SE MASSILLON OH 44646-7067	3-FAMILY DWELLING
31	0048890355	RILEY SHAUN M & MARISSA L	129 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
32	0048939981	MERLE MILLER PROPERTIES LLC	MASSACHUSETTS AVE SE OH	RESIDENTIAL VACANT LAND
33	0048897979	FISHER FOODS MARKETING INC	LINCOLN WAY NE OH	PARKING GARAGE / STRUCTURE / LOT
34	0048990431	PAULEY ERIC & MICHELLE	2021 VERMONT AVE SE MASSILLON OH 44646-7039	1-FAMILY DWELLING
35	0048705013	KNAPP HOLLY S	142 22ND ST SE MASSILLON OH 44646-7044	1-FAMILY DWELLING
36	0048756009	PAULEY ERIC & MICHELLE	MASSACHUSETTS AVE SE OH	RESIDENTIAL VACANT LAND
37	0048889787	OSER ANDREW M	LINCOLN WAY E OH	OTHER RESIDENTIAL STRUCTURES
38	0048665011	TRIBETT CHARLES A & ELLEN V	2043 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
39	0048706023	REMARK LAWRENCE J & CHRISTINA M	167 23RD ST SE MASSILLON OH 44646-7045	1-FAMILY DWELLING
40	0048665187	BROWN WILLIAM L & TERESA D	159 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
41	0048924599	MEADOWS PLAZA ASSOCLLC	LINCOLN WAY E OH	COMMERCIAL VACANT LAND
42	0048941697	RAYNER NICK S	2049 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
43	0048939731	HARPER MARY L	155 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
44	0048756963	LUDDER CO	RHODE ISLAND AVE SE OH	RESIDENTIAL VACANT LAND
45	0048713957	MASSILLON CITY	VERMONT AVE SE REAR MASSILLON OH 44646	EXEMPT, MUNICIPALITY
46	0048665683	LINCOLN WAY PROPERTIES	2112 LINCOLN WAY E MASSILLON OH 44646-7034	MEDICAL CLINIC / OFFICE
47	A0000007BG	OSER ANDREW M	LINCOLN WAY E MASSILLON OH 44646-6951	RESIDENTIAL VACANT LAND
48	0048706117	MCELROY HENRY A JR & CONSUELA	2037 MASSACHUSETTS AVE SE OH	1-FAMILY DWELLING

49	0048655067	UNITED CHURCH HOMESINC	21ST ST SE OH	RESIDENTIAL VACANT LAND
51	0048663119	RENZENBRINK SCOTT C& KATHLEEN A	2027 LINCOLN WAY E MASSILLON OH 44646-7031	1-FAMILY DWELLING
52	0048940995	HALCO MICHAEL JR & JULIA L TRUSTEES	21ST ST SE OH	RESIDENTIAL VACANT LAND
53	0048827749	CLASSIC APARTMENTS & REAL ESTATE LLC	2038 MASSACHUSETTS AVE SE MASSILLON OH 44646-7071	APARTMENTS, 4-19 UNITS
54	0048966227	MEADOWS PLAZA ASSOCLLC	LINCOLN WAY E OH	COMMUNITY SHOPPING CENTER
55	0048738267	FOUNDHS HERMAN T	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
56	0049004695	JOHNSON THELMA	2026 VERMONT AVE SE MASSILLON OH 44646-7040	1-FAMILY DWELLING
57	0048847937	FISHER FOODS MARKETING INC	2216 LINCOLN WAY E MASSILLON OH 44646-7062	SUPERMARKETS
58	0048848129	PROVITT EVELYN	MASSACHUSETTS AVE SE OH	RESIDENTIAL VACANT LAND
59	A000007K9	OSER ANDREW M	LINCOLN WAY E MASSILLON OH 44646	RESIDENTIAL VACANT LAND
60	0048756011	FOUNDHS HERMAN T	2025 VERMONT AVE SE MASSILLON OH 44646-7039	1-FAMILY DWELLING
61	0048797303	OSER ANDREW M	LINCOLN WAY E OH	RESIDENTIAL VACANT LAND
62	0048755961	PAULEY ERIC & MICHELLE	VERMONT AVE SE OH	RESIDENTIAL VACANT LAND
63	0048940997	HALCO MICHAEL JR & JULIA L TRUSTEES	21ST ST SE OH	RESIDENTIAL VACANT LAND
64	0048655633	RAJREENA ENTERPRISES LLC	22ND ST SE OH	RESIDENTIAL VACANT LAND
65	0048756767	OSER ANDREW M	125 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
66	0048706053	BODNAR MARK P	2014 VERMONT AVE SE MASSILLON OH 44646-7040	1-FAMILY DWELLING
67	0048888701	LENHART THOMAS	2007 VERMONT AVE SE MASSILLON OH 44646-7039	1-FAMILY DWELLING
68	0048704487	QUICCI ANTHONY & KARA	147 23RD ST SE MASSILLON OH 44646-7045	1-FAMILY DWELLING
69	0048880323	HALCO MICHAEL JR & JULIA L TRUSTEES	21ST ST SE OH	RESIDENTIAL VACANT LAND
70	0048682081	DAVIS BRYAN H	159 23RD ST SE MASSILLON OH 44646-7045	1-FAMILY DWELLING
71	0048755829	MASSILLON CSD (MASSILLON BOARD OF EDUCATION-YOR	MASSACHUSETTS AVE SE MASSILLON OH 44646-7065	EXEMPT, BOARD OF EDUCATION
72	0048940867	HARPER RICK J & SANDRA I	22ND ST SE OH	RESIDENTIAL VACANT LAND
73	0048798323	TEETS DAVID S	135 22ND ST SE MASSILLON OH 44646-7043	1-FAMILY DWELLING
74	0048655493	OSER ANDREW M	LINCOLN WAY E OH	RESIDENTIAL VACANT LAND
75	0048982103	HALCO MICHAEL JR & JULIA L TTEES/MICHAEL JR & JULIA	131 21ST ST SE MASSILLON OH 44646-7029	2-FAMILY DWELLING
76	0048873131	OSER ANDREW M	LINCOLN WAY E OH	RESIDENTIAL VACANT LAND
77	0048756187	OSER ANDREW M	LINCOLN WAY E OH	RESIDENTIAL VACANT LAND
78	0048705253	JENKINS JULIE A	141 23RD ST SE MASSILLON OH 44646-7045	1-FAMILY DWELLING
79	0048982101	HALCO MICHAEL J & JULIA L TTEES/MICHAEL JR & JULIA L	2046 VERMONT AVE SE MASSILLON OH 44646-7040	2-FAMILY DWELLING
80	0048757469	HECK GERALD L	2029 LINCOLN WAY E MASSILLON OH 44646-7031	APARTMENTS, 4-19 UNITS
81	0048665601	KUESTNER CHRISTOPHER A & LAWRENCE L	2010 VERMONT AVE SE MASSILLON OH 44646-7040	1-FAMILY DWELLING
82	0049056161	E & K RENTAL PROPERTIES LLC	2033 MASSACHUSETTS AVE SE MASSILLON OH 44646-7133	2-FAMILY DWELLING

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

The Company was formed with the mission to provide best-in-class medical cannabis to patients in need, along with jobs and economic benefit to the state of Ohio, with a core Company focus on compliance and adherence to state regulations. The Company's management team has deep roots in the state of Ohio and a background of entrepreneurship experience and business acumen, particularly in regulated industries.

The Company has carefully prepared a business plan to comply with state and local regulations and be open to serving medical cannabis patients in under six months. A key advantage to the Company's success and speed to opening is its medical marijuana dispensary expertise and attention to compliance in regulated industries. The Company is poised for success in a timely and efficient manner, and has the executive team, investors, and partners necessary to execute on its business plan.

Employee Qualifications and Training

The Company's management team has a variety of business experience relevant to the medical cannabis dispensary operations. The CEO has worked in the medical marijuana industry for over 8 years with a perfect compliance record for state and local regulations. His dispensary has won multiple awards for product excellence, has high employee retention, and was recently named one of the best dispensaries in America by High Times magazine. The Director of Compliance is a pharmacist, businessman, entrepreneur and real estate investor based in Northeast Ohio. He founded and operates two compounding pharmacies serving the Cleveland area, and manages and trains over 200 employees assisting clients throughout Akron and Columbus. The President is a lifelong Ohio Resident with operations experience managing a large-scale beer distributor in Ohio. She also is actively involved in a large cancer foundation. The Vice President is also a lifelong Ohio resident and founded and eventually sold a large travel agency. She then worked for a large construction company where she served in an executive role as Director of Marketing.

Additionally, the Company has created an Advisory Board of various business, law enforcement, academic and entrepreneurial professionals to assist in business strategy, training, compliance and operations. The Advisory Board includes: a biomedical engineer and highly regarded professor, a retired law enforcement officer who oversaw a large joint narcotics task force, a pastor who counsels individuals suffering from drug addictions and a successful business man who invented a revolutionary filing system. The coalescence of the management team's background in medical marijuana, pharmaceuticals, distribution, and marketing along with the Advisory Board guidance gives the Company a unique competitive advantage and ability to execute on medical marijuana dispensary operations and compliance.

The Company training program for new employees includes both on-site training in Ohio as well as training at a functioning dispensary in Colorado. The training will be led by the Director of Compliance and the CEO and will encompass all aspects of the dispensary operations plan and Company standard operating procedures. The ability to learn in a classroom setting and also in an operating dispensary gives the Company's employees real on-the-job experience and ensures the Company begins

operations smoothly and compliantly.

Security and Surveillance

Security and surveillance are crucial components to commencing operations at the dispensary in a timely manner. The Company has retained the services of a security company to provide a comprehensive security plan and risk assessment. The Company's CEO, who has been part of implementing numerous security and surveillance systems along with the Compliance Advisor, who has over 30 years in law enforcement will continue to work together with the security company to ensure the Company has the best security and surveillance plan possible. The Company estimates that the surveillance equipment can be installed and tested well within the six-month timeline to opening the dispensary. The CEO, Director of Compliance and Compliance Advisor will oversee and ensure the security and surveillance installation and training program are completed in a timely manner.

Additionally, the Company will have employee training after the installation of the security and surveillance equipment, so that dispensary employees can become knowledgeable about the equipment and there is sufficient time to fix any malfunctions. The Director of Compliance will test and formalize the standard operating procedures for the Company's security and security training, and these standard operating procedures will be a foundation in the initial training program. The Company will have multiple "test days" for the security system to make sure it not only complies with Ohio regulation, but also that all required employees understand the features and limitations of the security system and the Company can add more features as needed or determined by the State Board of Pharmacy.

Storage and Inventory Management of Medical Marijuana Products

The storage of medical marijuana and medical marijuana products is a direct function of the design of the dispensary. Prior to submitting the application, the Company management team has worked with architect renderings and security engineers from the security company to determine the best location for storage. The Director of Compliance and CEO have worked with the architectural designs to make storage secure and easy to enforce the Company's standard operating procedures.

The Company has also identified BioTrackTHC as its preferred inventory management system. BioTrackTHC is real-time, web-based, backed-up at least daily and is accessible by the State Board of Pharmacy immediately upon request. It has been awarded contracts for inventory management by state cannabis regulatory agencies in four States. BioTrackTHC serves as the dispensary's point of sales (POS) system, allowing for the tracking of patient usage and amounts sold over time, allows for the oldest stock of medical marijuana to be distributed first, forensic analysis on any employee action in the system, easy attachment of peripherals such as scales and label printers (to reduce deliberate or accidental mis-typing of critical information), and tools for communicating with customer, such as product availability alerts or notices. The CEO is familiar and trained on BioTrackTHC and will train the Director of Compliance on proper use and nuances to the system.

The Company will have BioTrackTHC installed on-site prior to operations and will have multiple training sessions for dispensary employees. The dispensary employees will also learn from trained employees at the Colorado training facility prior to commencing operations in Ohio. This "in-action" training will eliminate potentially overwhelming moments or mistakes if there is a large patient base waiting or other hurried action items requiring use of the program.

Recordkeeping

The Company believes accurate and easily accessible records and well-defined standard operating procedures for recordkeeping are a top priority. The Company has appointed the Director of Compliance to be in charge of recordkeeping and will utilize BioTrackTHC commercial POS system for recordkeeping. Additionally, the CEO has overseen records of over 400,000 customer transactions in

the medical marijuana industry. The Company will have established standard operating procedures for recordkeeping that will be trained during the employee training period.

During the recruitment and hiring period, the Company will begin logging and storing the required records from section D – 9.2 The Director of Compliance will keep a list of all required employee and recordkeeping information, and check-off as items are documented. The standard operating procedures, application, staffing plan, and background checks will be initially recorded and accessible by the State Board of Pharmacy.

Prevention of Diversion

Prevention of diversion and theft are crucial compliance areas in the business's initial startup plan.

Upon hiring new employees, they will be given the Director of Compliance's contact information and immediately begin training on standard operating procedures for the prevention of diversion. The Director of Compliance will formalize the safeguards and segregation of duties between new hires, and will play a direct role in the interview process for any authorized employees who handle, distribute, or sell medical marijuana and medical marijuana products.

During the security installation, the Director of Compliance will be on-site to make sure the system aligns with company standard operating procedures for prevention of diversion and monitoring inventory and medical marijuana products. He will also be responsible for ensuring the proper signage is included on the building and that all authorized employees have their ID card before beginning operations.

Conclusion

The Company is committed to executing its start-up plan and implementing operating procedures and processes in a timely manner. The management team has been identified, and has begun architectural design and security assessments on the property. This preliminary work enables the Company to move swiftly with installation of equipment, employee hiring and training, and ultimately begin operations.

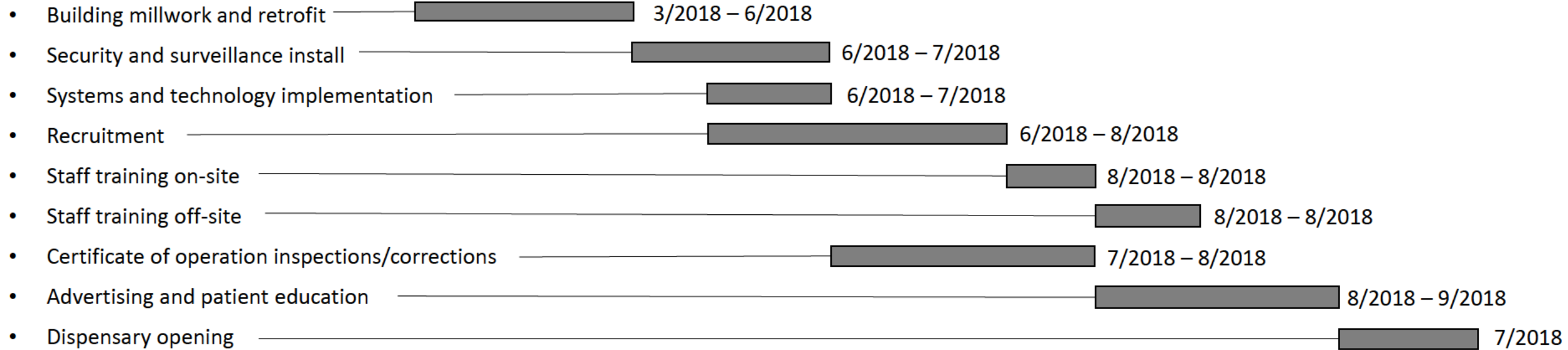
The Company has prepared a timeline with key milestones to track its progress towards beginning operations. The Company has also begun formalizing the standard operating procedures and management team training on the handbook and Company processes and procedures. If awarded a license, the Company is ready and able to begin operations compliantly and successfully in under 6 months.

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.

Uploaded Document Name: **JCD Edits C-3 1 Timeline.pdf**

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

Company Startup Timeline



Key Milestones



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

The Company is committed to compliance with all statutory and regulatory requirements. The Company's CEO's experience running a compliant medical marijuana company in Colorado combined with the Director of Compliance's experience in managing pharmacies in Ohio, provides a solid base to develop and implement policies and procedures for all aspects of startup and continued operations. The Company's Advisory Board includes: the Company's Compliance Advisor, a former narcotics law enforcement officer; a biomedical engineer; an expert on document management systems and a spiritual advisor/counselor. The Advisory Board will assist the Company with the development of security and surveillance systems, employee training programs, storage, inventory management, and recordkeeping systems. The combined experience and knowledge of these individuals will ensure timely compliance.

Security and Surveillance

The Director of Compliance and Compliance Advisor will oversee the installation of security and surveillance systems. The Company contracted with a security and surveillance company to install/maintain security systems. The Security Company has provided the Company with detailed plans for security and surveillance systems based on the requirements of O.A.C. 3796:6-3-16, including equipment models and installation costs. The proposed security system includes state-of-the-art high-resolution cameras which will allow for 24/7 monitoring, recording, and remote streaming of all areas of the dispensary (except where prohibited by law), and motion detectors, panic buttons, silent and audible alarm systems. These plans will be available to the Board of Pharmacy for review upon the grant of the provisional license.

Employee Training and Qualifications

The Director of Compliance has worked in the pharmaceutical industry for over 20 years, including managing his own company with over 200 employees. His previous pharmaceutical job duties included implementing and training employees on standard operating procedures. His experience with Ohio pharmaceutical regulations will ensure the Company's compliance for employee training and licensing. The Compliance Advisor's narcotics enforcement training is invaluable while instructing employees on identifying abuse and adverse effects from medical marijuana. The Company's CEO has experience training and managing dispensary employees and has extensive knowledge of various strains and their medical benefits and is recognized as an industry expert in medical marijuana genetics.

The CEO and Director of Compliance will develop a training curriculum based on their combined experience in medical marijuana and pharmaceutical industries. This curriculum will include classroom learning, testing, development of written materials, and on-site training at a Colorado dispensary. The Company's training program will include SOP's, recognizing potential signs of abuse or diversion, authenticating physician recommendations, use of the Board of Pharmacy's approved identification scanners, use of the Company's point of sale and inventory system, and security protocols.

