



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application MOTHER KNOW'S BEST, LLC Application ID 357

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

Mother Know's Best, LLC

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

n/a

A-1.3 Business Street Address

7252 Keiler Court

A-1.4 City

Dublin

A-1.5 State

OH

A-1.6 Zip Code

43017

A-1.7 Phone

5672984081

A-1.8 Email

sdorf@perelmandorf.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

Marla

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Dorf

A-2.5 Street Address

7252 Keiler Court

A-2.6 City

Dublin

A-2.7 State

OH

A-2.8 Zip Code

43017

A-2.9 Phone

5672984081

A-2.10 Email

sdorf@perelmandorf.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

10/02/2017

A-3.4 Business Name on Formation Documents

Mother Know's Best, 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

Marla

A-6.2 Middle Name

Ann

A-6.3 Last Name

Dorf

A-6.4 Suffix

n/a

A-6.5 Occupation

Business owner

A-6.6 Title in the Applicant's business

Owner, Investor, Research Director

A-6.7 Applicant's business related compensation

None at this time (salary TBD)

A-6.8 Number of shares owned

4500

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

45%

A-6.11 Voting percentage

45%

A-6.12 Proposed Role

OWNER

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

Medical marijuana expertise, money (\$3 million loan)

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

140 Doral Court

A-6.17 City

Deerfield

A-6.18 State

IL

A-6.19 Zip Code

60015

A-6.20 Phone

8474140373

A-6.21 Email

Sdorf@perelmandorf.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:

n/a

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

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

This response has been entirely redacted

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

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 8

A-6.1 First Name

Lisa

A-6.2 Middle Name

Kaufman

A-6.3 Last Name

Axonovitz

A-6.4 Suffix

n/a

A-6.5 Occupation

Business owner

A-6.6 Title in the Applicant's business

Owner, Chairwoman

A-6.7 Applicant's business related compensation

None at this time (salary TBD)

A-6.8 Number of shares owned

5500

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

55%

A-6.11 Voting percentage

55%

A-6.12 Proposed Role

OWNER

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

Executive leadership and vision

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

7517 Hollow Creek Drive

A-6.17 City

Toledo

A-6.18 State

OH

A-6.19 Zip Code

43617

A-6.20 Phone

4192608700

A-6.21 Email

laxonovitz@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:

1952-present

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

Stephen

A-6.2 Middle Name

Michael

A-6.3 Last Name

Dorf

A-6.4 Suffix

n/a

A-6.5 Occupation

Business owner, executive

A-6.6 Title in the Applicant's business

CEO, Investor

A-6.7 Applicant's business related compensation

None at this time (salary 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

Executive management experience, money (\$3 million loan)

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

140 Doral Court

A-6.17 City

Deerfield

A-6.18 State

IL

A-6.19 Zip Code

60015

A-6.20 Phone

8473199848

A-6.21 Email

dorgolf@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:

n/a

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

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

This response has been entirely redacted

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

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 8

A-6.1 First Name

Ibere

A-6.2 Middle Name

Vasconcelos

A-6.3 Last Name

Calvo

A-6.4 Suffix

n/a

A-6.5 Occupation

Business owner, executive

A-6.6 Title in the Applicant's business

VP Operations

A-6.7 Applicant's business related compensation

None at this time (salary 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

Medical marijuana operational expertise, business management experience, quality assurance

expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

491 Hurd Road

A-6.17 City

Swan Lake

A-6.18 State

NY

A-6.19 Zip Code

12783

A-6.20 Phone

4073752974

A-6.21 Email

icalvo@binghamton.edu

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:

n/a

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax

Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 8

A-6.1 First Name

Justin

A-6.2 Middle Name

Robert

A-6.3 Last Name

Britt

A-6.4 Suffix

n/a

A-6.5 Occupation

Business owner, executive

A-6.6 Title in the Applicant's business

Chief Operating Officer

A-6.7 Applicant's business related compensation

None at this time (salary 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

Medical marijuana dispensary operations expertise, business management experience

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

2375 Kamalii Street

A-6.17 City

Kilauea

A-6.18 State

HI

A-6.19 Zip Code

96754

A-6.20 Phone

8086355301

A-6.21 Email

justin@greenaloha.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:

n/a

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

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

This response has been entirely redacted

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

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 8

A-6.1 First Name

Matthew

A-6.2 Middle Name

Henry

A-6.3 Last Name

Goldstick

A-6.4 Suffix

n/a

A-6.5 Occupation

CPA

A-6.6 Title in the Applicant's business

Chief Financial Officer

A-6.7 Applicant's business related compensation

None at this time (salary 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

Financial management expertise, accounting expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

1837 W Iowa Street, Unit 1

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60622

A-6.20 Phone

8472170367

A-6.21 Email

goldstic@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:

n/a

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

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

This response has been entirely redacted

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

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 8

A-6.1 First Name

Raymond

A-6.2 Middle Name

Dominic

A-6.3 Last Name

DiSanto

A-6.4 Suffix

n/a

A-6.5 Occupation

Executive

A-6.6 Title in the Applicant's business

Security Director

A-6.7 Applicant's business related compensation

None at this time (salary 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

Security expertise, business management expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

2540 Mallory Lane

A-6.17 City

Stow

A-6.18 State

OH

A-6.19 Zip Code

44224

A-6.20 Phone

4403436353

A-6.21 Email

rdisanto@willosecurity.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:

1957-present

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

Robert

A-6.2 Middle Name

George

A-6.3 Last Name

Axonovitz

A-6.4 Suffix

n/a

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Chief Medical Officer

A-6.7 Applicant's business related compensation

None at this time (salary 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

Healthcare and medical expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

7517 Hollow Creek Drive

A-6.17 City

Toledo

A-6.18 State

OH

A-6.19 Zip Code

43617

A-6.20 Phone

4192611802

A-6.21 Email

oxie626@yahoo.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:

1950-present

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

Marla

B-3.2 Middle Name

Ann

B-3.3 Last Name

Dorf

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner, Investor, Research Director

B-3.6 Brief description of role

As Research Director, she will lead outreach with other OH licensed operators, liaise with local charities and substance abuse treatment centers and lead our pursuit of a research partnerships with local universities and health systems

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.

Maryland Natural Treatment Solutions, 1203 Harbor Island Walk, Baltimore, Maryland 21230

Lone Mountain Partners, 2900 E. Lone Mountain Rd, North Las Vegas, 89081

Lebanon Wellness Center LLC, 1594 Cumberland Street, Suite 300, Lebanon, PA 17042

Mother Grow's Best LLC, 7252 Keiler CT, Dublin, Ohio 43017

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.

Maryland Natural Treatment Solutions, 1203 Harbor Island Walk, Baltimore, Maryland 21230

Lone Mountain Partners, 2900 E. Lone Mountain Rd, North Las Vegas, 89081

Lebanon Wellness Center LLC, 1594 Cumberland Street, Suite 300, Lebanon, PA 17042

Mother Grow's Best LLC, 7252 Keiler CT, Dublin, Ohio 43017

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

Lisa

B-3.2 Middle Name

Kaufman

B-3.3 Last Name

Axonovitz

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner, Chairwoman

B-3.6 Brief description of role

As Chairwoman, she will set the agenda and lead Board of Manager meetings. She will lead the company in its relationship with the Board of Pharmacy and position us with customers and partners to facilitate growth, financial well-being and operational effectiveness

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.

Mother Grow's Best – 7252 Keiler CT, Dublin, Ohio 43017

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.

Mother Grow's Best – 7252 Keiler CT, Dublin, Ohio 43017

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

Stephen

B-3.2 Middle Name

Michael

B-3.3 Last Name

Dorf

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

CEO, Investor

B-3.6 Brief description of role

As CEO, he will oversee day-to-day management decisions and implementation of company objectives.

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.

Seven Point- 1132 Lake Street, Oak Park, Illinois 60301

Lone Mountain Partners- 2900 E. Lone Mountain Rd, North Las Vegas, NV 89081

Naturex, LLC 9120 W. Post Road, Las Vegas, NV 89148

Mother Grow's Best – 7252 Keiler CT, Dublin, Ohio 43017

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.

Seven Point- 1132 Lake Street, Oak Park, Illinois 60301

Lone Mountain Partners- 2900 E. Lone Mountain Rd, North Las Vegas, NV 89081

Naturex, LLC 9120 W. Post Road, Las Vegas, NV 89148

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

Ibere

B-3.2 Middle Name

Vasconcelos

B-3.3 Last Name

Calvo

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

VP Operations

B-3.6 Brief description of role

As VP Operations, he will design training programs and create a redundant quality assurance program. His approach to operational standardization allows us to gather accurate data for transparent operations, consistent quality provision, overall market analysis and patient demand. He will also support daily dispensing operations and liaise with suppliers.

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.

Mother Grow's Best – 7252 Keiler CT, Dublin, Ohio 43017

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

Justin

B-3.2 Middle Name

Robert

B-3.3 Last Name

Britt

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Operating Officer

B-3.6 Brief description of role

As COO, he will oversee daily dispensing operations, including management, staffing and training, liaise with government officials, provide outreach to community leaders and program stakeholders, implement business strategies, set performance and growth goals, regularly update policies and procedures and manage relationships with vendors

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.

Green Aloha, Ltd 4571 Emmalani Dr, Princeville, HI 96722

Mother Grows Best – 7252 Keiler CT, Dublin, Ohio 43017

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.

Green Aloha, Ltd 4571 Emmalani Dr, Princeville, HI 96722

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

Matthew

B-3.2 Middle Name

Henry

B-3.3 Last Name

Goldstick

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Financial Officer

B-3.6 Brief description of role

As CFO, he will oversee all accounting, treasury, financial planning and related activities. He will control cash flow positioning, establish relationships with financial institutions, implement credit and collection policies, handle cash management, monitor financial performance and handle tax related matters.

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.

Mother Grows Best – 7252 Keiler CT, Dublin, Ohio 43017

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

Raymond

B-3.2 Middle Name

Dominic

B-3.3 Last Name

DiSanto

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Security Director

B-3.6 Brief description of role

As Security Director, he will implement our Security Plan, oversee security staffing, facilitate security equipment selection, manage staff background checks and security related training, review and enhance security measures and liaise with local law enforcement and emergency responders.

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.

Mother Grows Best – 7252 Keiler CT, Dublin, Ohio 43017

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

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No response provided by applicant

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NO

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No response provided by applicant

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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

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No response provided by applicant

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No response provided by applicant

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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

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YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 8

B-3.1 First Name

Robert

B-3.2 Middle Name

George

B-3.3 Last Name

Axonovitz

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Medical Officer

B-3.6 Brief description of role

As CMO, he will oversee the implementation of medical standards and our patient counseling and education programs. He will liaise with certifying physicians, assist in hiring and training in-house pharmacists and healthcare professionals, ensure compliance with our Injury and Illness Prevention Program and teach HIPAA compliance training.

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.

Mother Grows Best – 7252 Keiler CT, Dublin, Ohio 43017

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NO

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YES

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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-1.1 Evidence of Right to Use Property (Canton).pdf**

NOTE: This applicant uploaded document is the next 9 page(s) of this document.

PROPERTY OWNER ACKNOWLEDGEMENT

1. I am an authorized representative of Bruening Shepler Associates, Inc. ("Owner") with an address of 4065 Fulton Drive NW, Canton, OH 44718.
2. Owner is the current owner of the property located at Parcel Number 400887, Lot #5 within the Stein Industrial park, Canton Ohio, 44707.
3. Owner hereby acknowledges that it has been sufficiently notified that Mother Know's Best, LLC ("Applicant") intends to use the Premises for the purposes of operating a licensed medical marijuana dispensary in the event they are successful in the State licensing process.
4. Owner has granted Applicant authorization to operate a medical marijuana dispensary at the Premises for, at a minimum, the term of the initial provisional license.

I swear that the above representations are true and correct to the best of my knowledge and I hereby sign under the pains and penalties of perjury.

Timothy J. Putman Secretary
Signature Title

10/26/17
Date

Timothy J. Putman
Print Name

The undersigned, a Notary Public in and for the County of Stark, in the State of OHIO, certified that the above-named individual appeared in person, and before me, either known to me or satisfactorily proved to be the individual whose name subscribed to the within instrument and signed the Affidavit.

This 26th day of October, 2017, and to which witness my hand and seal.



Julie K. Sproul
Notary Public, State of Ohio
My Commission Expires 05-18-2020

Julie K. Sproul
Notary Public

JULIE K. SPROUL
Printed Name

My Commission Expires: May 18, 2020

ASSIGNMENT OF REAL ESTATE PURCHASE AGREEMENT

This Assignment of Contract (ASSIGNMENT) made and entered into this 1 day of November, 2017, between Mother Grows Best, LLC., (ASSIGNOR) and Mother Know's Best, LLC. (ASSIGNEE) is for the assignment of contract over property known as Steinway Blvd SE, Canton, Ohio, Parcel Number 400887, Lot #5 within the Stein Industrial Park being conveyed between the ASSIGNOR and ASSIGNEE by even date herewith.