The training curriculum will be submitted to the Board of Pharmacy for approval prior to its implementation. Before employees will be permitted to dispense marijuana, they will have to complete the Company's training program and be licensed by the Board of Pharmacy. All employees will be

required to pass a background check prior to being hired.

Storage of Medical Marijuana Products

The Company has contracted with an architect and a Security Company to ensure all product is stored in a secured restricted access area of the dispensary. During regular business hours, product will be stored in restricted access areas separated from the public area by a wall and locked doors. During business hours, locked doors and signage will limit access to restricted areas of the dispensary; no unlicensed/unauthorized people will have access to medical marijuana. During nonbusiness hours, all products will be stored in a vault inside the operations zone, separate from the dispensary apartment. The vault will be equipped with electro mechanical lock and alarm system.

Inventory Management

The Director of Compliance is the designated representative for primary oversight of inventory with assistance from the CEO. The Director of Compliance has managed pharmacy inventory and worked with state approved systems. The CEO also has knowledge of the Company's BioTrackTHC system and coordination with state reporting and medical marijuana inventory controls. BioTrackTHC is real-time, web-based internal inventory control system that will be backed-up twice daily and is accessible by the Board of Pharmacy. It has been awarded contracts for inventory management by state marijuana regulatory agencies in four states. BioTrackTHC serves as the dispensary's point of sales system, allowing for the tracking of patient usage and amounts sold over time.

The Director of Compliance will be responsible for auditing daily inventory according to generally accepted accounting principles once a week. The Director of Compliance, in conjunction with the management team, will submit quarterly financial audit statements to the Board of Pharmacy. Annually, the Company will submit an audit certified by an Ohio Certified Public Accountant. The Company will maintain documentation of inventory, bank account deposits and withdrawals, and audits in a secure, locked location in the restricted access storage area on premises for three years from the date of the document.

Record Keeping

The Company's management team brings 8 years of highly compliant medical marijuana operations experience and over 400,000 customer transactions. The Company will utilize both electronic and hard copies of its records, and also rely on BioTrackTHC for record maintenance including employee records, background checks and training; company operating procedures and controls; audit records; staffing plans, business records; surveillance records attendance logs; and, quality assurance logs. The Company's recordkeeping activities will fall under the responsibility of the Vice President of Operations and his employees. The Vice President of Operations shall have an Administrative Director who will be responsible for directly managing and organizing the recordkeeping.

BioTrackTHC will be integrated with the state inventory tracking system for accurate and timely reporting to the Ohio Automated RX Reporting System (OARRS) and will also report to the Board of Pharmacy all required information in under 5 minutes from the transaction. BioTrackTHC allows for automatic enforcement of state and patient sales limits by updating customer records with each purchase, according to state limits. This gives the Company's dispensary employees an instant view on the quantity or type of medical marijuana product they can sell to a patient.

Prevention of medical marijuana diversion

Prevention of diversion is a key goal of the Company. In order to ensure that the risk of diversion is minimized to the fullest extent, the Company's Compliance Advisor will provide input for employee training on recognizing signs of abuse/diversion. The Company's security procedures and surveillance systems will help minimize the chance of theft or diversion. Additionally, the Director of Compliance will be required to be on-site at the dispensary a minimum of 20 hours a week. The Director of Compliance will be responsible for the oversight of the delivery and receipt of medical marijuana and medical marijuana products, restricted access to areas that contain medical marijuana which can only be accessed by authorized employees, authorized employees will be required to have an ID card visible, maintaining normal operational inventory levels, video surveillance on all vaults, safes, and other medical marijuana storage areas and ensure all medical marijuana storage areas are securely locked

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.

CEO – Christian Hageseth

The CEO will be responsible for strategic direction of the Company and assisting the President with daily operations. These responsibilities include:

- Maintaining relationships with cultivators and other medical marijuana product suppliers.
- Holding meetings with management and overseeing financial reports.
- Formalizing strategic plans with managers.
- Maintaining relationships with investors and the advisory board.
- Sourcing additional funding if needed for business operations.
- Overseeing training and inspection procedures and guidelines.
- Required attendance of mandated continuing education on medical marijuana advancements.
- Communication as required with the State Board of Pharmacy.
- Reviewing all audits and financial statements prior to submission.
- Investor reporting of financial statements and strategic objectives.
- Implementing and promoting environmentally friendly initiatives.
- Organizing employee events.
- Meetings with management to determine any changes to employee training or policies and procedures.
- Consulting with legal advisors and other professionals to ensure compliance with State law.
- Maintain strong Company credibility in the community through working relationships with other healthcare providers.
- Assist with expansion and integration of behavioral health services across the Company.

President – Chrissie Hill Wilson

The President will be responsible for overseeing the daily operations of the Company and assisting in guiding the overall strategy. These responsibilities include:

- Documenting and helping create the security standard operating procedures.
- Required attendance of mandated continuing education on medical marijuana advancements.
- Implementing operating standard operating procedures alongside the Director of Compliance.
- Assistance in hiring new employees.
- Maintaining relationships with cultivators and other medical marijuana product suppliers.
- Researching and providing guidance on approved medical marijuana products and suppliers.
- Holding meetings with management and overseeing financial reports.
- Managing the implementation of BioTrackTHC.
- Overseeing and reviewing the Director of Compliance routine information audits.
- Writing and implementing safety and sanitation standard operating procedures.
- Implementing and managing programs for the veterans and indigent.
- Working with the Director of Compliance on employee and staff foundational training.
- Meetings with management to determine any changes to employee training or policies and procedures.
- Reviewing adverse events and documentation with the Director of Compliance.

Director of Compliance – Lemma Getachew

The Director of Compliance will be responsible for the company's adherence to the Ohio regulations, standard operating procedures, and security safeguards and processes. These responsibilities include:

- Overseeing the security and surveillance implementation.
- Documenting and helping create the security standard operating procedures.
- Regular meetings with the contracted security company.

- Required attendance of mandated continuing education on medical marijuana advancements.
- Keeping daily logs of dispensary employees with safe and vault access.
- Overseeing the inspection of all locks and security equipment and landscaping.
- Inspecting deliveries for packaging and labeling requirements.
- Recording any rejections of deliveries.
- Managing restricted access employees.
- Enforcing standard operating procedures for storage of medical marijuana.
- Communication as required with the State Board of Pharmacy.
- Designated representative / key employee for inventory control.
- Comparing inventory reports and dispensing information with physical checks.
- Overseeing budtenders and dispensary operations according to Company standard operating procedures.
- Supervise returns and disposal process.
- Writing and implementing safety and sanitation standard operating procedures.
- Submitting all training material and organizing the formal training program.
- Meetings with management to determine any changes to employee training or policies and procedures.
- Reporting adverse events and reviewing with the CEO.

Vice President – Julie Deane

The Vice President will be responsible for managing company budgets, finances, and working with other management on daily operations. These responsibilities include:

- Working with the Director of Compliance on the inventory logs.
- Working with the Director of Compliance on the physical audits and process audits.
- Overseeing the accounting manager and financial reporting.
- Reviewing financial reports and presenting to the President and CEO along with analysis of actual results compared to budgeted results.
- Working with the accounting manager on preparing budgets and cash flow projections.
- Manage budgets for various departments of operations.
- Allocate purchasing and procurement expenses with the procurement manager.
- Oversee marketing campaigns and marketing budget.
- Recordkeeping.
- Comparing logs and records with the Director of Compliance.
- Meetings with management to determine any changes to employee training or policies and procedures.

Advisory Board Member - David Smith

Mr. Smith will serve as the Company's Compliance Advisor. These responsibilities will include:

- Working with the Director of Compliance to develop training material in the areas of diversion, theft, and abuse.
- Providing the Company with written materials, such as brochures and pamphlets, for patient education.
- Assisting with implementation of security procedures and systems.
- Lead seminars and training for the employees for prevention of diversion.

Advisory Board Member – Dr. Daniel Sheffer

Dr. Sheffer will serve as the Company's chief advisor on advancements in medical marijuana research. He will also advise the CEO and President on development of standard operating procedures and employee training programs. He will be responsible for:

- Organizing and participating in research projects pertaining to the medicinal effects of marijuana.
- Contribute substantially to the quality control of the product the Company is receiving and ensuring compliance with the Ohio Board of Pharmacy regulations.
- Work effectively with outside researchers and provide competent advice on the medicinal effects of different marijuana strains and its effects on the human body.

Advisory Board Member – Jack Jeter

Mr. Jeter will advise the company on issues relating to regulatory compliance as it relates to best practices for storage and maintenance of records.

- Assistance in the implementation and retention of documents.
- Security measured protocols in regards to document protection
- Advising on maintenance and storage of financial records
- Provide business advice on efficient and effective ways to provide the best product and experience to the patient.

Advisory Board Member – Pastor Mark Galambos

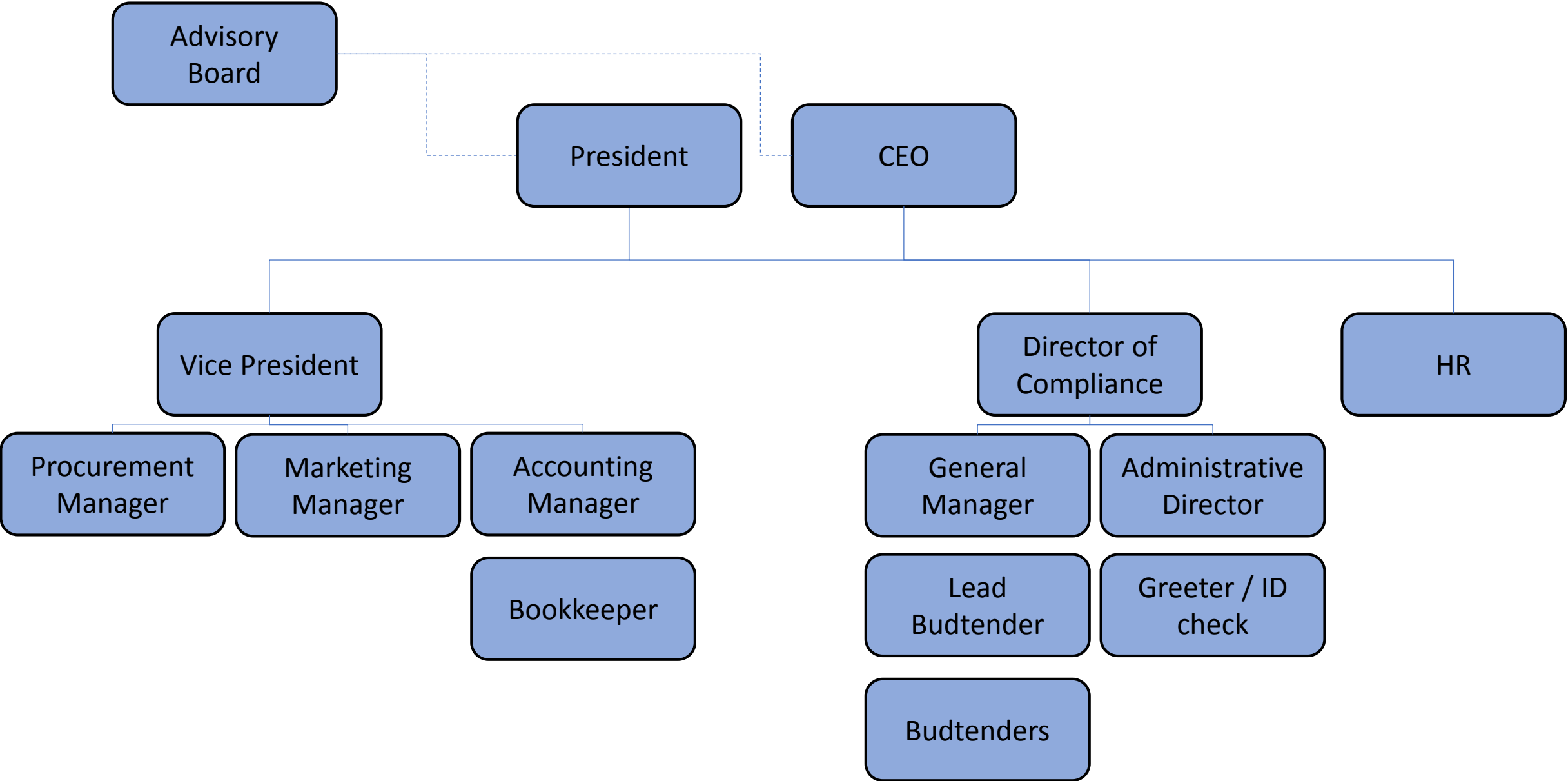
Pastor Galambos will assist the Company with developing programs specifically designed for helping veterans and the indigent. He will advise employees on issues such as compassionate treatment for patients and provide the Company with spiritual guidance.

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 1 page(s) of this document.

Organizational Chart



Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Personal

C-5.2 Source of Capital

Earned Income

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 Redacted.pdf**

NOTE: This applicant uploaded document is the next 14 page(s) of this document.

As Of: 11/7/2017

Account Summary As Of: 11/7/2017

Item 1 of 1

Institution	Account #	Name	Open Date	Account Type	Description	Market Value
LPL Financial			09/01/2015	Individual	SAM - Non-retirement	3,212,539.40
1 Accounts Total						3,212,539.40

As Of: 11/7/2017

Security Identifier	Description	Type	Shares	Price	Market Value
AFL	AFLAC INC	Common Stock	157,000	83.81	13,150.17
AMZN	AMAZON.COM INC	Common Stock	153,000	1,123.17	171,845.01
APGYX	AB LARGE CAP GROWTH ADVISOR CL	Mutual Fund - Open-end	410,960	52.37	21,521.98
AWK	AMERICAN WATER WORKS COMPANY INC NEW	Common Stock	134,000	90.00	12,060.00
BCOIX	BAIRD CORE PLUS BOND INSTL CL	Mutual Fund - Open-end	1,890,598	11.29	21,344.85
BLICK	BLACKROCK MULTI ASSET INCOME INSTL CL	Mutual Fund - Open-end	13,955,113	11.10	154,901.75
BR	BROADRIDGE FINANCIAL SOLUTIONS INC	Common Stock	175,000	87.37	15,289.75
BRLVX	AMERICAN BEACON BRIDGEWAY LARGE CAP VALUE INSTL CL	Mutual Fund - Open-end	1,080,192	28.74	31,044.72
Cash	Cash Balance	Cash	213,190	1.00	213.19
COP	CONOCOPHILLIPS	Common Stock	158,000	53.48	8,449.84

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Virtual Statement

As Of: 11/7/2017

Security Identifier	Description	Type	Shares	Price	Market Value
CPXIX	COHEN & STEERS PFD SECURITIES & INCOME CL I	Mutual Fund - Open-end	5,327.121	14.28	76,071.29
CSCO	CISCO SYSTEMS INC	Common Stock	345,000	34.40	11,868.00
CVX	CHEVRON CORP	Common Stock	76,000	117.24	8,910.24
DBLTX	DOUBLELINE TOTAL RETURN BOND CL I	Mutual Fund - Open-end	13,489,670	10.70	144,339.47
DWDP	DOWDUPONT INC	Common Stock	143,000	71.14	10,173.02
EGFIX	EDGEWOOD GROWTH INSTL CL	Mutual Fund - Open-end	670,765	29.54	19,814.40
EMB	ISHARES JPMORGAN USD EMERGING MARKETS BOND ETF	ETF	479,000	114.65	54,917.35
GERIX	GOLDMAN SACHS EMERGING MARKETS EQUITY INSTL CL	Mutual Fund - Open-end	10,127,996	11.09	112,319.48
GIOIX	GUGGENHEIM MACRO OPTYS INSTL CL	Mutual Fund - Open-end	3,808,398	26.74	101,836.56
HGIYX	HARTFORD CORE EQUITY CL Y	Mutual Fund - Open-end	543,665	29.06	15,798.90
HII	HUNTINGTON INGALLS INDS INC	Common Stock	72,000	233.35	16,801.20
HON	HONEYWELL INTL INC	Common Stock	92,000	146.97	13,521.24
HPO	HP INC	Common Stock	297,000	21.38	6,349.86
IAU	ISHARES GOLD TRUST	ETF	6,192,000	12.26	75,913.92
IEFA	ISHARES CORE MSCI EAFE ETF	ETF	401,000	65.29	26,181.29
INTC	INTEL CORP	Common Stock	341,000	46.78	15,951.98

Virtual Statement

As Of: 11/7/2017

Item 1 of 1

Security Identifier	Description	Type	Shares	Price	Market Value
IPOIX	IVY EMERGING MARKETS EQUITY CL I	Mutual Fund - Open-end	1,238,850	21.60	26,759.16
JCBIX	JPMORGAN CORE PLUS BOND CL L	Mutual Fund - Open-end	2,537,011	8.32	21,107.93
JPM	JPMORGAN CHASE & COMPANY	Common Stock	137,000	98.75	13,528.75
JVASX	JPMORGAN VALUE ADVANTAGE CL I	Mutual Fund - Open-end	761,292	34.97	26,622.38
KMB	KIMBERLY CLARK CORP	Common Stock	94,000	111.93	10,521.42
KO	COCA-COLA COMPANY	Common Stock	167,000	45.94	7,671.98
LOW	LOWES COMPANIES INC	Common Stock	109,000	77.63	8,461.67
MCD	MCDONALDS CORP	Common Stock	85,000	170.77	14,515.45
MSFT	MICROSOFT CORP	Common Stock	189,000	84.27	15,927.03
MTCIX	MFS TECHNOLOGY CL I	Mutual Fund - Open-end	249,920	40.45	10,109.26
NCIAX	COLUMBIA CONVERTIBLE SECURITIES INSTL CL	Mutual Fund - Open-end	5,326,610	20.10	107,064.86
NCVLX	NUANCE CONCENTRATED VALUE INSTL CL	Mutual Fund - Open-end	2,095,021	15.23	31,907.17
OC	OWENS CORNING INC NEW	Common Stock	177,000	82.22	14,552.94
OOSYX	OPPENHEIMER SENIOR FLOATING RATE CL Y	Mutual Fund - Open-end	9,380,416	8.09	76,887.57
PCG	PG&E CORP	Common Stock	178,000	56.30	10,021.40
PDBZX	PRUDENTIAL TOTAL RETURN BOND CL Z	Mutual Fund - Open-end	2,444,387	14.59	35,663.61