WHEREAS, ASSIGNOR has entered into a contract for the purchase of Steinway Blvd SE, Canton, Ohio, Parcel Number 400887, Lot #5 within the Stein Industrial Park (Premises);

WHEREAS, ASSIGNOR desires to assign all its rights, title, and interest with this Contract unto ASSIGNEE,

WHEREAS, ASSIGNEE desires to take all the rights, duties, privileges, and responsibilities of said Contract,

NOW, THEREFORE, in consideration of the mutual promises set forth herein the parties agree that:

1. **REAL ESTATE PURCHASE AGREEMENT ASSIGNED.** The following Contract are hereby assigned by ASSIGNOR to ASSIGNEE and ASSIGNEE hereby agrees to accept the same under the terms and conditions stated therein in a Real Estate Purchase Agreement dated May 26, 2017, and as amended and marked as Exhibit "A".

2. **CONSIDERATION.** In consideration of ONE DOLLAR (\$1.00) and the purchase of the underlying Real Estate Purchase Agreement by the ASSIGNEE from the ASSIGNOR, this Assignment is made together with all rights thereunder, and all the estate, title, and interest of the ASSIGNOR therein.

To have and to hold the same for and during the residue of the term of a Real Estate Purchase Agreement, together with the right to exercise option of renewal for any additional terms in accordance with the terms of the Real Estate Purchase Agreement; subject, however, to the conditions, covenants, agreements, terms and conditions contained in the original Real Estate Purchase Agreement and in this Assignment.

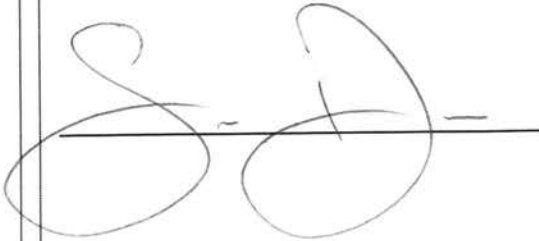
In consideration of this Assignment, the ASSIGNEE hereby accepts the same and assumes and agrees to keep and perform all the covenants, agreements, terms, provisions, and conditions of the Real Estate Purchase Agreement required of the ASSIGNOR, and to indemnify and save harmless the ASSIGNOR from and against all liability, loss, expense, and attorneys' fees by reason of any default of the ASSIGNEE with respect thereto.

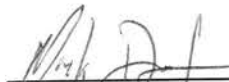
3. **TITLE.** ASSIGNOR covenants and agrees with the ASSIGNEE that it is the true and lawful owner of the Real Estate Purchase Agreement interests, has good right and full power to assign and transfer the same in the manner aforesaid; that the Real Estate Purchase Agreement is now in full force and effect; that all rents due at the date hereof have been paid in full; that there has been no defaults in any of the covenants, agreements, terms and conditions therein contained on the part of the ASSIGNOR to be performed and observed; and that the interest hereby assigned and transferred is free and clear from all encumbrances whatsoever.

IN WITNESS WHEREOF, the ASSIGNOR and the ASSIGNEE herein have hereunto set their hands the day, month, and year first mentioned above.

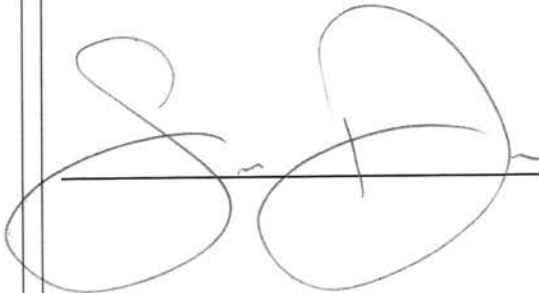
WITNESSETH:

ASSIGNOR:
Mother Grows Best, LLC.




By: Marla Dorf, Managing Member

ASSIGNEE:
Mother Know's Best, LLC.




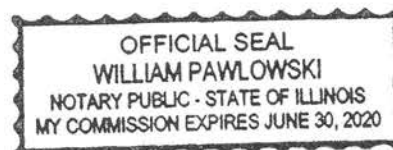

By: Marla Dorf, Managing Member

STATE OF OHIO, STARK COUNTY, SS:

Before me, a Notary Public, in and for said County and State, personally appeared the above-named Mother Grows Best, LLC. by Marla Dorf, its Managing Member, who acknowledged that she did sign the foregoing instrument and that the same is the free act and deed of her personally and as such officer.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal at Canton, Ohio, this 1 day of November, 2017.


Notary Public



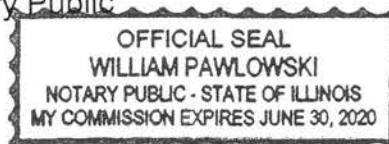
Timothy J. Putman
Attorney At Law
4065 Fulton Drive, NW
Canton, Ohio 44718
(330)495-0600
E-Mail:
tim@t-j-putmanatlaw.com

STATE OF OHIO, STARK COUNTY, SS:

Before me, a Notary Public, in and for said County and State, personally appeared the above-named Mother Know's Best, LLC. by Marla Dorf, its Managing Member, who acknowledged that she did sign the foregoing instrument and that the same is the free act and deed of her personally and as such officer.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal at Canton, Ohio, this 1 day of November, 2017.


Notary Public



M:\Stein Property\Mother Grows Best, LLC\Purchase Agreement - Grow\ASSIGNMENT OF CONTRACT ON LAND AND BUILDINGS 10-31-17.docx

PREPARED BY
TIMOTHY J. PUTMAN,
ATTORNEY AT LAW
4065 FULTON DRIVE, NW
CANTON, OH 44718
10/31/2017

Timothy J. Putman
Attorney At Law
4065 Fulton Drive, NW
Canton, Ohio 44718
(330)495-0600
E-Mail:
tim@t-j-putmanatlaw.com

EXHIBIT "A"



4065 Fulton Dr NW, Canton, Ohio 44718
P: 330-498-4400 • F: 330-498-3800
WEBSITE: putmanproperties.com
EMAIL: info@putmanproperties.com



REAL ESTATE PURCHASE AGREEMENT
VACANT LAND

The undersigned agrees to buy the following real estate known as:

Steinway Blvd SE, Canton, Ohio, Parcel Number 400887, Lot #5 within the Stein
Industrial Park, 1.9695 Acres. Acreage based on final survey of \$40,000.00 per acre.

PURCHASE PRICE: \$80,000
Deposit with this agreement (To be deposited upon acceptance
of this agreement with listing broker and/or its assigns) \$ 2,500
Type of Deposit (check one): ☐ Cash ☒ Check ☐ Note
Balance paid at closing in cash \$77,500

1) **FINANCING:** Buyer agrees to use their best efforts to obtain the above loan, including complying with lender's requests. Buyer shall make loan application within five (5) weekdays, excluding federal holidays, and obtain a loan commitment within _____ days after the date of this Agreement. If Buyer has failed to timely accomplish either of the above, this Agreement, at Seller's written election, shall be deemed null and void. If financing cannot be arranged this Agreement shall be null and void and upon all parties signing a mutual release all monies shall be returned to Buyer.

2) **"AS IS" CLAUSE AND INSPECTION:** Buyer agrees and acknowledges that the property is being conveyed "AS IS" and that neither Seller, Broker, nor Agent have made any representations or warranties, either expressed or implied, regarding the property including, but not limited to, soil conditions, environmental conditions, flooding or flood zone, feasibility for construction, easements, and deed restrictions. Buyer has the sole responsibility to inspect the property before signing this Agreement. Broker or Agent assume no liability for the condition of the property at any time before or after delivery of deed.

This Agreement is contingent upon an inspection of the property for its suitability for Buyer's intended purpose, including soil studies, sewer permits and preliminary title search, within sixty (60) days from the date of acceptance of this Agreement. Inspections to be performed by Buyer at Buyer's expense. If Buyer is not satisfied with the condition of the property then Buyer shall notify Seller within the inspection period and Seller may either correct the unsatisfactory condition or void this Agreement in which case all monies held in trust shall be returned to Buyer without further liability between Seller, Buyer, or Broker. If Buyer does not inspect, then the inspection is waived and Buyer takes the property in its present "AS IS" condition. After inspection and correction, if any, and delivery of deed Buyer accepts the property "AS IS". Buyer shall be responsible for the repair and restoration of any damage to the property which may be caused by the inspections.

Timothy J. Putman
Attorney At Law
4065 Fulton Drive, NW
Canton, Ohio 44718
(330)495-0600
E-Mail:
tim@t-j-putmanatlaw.com

3) **DEED AND CLOSING:** Seller shall convey title by general warranty deed (or fiduciary deed, if appropriate) subject to all restrictions, easements, conditions of record, and encroachments which do not materially affect the value or use of the property, and all zoning ordinances. The entire transaction shall be closed not later than _____ date. (CLOSING SHALL BE THE DATE OF RECORDING OF THE DEED; CLOSING IS NOT THE DATE OF DISBURSEMENT OF SELLER'S PROCEEDS). Deed to be made to: _____ with survivorship: YES

4) **EVIDENCE OF TITLE:** Seller, through Seller's title agency, shall provide to Buyer a title insurance commitment for an Owners/Mortgagee's Title Policy in the amount of the purchase price. Seller shall pay for the cost of the title search and the parties shall share equally the cost of the evidence of title; including but not limited to title insurance premium, policy commitment, and escrow fee. Escrow Agent to be chosen by Seller, however, if required as a condition of the loan, Escrow Agent may be chosen by Buyer's lender. Location survey, title policy endorsement(s), and recording fees to be paid by Buyer; deed preparation and county conveyance fee to be paid by Seller.

5) **TAXES, UTILITIES, & NOTICES:** Seller shall pay all taxes and assessments prorated to date of closing utilizing the latest available tax duplicate. Agricultural Tax Recoupment, if applicable, to be paid by the Seller at closing. Seller represents they have not received governmental notice of any taxes or assessments not yet certified or of the existence of habitual sex offenders or sexual predators living in the neighborhood.

6) **DEPOSIT:** In the event of a dispute over the terms of this Agreement or any monies held in trust by Broker, Broker shall hold such monies until receipt of a fully signed release, court order, or Broker sends the monies to the Ohio Division of Unclaimed Funds or deposits the monies with the appropriate court.

7) **BINDING AGREEMENT:** This Agreement is binding on Seller and Buyer and their heirs, executors, administrator's, successors, and assigns. In order to be enforceable this Agreement must be signed by ALL Buyers and Sellers with ALL changes, additions, and deletions to be initialed by ALL Buyers and Sellers prior to acceptance. The term acceptance shall mean the actual personal communication (i.e. not secretarial, answering machine, e-mail, voice mail messages, etc.) to the offeror, or their agent, that the last offer or counteroffer has been signed and initialed by ALL offerees. Execution in Multiple Counterparts and/or Facsimile signatures constitute a valid signing of this Agreement.

8) **ADDITIONAL TERMS AND CONDITIONS:**

- a) Offer is contingent upon Purchaser receiving final approval and licensing for this site.
- b) Financing.
- c) City of Canton approval.
- d) This agreement is contingent upon receiving a Tax Abatement satisfactory to Purchaser.

All to be completed within one hundred twenty (120) days of signing the purchase agreement.

Title work to be completely by Alpha Title.

Timothy J. Putman
Attorney At Law
4065 Fulton Drive, NW
Canton, Ohio 44718
(330)495-0600
E-Mail:
tim@t-j-putmanatlaw.com

9) DURATION AND METHOD OF ACCEPTANCE OF OFFER: This offer open for acceptance until 5:00 pm of the 26th day of May, 2017.

PURCHASER:
MOTHER GROWS BEST, LLC.

SELLER:
BRUENING-SHEPLER ASSOCIATES, INC.

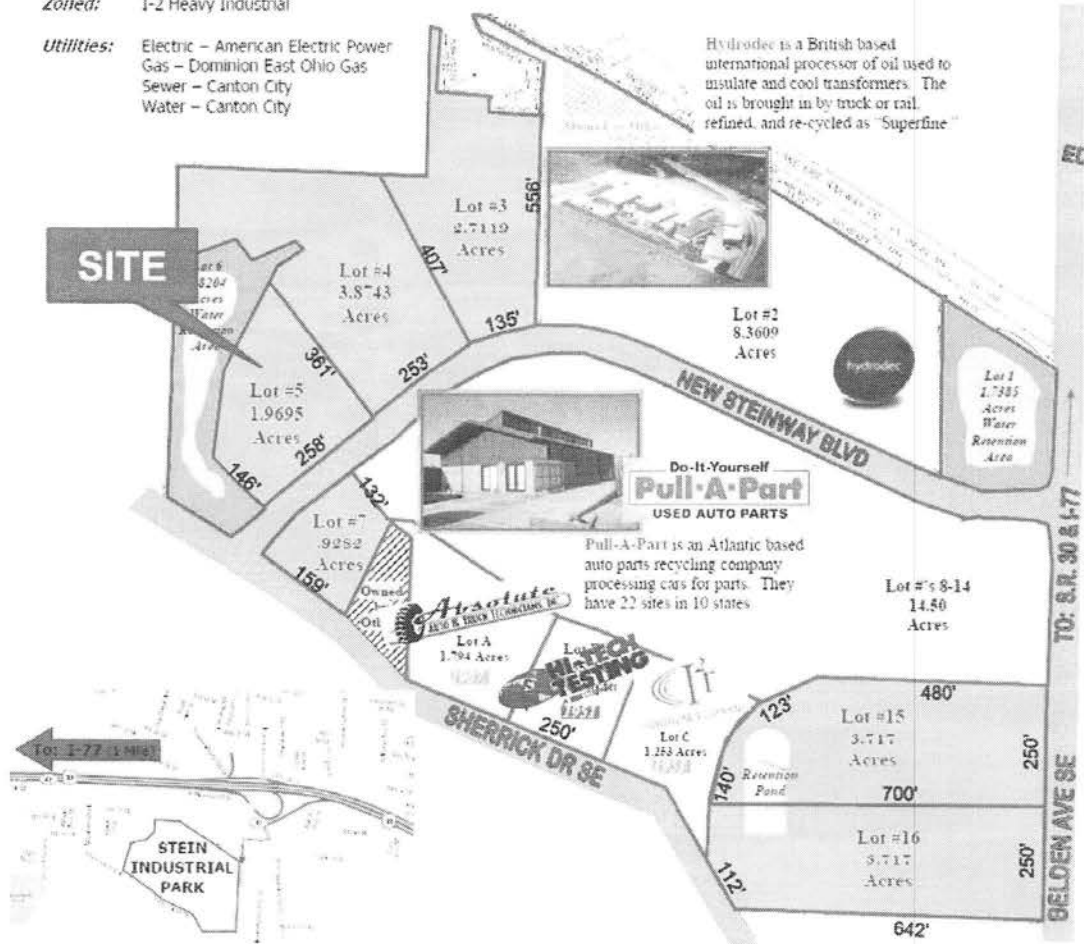
| | | | |
|--|------|---|--------------|
|  Purchaser's signature | Date |  Owner's Signature | Date 5/23/17 |
| Marie Dorf, Managing Member (Print Name) | | Timothy J. Putman, Secretary (Print Name) | |
| Address | | 4065 Fulton Drive NW Address | |
| City, State & Zip | | Canton, OH 44718 City, State & Zip | |
| 567-298-4081 Purchaser Telephone No. | | 330-495-0600 Owner Telephone No. | |
| Sdorf@perelmanandorf.com Purchaser Email | | tputman@putmanproperties.com Owner Email | |

M:\Stein Property\Dorf, Sammy\Vacant Land Purchase Agreement 5-22-17.docx

Zoned: I-2 Heavy Industrial

Utilities: Electric – American Electric Power
Gas – Dominion East Ohio Gas
Sewer – Canton City
Water – Canton City

Hydrodec is a British based international processor of oil used to insulate and cool transformers. The oil is brought in by truck or rail, refined, and re-cycled as "Superfine"



Timothy J. Putman
Attorney At Law
4065 Fulton Drive, NW
Canton, Ohio 44718
(330)495-0600
E-Mail:
tim@t-j-putmanatlaw.com

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

Mother Know's Best, LLC

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

n/a

C-1.4 Business Address

Parcel #400887, Lot #5 within the Stein Industrial Park

C-1.5 City

Canton

C-1.6 State

OH

C-1.7 Zip Code

44707

C-1.8 Phone

5672984081

C-1.9 Email

sdorf@perelmandorf.com

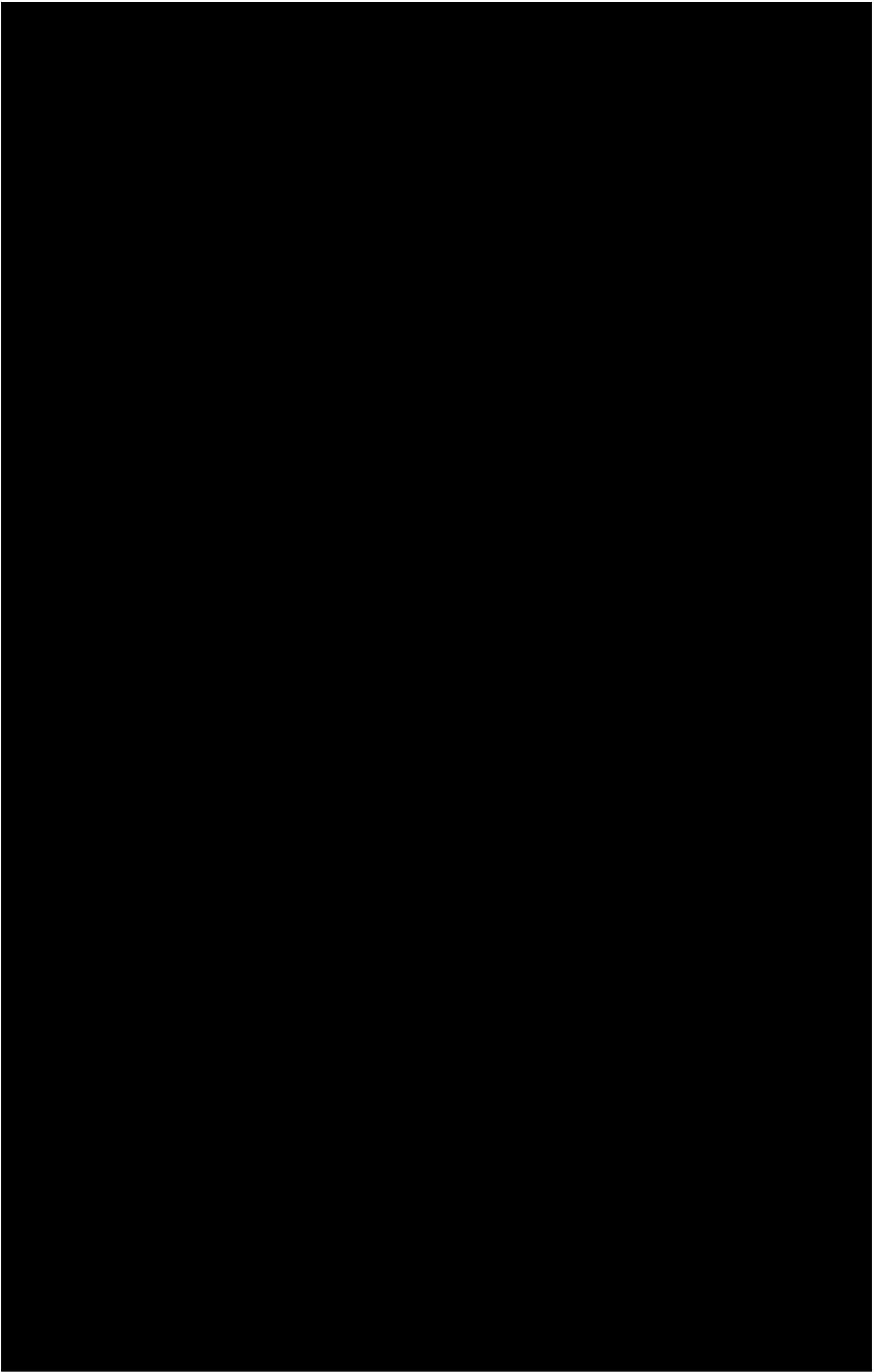
Business Plan(Site and Facility Plan)

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

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

Uploaded Document Name: **C-2.1 Floor Plans.pdf**

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



C-2.2 The Applicant also must submit evidence that it is in compliance with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration, license or permit. If no relevant zoning restrictions have been enacted, provide a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to [prohibited facilities](#) and is not located within 500 feet of a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). [OAC 3796:5-5-01](#)

Uploaded Document Name: **C-2.2 Notice of Proper Zoning Form (Canton).pdf**

NOTE: This applicant uploaded document is the next 2 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: Mother Know's Best, LLC | | |
| Physical Address and Name of Proposed Medical Marijuana Dispensary: Parcel Number 400887, Lot #5 within the Stein Industrial Park | | |
| City: | County: | |
| Canton | Stark | |
| State: | Zip Code: | Phone Number: |
| Ohio | 44707 | 877-275-1286 |
| To be Completed by Zoning Authority or Local Government | | |
| Jurisdiction of Zoning Office or Local Government | | |
| City of Canton, Ohio | | |
| Moratorium (Required to check one box) | | |
| <input checked="" type="checkbox"/> The area of _____ HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. | | |
| <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 City of Canton, OH _____ 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. | | |



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: Darla S. Hinderer | Title: Zoning Inspector |
| Signature:  | Date: Nov. 1, 2017 |

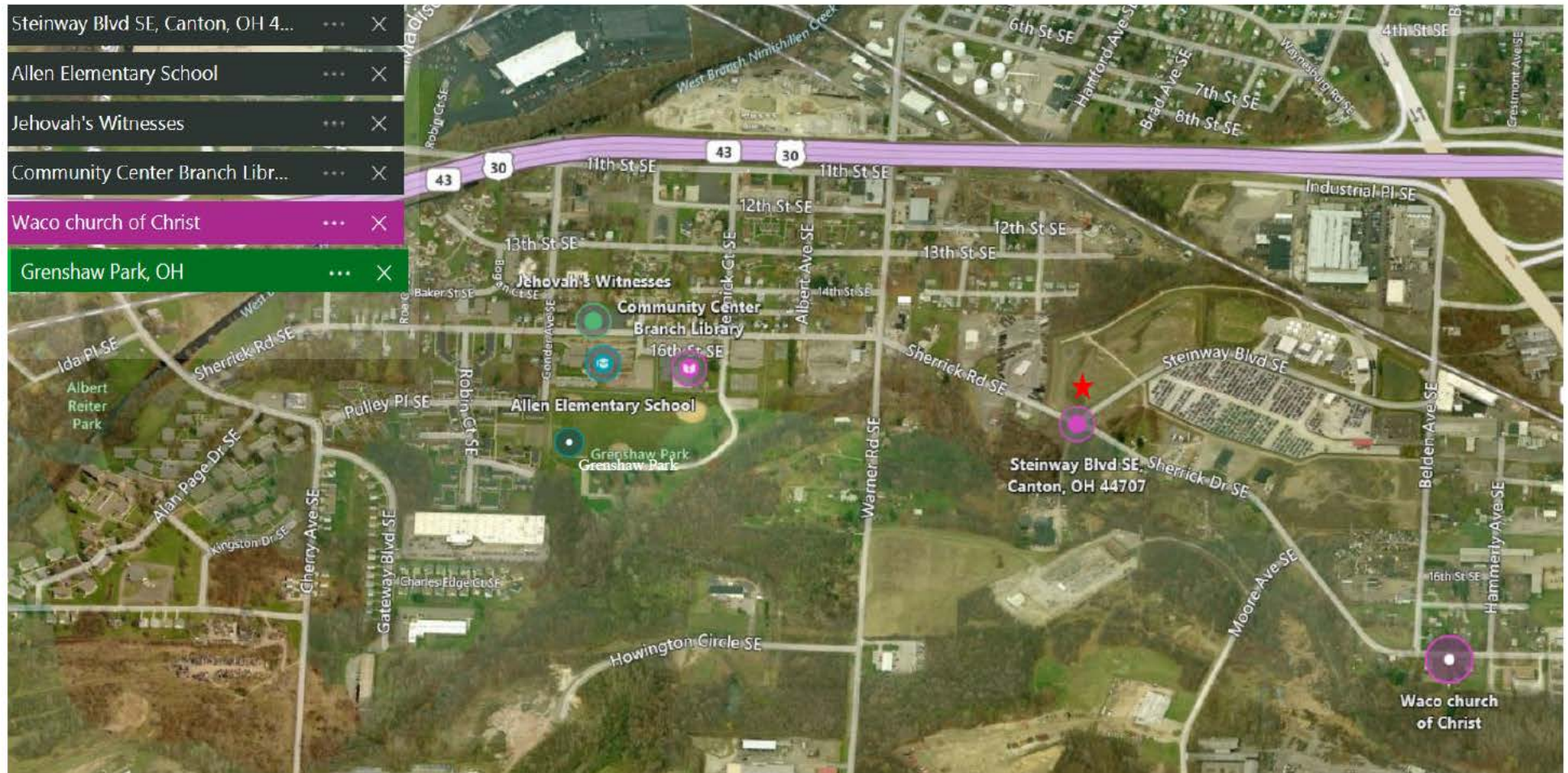
C-2.3 Provide a location map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a [prohibited facility](#) or a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). In establishing the distance between a proposed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

Uploaded Document Name: **C-2.3 Location Map (Canton).pdf**

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

Distance to nearest School .5mi or 2640ft.
 Distance to nearest Library .4mi or 2112ft.
 Distance to nearest Church .5mi or 2640ft.
 Distance to nearest Park .6mi or 2273ft.
 Distance to nearest Substance Abuse Treatment Center  .9mi or 4572ft. (not shown on map - located on Tuscarawas St E & 2nd St. SE)

 No private or public schools, daycares, etc., churches, community addition services, libraries, parks or playgrounds other than those noted above and shown on map below were found within 750ft of subject property using Bing Maps.



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

TRADE SECRET

[REDACTED]

[illegible]

[illegible]

[REDACTED]

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.

No response provided by applicant

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

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

TRADE SECRET

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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.