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As Of: 11/7/2017

Virtual Statement

Security Identifier	Description	Type	Shares	Price	Market Value
PEG	PUBLIC SERVICE ENTERPRISE GROUP INC	Common Stock	177,000	49.95	8,841.15
PFE	PFIZER INC	Common Stock	347,000	35.36	12,269.92
POR	PORTLAND GENERAL ELECTRIC COMPANY NEW	Common Stock	234,000	48.39	11,323.26
PRGTX	T ROWE PRICE GLOBAL TECHNOLOGY	Mutual Fund - Open-end	6,289.839	19.47	122,463.17
RSNYX	VICTORY GLOBAL NATURAL RESOURCES CL Y	Mutual Fund - Open-end	3,231,000	25.00	80,775.00
SON	SONOCO PRODUCTS CO	Common Stock	255,000	51.46	13,122.30
TGEIX	TCW EMERGING MARKETS CL I	Mutual Fund - Open-end	5,994.453	8.46	50,713.07
THG	HANOVER INSURANCE GROUP INC	Common Stock	147,000	106.50	15,655.50
VAW	VANGUARD MATERIALS ETF	ETF	660,000	132.56	87,489.60
VB	VANGUARD SMALL CAP ETF	ETF	821,000	142.79	117,230.59
VFI	VANGUARD FINANCIALS ETF	ETF	1,453,000	66.45	96,551.85
VFIAX	VANGUARD 500 INDEX ADMIRAL CL	Mutual Fund - Open-end	1,345,000	239.48	322,100.60
VIS	VANGUARD INDUSTRIALS ETF	ETF	422,000	135.66	57,248.52
VO	VANGUARD MID CAP ETF	ETF	777,000	149.15	115,889.55
VOD	VANGUARD S&P 500 INDEX ETF	ETF	806,000	237.69	191,578.14
VSEIX	JPMORGAN SMALL CAP EQUITY CL I	Mutual Fund - Open-end	117,848	57.58	6,785.69

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As Of: 11/7/2017

General Disclaimers

This List includes the Following Investment Types: All Investment Types

Security Identifier	Description	Type	Shares	Price	Market Value
VVLX	VANGUARD U S VALUE INVESTOR CL	Mutual Fund - Open-end	1,698.451	19.85	33,714.25
VZ	VERIZON COMMUNICATIONS INC	Common Stock	184,000	45.57	8,384.88
61 Positions Total					3,212,639.40

LPL "Official" Statements: This is not an official LPL Financial ("LPL") statement and does not replace the statements you should receive directly from LPL or an investment sponsor. We urge you to compare the information (e.g., market values, transactions, inflows, outflows and fees) in this report with the information provided in the account statements you receive directly from LPL, the investment sponsor, or custodian of the assets. This report has been prepared by your Financial Advisor for informational purposes only and is based on information provided by you, the investment sponsor, custodian of your assets, or what LPL has on its books and records. No representation is being made as to its accuracy or completeness. Position values shown may be actual values or estimates made by your Financial Advisor. Values shown should only be used as a general guide to position value and may vary from the actual liquidation value. Values shown may be as of a date prior to the date of the report. The information contained in this report should not be relied upon for tax reporting purposes. If a price is missing for a certain date, the report may use a substitute price from within the 30 days prior to the missing price date. Past performance is no guarantee of future results. Current performance may be lower or higher than the performance shown. Please contact your Financial Advisor to obtain performance current to the most recent month. If you have any questions, please contact your Financial Advisor or call (800) 877-7210 extension 6422.

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Money Market Funds: Money market fund investments are not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the funds seek to preserve a value of \$1.00 per share, it is possible to lose money in money market funds.

Holdings Sources: Positions held in your LPL account(s) are indicated with "LPL". The terms "Outside", "CST", "TMP" or a "sponsor's name" refer to securities held or by an investment sponsor or custodian that has agreed to electronically provide information to LPL about your holdings. The source of all price information for these tracked positions is one or more third party vendors and may include the use of substitute prices for prices that are not readily available. For certain securities such as illiquid securities, pink sheet stocks, bulletin board stocks, and fixed income positions, substitute prices used in calculating performance and displayed on the report may be prices managed by an investment firm other than LPL as part of a third party advisory program. TMP accounts are held away from LPL and are not covered by LPL's SIPC insurance. For TMP accounts, LPL's role is limited to a referral to the third party investment firm and LPL do not serve as broker-dealer. TMP accounts have not been verified by LPL. The source of all price information is the third party investment firm, a custodian or a third party vendor. "CST" represents accounts held by an outside custodian and not held or a third party vendor. "CST" represents accounts held by an outside custodian and not held or verified by LPL nor covered by LPL's SIPC insurance. LPL is not an investment advisor or broker dealer to CST accounts and is not responsible for the holdings or management of the CST account. The source of all price information is the custodian or a third party vendor. In addition, date from "Outside", "sponsor's name", "CST" and "TMP" accounts may also display historical data. Please be aware that you have the obligation to verify the accuracy of third party advisory programs (TMP), outside custodians (CST) through reliable written documents from the custodian holding

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As Of: 11/7/2017

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Institution	Account #	Name	Open Date	Account Type	Description	Market Value
LPL Financial			12/28/2015	Beneficiary IRA	Brokerage - Retirement	89,231.85
1 Accounts Total						89,231.85

Security Identifier	Description	Type	Shares	Price	Market Value
	Insured Cash Account	Money Market	89,231.850	1.00	89,231.85
1 Positions Total					
					89,231.85

This List Includes the Following Investment Types: All Investment Types

General Disclaimers

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Virtual Statement

As Of: 11/7/2017

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Virtual Statement

As Of: 11/7/2017



 Account Summary
 As Of: 11/7/2017
 Item 1 of 1

Institution	Account #	Name	Open Date	Account Type	Description	Market Value
LPL Financial			01/23/2013	Traditional IRA	Brokerage - Retirement	113,462.70
1 Accounts Total						113,462.70

As Of: 11/7/2017

Security Identifier	Description	Type	Shares	Price	Market Value
	Insured Cash Account	Money Market	34,175.370	1.00	34,175.37
JNJ	JOHNSON & JOHNSON	Common Stock	100.000	139.77	13,977.00
VDE	VANGUARD ENERGY ETF	ETF	112.000	95.99	10,750.88
VHT	VANGUARD HEALTH CARE ETF	ETF	80.000	151.71	12,136.80
VO	VANGUARD MID CAP ETF	ETF	104.000	149.15	15,511.60
VTWG	VANGUARD RUSSELL 2000 GROWTH INDEX FD ETF SHS	ETF	115.000	129.71	14,916.65
VYM	VANGUARD HIGH DIVIDEND YIELD ETF	ETF	145.000	82.72	11,994.40
7 Positions Total					113,462.70

This List Includes the Following Investment Types: All Investment Types

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November 8, 2017 10:11 AM Report ID: 45410790

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Virtual Statement

As Of: 11/7/2017

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Virtual Statement

As Of: 11/7/2017

Account Summary

As Of: 11/7/2017

Institution	Account #	Name	Open Date	Account Type	Description	Market Value
JACKSON NA			08/28/2012	--	JACKSON NA	624,060.86
1 Accounts Total						624,060.86

As Of: 11/7/2017

Security Identifier	Description	Type	Shares	Price	Market Value
	JNL/MC Info Tech Sector	Variable Annuity	7,923.619	16.50	130,743.15
	JNL/Mellon Capital Hllicare Sector	Variable Annuity	4,143.315	28.97	120,036.41
	JNL/Mellon Capital Financial Sector	Variable Annuity	8,352.699	15.45	129,041.67
	JNL/S&P 4	Variable Annuity	5,899.596	20.70	122,133.98
	JNL/T. Rowe Price Capital Appreciation	Variable Annuity	8,723.382	14.00	122,105.64
	5 Positions Total				624,060.86

This List Includes the Following Investment Types: All Investment Types

Account Summary

As Of: 11/7/2017

Institution	Account #	Name	Open Date	Account Type	Description	Market Value
LPL Financial			01/22/2013	Individual	Outside Investments-Non-Retire	0.00
1 Accounts Total						0.00

November 8, 2017 10:08 AM Report ID: 45410726

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General Disclaimers

This List includes the Following Investment Types: All Investment Types

No Investment List data available!

Virtual Statement

¹ Late Data: Data for outside positions may or may not be up to date. Market Values for these positions are derived from the most recent available data. Please refer to the sponsor or custodian statement for comparison purposes.

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Virtual Statement

As Of: 11/3/2017

Account Summary

As Of: 11/3/2017

Item 1 of 1



Institution	Account #	Name	Open Date	Account Type	Description	Market Value
LPL Financial			01/22/2013	Individual	Brokerage - Non-retirement	286,457.34
1 Accounts Total						286,457.34

As Of: 11/3/2017

Security Identifier	Description	Type	Shares	Price	Market Value
Cash	Insured Cash Account	Money Market	175,638.720	1.00	175,638.72
	Cash Balance	Cash	100,000.000	1.00	100,000.00
	LOHD ABETT MULTI ASSET INCOME CLC	Mutual Fund - Open-end	709.418	15.25	10,818.62
	3 Positions Total				286,457.34
his List Includes the Following Investment Types:					
All Investment Types					

This List Includes the Following Investment Types: All Investment Types

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November 6, 2017 | 06:57 AM Report ID: 45372101

LPL Financial Member FINRA/SIPC

Business Plan(Business History and Experience)

Item 1 of 3

C-6.1 First Name

Christine

C-6.2 Middle Name

Diane

C-6.3 Last Name

Hill Wilson

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

Hill Distributing Company

C-6.6 Business Address

2555 Harrison Rd., Columbus, OH 43204

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

YES

C-6.8 Dates

2004-2012

Business Plan(Business History and Experience)

Item 2 of 3

C-6.1 First Name

Julie

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Deane

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

S.A. Comunale Co., Inc.

C-6.6 Business Address

2900 Newpark Dr., Barberton, OH 44203

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

YES

C-6.8 Dates

2005-2016

Business Plan(Business History and Experience)

Item 3 of 3

C-6.1 First Name

Christian

C-6.2 Middle Name

Erik

C-6.3 Last Name

Hageseth

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

GMC, LLC

C-6.6 Business Address

2460 W. 26th Ave., Suite C-170, Denver, CO 80211

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

YES

C-6.8 Dates

2009-2017

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.

Prospective Key Employees

Christian Hageseth (CEO) founded his first medical cannabis business in 2009, and has worked in the legal cannabis industry for the past 8 years. Today, he is recognized as one of the top five medicinal marijuana executives in the country. He has founded and run multiple cannabis businesses in Colorado and other states across the U.S. His companies have maintained a perfect compliance record with state and local regulations, while also growing in profitability each year. He is currently overseeing over 80 employees. His dispensary, Green Man Cannabis, has received numerous awards and was named one of the best dispensaries in America by High Times Magazine in 2017. His experience in the legal cannabis industry and ability to manage a profitable business in a highly regulated industry is a key ingredient for Hill Botanicals success.

Chrissie Hill Wilson (President) is a lifelong Ohio resident. In 1933, her grandfather Charles D. Hill, Sr. opened Hill Distributing Company, a very successful beer distributor in the Columbus, Ohio area. Ms. Wilson served as Vice President and Board Member of Hill Distributing from 2004-2012. In 2005, she and her sister took over operation of the business. Her family also founded Scioto Downs and Hill Farms in 1933 in which Ms. Wilson was actively involved. Scioto Downs closed in 2003 and Hill Farms, a horse training and breeding business closed operations in 1995; however, Ms. Wilson still owns the 550 acres on which it operated. Additionally, Ms. Hill is actively involved in the Stephen A. Comunale Cancer Foundation and co-founded NeXt Basketball, an organization primarily serving under-privileged children.

Lemma Getachew (Director of Compliance) is a pharmacist, businessman, entrepreneur and real estate investor based in Northeast Ohio. He is the founder and operator of two compounding pharmacies serving the Cleveland area, and with his wife Guenet Indale, owns a home healthcare agency based in Cleveland, with offices in Akron and Columbus. Together, they own and manage a portfolio of real estate assets, throughout the Greater Cleveland area. Mr. Getachew emigrated to the United States from Ethiopia in 1989 to seek greater career opportunities, and soon thereafter, enrolled at Cuyahoga Community College. In 1995 he transferred to Long Island University in New York, where as a work-study student, he pursued a Bachelor of Science in Pharmacy degree. Following graduation, he returned to Cleveland, where he accepted his first pharmacy position with a local Rite Aid Pharmacy. His first entrepreneurial venture came in 2000, when he formed Rx Staffing, a pharmacist staffing registry, providing contracted pharmacists to local chain pharmacies, including Marc's. In 2004, Mr. Getachew formed Rx Home Health Care along with his wife, Guenet Indale, a PhD environmental engineer. Rx Home Health Care provides nursing services, rehabilitative therapy and home-based health and personal care assistance. By 2007, the business was expanded, opening offices in Akron and Columbus, and now has over 200 employees assisting clients throughout the community. In 2010, Mr. Getachew formed Central Rx Pharmacy in leased space in the St. Vincent Hospital Medical Building, and followed in 2013 with CRP Pharmacy, located in the Glenville/St. Clair neighborhood. Both compounding pharmacies serve their inner-city communities well, providing specialty compounds, pharmaceuticals and medical equipment, delivered to the customers' home when requested. In 2015, Central Properties was formed to manage a growing portfolio of multi-family and retail properties in and around the Greater Cleveland area. Mr. Getachew also founded his first quick-service restaurant, Teriyaki Express, located in a converted White Castle building in East Cleveland, and is currently in

construction of a second location on Cleveland's west side. Another location was purchased in Columbus, Ohio, and will undergo renovations in early 2017. In 2016, The Inspirion Group was formed to develop and re-develop real estate owned, and to assist in identifying and acquiring additional real estate assets to expand the portfolio.

Julie Deane (Vice President) is a lifelong Ohio resident. In 1980, she opened and operated the Wonder Women Travel Agency which she sold to Bank One Travel Agencies in 1985. She continued to work for Bank One Travel Agencies from 1985 to 1988, where she managed 7 of their locations. From 1982 to 2002, she served as Accounting Manager for Trillium Group. She went to work for S.A. Comunale Co., Inc. in 2005 and served as their Director of Marketing until 2016. Ms. Deane has been active as a volunteer and with non-profit organizations for many years. She has served on Akron Children's Hospital Women's Board since 1982. She has been involved with the Akron Garden Club since 1992. She currently serves on the Board of Directors of the Stephen A. Comunale Jr. Family Cancer Foundation, has been an active member of the Big Brothers and Big Sisters program since 2011, and has been a Volunteer Guardian through the Akron Probate Court since 2015.

Dr. Daniel Sheffer (Advisory Board) is a biomedical engineer receiving his PhD at Texas A&M University and his Bachelor's of Science and Masters in Science at Northwestern State University. Dr. Sheffer has had an exemplary career working in the biomedical field since 1976. In 2012, Dr. Sheffer was named Emeritus Associate Professor in the Department of Biomedical Engineering at the University of Akron. Over his 38 year career Dr. Sheffer has participated in studies ranging from magnetic resonance image-based computational fluid dynamics to cell transplantation. He has served as a medical staff member of Summa Health Systems since 1980 to present. Dr. Sheffer is a past member of the Medical Research Committee of Summa Health Systems. He is also a Fellow of the American Institute for Medical and Biological Engineering and the Omicron Delta Kappa National Leadership Honor Society. Dr. Sheffer's significant experience serving as a medical staff member of a hospital will place an important emphasis on patient care. Dr. Sheffer's extensive career in research will also help guide the Company in becoming a leader in the study and exploration of medicinal marijuana. As an advisor to the executive team Dr. Sheffer will help the Company with the development of standard operating procedures, employee training programs, and keeping the Company abreast of advancements in medical marijuana research.

Mr. David Smith (Advisory Board) devoted his professional career to working within the criminal justice system as a law enforcement officer and detective. Since 1977, Mr. Smith was responsible for investigating, arresting and documenting crimes involving illegal drug activity and prostitution. He has worked on numerous narcotics task forces and has served as a director of drug enforcement task forces. Mr. Smith has witnessed firsthand the catastrophic events that occur when individuals are permitted to abuse and/or distribute illegal narcotics. His commitment to stopping the illegal use of drug suppliers and users has been unparalleled for over 26 years. Mr. Smith is an advocate of the regulation of marijuana for medicinal purposes and supports continued efforts to alleviate Ohio's significant drug dependency on opioids and other lethal narcotics.

Pastor Mark Galambos (Advisory Board) is an ordained pastor through the Christian International Ministry. He has taught and spread the Word of God for more than 25 years. He is the head pastor at the River of Life Ministries in Cleveland. As part of his ministry he provides counsel and advice to those who are suffering with drug and alcohol addictions. Pastor Galambos is passionate about helping those individuals who are lost or gone astray. He strongly believes that a state regulated cannabis industry will assist not only those individuals who are ill, but also prevent others from becoming addicted due to use of prescription opioid pain medications. Prior to becoming an ordained minister, Pastor Galambos ran a successful business with his wife of 46 years. Pastor Galambos fervently believes that, with his background in business and his spiritual guidance, he will be able to advise and offer direction to the Company.