Majority Owner/Chairwoman Lisa Axonovitz was born and raised in Toledo and has dedicated her career to aiding child development. After graduating from the U of Toledo in 1974, she earned her teacher certification from OH Board of Education and worked in schools in Columbus and Cleveland before moving back to Toledo to raise her family. Her commitment to assisting fellow Ohioans includes tutoring initiatives, providing professionals with affordable business travel alternatives and leading charity fundraising efforts. She is a member of the Northwest OH Chapters of the Alzheimer's Association and Susan G. Komen Fund, whose mission is to support critical breast cancer research.

As Chairwoman, she will set the agenda and lead Board of Manager meetings. She will lead the company in its relationship with the Board of Pharmacy and position us with customers and partners to facilitate growth, financial well-being and operational effectiveness.

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As Research Director, she will lead outreach with other OH licensed operators, liaise with local charities and substance abuse treatment centers and lead our pursuit of a research partnerships with local universities and health systems. She will also oversee the collection of relevant dispensary reports and credible marijuana research findings to determine areas of operational improvement and patient experience enhancement.

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private practice leading one of the region's largest and most well respected internal medicine practices. He has served as a member of the OH Board of Nursing and OH State Medical Association.

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CFO Matt Goldstick, CPA is a transaction advisory consultant with Ernst & Young serving clients across a variety of sectors. His deal experience spans across retail & consumer products, hospitality, manufacturing and services industries, with a focus on private equity. Prior, he was Controller of Cornerstone Restaurant Group in Chicago, overseeing all finance and accounting operations for the company. He has a BA in Finance and MS in Accountancy from U of Illinois at Urbana-Champaign. He is a licensed CPA in IL and member of the American Institute of CPAs and IL CPA Society.

As CFO, he will oversee all accounting, treasury, financial planning and related activities. He will control cash flow positioning, establish relationships with financial institutions, implement credit and collection policies, handle cash management, monitor financial performance and handle tax related matters.

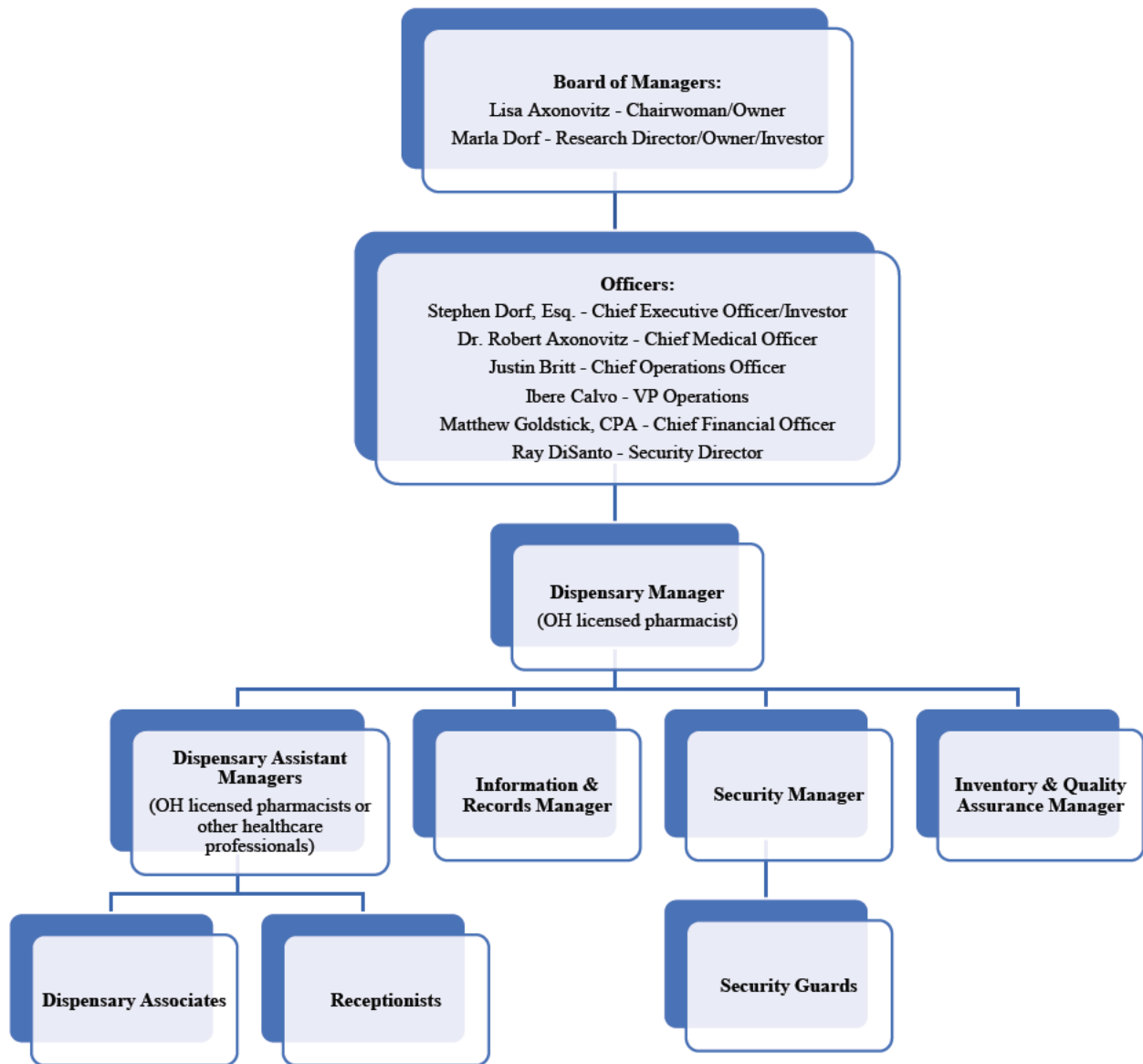
Security Director Ray DiSanto is President of Willo Security, a security services provider employing 250+ security professionals, including 100+ off-duty local law enforcement agents. Willo, our preferred provider, provides security guard service, mobile patrols, alarm response, security and safety training,

facility security analysis and consultation, background screenings and monitoring device detection. Ray joined Willo in 1999 and became President in 2009. He has a BA in Criminal Justice from Bowling Green State and has 25+ years management experience.

As Security Director, he will implement our Security Plan, oversee security staffing, facilitate security equipment selection, manage staff background checks and security related training, review and enhance security measures and liaise with local law enforcement and emergency responders.

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.



Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Unconditioned business loan (\$3 million)

C-5.2 Source of Capital

Marla and Stephen Dorf

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 Liquid Assets_Redacted.pdf**

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

TRADE SECRET

SHORT-FORM CAPITAL COMMITMENT

[illegible]

The Investors hereby agree to unconditionally lend [REDACTED] up to **Three Million Dollars (\$3,000,000)**, representing the required capital to finance the commencement of operations of [REDACTED], including but not limited to covering all construction and build-out expenses and ongoing operational losses and expenses until [REDACTED] generates positive cash flow from its operations of up to five licensed Dispensaries, as such term is defined in Chapter 3796 of the Ohio Revised Code and OAC §3796:1, in the State of Ohio, within a reasonable amount of time after the award of a provisional license from the State of Ohio Board of Pharmacy (the "Board").

This Agreement shall terminate if [REDACTED] does not receive notice of a provisional dispensary license for at least one Dispensary from the Board as part of the Ohio Medical Marijuana Control Program's November 2017 dispensary licensing application process. However, if [REDACTED] does receive notice of award of a provisional dispensary license from the Board, then the loan amount shall then become immediately available to [REDACTED] and shall become subject to [REDACTED]'s control.

If commercially necessary, Investors will take all reasonable efforts to lend additional sums to [REDACTED] under substantially similar terms as this Agreement to ensure the company's financial health and long-term operational viability.

██████████ will notify Investors within twenty-four (24) hours of the Board's notice of its award or denial of the subject license.

The undersigned hereby attests that he understands and acknowledges the terms of this Agreement and agrees to abide by the terms thereof.

By: INVESTORS

11-1-247
Date

Date _____

11-1-17
Date

Date _____

TRADE SECRET

LublinSussman Group LLP

Certified Public Accountants

3166 N. Republic Blvd.
Toledo, Ohio 43615-1507
419-841-2848 Fax 419-841-8178

June 2, 2017

To Whom It May Concern:

RE: [REDACTED]

Liquid Capital of Equity Owners

We have reviewed selected brokerage account financial information from the owner/members of [REDACTED] LLC. Based upon the information provided by the investment custodians/brokerage firms; we have verified that the equity owners of [REDACTED] LLC have access to marketable (liquid) financial assets in an amount of excess of \$3,500,000.

Sincerely,


Thomas J. Jaffee, CPA

TJJ/kv

Enclosures

www.lublinsussman.com

Lee D. Wunschel, CPA
Thomas J. Jaffee, JD, CPA
Eric M. Golus, CPA

Members:
American Institute of Certified Public Accountants
AICPA—Private Companies Practice Section
Ohio Society of Certified Public Accountants

Wealth Management
207 N. Westminister Avenue
Suite 300
Lake Forest, IL 60045
tel 847 604 7300
fax 847 604 7315
toll free 888 604 7300

Morgan Stanley

November 1, 2017

[REDACTED]

Re: [REDACTED]

Dear Mr. [REDACTED]

Please be advised that [REDACTED] and [REDACTED] maintain the following brokerage account(s) at Morgan Stanley Smith Barney LLC ("Morgan Stanley"), which contain assets, including cash and marketable securities, valued, as of the close of business on October 31, 2017 in excess of \$2,500,000 as detailed below:

A/C Number(s)

A/C Title

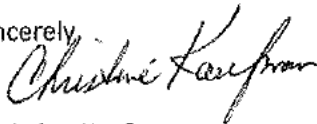
440-xxx756 and 440-xxx766
440-xxx437
440-xxx579, 440-xxx967 and 440-xxx145
440-xxx415
440-xxx242

[REDACTED]

Account(s) 440-xxx756, 440-xxx766 and 440-xxx437 are currently being used to collateralize a Liquidity Access Line ("LAL") line of credit issued by Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association.

We are presenting the information contained herein pursuant to our Client's request. It is valid as of the date of issuance. Morgan Stanley does not warrant or guarantee that such identified securities, assets or monies will remain in the Client's Account(s). The Client has the ability to withdraw assets from the Account(s) at any time, provided, however, if an LAL line of credit is indicated above, the Client only has the ability to withdraw excess collateral. No security interest or collateral rights are being granted to any party other than Morgan Stanley, Morgan Stanley Bank N. A. and/or Morgan Stanley Private Bank, National Association.

Sincerely,



Christine Kaufman
Vice President
Complex Risk Officer, Chicago North Complex

cc: [REDACTED]

Business Plan(Business History and Experience)

Item 1 of 2

C-6.1 First Name

Marla

C-6.2 Middle Name

Ann

C-6.3 Last Name

Dorf

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

Owner, Officer

C-6.5 Business Name

Mother Grows Best LLC

C-6.6 Business Address

7252 Keiler Court, Dublin OH 43017

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

YES

C-6.8 Dates

2017-present

Business Plan(Business History and Experience)

Item 2 of 2

C-6.1 First Name

Lisa

C-6.2 Middle Name

Kaufman

C-6.3 Last Name

Axonovitz

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

Owner, Board Member

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Mother Grows Best LLC

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7252 Keiler CT, Dublin, Ohio 43017

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

YES

C-6.8 Dates

2017-present

Business Plan(Business History and Experience Narrative)

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

Mother Know's Best is a 100% woman-owned and majority Ohio resident-owned organization whose Prospective Associated Key Employees (PAKEs) own 8 affiliated dispensaries spanning 5 medical marijuana jurisdictions, including Hawaii (2 licensed since 2016) Illinois (1 licensed since 2015), Maryland (1 licensed since 2016), Nevada (1 licensed since 2014) and Pennsylvania (3 licensed since 2017). Related, our PAKEs own 3 affiliated cultivator facilities (2 in Hawaii and 1 in Nevada) and 3 affiliated processor facilities (2 in Hawaii and 1 in Nevada). Many affiliates were the first to market upon licensure in their respective programs and continue to achieve sales growth and increased efficiencies every quarter. Recognized by their program regulators, all affiliates operate secure, state-of-the-art facilities in accordance with all regulatory standards and have perfect compliance records. No affiliated businesses have had any administrative discipline history.

Mother Know's Best was formed with a passionate desire to directly impact patient lives as a medical marijuana dispensary. Knowing firsthand the difficulties operators face, our team incorporated experienced medical marijuana operators and subject matter experts (SMEs) to facilitate project development and ensure continued success. Our PAKEs were carefully selected from our deep contacts in the security, business, finance, healthcare and medical marijuana expert community. Together, we share a vision to efficiently and effectively ensure public safety and provide safe access to pharmaceutical-quality medical marijuana in Ohio.

Most PAKEs were compelled to enter or support the medical marijuana industry due to their personal battles with cancer and other debilitating conditions, while others were inspired by loved ones suffering from various illnesses. Each PAKE has a rich history of community engagement and charitable support, and many are employers themselves. Together, our team brings the experience needed to own and operate a patient-focused, professionally run medical marijuana dispensary in Ohio.

Majority Owner/Chairwoman Lisa Axonovitz was born and raised in Toledo and has dedicated her career to aiding child development. After graduating from the U of Toledo in 1974, she earned her teacher certification from Ohio Board of Education and worked in schools in Columbus and Cleveland before moving back to Toledo to raise her family. Her 39-year career assisting fellow Ohioans includes tutoring initiatives, providing professionals with affordable business travel alternatives and leading charity fundraising efforts. She is a member of the Northwest Ohio Chapters of the Alzheimer's Association and Head of National Accounts for the Susan G. Komen Fund, whose mission is to support critical breast cancer research.

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As VP Operations, he will design training programs and create a redundant quality assurance program. His approach to operational standardization allows us to gather accurate data for transparent operations, consistent quality provision, overall market analysis and patient demand. He will support daily dispensing operations and liaise with suppliers.

CFO Matthew Goldstick, CPA is a transaction advisory consultant with Ernst & Young from 2007-2010 and from 2015-present, serving clients across a variety of sectors. His deal experience spans across retail & consumer products, hospitality, manufacturing and services industries, with a focus on private equity. From 2010-2015, he was Controller of Cornerstone Restaurant Group in Chicago, overseeing all finance and accounting operations for the company. He has a BS in Finance and MS in Accountancy. He is a licensed Illinois CPA since 2010 and member of the American Institute of CPAs and Illinois CPA Society.

As CFO, he will oversee all accounting, treasury, financial planning and related activities. He will control cash flow positioning, establish relationships with financial institutions, implement credit and collection policies, handle cash management, monitor financial performance and handle tax related matters.

Security Director Ray DiSanto is President of Willo Security, a security services provider employing 250+ security professionals, including 100+ off-duty local law enforcement agents. Willo, our preferred provider, provides security guard service, mobile patrols, alarm response, security and safety training, facility security analysis and consultation, background screenings and monitoring device detection. Ray joined Willo in 1999 and became President in 2009. He has a BA in Criminal Justice from Bowling Green State and has 25+ years management experience.

As Security Director, he will implement our Security Plan, oversee security staffing, facilitate security equipment selection, manage staff background checks and security related training, review and enhance security measures and liaise with local law enforcement and emergency responders.

Operations Plan(Dispensary Oversight)

D-1.1 By selecting "Yes", the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. [OAC 3796:6-3-05](#)

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

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

This response has been entirely redacted

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

No response provided by applicant

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

YES

Operations Plan(Receiving of Product)

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

YES

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

YES

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

[REDACTED]

[REDACTED]

[REDACTED]

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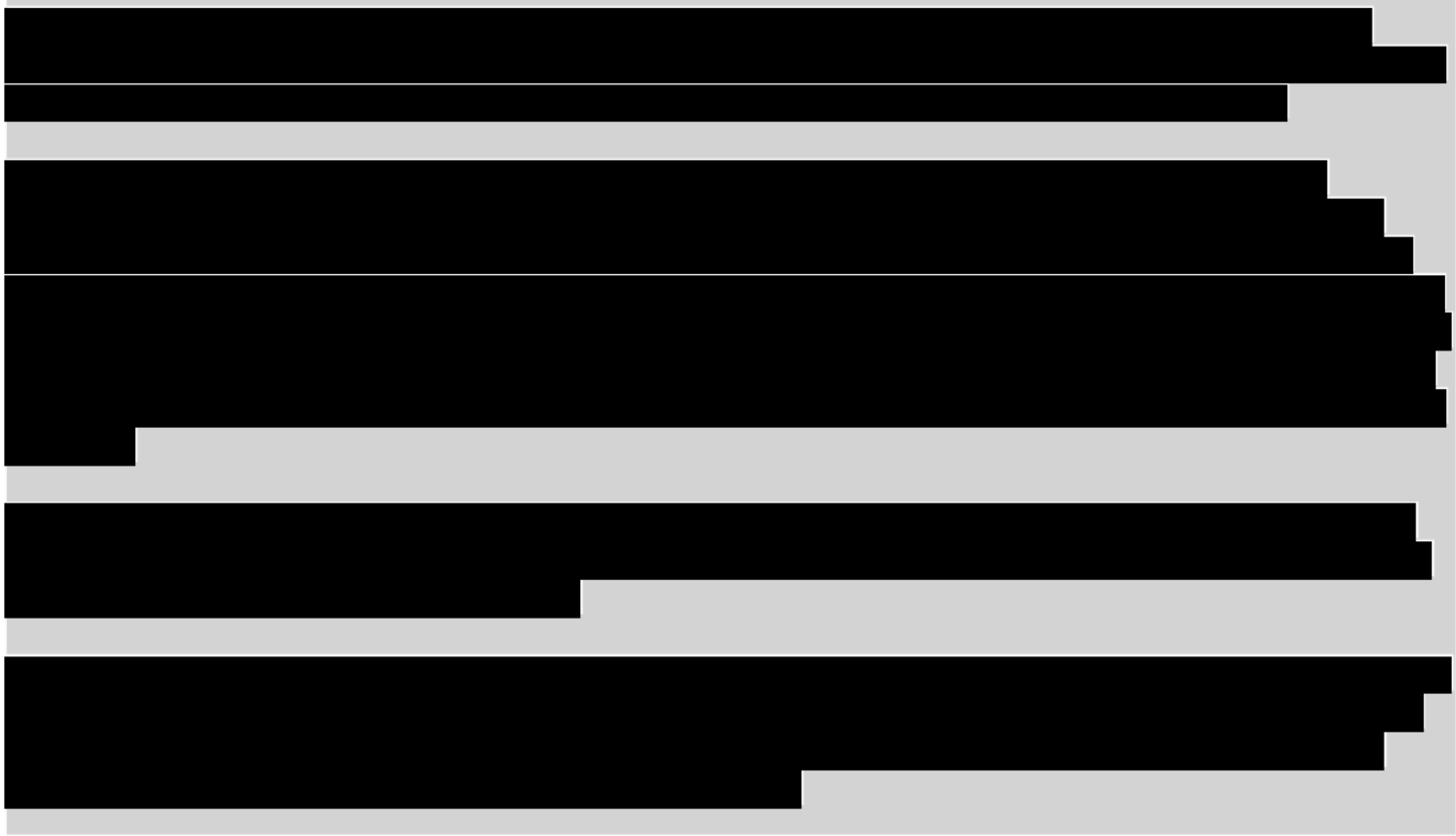
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[REDACTED]

[REDACTED]



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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

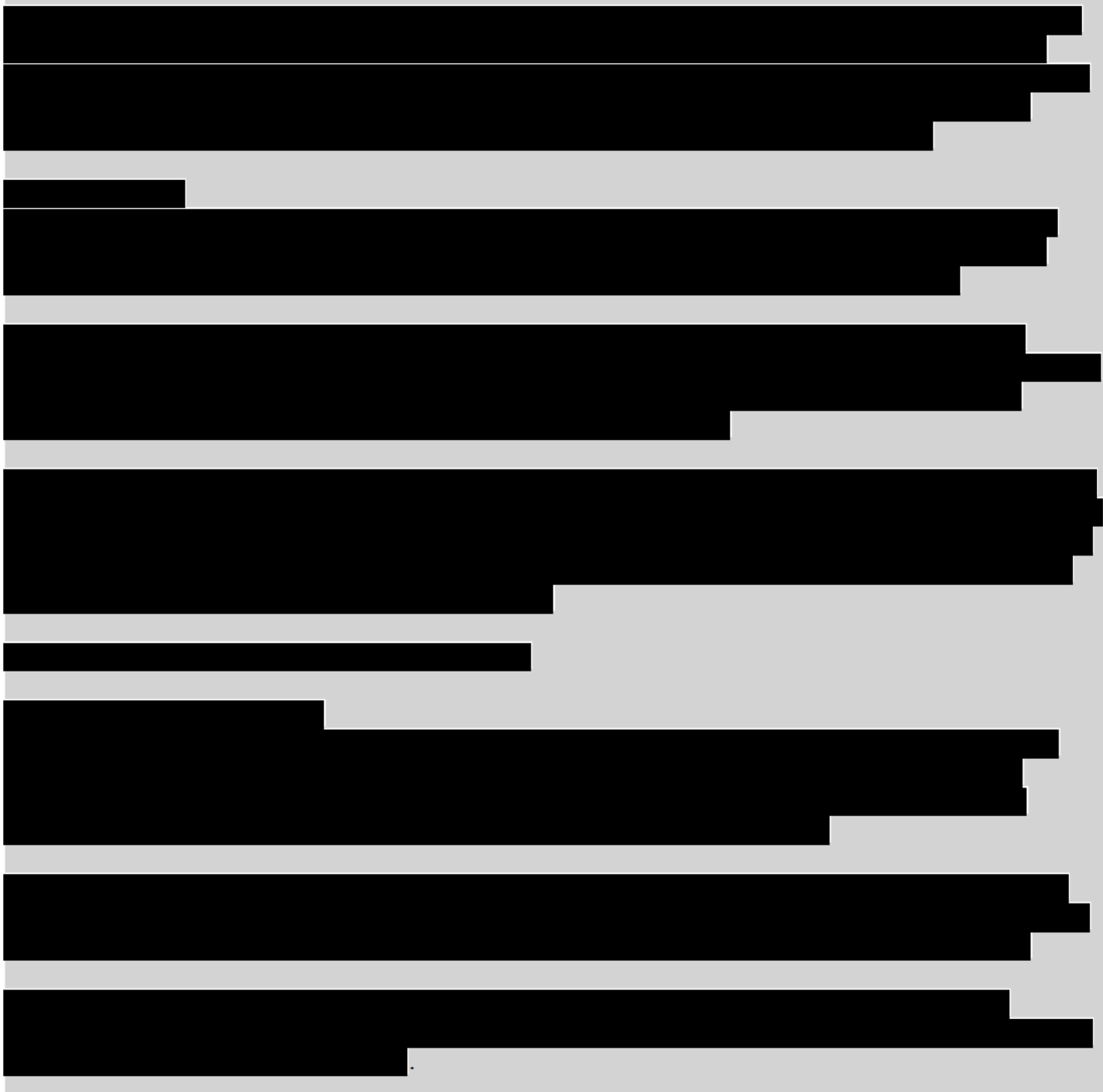
D-5.4 By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

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](#)

TRADE SECRET





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

Uploaded Document Name: **D-5.5.1 Sample Product Label.pdf**
NOTE: This applicant uploaded document is the next 2 page(s) of this document.

LOGO PLACE HOLDER

MEDICAL MARIJUANA

FLOWER

STRAIN: BLUE DREAM - 3.5 grams

Grower :

ABC, LLC
123 Main Street
Cleveland, OH 44101
License #1776-1891

Processor :

DEF, LLC
234 Main Street
Cleveland, OH 44101
License #1776-1892

Dispensary :

QRS, LLC
456 Washington Ave
Cleveland, OH 44101
License #1891-1176

Patient Information :

Johnny Appleseed
1776 Plymouth Rock Drive
Cleveland, OH 44101
Registry#1776-1893
Designated Caregiver:
Dr. John Q. Blaze

DOSAGE

EQUAL 5.0mg THC
THC/CBD 5.0mg CBD

Please follow physician dosing orders when
administering medicine.

CANNABINOID PROFILE

THC : 0.729 %
CBD : 0.729 %
THCA : 0.035 %
THCV : <0.1 %
CBDA : <0.1 %
CBDV : <0.1 %
CBN : <0.1 %
CBG : <0.1 %
CBC : <0.1 %

WARNINGS

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

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

This product may be unlawful outside of the State of Ohio.

PRODUCT INFORMATION

Ingredients: Medical Marijuana, Strain: Blue Dream

No other ingredients were added to this product

Food Allergens: None contained.

Expiration Date : 03/13/2017

Product Identifier: FBKDHP667

Date of Harvest: 1/13/17

Date of Dispensing: 4/1/17

Dimensions: 2.5" x 6.75"

LOGO PLACE HOLDER

MEDICAL MARIJUANA

VAPORIZATION CARTRIDGE

12 FL oz (354ml)

Grower :

ABC, LLC
123 Main Street
Cleveland, OH 44101
License #1776-1891

Processor :

DEF, LLC
234 Main Street
Cleveland, OH 44101
License #1776-1892

Dispensary :

QRS, LLC
456 Washington Ave
Cleveland, OH 44101
License #1891-1176

Patient Information :

Johnny Appleseed
1776 Plymouth Rock Drive
Cleveland, OH 44101
Registry#1776-1893
Designated Caregiver:
Dr. John Q. Blaze

DOSAGE

EQUAL 5.0mg THC
THC/CBD 5.0mg CBD per 15ml

CANNABINOID PROFILE

THC : 0.729 %
CBD : 0.729 %
THCA : 0.035 %
THCV : <0.1 %
CBDA : <0.1 %
CBDV : <0.1 %
CBN : <0.1 %
CBG : <0.1 %
CBC : <0.1 %

WARNINGS

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

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

This product may be unlawful outside of the State of Ohio.

PRODUCT INFORMATION

Ingredients: Extracted Medical Marijuana and Fractionated Coconut Oil MCT (EP)

Type of Extraction: Supercritical CO2 extraction

Solvent/Gas/Chemical: CO2

Compound Added: Fractionated Coconut Oil MCT (EP)

No other ingredients were added to this product

Food Allergens: None contained.