Jack Jeter (Advisory Board) revolutionized record management and retention in the United States. Mr. Jeter created his company, Jeter Systems, in an effort to make offices throughout this country run more efficiently. His innovative concept of storing and labeling documents changed the way many offices in this country operate. Mr. Jeter's business intelligence led him to sell his company at the height of the market. Mr. Jeter now spends his time consulting with other companies and performing philanthropic work. The Executive Committee has requested Mr. Jeter sit on its Advisory Board to assist in the implementation of its infrastructure and document storage. Mr. Jeter's life-long work of regulatory compliance in the areas of document storage is an invaluable resource that gives the Company a significant advantage.

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

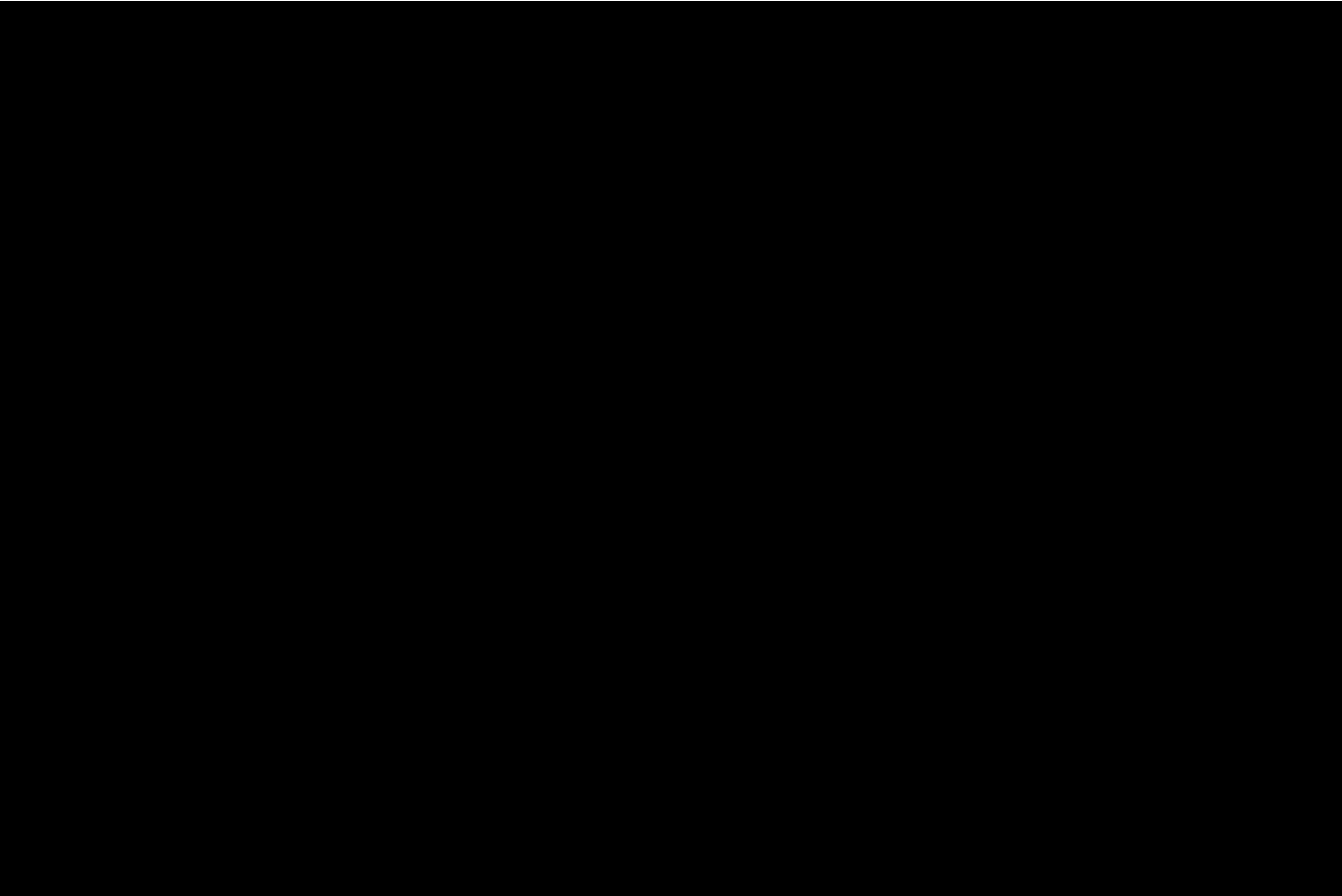
Please reference [OAC 3796:6-3-16](#) for more information.

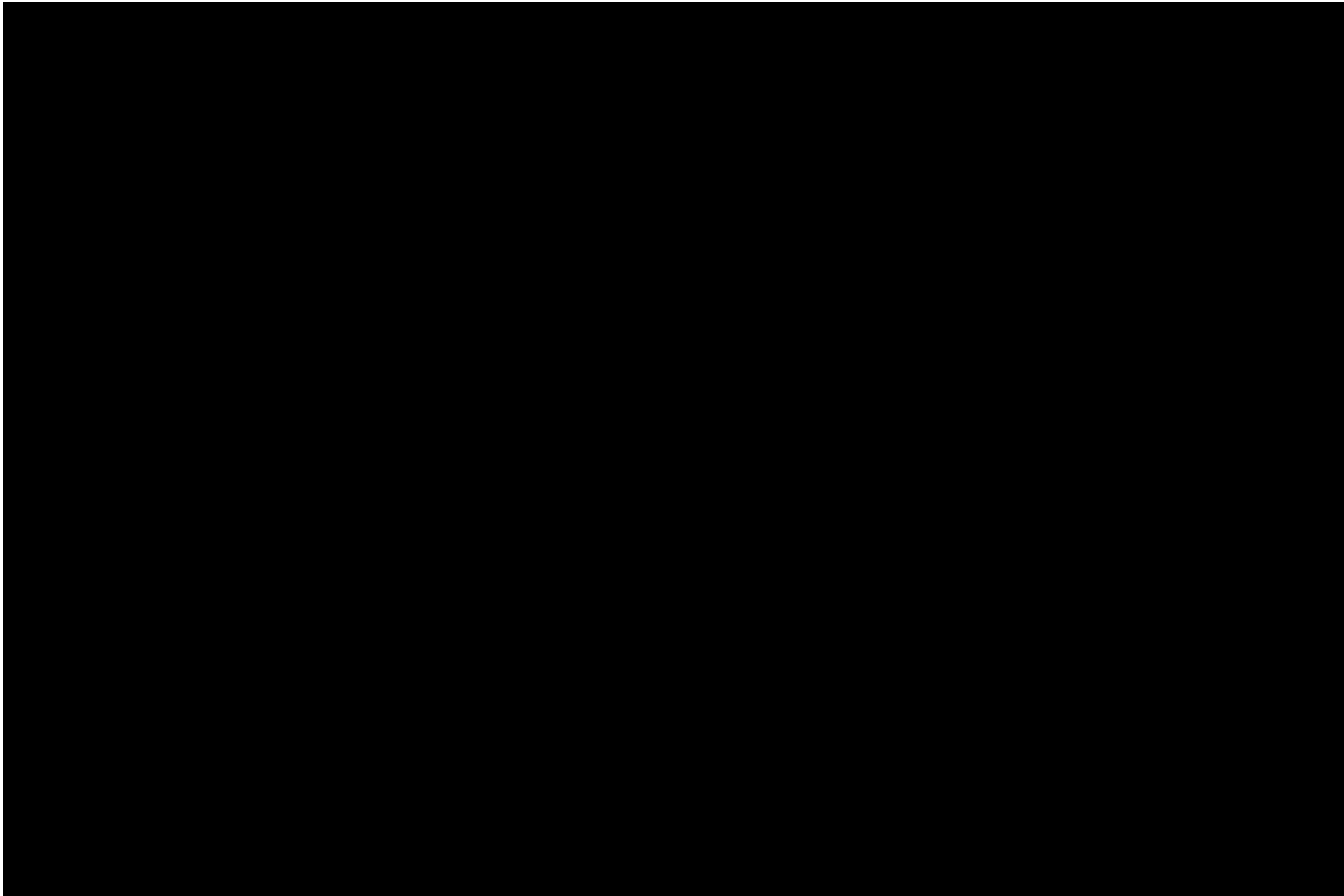
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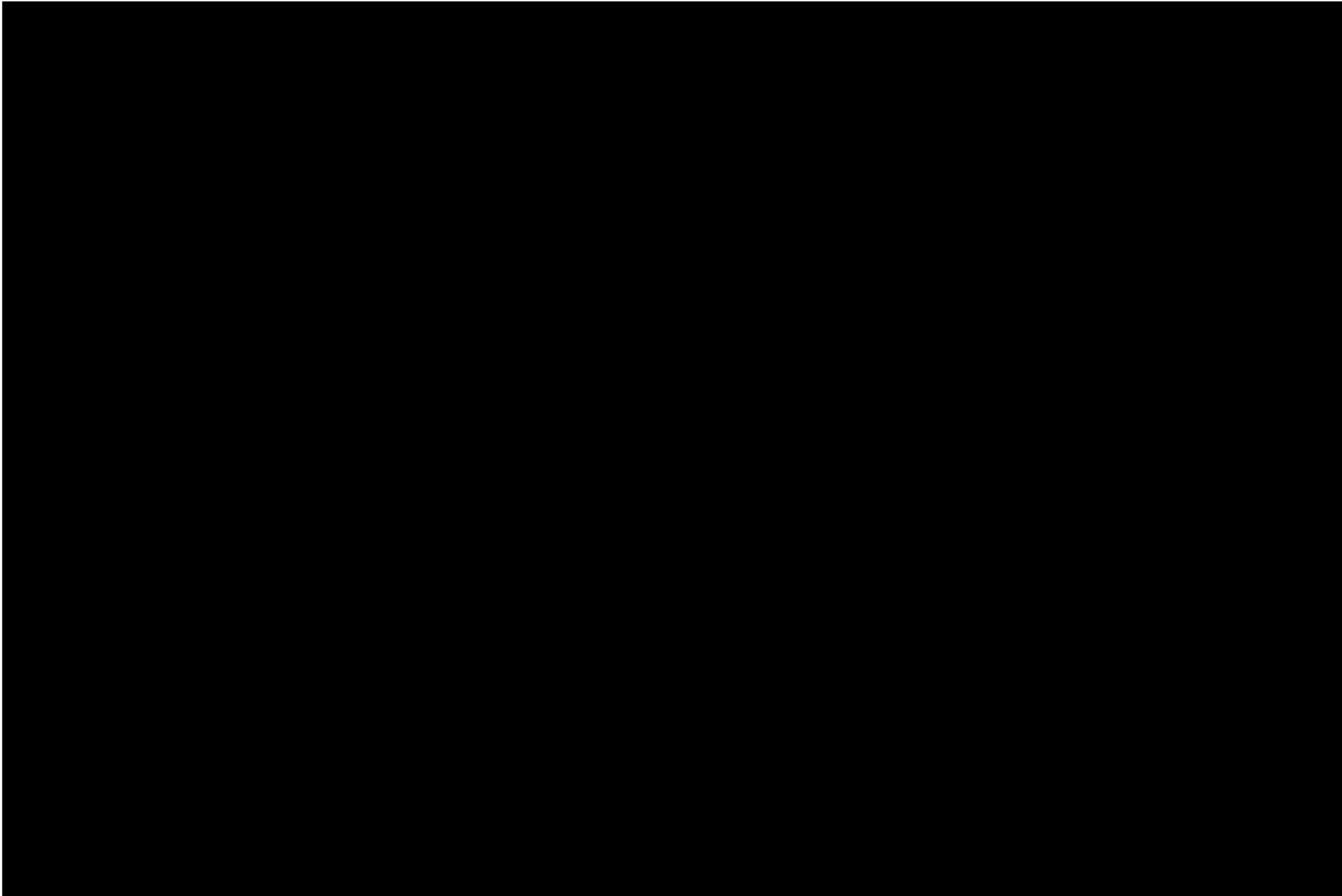
D-2.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

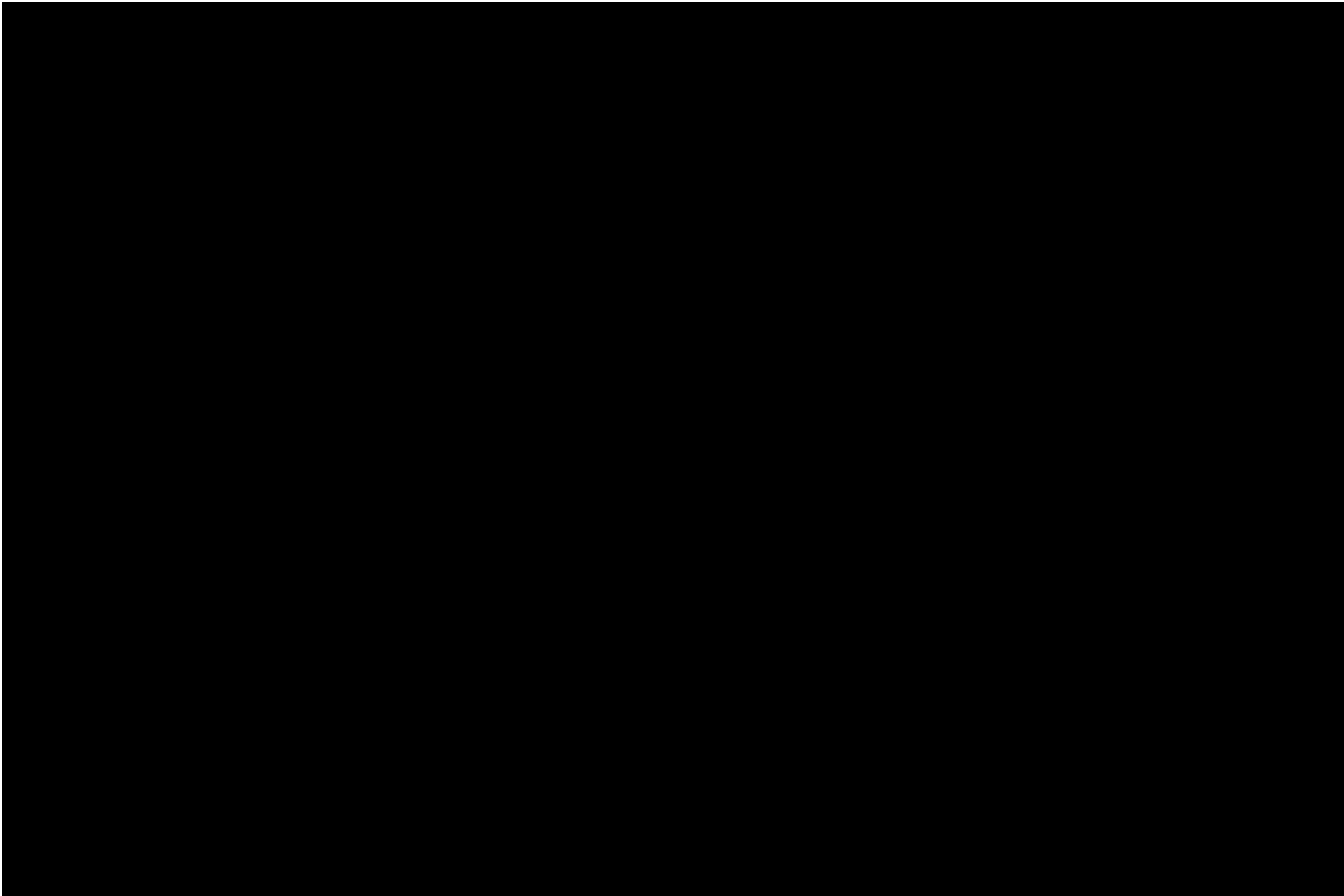
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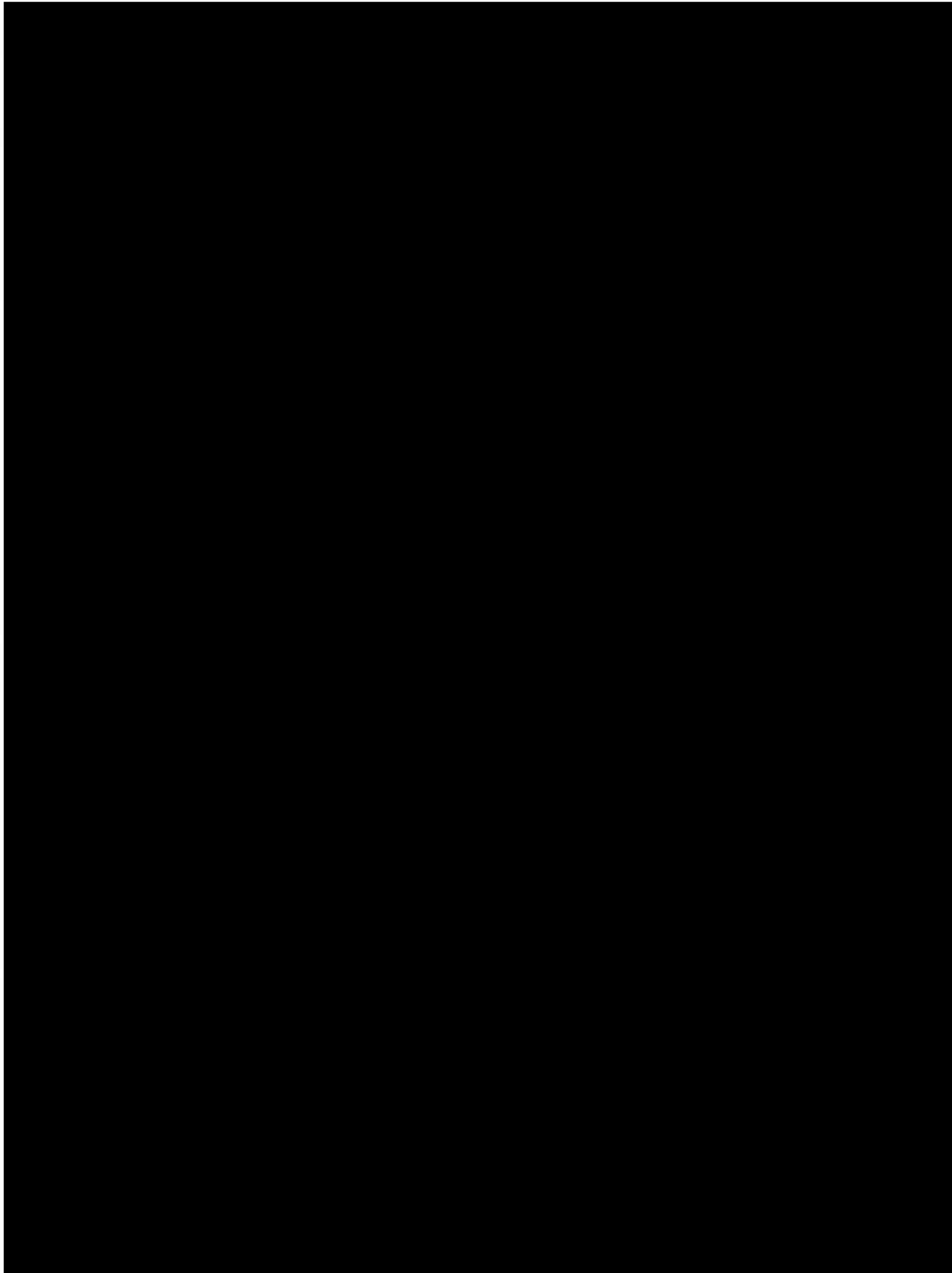
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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase to 6.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of new housing and care services, and the implementation of policies to support older people in their own homes. The aim of this paper is to review the current state of research on the needs of older people, and to identify areas for further research.