Expiration Date : 03/13/2017

Product Identifier: FBKDHP667

Date of Harvest: 1/13/17

Date Manufactured: 1/20/17

Date of Dispensing: 4/1/17

Dimensions: 2.5" x 6.75"

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](#)

TRADE SECRET

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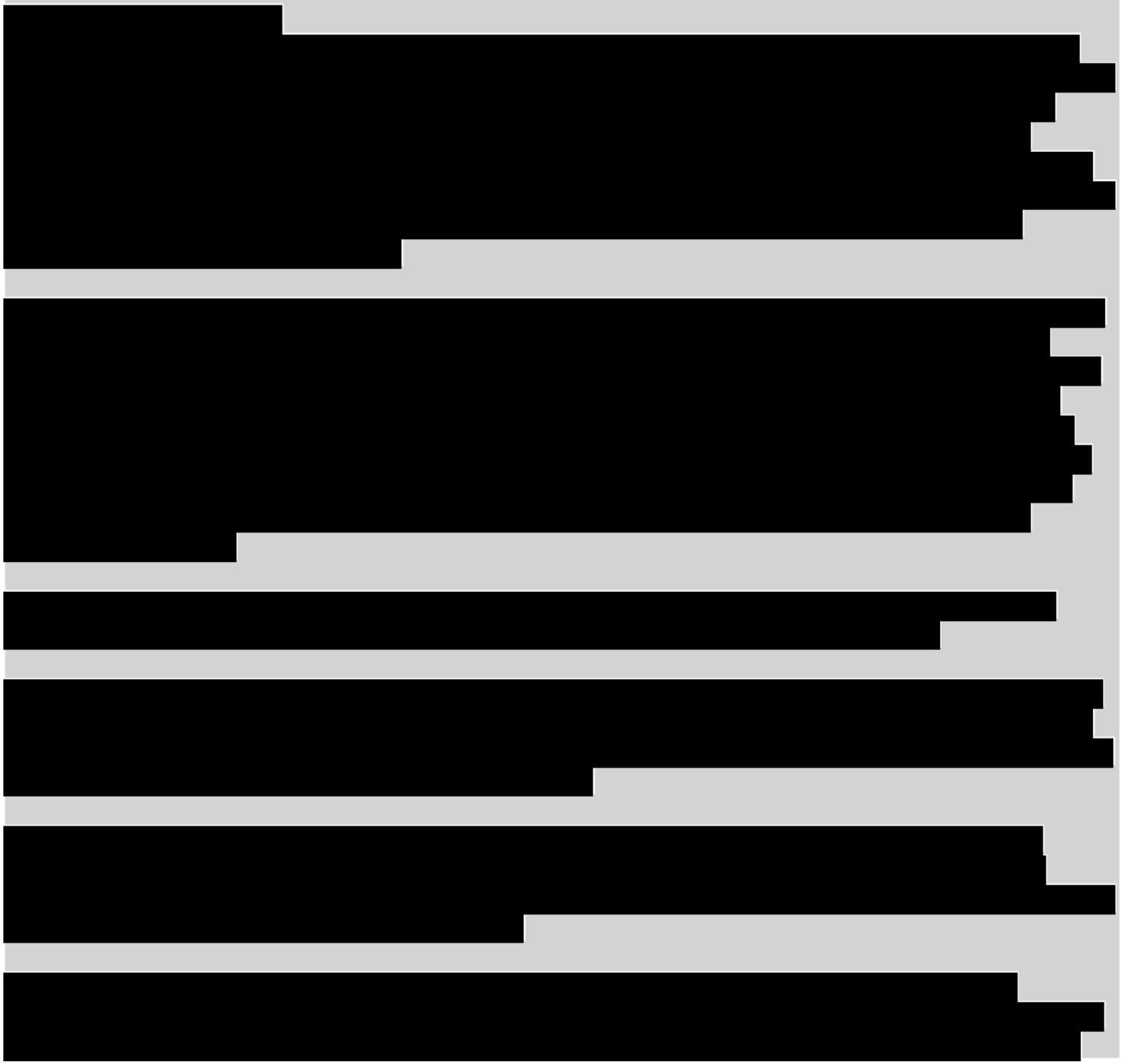
D-6.8.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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

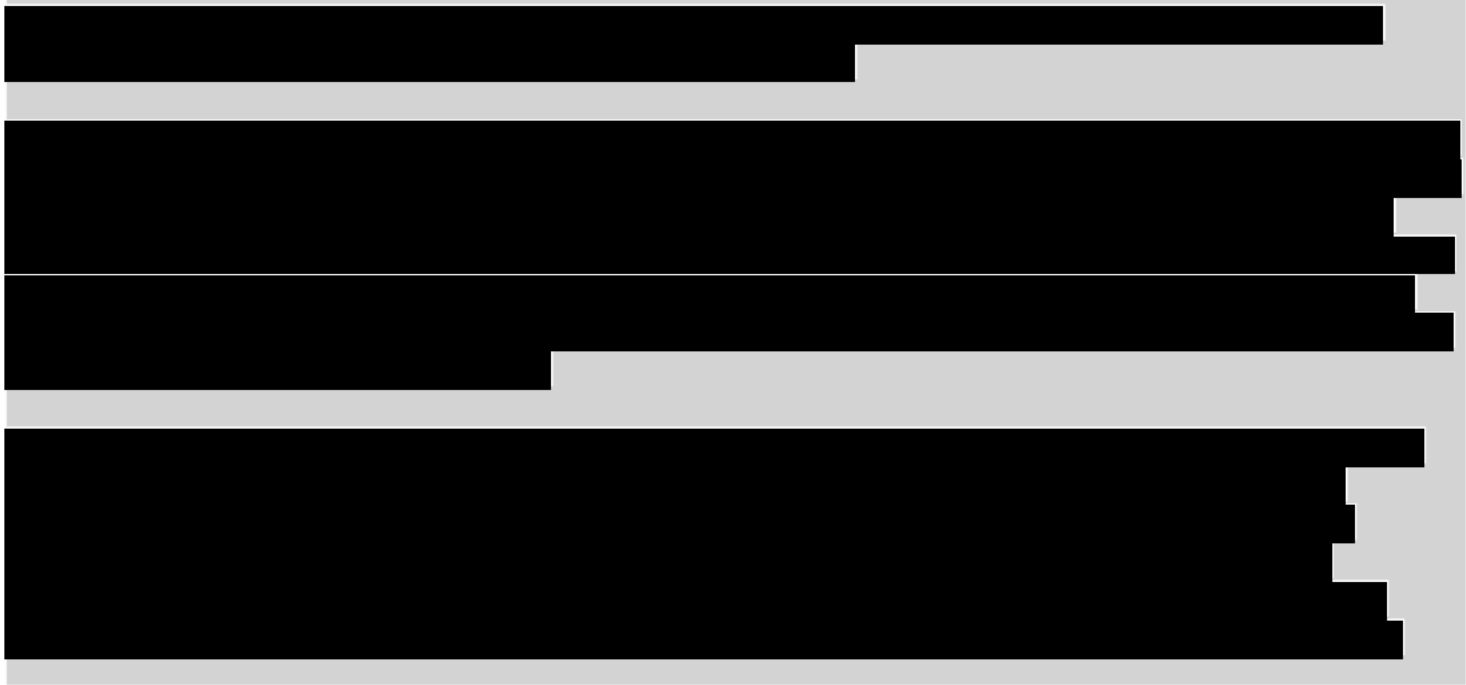
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D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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](#)

[illegible]

[REDACTED]

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Operations Plan(Sanitation and Safety)

D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

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

Please reference [OAC 3796:6-3-02](#) for more information.

[Redacted content]

[REDACTED]

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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.

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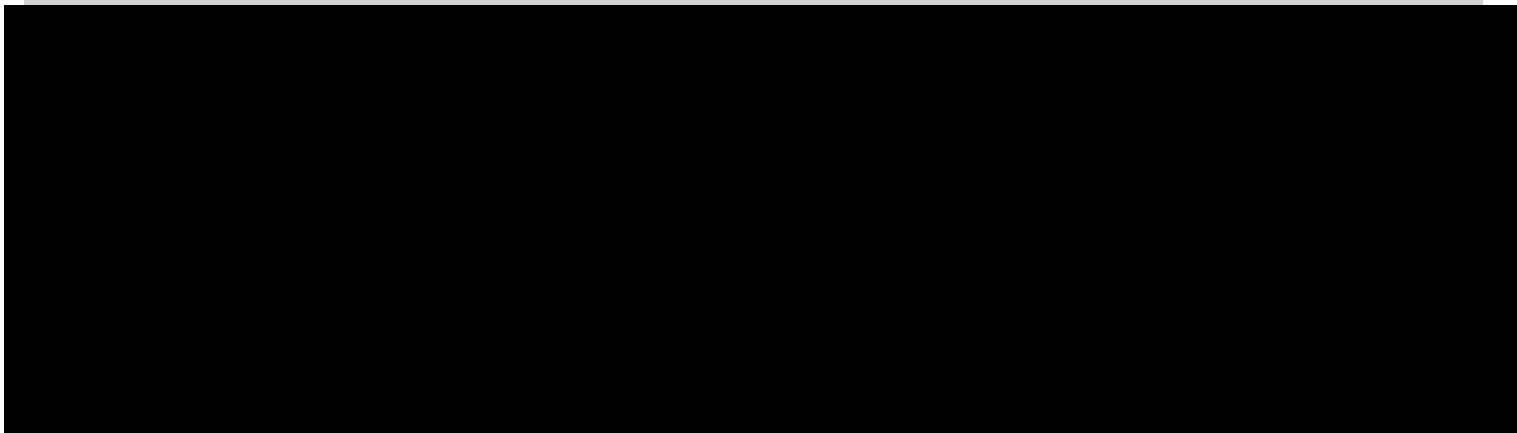
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Operations Plan(Other)

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](#)

TRADE SECRET



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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](#)

TRADE SECRETS

[REDACTED]

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

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[REDACTED]

[REDACTED]

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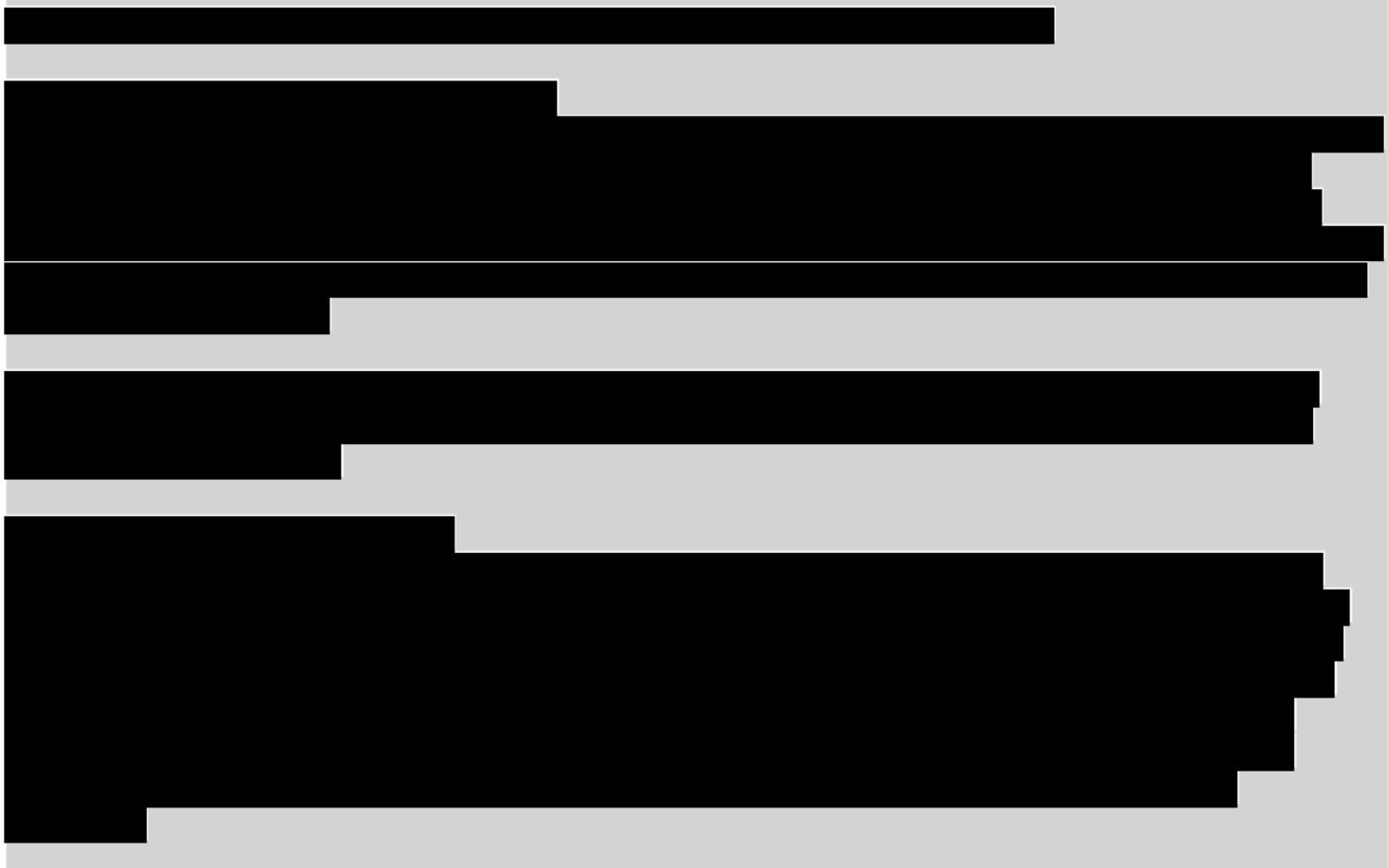
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D-10.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Security & Infrastructure Records)