The paper is organized as follows. First, we review the current state of research on the needs of older people, and identify areas for further research. Second, we discuss the implications of this research for policy and practice. Third, we conclude with a summary of the key findings of the paper.

The first section of the paper reviews the current state of research on the needs of older people. This includes a review of the literature on the physical, psychological, and social needs of older people, and on the impact of aging on health and well-being. The second section discusses the implications of this research for policy and practice. This includes a discussion of the need to develop new housing and care services, and of the need to implement policies to support older people in their own homes.

The third section concludes with a summary of the key findings of the paper. The key findings are that there is a growing awareness of the need to develop strategies to meet the needs of older people, and that there is a need to develop new housing and care services, and to implement policies to support older people in their own homes. The paper also identifies areas for further research, including the need to develop more research on the physical, psychological, and social needs of older people, and on the impact of aging on health and well-being.

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

YES

Operations Plan(Receiving of Product)

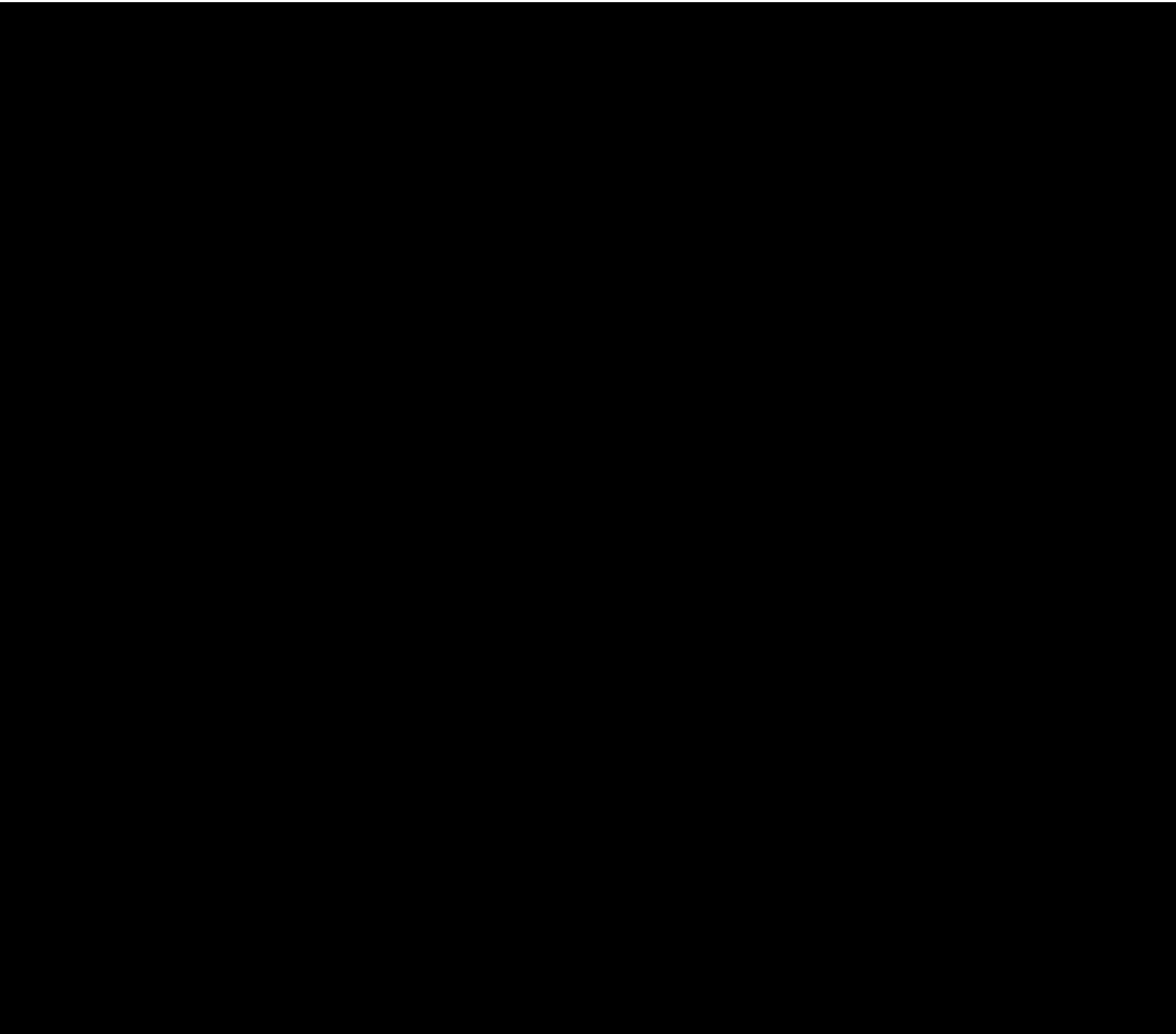
D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.


YES

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

YES

D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. [OAC 3796:6-3-06](#)





D-3.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Storage of Product)

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

YES

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

YES

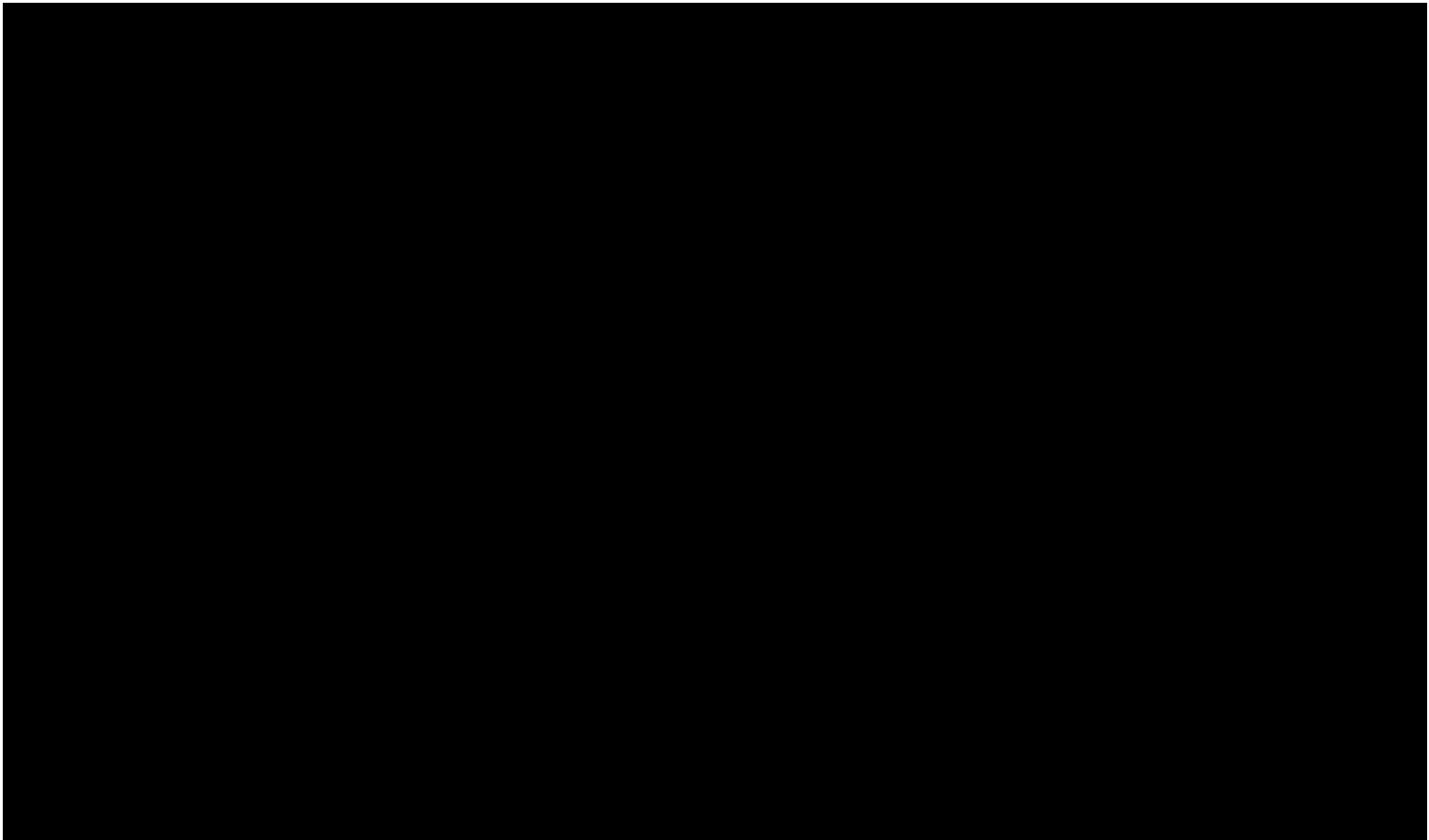
D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

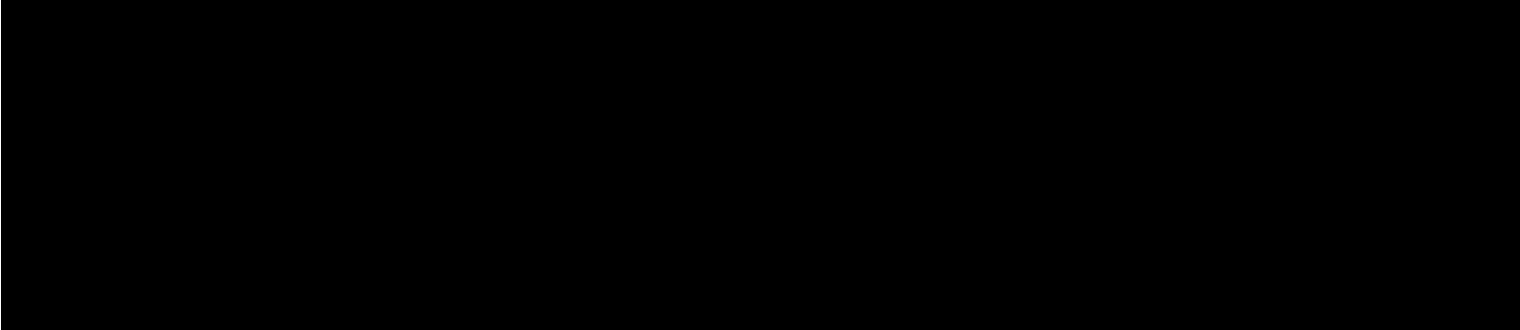
YES

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

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

Please reference [OAC 3796:6-3-07](#) for more information.





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

No response provided by applicant

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

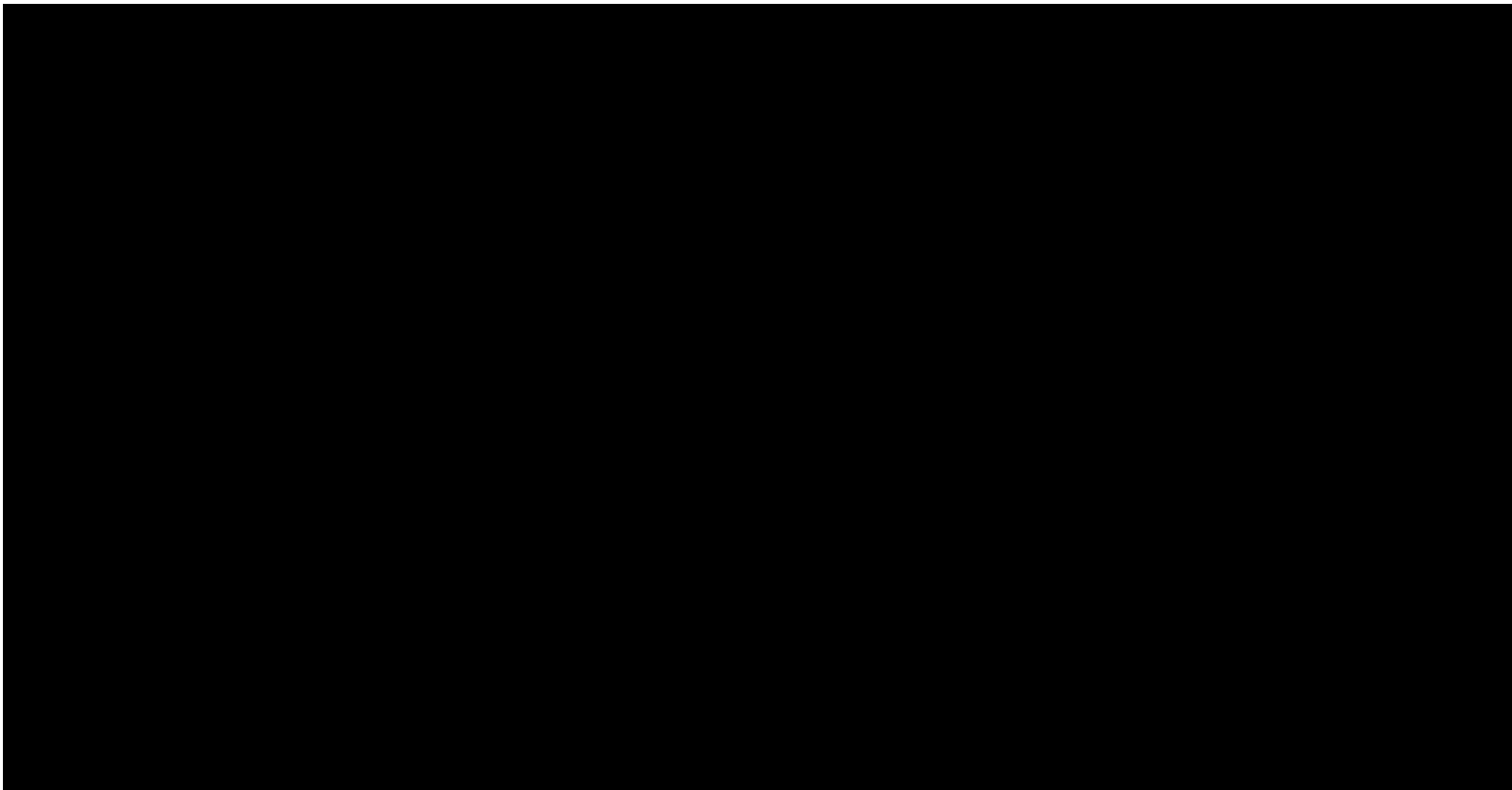
D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

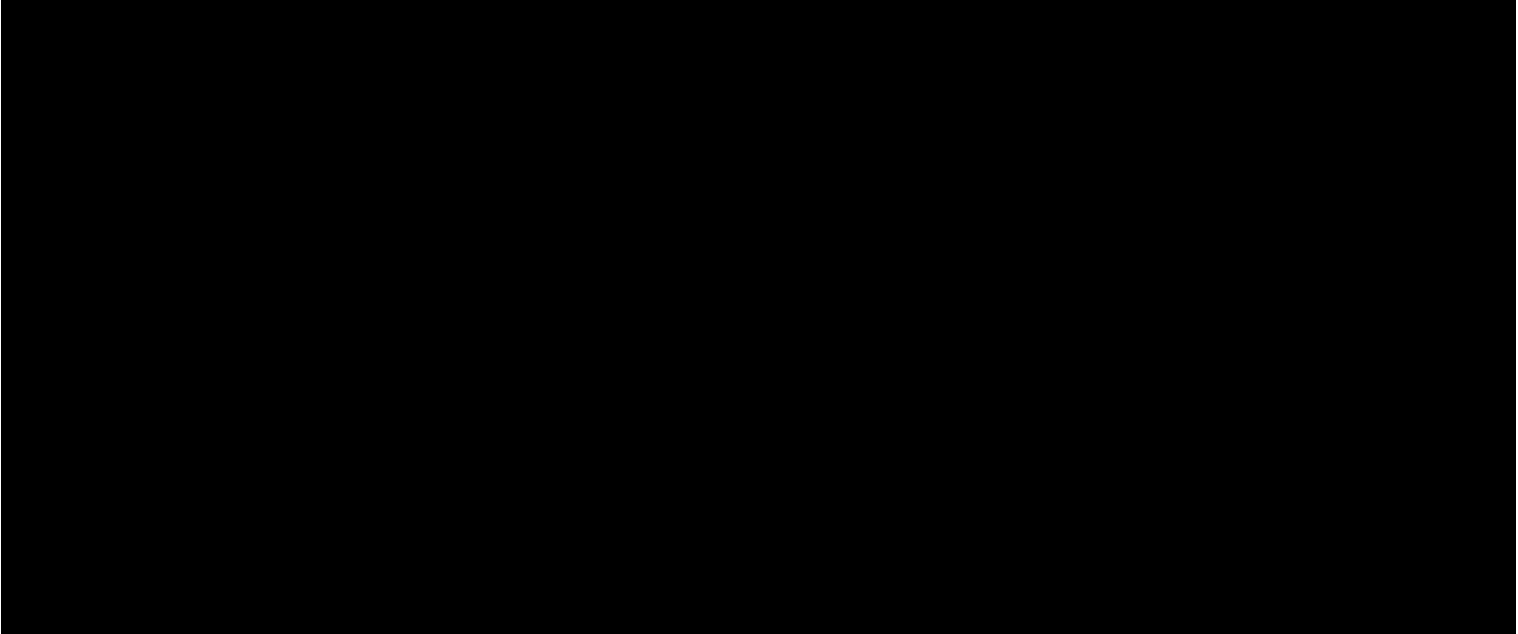
5

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](#)





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 Sample label.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.