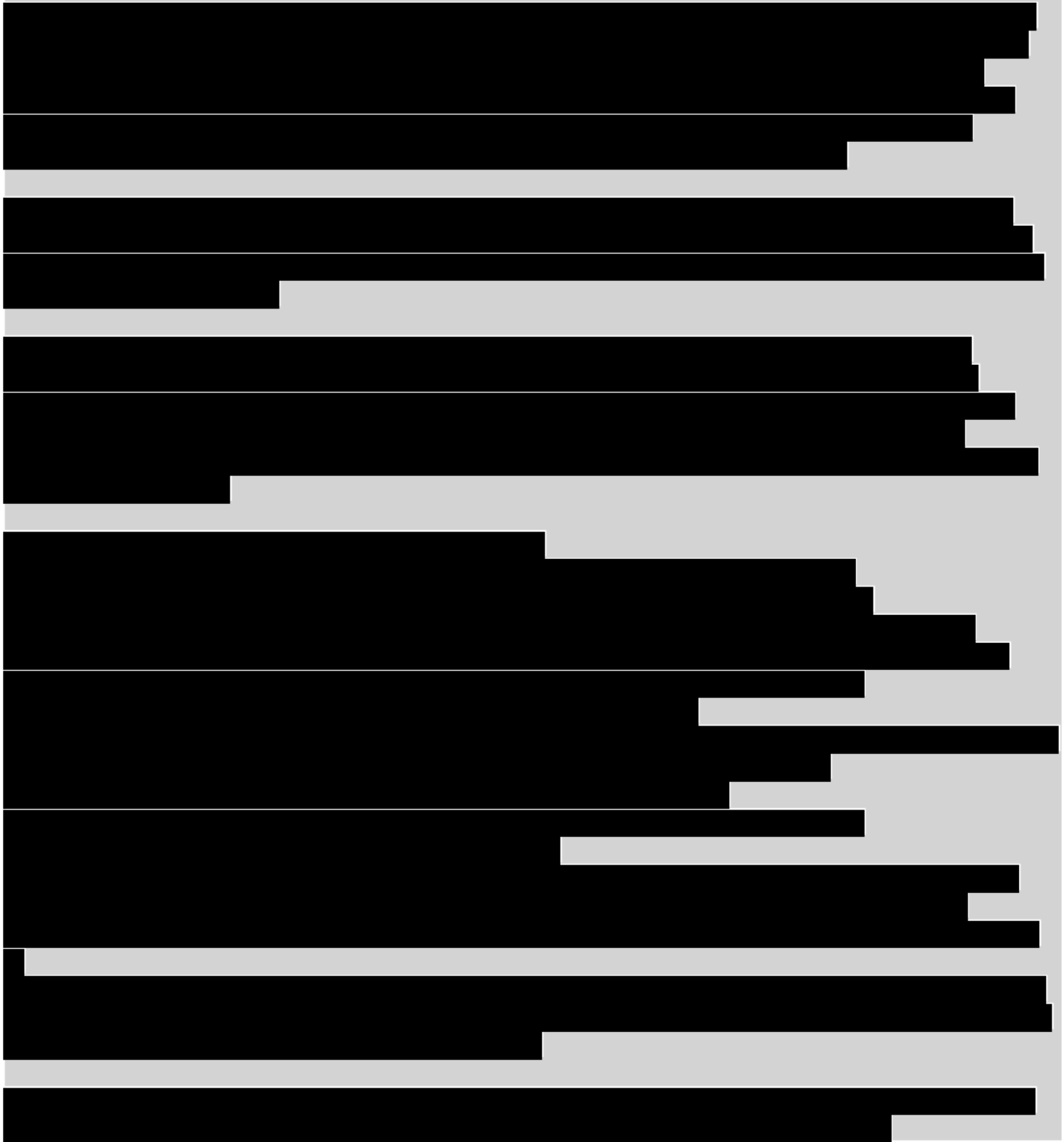
D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

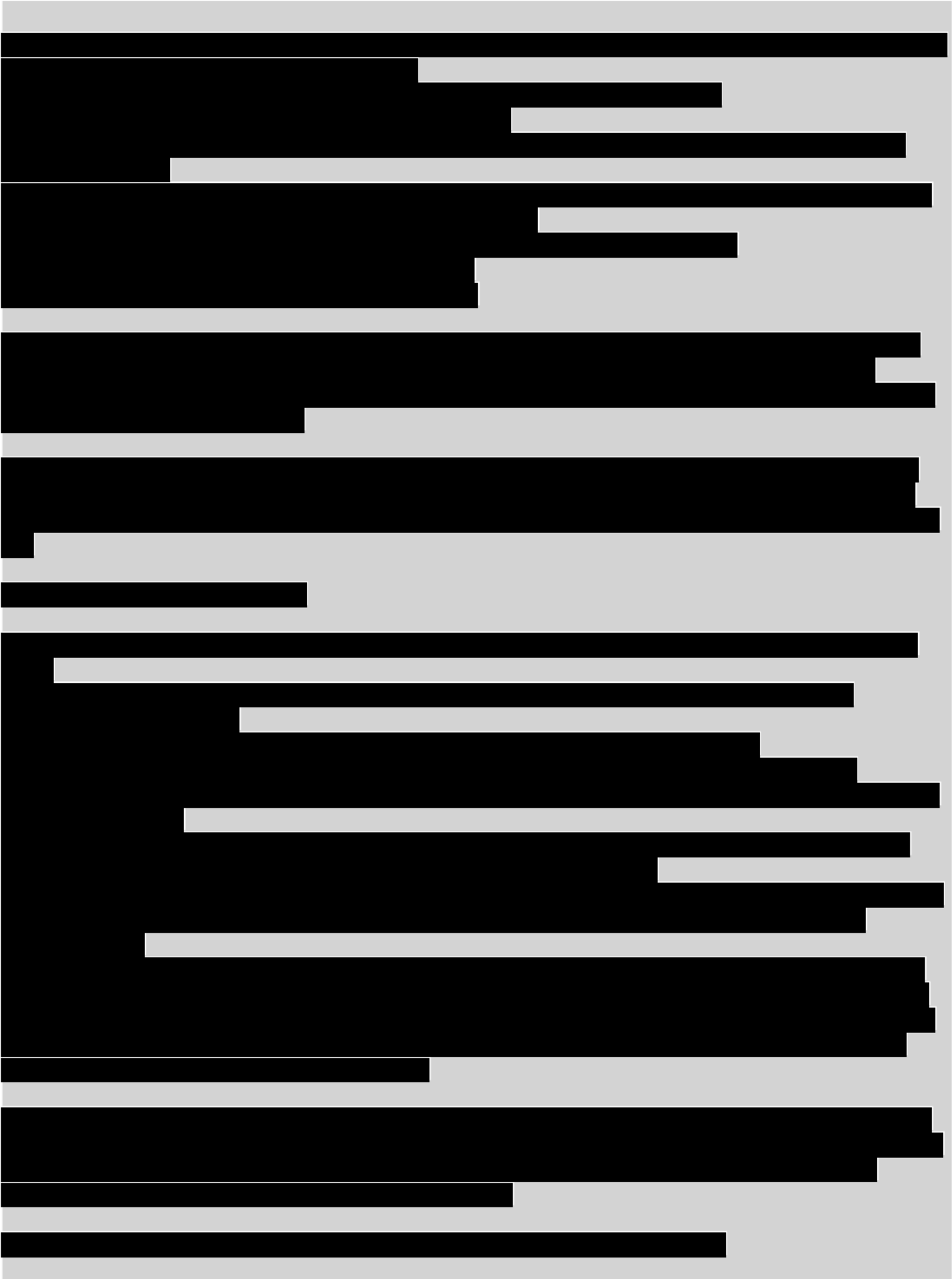
YES

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](#)

TRADE SECRET





[REDACTED]

E-1.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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](#)

TRADE SECRET

[REDACTED]



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

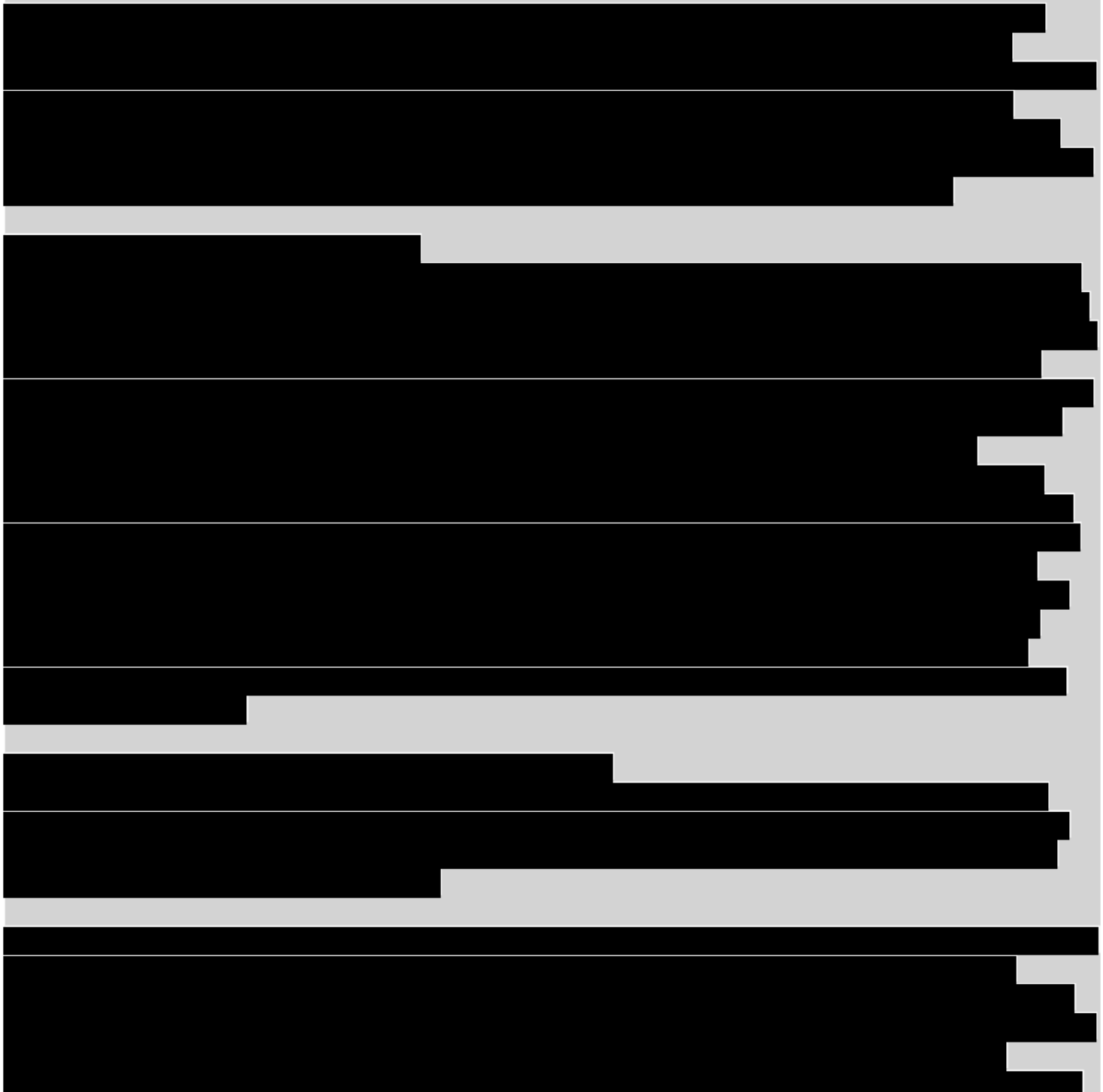
Patient Care(Patient Care and Education)