Example label for medical
marijuana plant material

COMPANY NAME, INC. - LICENSE NUMBER 11234																													
1234 Ohio Way, Akron OH 44223																													
Product identifier 112234	Cannabinoid Profile																												
11/1/17, 10:12am 3.5 grams	<table><tr><th>Cannabinoid</th><th>Test Results</th></tr><tr><td>TCH</td><td>1.5%</td></tr><tr><td>CBD</td><td><0.1%</td></tr><tr><td>CBN</td><td>0.1%</td></tr><tr><td>THCa</td><td>24.3%</td></tr><tr><td>CBDa</td><td><0.1%</td></tr><tr><td>Δ-8 THC</td><td><0.1%</td></tr><tr><td>CBGa</td><td>N/A</td></tr><tr><td>THCv</td><td>N/A</td></tr><tr><td>CBDv</td><td>N/A</td></tr><tr><td>CBC</td><td>N/A</td></tr><tr><td>Total Cannabinoids</td><td>25.9%</td></tr><tr><td>Max THC</td><td>22.8%</td></tr><tr><td>Max CBD</td><td><0.1%</td></tr></table>	Cannabinoid	Test Results	TCH	1.5%	CBD	<0.1%	CBN	0.1%	THCa	24.3%	CBDa	<0.1%	Δ-8 THC	<0.1%	CBGa	N/A	THCv	N/A	CBDv	N/A	CBC	N/A	Total Cannabinoids	25.9%	Max THC	22.8%	Max CBD	<0.1%
Cannabinoid	Test Results																												
TCH	1.5%																												
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Δ-8 THC	<0.1%																												
CBGa	N/A																												
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CBC	N/A																												
Total Cannabinoids	25.9%																												
Max THC	22.8%																												
Max CBD	<0.1%																												
Jane Doe #1234																													
This product may cause impairment and may be habit-forming.																													
This product may be unlawful outside of the State of Ohio.																													
Harvested 8/1/17	OG kush																												

Example label for medical
marijuana non-plant material

PROCESSOR COMPANY INC. - LICENSE NUMBER 1234
1234 Ohio Way, Akron OH 44223

Product identifier 112234
9/1/17, 10:12am 3.5 grams

Jane Doe #1234

This product may cause impairment
and may be habit-forming.

This product may be unlawful
outside of the State of Ohio.
Harvested 8/1/17

OG kush

Cannabinoid Profile

Cannabinoid	Test Results
TCH	1.5%
CBD	<0.1%
CBN	0.1%
THCa	24.3%
CBDa	<0.1%
Δ-8 THC	<0.1%
CBGa	N/A
THCv	N/A
CBDv	N/A
CBC	N/A
Total Cannabinoids	25.9%
Max THC	22.8%
Max CBD	<0.1%

Ingredients: (x)(y)(z)

Food allergen notice: Please be advised that food prepared here may contain these ingredients: (x)(y)(z)

Caution: when eaten or swallowed, the effects or impairment caused by this drug may be delayed

Extraction process: This product used [example extraction method] and may contain [x chemical] used in the extraction process

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](#)

The Director of Compliance will be the designated representative with primary oversight of inventory and inventory control, with assistance from the CEO. The Director of Compliance has a history of managing pharmacy inventory and working with state approved systems. The CEO also has knowledge of the Company's BioTrackTHC system and coordination with state reporting and medical marijuana inventory controls.

BioTrackTHC is real-time, web-based internal inventory control system that will be backed-up at least daily and is accessible by the State Board of Pharmacy immediately upon request. It has been awarded contracts for inventory management by state marijuana regulatory agencies in four states. BioTrackTHC serves as the dispensary's point of sales (POS) system, allowing for the tracking of patient usage and amounts sold over time. In addition, BioTrackTHC allows for: the oldest stock of medical marijuana to be distributed first, forensic analysis on any employee action in the system, easy attachment of peripherals such as scales and label printers (to reduce deliberate or accidental mis-typing of critical information), and tools for communicating with the dispensary patients, such as product availability alerts and/or notices.

With respect to retail operations and tracking sales limits for medical marijuana patients, the BioTrackTHC Commercial Point of Sale (POS) System features smart technology such as barcodes and radio frequency identification that responds to every transaction made at the dispensary. The System allows users to automatically enforce state and patient sales limits by updating customer records with each purchase, according to state limits. This gives the Company's dispensary employees an instant view on the quantity or type of medical marijuana product they can sell to a patient according to the State and physician recommendation. BioTrackTHC's commercial system ensures that physicians are making the recommendations and that registered patients are making the appropriate purchase. Because a medical marijuana dispensary cannot sell to a patient or caregiver without his or her registry identification card and photographic identification, the system assists the dispensary employee by automatically verifying physician license numbers with the state for patient recommendations. In the event that a photographic identification or medical marijuana registry identification expires, the system prohibits a transaction/purchase from that person.

The Company's inventory control system shall document exact accounting of:

- Each transaction and each day's beginning inventory, acquisitions, sales, disposal, and ending inventory.
- Description of acquired medical marijuana products including:
 - o The quantity, strain, variety, and batch number of each product.
 - o The finished form, number of units/volume of each finished form in each container, and number of containers in each finished form.
 - o The name and license numbers of each of the processors and cultivators providing the medical marijuana.
 - o The name and license number of the licensed processor and cultivator agents delivering the medical marijuana.
 - o The name and license number of the licensed dispensary employee receiving the marijuana.
 - o The date of acquisition.
 - o Any other information required by State Board of Pharmacy.
- Records of the sale, dispensing, and denials of sales which will specifically include:
 - o Description of products (quantity, strain, variety, batch number).
 - o Name and license number of the licensed dispensary employee selling, dispensing, or denying sale of medical marijuana.
 - o The date of dispensing.
 - o The name and registration number of the patient/caregiver.
- Records of the disposal of medical marijuana to include:
 - o Description of products (quantity, strain, variety, batch number, cause of disposal) that are destroyed.
 - o Name and license number of the licensed dispensary disposing the medical marijuana.
 - o Director of Compliance or other key employee verifying the destruction of the medical marijuana.
 - o The method of disposal and name, address, and telephone number of the disposal company.
 - o Date of disposal.

The Director of Compliance shall conduct and log an audit of the daily inventory according to generally accepted accounting principles once a week.

- If the audit identifies reduction in inventory and undocumented causes, the Director of Compliance shall determine the cause, take corrective action, and inform the State Board of Pharmacy of the loss by telephone and written notice within 2 business days of discovery.
- If the reduction is due to suspected criminal activity, the Director of Compliance shall immediately make a report to the Board and law enforcement agencies.
- If the audit identifies an increase in inventory, the Director of Compliance will determine the cause, take corrective action, and document.

The Director of Compliance, in conjunction with the management team, will submit quarterly financial audit statements in a format approved by the State Board of Pharmacy. Annually, the Company will submit an audit certified by an auditor or an Ohio Certified Public Accountant. The audit statements submitted to the State Board of Pharmacy will contain, at a minimum, an income statement, balance sheet and weekly medical marijuana inventory, including marijuana acquisition, wholesale cost and sales, prepared in accordance with generally accepted accounting principles.

The Company will maintain documentation of inventory, bank account deposits and withdrawals, and audits in a secure, locked location in the restricted access storage area on premises for three years from the date of the document. The records will also be backed up each day and kept electronically through the BioTrack THC Commercial Point of Sale System, pending approval from the Board. The Company will provide any documentation required to be maintained to the Board for review upon request.

The Company shall only accept returns pursuant to rule Ohio Administrative Code 3796:6-3-14 and further detailed in section D – 6.9. In the event of a recall, the Company will follow its policy for a communication plan, which will include:

- A mechanism to contact all customers who have, or likely have, obtained the product from the dispensary. The communication must include information on the process for return of the recalled product;
- A mechanism to contact the processor or cultivator that manufactured the recalled product.
- Communication with the State Board of Pharmacy, the Ohio Department of Commerce, and the Ohio State Medical Board within twenty-four hours; and
- Outreach via media, as necessary and appropriate.

All recalled medical marijuana and medical marijuana products will be destroyed in compliance with rule 3796:6-3-14 as detailed in section D – 6.9 and under the supervision of the Director of Compliance with the State Board of Pharmacy being notified in writing.

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

No response provided by applicant

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

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

The Company will have strict SOP's regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. The Company's process, procedures, and controls are specific to how patients and caregivers will be charged for such returns, how the returns will be tracked, how any returned medical marijuana will be secured at the facility and the timeframe in

which medical marijuana can be returned. Moreover, these processes for the returns of unused medical marijuana will be taught in the foundational training and reinforced through daily business practices and ongoing education. If a patient or caregiver chooses to return unused medical marijuana, the Company will destroy the product in compliance with Ohio Revised Code 3796:6-3-14.

If a patient or caregiver chooses to return unused medical marijuana, the dispensary employee will record the return in BioTrackTHC inventory tracking and make note of the pending destruction of the product. The Company will automatically notify the State Board of Pharmacy of the disposal to occur once the return has been entered. In order to maintain timely and compliant business functions, the Company shall have a designated destruction day at the same time and day each week. The Company shall submit the recurring time and date to the State Board of Pharmacy for its approval prior to implementing a return service. This recurring function will limit the maximum time that returned products are stored at the facility to less than 7 days.

Patients will have 14 days from initial purchase to return the unused medical marijuana or medical marijuana products to the store. Once the return has been accepted, the Company will store the medical marijuana in its restricted access storage zone in a specific area of returned products. These products will be separate from any other medical marijuana or medical marijuana products and will have access only by designated key employees.

At the designated disposal time and date, the Company shall have personal oversight by the Director of Compliance on the disposal process and all disposal and handling of medical marijuana shall be in an area with fully functioning video surveillance. The Company shall grind the marijuana waste with other ground material, so the resulting mixture is at least 50% non-marijuana waste. The Company will maintain inventory of compostable waste for combining with marijuana waste, which will be stored in the disposal area of the dispensary. The Company will use food waste for the combination, reinforcing the Company's environmental initiatives and minimizing environmental impact from medical marijuana operations. Prior to deeming unusable, the Company shall weigh and record in BioTrackTHC.

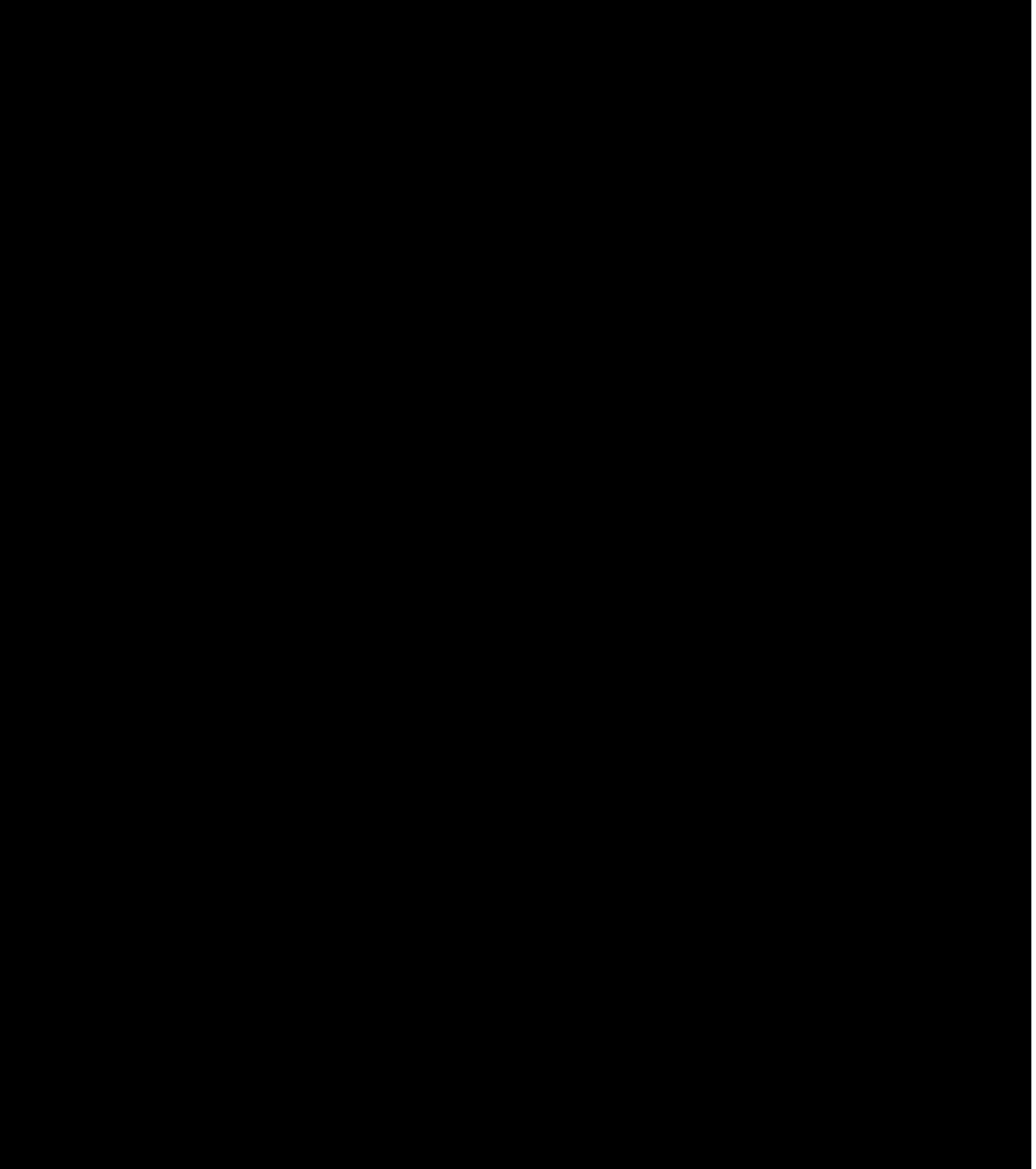
Following the disposal method and once deemed unusable, the Company shall have the product delivered to a permitted solid waste facility for final disposition. Any and all external refuse containers shall be maintained in a locked condition.

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](#)





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.

The Company is committed to a clean and sanitary work environment and will implement SOP's to ensure sanitation and safety at the dispensary by implementing processes for contamination prevention, pest protection procedures, instructions to dispensary employees regarding how to handle the medical marijuana and hand-washing facilities. The Company will utilize processes and SOP's developed from experience with the CEO's Denver, Colorado dispensary. Additionally, the Director of Compliance will bring SOP's from his pharmaceutical background with Central Rx Pharmacy and pharmacy degree from Long Island University in New York. His experience running a pharmacy compliantly and successfully while managing over 200 employees and multiple locations will bring pharmacy level SOP's for sanitation and safety.

The dispensary agents shall attend training sessions on the SOP for the cleaning, safety and sanitation of medical marijuana, medical marijuana products and the dispensary. Included in the cleaning, safety and sanitation SOP will be information on the safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices.

SOP's for dispensary sanitation and safety include, but are not limited to:

- Cleaning supplies are isolated in janitorial closet and never stored with medical marijuana dispensary equipment or tools
- Staff members who are ill or have infectious diseases will not work in the facility until cleared
- Employees will not open prepacked medical marijuana received from processors or cultivators
- Products awaiting sale will be kept in inventory in limited access secure storage vault with lighting, temperature, and humidity conditions optimized to ensure quality
- The packaging, storage, and vault area will be kept neat and sanitary
- Inspection of all medical marijuana products prior to acceptance to ensure that testing of the product by a licensed testing laboratory is evidenced on the label
- Product inspection measures and review of test results before accepting any medical marijuana products
- Hand-washing facilities in the bathrooms and requirement of all employees to wash their hands after each use and/or after handling medical marijuana
- Task scheduling software and sanitation logs with oversight by the Director of Compliance
- Public access areas and restrooms cleaned at close of each business day and as needed during the day.
- Products arranged in first-in, first-out order and expiration dates checked regularly
- Food limited to employee break room and break room cleaned at close of business each day
- Trash emptied daily and no food left out in break room
- Proper storage of waste in immediate vicinity so it does not attract or harbor pests
- Any pests spotted to be reported to the Director of Compliance
- Pest control services contracted by the Company in the case of needing pest removal
- Regular maintenance of roads, yards, and parking lots
- All equipment, instruments, and contact surfaces that come in contact with medical marijuana and medical marijuana products shall be cleaned before and after each use

- Equipment and instruments will also be periodically taken apart and the internal components will be sanitized
 - Cleaning compounds without microorganisms or chemicals which might be dangerous to public health
 - Storage of cleaning compounds to protect against contamination with other products or contact surfaces
 - Trash regularly stored and disposed to minimize odor, pest attraction, and contamination of components
 - Pets are not allowed in the dispensary
 - Doors, windows, screens, and walls will be well maintained to avoid pests
 - Pest control reports will be kept for six months and available for review
 - A pest control chemical list will be maintained
 - Records and logs will include the current license and contracted pest control services company
 - Material safety data sheets will be kept and available for all chemicals used and on the premises
 - Any gaps around doors will be $\frac{1}{4}$ an inch or less to avoid pest access
 - Regularly assigned cleaning and sanitation duties for dispensary employees with logs in the compliance tracking software
 - Records of use for any rodenticides, insecticides, or other sanitizing agents
 - A disaster plan for earthquakes, tornados, or other natural disasters with clear markings of exits and employee protocols
 - A "lockdown" plan and procedures taught during foundational training in the event of an emergency
- SOP's for employee hygiene include, but are not limited to:
- Any employee who is shown to have (by medical examination or observation) illness, open lesions, or any abnormal contamination will not be allowed to work until cleared by a medical doctor
 - If employee has an illness that is not sever or symptoms that are not acute, the employee can be assigned to tasks that do not involve patient or product handling or the employee can be excused from work until cleared by medical doctor
 - Staff will notify the Director of Compliance if they are ill with diarrhea, vomiting, or other illness to be excused from work
 - Employees will wear clean, appropriate work uniforms and shoes for standing for long periods
 - Staff will store coats and personal belongings in designated areas
 - Fingernails will be trimmed
 - No gum, smoking, eating, or drinking will be permitted in the dispensary
 - Employees will be trained on First Aid protocols during the foundational training period by the Director of Compliance

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.

The Company’s management team brings 8 years of highly compliant medical marijuana operations experience in other marijuana regulated states, to include over 400,000 marijuana customer transactions. The Company will utilize both electronic and hard copies of its records, and also rely on BioTrackTHC Commercial Point of Sale System for all record maintenance including employee records; employee background checks and employee training; company operating procedures and controls; audit records; staffing plans and business records; surveillance records attendance logs; and, quality assurance logs. The Company’s recordkeeping activities will fall under the responsibility of the Vice President and her employees. The Vice President will be responsible for directly managing and organizing the recordkeeping.

BioTrackTHC Commercial Point of Sale System features smart technology such as barcodes and radio frequency identification that responds to every transaction made by the dispensary. Also, BioTrackTHC maintains a log of every keyboard input and who made it, including adjustments and voids, so the entire history of the system may be reconstructed at any time and made available to the State Board of Pharmacy. The Company will use BioTrackTHC to generate inventory reports which will be visually checked against the physical inventory.

BioTrackTHC was chosen by the Company for its reputation in other states that have legalized medical marijuana and its recordkeeping capabilities. The electronic system meets the Company’s SOP’s for recordkeeping including:

- Guaranteed confidentiality of the information contained within;
- Accessibility by the State Board of Pharmacy;
- Safeguards against erasures and unauthorized changes in data after the information has been entered and verified;
- Contains a true audit trail that indicates and dates any edits or deletions to a patient record; and,
- Is capable of being reconstructed / retrieved within three business days.

The Company shall also use BioTrackTHC to maintain a record of all medical marijuana received, dispensed, sold, destroyed, or used and backed up each business day. The information will be stored on servers located at the dispensary location and backed-up through cloud hosting services as approved by the State Board of Pharmacy.

In addition to patient recordkeeping and inventory tracking, the Company will also utilize storage on

servers at the dispensary and cloud backup for its electronic general information. The Company will maintain electronic and hard copies (to be stored in a secure vault with access only by the Vice President) of the following:

- Background checks for employees;
- Operating procedures and employee handbooks;
- Inventory records;
- Audit records;
- Staffing plan;
- Business records (including financials, vendors, transactions, bank statements, etc.);
- Video and surveillance records;
- Attendance logs;
- Employee training records and hours;
- Quality assurance review logs; and,
- All records relating to the purchase or return, dispensing, distribution, destruction, and sale of medical marijuana.

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](#)

The Company plans to provide additional products in the dispensary, including:

- Vaporizers and other authorized medical marijuana devices for consuming or securely storing medical marijuana. Any containers for securely storing medical marijuana provided by the dispensary will meet the labeling requirements set forth in section 3796:6-3-01(G) of the Administrative Code.
- Pamphlets and brochures on the benefits and risks of medical marijuana for qualifying conditions as developed or approved by the Director of Compliance, as detailed more in section E-2.1 of this application. The Director of Compliance will submit any pamphlets or brochures to the State Board of Pharmacy for approval and no pamphlets or brochures will be displayed or distributed until the materials are approved by the State Board of Pharmacy.

The Company also plans to provide additional services in the dispensary, including:

- Dispensary training for its employees; and,
- Product education seminars on new products and services to be offered.

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

No response provided by applicant

D-10.2 Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)

The Company recognizes the importance of providing additional services and information to veteran and indigent patients at its dispensary. The CEO has utilized many different programs for veterans in his operational experience in the legal marijuana industry in Colorado. The Company plans to initially offer assistance and information to veteran and indigent patients, with a plan to revisit the program each year and analyze its efficacy and make any necessary improvements. The veteran and indigent focused program will include:

- Monthly promotions for veterans and the indigent only.
 - o Promotional points per purchase through its dispensary's veterans and indigent rewards program created specifically for serving veterans and the indigent (non-veteran and non-indigent customers will not be eligible for participation in the customer loyalty program).
 - o The CEO will submit all proposed promotions to the Board of Pharmacy prior to dissemination or implementation.
- Coupons for veterans and indigent patients only, for discounts on certain products.
- Bi-monthly workshops led by the dispensary management team to educate veterans on medical marijuana and its benefits for qualifying conditions.
- Outreach through Veterans' organizations and organizations that serve the indigent population to inform and educate these populations on the availability of medical marijuana and how it may or may not be appropriate for them individually.

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

The Company is committed to providing medical marijuana in an environmentally friendly manner. The dispensary will utilize different products and methods to help mitigate potential environmental impact, including but not limited to:

- Recycling bins for paper and plastic waste.
- Canteen style reusable water bottles for dispensary employees.
- Environmentally friendly packaging that complies with Ohio Administrative Code.
- Lighter, reusable cardboard boxes in a standardized box size to facilitate reuse.
- Energy efficient office operations including:

- o Reduction of paper use through tablets and other digital terminals.

- o Cloud computing resulting in lower costs and less electricity consumption.

- Energy efficient stores including:

- o Efficient lighting and LED lights.

- o Climate control regulators that optimize temperature controls.

Additionally, logistics and supply chain are a significant source of environmental stress, especially in the form of carbon emissions. The Company plans to minimize environmental impact in the supply chain through:

- Logistic planning on receiving medical marijuana and medical marijuana products from processors or cultivators with a plant only processor license to minimize drive time and carbon emissions, while still ensuring the state's transportation requirements are met.

- Working with medical marijuana processors who demonstrate sustainable business practices and environmentally friendly packaging.

Rather than new construction, the dispensary will move into a preexisting building, which will be updated and renovated to meet the dispensary's needs and comply with all dispensary requirements pursuant to the Ohio Revised Code and Ohio Administrative Code. Avoiding new construction will help reduce the dispensary's environmental impact and, repurposing what is presently a vacant building, will also help revitalize the local area.

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.

No response provided by applicant

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](#)

The Company's management team and Advisory Board bring a diverse skill set to our education and training program which will exceed the foundational and ongoing training requirements for dispensary employees to be authorized to dispense medical marijuana in Ohio. Our education and training program and substantive training content will be developed and implemented by our highly experienced team which includes the Company's Director of Compliance, Compliance Advisor, President and Product Advisor.

Our training program will consist of classroom style training and testing over a two-week period at the dispensary location in Ohio. After the two-week training in Ohio, the dispensary employees will be trained in Denver, Colorado at an operating dispensary. The CEO will lead the on the job training in Colorado and assign each employee a Denver mentor who can provide further guidance and rational on the Standard Operating Procedures.

Prior to Training

The Company will allocate an initial capital expenditure budget for training along with operational expenditure each year for ongoing training. This budget shall include both on-site training as well as off-site in Denver, Colorado.

Before commencing foundational or ongoing employee training, the Director of Compliance will submit, in a manner determined by the State Board of Pharmacy and to the Board for approval, the following:

- Names and qualifications of the persons responsible for training content;
- The primary objective of the training and how it is intended to improve the participants' competency as dispensary employees;
- The number of intended trainings for the next twelve-month period and the number of participants for each training;
- Any brochures describing the activity;
- The method or manner of presenting materials;
- The agenda with a detailed time schedule;
- A set of training materials, if requested; and,
- Any other items requested by the State Board of Pharmacy

Additionally, the Director of Compliance shall submit a signed attestation that they are a pharmacist licensed under Chapter 4729 of the Revised Code, their professional license number, and that they approve of the content.

These training materials will be submitted 75 days prior to the date of the intended training. Before training, each participant will be provided with course materials in the form of written, electronic, or other format that are of such quality and quantity to indicate that adequate time has been devoted to their preparation and that they will be of value to participants. Any presentation materials, electronic or otherwise, shall be subject to the same criteria as other materials.

Training Content

The Director of Compliance will oversee the dispensary training program, utilizing the dispensary operating expertise from the management team's combined decades of experience in the legal cannabis industry.

The initial training for employees will take place in Ohio at the approved dispensary location. Additional off-site training will take place in Denver, Colorado to gain real experience in a functioning legal cannabis market. This training shall be made and developed in accordance with section 3796.04 of the

Revised Code and will be in addition to the foundational and ongoing training in-state. Dispensary employees will receive 20 hours of foundational training and key employees will receive 40 hours of foundational training. The training will cover a variety of topics, including but not limited to:

- Training on the drug database established pursuant to section 4729.75 of the Revised Code
- Training on BiotrackTHC and the inventory tracking system established pursuant to section 3796.07 of the Revised Code
- Responsible use training with specific instructions on:
 - o Effectively using the toll-free telephone line established pursuant to section 3796.17 of the Revised Code
 - o Learning to recognize signs of medicine abuse or adverse effects in the medical use of marijuana by a patient
- Proper use of the security and surveillance measures for prevention of diversion, theft, or loss of medical marijuana
- Confidentiality requirements of patient information and dispensary information
- Training on different forms, strains, uses, side-effects, and general background of medical marijuana
- Instructions on qualifying conditions for medical marijuana patients
- Authorized uses of medical marijuana in treatment of qualifying conditions
- Instruction regarding regulatory inspection preparedness and law enforcement interaction
- Awareness of the legal requirements for maintaining status as a licensed dispensary employee
- Additional topics as specified by the state board of pharmacy

Only time of actual instruction will count towards the training hour and will not include breaks or opening and closing remarks.

Additionally, the Director of Compliance will provide oversight for the development and dissemination of:

- Educational materials for patients and caregivers created by the CEO and refined over the previous 8 years of operating experience in Denver, Colorado
- A documentation system for patient symptoms including:
 - o A log book, maintained by the patient and/or caregiver, in which the patient or the caregiver may track the use and effects of medical marijuana
 - o A rating scale for symptoms associated with a qualifying condition
 - o Guidelines for the patient's self-assessment, or if applicable, assessment of the patient by the caregiver
 - o Guidelines for reporting usage and symptoms to the recommending physician and any other treating physicians
- Policies and procedures for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana, prepared by the Compliance Advisor based on his narcotics enforcement experience

The Director of Compliance will maintain the following records regarding the educational materials and training materials mentioned above:

- A signed attestation by the Director of Compliance that they are responsible for the training content of this rule and is a pharmacist licensed under Chapter 4729. of the Revised Code.
- The professional license number of the Director of Compliance
- That they approve the content.

In addition, the Company will maintain evidence of all training provided for every dispensary employee in its files, which will be open to inspect and audit by the State Board of Pharmacy upon request. The Company's evidence of training will include: transcripts, certificates of completion, and/or other form of documentation including: the participant's name, course title, course content, date(s) of training, provider's name(s), and signature of the course instructor.

Continuing Education

Dispensary employees will receive a minimum of 25 hours of continuing education for each two-year licensing and will not be carried over from one licensing period to another. The Director of Compliance

will manage, track, and ensure all key and support dispensary employees complete the required continuing education. The training and education will cover a variety of topics, including but not limited to:

- Guidelines for providing information to patients and caregivers related to the risks associated with medical marijuana, including possible drug interactions.
- Guidelines for providing support to patients related to the patients' symptoms.
- Recognizing signs and symptoms of substance abuse.
- Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.
- The safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices.
- Legal updates training pertaining to the Ohio medical marijuana control program.
- Additional topics as specified by the state board of pharmacy.

Additionally, employees will receive 15 hours of elective training each year. This training will be approved by the Director of Compliance and take place in the state of Ohio.

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.

No response provided by applicant

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

The Company recognizes that medical marijuana research is rapidly evolving and advancing and has structured its training plan to incorporate those advancements. The Company's key employees all have vast industry knowledge and a desire to stay educated on medical marijuana research.

The CEO has been to multiple seminars on advancements in medical marijuana research. In 2015, the CEO went to Israel and met with companies and management leading the industry on medical marijuana research. Moreover, the CEO has operations in multiple states, which allows for insight into different medical marijuana trends and advancements. The Director of Compliance has a pharmaceutical background and a thirst for knowledge on medical marijuana. He has expressed interest in advancements in the industry and has key contacts in the pharmaceutical industry. An Advisory Board Member will also be responsible for monitoring and identifying advancements in research. This Advisory Board Member is a PhD whose practice focuses on biomedical engineering research. The Advisory Board Member, the Director of Compliance, and CEO will meet regularly, at least semi-annually, to discuss advancements in research and how to incorporate those advancements into employee training plan.

The Company will allocate operational expenses each year to send the key employees to a minimum of two conferences or seminars each year on advancements in medical marijuana research. This budget is crucial to staying up-to-date on advancements in medical marijuana and medical marijuana research. The Company has identified a list of approved conferences for seminars. The CEO has attended numerous conferences and has insight on which provide the most value to medical marijuana research. Management will also be encouraged to attend seminars on their own accord, though it will not be required once the minimum of two a year is met.

After each seminar or conference, the management team will convene for a half-day session to discuss their notes and make recommendations for changes in the training program. Once the management

team has reviewed their notes, the Director of Compliance will list new items or topics to be included in the training program. These items could include, but are not limited to, additional research on adverse effects of marijuana, varying delivery mechanisms for qualifying conditions, and different strain interactions and effects on Ohio qualifying conditions.

Once identified, the Director of Compliance will meet with the management team for an additional session to determine the best methods to update the training program. These methods could include changing classroom seminars or lectures, updating pamphlets and brochures, or other revisions to previous training material. If the change to the material is foundational or contradicts material previously taught, the Director of Compliance will submit to the State Board of Pharmacy for approval at a minimum of 60 days prior to implementing to the training program.

After approval by the State Board of Pharmacy, the Director of Compliance will implement the revised training into the training program. This revised material will be available for continuing education as well as incorporated into the foundational training for new employees. The Director of Compliance will update the training material a minimum of once a year with the approval of the State Board of Pharmacy. When the training has been updated, dispensary employees will be notified that there is additional information available and incorporates new advancements in medical marijuana research. Depending on the nature and substance of new advancements, employees will be notified either through staff meetings conducted by the Director of Compliance or through electronic mail or postings in the dispensary employee breakroom.

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.

The Company is committed to providing patients with top-notch care and education on medical marijuana benefits, risks, uses, delivery mechanisms, and other information. Our management team has an expansive medical marijuana, pharmaceutical, and business background. The management team has operational expertise and decades of experience training and managing employees effectively on patient care and education.

Dispensary employees shall be trained by the Director of Compliance to address any issues the Company's patients may have, including but not limited to:

- Recognizing the signs of abuse or adverse events in the medical use of marijuana.

- o The Director of Compliance is a licensed pharmacist with a vast background in recognizing abuse, and will be required to attend a minimum of 10 hours of seminars or continuing education on recognizing abuse.

- o The Compliance Advisor, a former law enforcement officer with experience on drug task forces, will utilize training brochures and pamphlets from a state Drug Enforcement Agency. These training materials have proven effective for law enforcement in recognizing signs of abuse or adverse events and will be provided to all dispensary employees.

- o The CEO, an expert in medicinal cannabis, will also provide anecdotal education on his experience managing medical marijuana dispensaries in Colorado. This experience will help educate employees on real life situations they may encounter while operating the medical marijuana dispensary.

- Instruction on the use of medical marijuana to treat a qualifying condition.

- o The CEO has extensive knowledge in different delivery mechanisms, strains, and dosages for specific uses of medical marijuana. The President's years of experience working with medical marijuana patients gives the Company unsurpassed knowledge in medical marijuana treatment for qualifying conditions. The CEO has worked with award winning strains for various treatments in Colorado. Additionally, the CEO has attended medical marijuana seminars in Israel for further education on the medical uses of marijuana.

- o The CEO shall utilize pamphlets, which are in compliance with the medical marijuana advertising requirements as set forth in Ohio Administrative Code 3796:5-7 Advertising created for the Colorado dispensary alongside web information from Leafly.com and other marijuana educational sites to identify common strains and their medical benefits. Additionally, the CEO will share anecdotal evidence from working with patients over 8 years on different delivery mechanisms (i.e. edibles vs. flower, tinctures, etc.) and their efficacy treating various qualifying conditions. The employees will be instructed on specific qualified conditions and Ohio approved methods of consumption of marijuana for treatment.