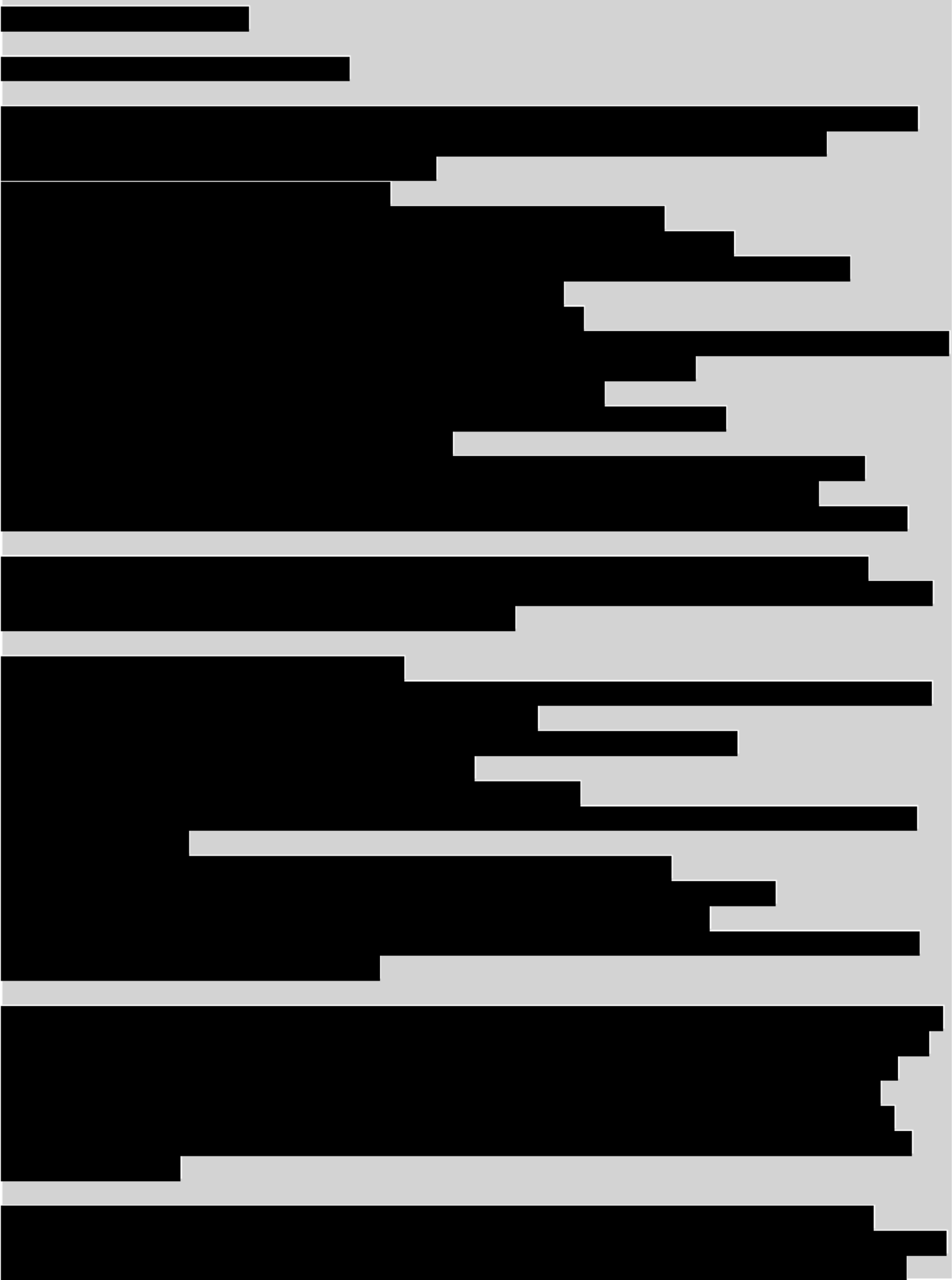
E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:

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.

TRADE SECRET





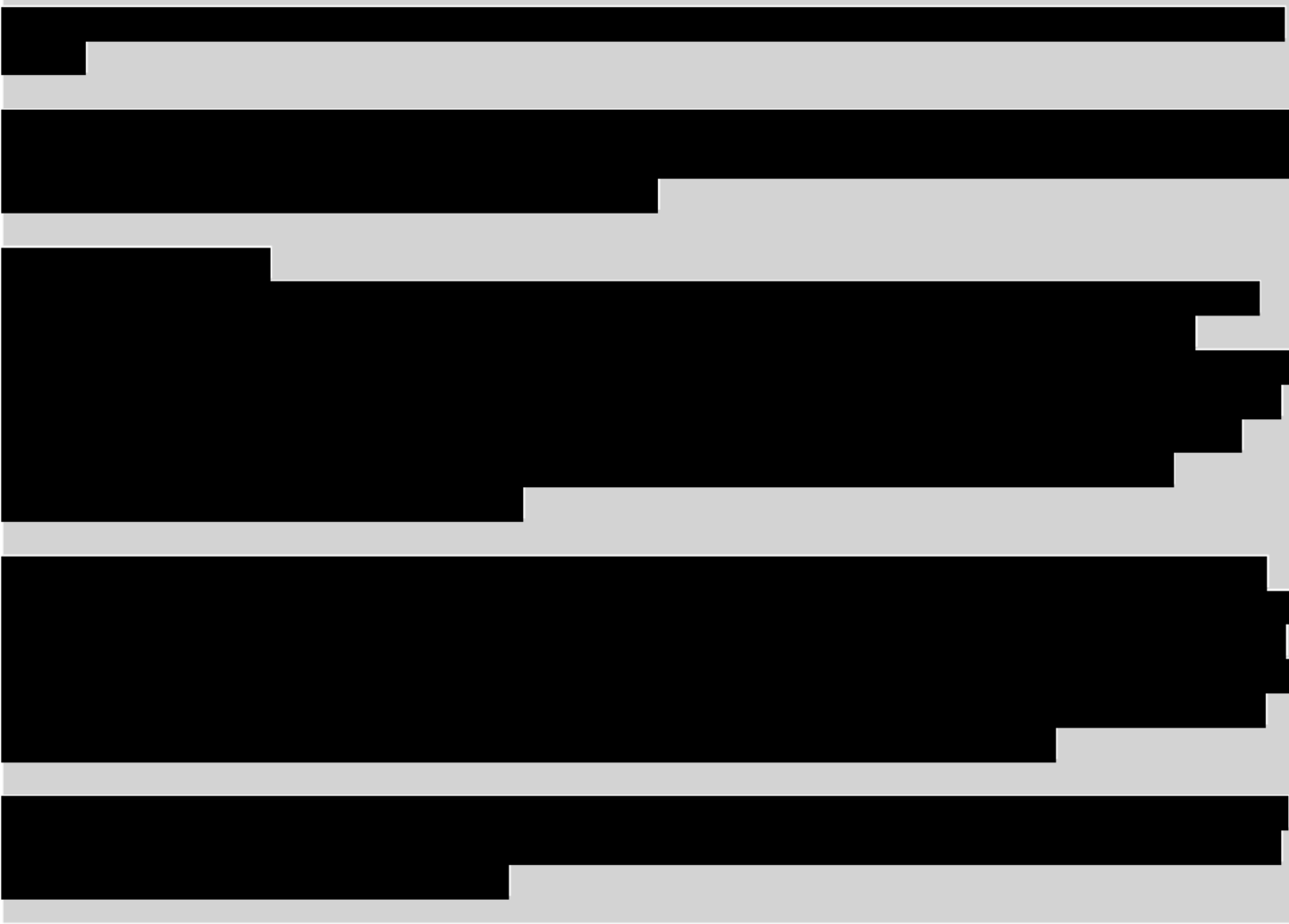


E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional

No response provided by applicant

[illegible]





Patient Care(Patient Care Facilities)

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

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

Please reference [OAC 3796:6-2-02](#) for more information.

[Redacted content]

[REDACTED]

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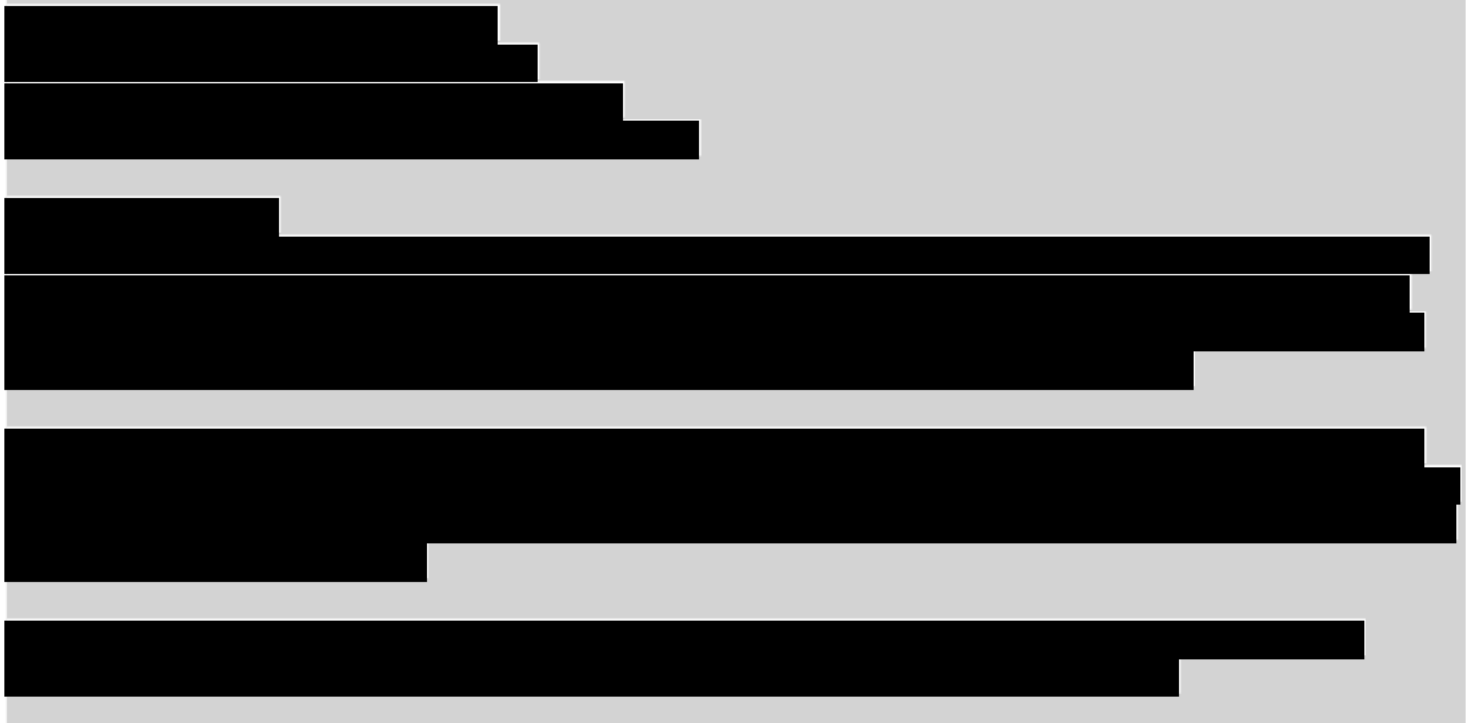
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E-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-2.1 Floor Plans.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

Patient Care(Dispensary Operating Hours)

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

YES

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

8am-8pm

Patient Care(Patient Information)

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

YES

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

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

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

Uploaded Document Name: **F-1.1_Trade Secret Form.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



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: | |
| Mother Know's Best, LLC | |
| <p>The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.</p> <p>While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.</p> <p>Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.</p> <p>Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.</p> | |
| Printed Name of Authorized Representative | |
| Marla Dorf | |
| Signature | Date |
|  | 11/8/2017 |



Ohio Medical Marijuana Control Program Dispensary Application



| Question Number | Attachment Reference | Justification for Excluding as Trade Secret |
|-----------------|----------------------|---|
| C-3.1 | | This section contains proprietary information, including technical & operational know-hand |
| C-3.2 | | This section contains proprietary information, including technical & operational know-hand |
| D-2.2 | | This section contains sensitive security & infrastructure information, including technical & operational know-how |
| D-3.3 | | This section contains proprietary information, including technical & operational know-hand |
| D-4.4 | | This section contains proprietary information, including technical & operational know-hand |
| D-5.5 | | This section contains proprietary information, including technical & operational know-hand |
| D-6.8 | | This section contains proprietary information, including technical & operational know-hand |
| D-6.9 | | This section contains proprietary information, including technical & operational know-hand |
| D-7.1 | | This section contains sensitive security & infrastructure information, including technical & operational know-how |
| D-8.1 | | This section contains proprietary information, including technical & operational know-hand |
| D-9.2 | | This section contains proprietary information, including technical & operational know-hand |
| D-10.1 | | This section contains proprietary information, including technical & operational know-hand |
| D-10.2 | | This section contains proprietary information, including technical & operational know-hand |
| D-10.3 | | This section contains proprietary information, including technical & operational know-hand |



Ohio Medical Marijuana Control Program Dispensary Application



| Question Number | Attachment Reference | Justification for Excluding as Trade Secret |
|-----------------|----------------------|--|
| E-1.1 | | This section contains proprietary information, including technical & operational know-hand |
| E-1.2 | | This section contains proprietary information, including technical & operational know-hand |
| E-2.1 | | This section contains proprietary information, including technical & operational know-hand |
| E-2.2 | | This section contains proprietary information, including technical & operational know-hand |
| E-3.1 | | This section contains proprietary information, including technical & operational know-hand |
| | A-6.24 | Identification documents contain personal, sensitive information |
| | A-6.25 | Tax Forms contain personal, sensitive information (social security numbers) |
| | C-2.1 | This section contains sensitive security & infrastructure information, including floor plans |
| | C-5.5 | This section contains personal, sensitive financial information (bank account #s) |
| | E-3.1 | This section contains sensitive security & infrastructure information, including floor plans |
| | | |
| | | |
| | | |
| | | |

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