- Risks associated with medical marijuana, including possible drug interactions.

- o The CEO will detail medical marijuana risks and patient experiences seen in other state that have legalized medical marijuana. Furthermore, the CEO will provide anecdotal evidence of drug interactions seen in other medical marijuana legalized states and potential risks for patients.

- o The Director of Compliance has a vast knowledge of drug interactions and the risks associated with

marijuana. The Director of Compliance's background on identifying and educating how various drugs interact with each other is crucial to the Director of Compliance's credibility as an instructor to the dispensary employees. He will provide classroom style training and testing on marijuana drug interactions.

- o The Compliance Advisor will utilize training brochures and pamphlets from a state Drug Enforcement Agency to educate dispensary employees on the various risks associated with medical marijuana. Additionally, the Company will utilize pamphlets and brochures adopted from the Colorado Department of Health and American Medical Association.

- Guidelines for support to patients related to the patient's symptoms.

- o The CEO has experience in how to communicate effectively and caringly to patients with qualifying conditions. The Company will continually monitor employee interactions and communication with its patients.

- o The CEO shall provide hands-on training and mentorship guidelines at the Colorado dispensary for support to patients related to his or her symptoms.

- o The CEO and Director of Compliance will develop a system for a patient or caregiver to document the patient's symptoms related to a qualifying condition, including a log book for tracking use and effects of medical marijuana, tracking symptoms associated with the qualifying condition, reporting to the recommending physician, and educational materials on signs and symptoms of substance abuse and local substance abuse programs available to the patient.

- Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.

- o The Director of Compliance will have led employee education and training on recognizing individuals who are impaired or have abused marijuana. Part of this training will be on refusing to provide medical marijuana, and also effectively and safely escorting the individual out of the dispensary.

- o The Compliance Advisor will utilize training brochures and methods from a state Drug Enforcement Agency that have proven effective to recognizing individuals who are impaired or abusing marijuana.

- o The Compliance Advisor and Director of Compliance will use simulations in a classroom environment for how to recognize and refuse medical marijuana to an individual who appears impaired or abusive.

These topics mentioned above shall be part of the Company's training curriculum in foundational training and also in continuing education. The training is designed to be interactive and engaging, while utilizing the management team's relevant business experience. There will be various formats of training including, but not limited to:

- Lectures provided by the management team and Advisory Board
- Videos and brochures taken from a state Drug Enforcement Agency
- Pamphlets and brochures from the Central Rx Pharmacy
- Seminars
- Tests and online quizzes

Before commencing employee training to address patient education, the Director of Compliance shall submit (in a manner determined the board) the following to the state board of pharmacy and obtain approval:

- Names and qualifications of the persons responsible for training content
- The primary objective of the training and how it is intended to improve the participants' competency as dispensary employees
- The number of intended trainings for the next twelve-month period and the number of participants for each training
- Any brochures describing the activity
- The method or manner of presenting materials
- The agenda with a detailed time schedule

- A set of training materials, if requested
- Any other items requested by the state board of pharmacy

Additionally, the Director of Compliance shall submit:

- A signed attestation by the person responsible for training content that the person or persons responsible for the content of the educational materials is a licensed pharmacist, or any of the following professionals authorized to:
 - o A clinical nurse specialist or certified nurse practitioner
 - o A physician
 - o The professional license number of the person or persons identified in paragraph (G)(1) of this rule
 - o That the person or persons approve of the content

These training materials shall be submitted 75 days prior to the date of presentation of the intended training. Before training, each participant shall be provided with course materials in the form of written, electronic, or other format that are of such quality and quantity to indicate that adequate time has been devoted to their preparation and that they will be of value to participants. Any presentation materials, electronic or otherwise, shall be subject to the same criteria as other materials.

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.

No response provided by applicant

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

The Company is committed to addressing and recording reports of any adverse events that may occur. The Director of Compliance and CEO will implement procedures for handling of adverse event and all employees will be trained on the dispensary's procedures for handling of adverse events. Each employee will be responsible to monitor for suspicious recommendations, unusual usage, or questionable disposition of medical marijuana

In the event an employee discovers theft or loss of medical marijuana, the employee shall immediately report the theft or loss to the manager on duty. The manager on duty will validate the reported theft or loss and immediately notify the State Board of Pharmacy and also will immediately report the loss of theft to local law enforcement. The manager on duty will also immediately report any loss or theft to the Director of Compliance, who will perform an internal investigation into each reported instance. Unless an exemption is granted by the State Board of Pharmacy, the Director of Compliance will deliver a written report to the State Board of Pharmacy within 24 hours of the loss or theft, regardless of the outcome of the incident. The Director of Compliance will include:

- The name, address, and license number of the dispensary;
- The amount and type of medical marijuana lost or stolen;
- The circumstances surrounding the loss or theft;
- The date the loss or theft was discovered;
- The person who discovered the loss or theft;
- The person responsible for the loss or theft if known; and
- Any other information that the reporter believes might be helpful in establishing the cause of the loss or theft.

Each dispensary employee will also be responsible for reporting:

- Any fraudulent or otherwise unlawful recommendation, which the employee will report immediately to the state board of pharmacy and law enforcement authorities.
- Any known violation of Ohio drug laws, which the employee will report immediately to the board of pharmacy.
- Serious adverse events related to security and administration of medical marijuana, which the employee will report to the state board of pharmacy within 24 hours.
- Any other potentially adverse incident, which will be reported to the Director of Compliance.

In all cases of adverse incidents, the employee will also be responsible for notifying the Director of Compliance for preparation of a written report of the incident. These reports will be handled by the Director of Compliance and will be reviewed by the CEO within 7 days of the incident of issue, unless a shorter time period is required as set forth above.

The reports will be documented by the Director of Compliance who will look at each incident on a case by case basis. The Director of Compliance will have multiple methods for learning about any adverse events, including but not limited to:

- Reports from security and surveillance footage;
- First-hand reports from dispensary employees;
- First-hand reports from patients;
- An anonymous email address for employees or patients to flag any concerns or adverse events;
- Bi-weekly meetings with management team; and,
- Reading google reviews or other review websites on the Company.

The reports will be documented with a write-up of the incident from the Director of Compliance along with any supporting material of the event. The write up shall be stored electronically and also in paper copy.

The Company will be extremely proactive in reporting adverse events, and will write a report if any circumstance is questionable. Some events, in addition to those listed above, that may require a report are as follows (the following is not an exhaustive list):

- Illegal pesticides or microbial contamination on purchased marijuana products;
- Medical marijuana misuse or abuse by a patient;
- Diverting product from the patient who bought it to another individual, including diversion to minors; and,
- Factual errors on packaging that could lead to misuse of marijuana products.

The reports will be written up and presented to the CEO in a timely and efficient manner. The reports will be communicated within 14 days of the event, and then the CEO shall communicate with the cultivator, processor, and/or the State Board of Pharmacy within the shorter of either the time frames set forth above or within 5 days of the report.

The Director of Compliance will also report any adverse action taken against a dispensary employee by any licensing authority, governmental agency, law enforcement agency or any court, to the State Board of Pharmacy within 5 business days. Any such adverse action will also be reviewed by the Director of Compliance and CEO within five business days. Upon learning that an adverse action has been taken against an employee, the employee will be suspended immediately from all duties until the matter can be reviewed by the Director of Compliance and CEO.

In the event that a prohibited facility is established within 500 feet of the facility, the CEO shall notify the board of pharmacy and address the adequacy of existing security measures. The CEO will also work with the dispensary's security to address existing security measures and make alterations as needed to ensure proper security.

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.

As shown in the attached, the proposed dispensary is 1,745 square feet and provides more than adequate space to meet the needs of its patients and caregivers. The company has contracted with an architect who has created plans and renderings for the remodeling required for the dispensary. The modeled dispensary was based on an analysis of different dispensaries across Colorado and other legal states. The CEO worked with the architect to design an efficient and compliant space with patient experience in mind.

The waiting room is 257 square feet, well-lit and will provide comfortable seating for 5 people. People entering the waiting room will be greeted by a receptionist who will ensure the patient or caregiver has a recommendation. The receptionist will then remotely unlock the door to the patient care and consultation area. The waiting room will also have adequate seating to accommodate accompanying non-patients/caregivers. These people will have to sign in with the receptionist and will be asked to have a seat to wait for the patient or caregiver to return from the dispensing area.

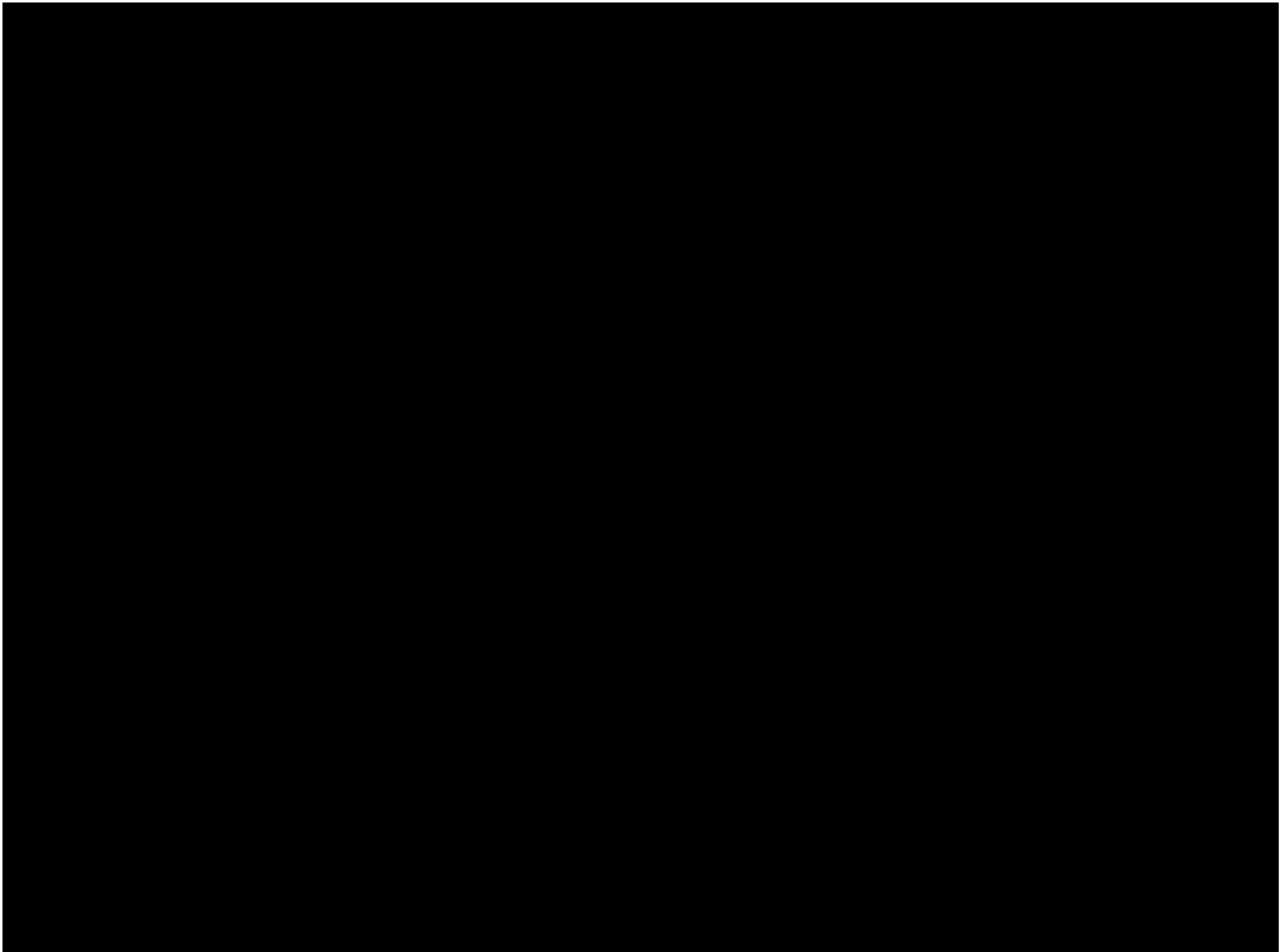
The dispensary department and patient consultation area will be 620 square feet and will accommodate 16 patients/caregivers. The dispensary department/patient consultation area will be staffed so that there is one dispensary employee for each patient in the dispensary department and consultation area. It is anticipated that there will be up to five (5) consultation areas within the dispensary area. Each new patient or caregiver will receive all the time necessary to assist him or her, but the company anticipates each encounter will last on average 5 minutes. Return patients and caregivers interactions are expected to last 3 minutes on average. At the conclusion of the consultation, the patients and caregivers will exit through the door, back into the waiting area. Restricted areas can be accessed from behind the dispensary counters. Access will be strictly controlled by physical security and authorized keycard entry for authorized employees only. The first room in the restricted area is an office for the Director of Compliance. This office will house the controls for the security system and monitors for the surveillance cameras.

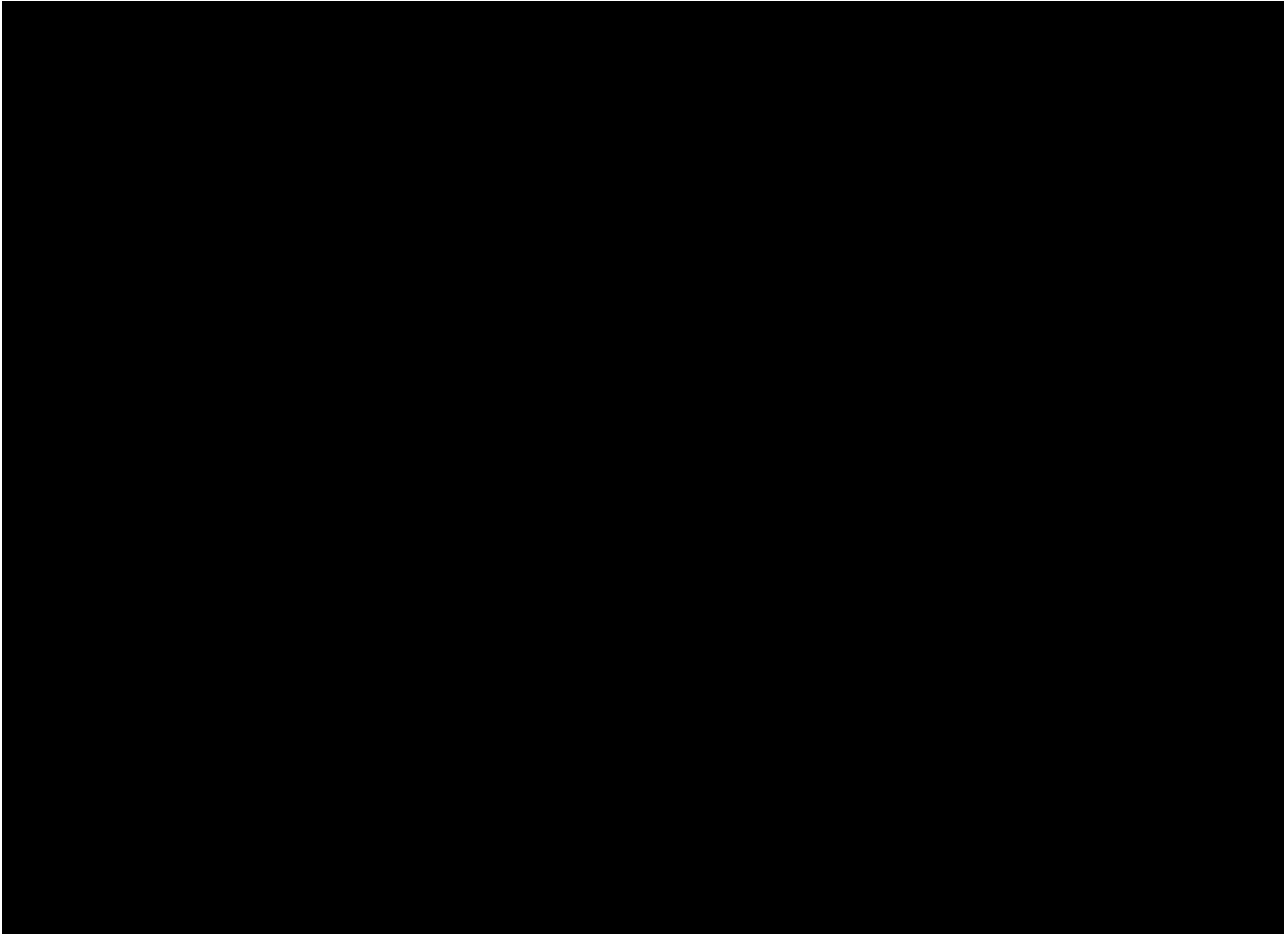
The second door, leads to the storage and packaging area, which is also a restricted access zone. From that area, one can access the secured main facility vault, or the secured delivery area. The office has 178 square feet, and the storage area, including the vault, is 398 square feet.

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.pdf**

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







Waiting Room



Dispensary

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](#)

8 a.m. to 9 p.m. EST, 7 days per 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.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.



Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant: Hill Botanicals, LLC

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

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

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

Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.

Printed Name of Authorized Representative

Christine Hill Wilson

Signature

Date

November 15, 2017



**Ohio Medical Marijuana Control Program
Dispensary Application**



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-1.1b	Lease/Rent Terms	Proprietary
C-2.1b	Financial Plan	Proprietary and Security
C-5	Financial Plan	Proprietary and Security
D-3.3	Processes	Proprietary and Security
D-4.4	Storage	Proprietary and Security
E-3.1	Floor Plan	Proprietary and Security

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