



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application TREAT & KURE DISPENSARY 2, LLC Application ID 599

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

Treat & Kure Dispensary 2, LLC

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

No response provided by applicant

A-1.3 Business Street Address

PO Box 700

A-1.4 City

Gates Mills

A-1.5 State

OH

A-1.6 Zip Code

44040

A-1.7 Phone

2163729801

A-1.8 Email

tleebow@tkoholding.com

Demographic Information(Primary Contact/Registered Agent)

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

REGISTERED AGENT

A-2.2 First Name

Todd

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Leebow

A-2.5 Street Address

PO Box 700

A-2.6 City

Gates Mills

A-2.7 State

OH

A-2.8 Zip Code

44040

A-2.9 Phone

2163729801

A-2.10 Email

tleebow@tkoholding.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

10/05/2017

A-3.4 Business Name on Formation Documents

Treat & Kure Dispensary 2, 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 13

A-6.1 First Name

Edward

A-6.2 Middle Name

Marvin

A-6.3 Last Name

Miller

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Chief Executive Officer

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

None

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

Expertise: Board-certified physician; experience as Chief Medical Officer of medical cannabis

enterprises.

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

8519 Snowreath Road

A-6.17 City

Pikesville

A-6.18 State

MD

A-6.19 Zip Code

21208

A-6.20 Phone

4104408876

A-6.21 Email

edward@emmmmedicalconsulting.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 2 of 13

A-6.1 First Name

Min

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Chu

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Pharmaceutical Chemist

A-6.6 Title in the Applicant's business

Chief Scientific Officer and Director of Pharmaceutical Chemistry

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

None

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

OTHER

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

Expertise: PhD chemist; experience with drug development and formulations, research and

development throughout a career in the pharmaceutical industry.

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

8217 154th Avenue SE

A-6.17 City

Newcastle

A-6.18 State

WA

A-6.19 Zip Code

98059

A-6.20 Phone

9787276808

A-6.21 Email

minchu888@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:

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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 13

A-6.1 First Name

Monica

A-6.2 Middle Name

Bopha

A-6.3 Last Name

Taing

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

PharmD

A-6.6 Title in the Applicant's business

Director of Clinical Research

A-6.7 Applicant's business related compensation

Expertise: Doctor of pharmacy and experience supervising patient counselors in the dispensation of medical cannabis; authorship of patient and physician educational materials and CME (Continuing Medical Education) course-work.

A-6.8 Number of shares owned

None

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

OTHER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

26 Buttonwood Street

A-6.17 City

Jersey City

A-6.18 State

NJ

A-6.19 Zip Code

07305

A-6.20 Phone

5084392007

A-6.21 Email

mt@gardenstatedispensary.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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 13

A-6.1 First Name

Michael

A-6.2 Middle Name

Harris

A-6.3 Last Name

Weisser

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Commercial Real Estate and Attorney

A-6.6 Title in the Applicant's business

Indirect Owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

27.8481

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

27.8481%

A-6.11 Voting percentage

27.8481%

A-6.12 Proposed Role

OWNER

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

If licensed, Mr. Michael Weisser will provide debt financing to CannaPharmacy Inc., which will provide

equity financing or 25% of the operating capital required. Expertise: Significant experience in commercial real estate, operation of cannabis dispensaries in multiple states, and business and law.

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

20155 NE 38th Court, Apt. 1901

A-6.17 City

Aventura

A-6.18 State

FL

A-6.19 Zip Code

33180

A-6.20 Phone

3056909110

A-6.21 Email

mhw mike@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](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 13

A-6.1 First Name

Raj

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Mukherji

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Indirect Owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

5.0949335

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

5.0949335%

A-6.11 Voting percentage

5.0949335%

A-6.12 Proposed Role

OWNER

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

Expertise: Lawyer and significant medical cannabis industry 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

122 Ogden Avenue, PH 2

A-6.17 City

Jersey City

A-6.18 State

NJ

A-6.19 Zip Code

07307

A-6.20 Phone

2014204000

A-6.21 Email

raj@law.mw

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

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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 6 of 13

A-6.1 First Name

David

A-6.2 Middle Name

Jordan

A-6.3 Last Name

Weisser

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Licensed cannabis manufacturing and distribution

A-6.6 Title in the Applicant's business

Indirect Owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

13.92405

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

13.92405%

A-6.11 Voting percentage

13.92405%

A-6.12 Proposed Role

OWNER

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

Expertise: Significant experience in the operation of cannabis dispensaries in multiple states and in

business.

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

1401 Delgany Street, Apt. 408

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80202

A-6.20 Phone

3054943388

A-6.21 Email

davidweisser@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](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 13

A-6.1 First Name

Paul

A-6.2 Middle Name

Austin

A-6.3 Last Name

Higdon

A-6.4 Suffix

Jr., II

A-6.5 Occupation

Law Enforcement

A-6.6 Title in the Applicant's business

Chief Security Officer

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

0.35443

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

0.35443%

A-6.11 Voting percentage

0.35443%

A-6.12 Proposed Role

OWNER

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

Expertise: Career in federal law enforcement and international drug enforcement.

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

11310 Lake Shore Drive

A-6.17 City

Hollywood

A-6.18 State

FL

A-6.19 Zip Code

33026

A-6.20 Phone

9544419791

A-6.21 Email

higdonintl@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

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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 13

A-6.1 First Name

Aaron

A-6.2 Middle Name

Jason

A-6.3 Last Name

Epstein

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

General Manager/Designated Representative

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

None

A-6.9 Types of shares owned

Indirect interest through holding company's employee incentive plan

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Expertise: Lawyer and significant medical cannabis industry 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

26 Scarlet Oak Road

A-6.17 City

Flemington

A-6.18 State

NJ

A-6.19 Zip Code

08822

A-6.20 Phone

8622461778

A-6.21 Email

ae@gardenstatedispensary.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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 13

A-6.1 First Name

Madhevan

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Asokan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Horticulturist

A-6.6 Title in the Applicant's business

Chief Horticulturist

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

None

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

OTHER

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

Expertise: PhD Horticulturist and plant tissue culture scientist with extensive large scale commercial

nursery 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

541 W Starmount Avenue

A-6.17 City

Liberty

A-6.18 State

NC

A-6.19 Zip Code

27298

A-6.20 Phone

3366229328

A-6.21 Email

amadhevan7@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:

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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 10 of 13

A-6.1 First Name

James

A-6.2 Middle Name

Joseph

A-6.3 Last Name

Elek

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Real Estate

A-6.6 Title in the Applicant's business

Indirect Owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

2.278483

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

2.278483%

A-6.11 Voting percentage

2.278483%

A-6.12 Proposed Role

OWNER

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

If licensed, Mr. Elek will provide debt financing to CannaPharmacy, Inc., which will provide equity

financing or 25% or the operating capital required. Expertise: Significant experience as a real estate investor and broker.

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

454 Cliff Road

A-6.17 City

Sewaren

A-6.18 State

NJ

A-6.19 Zip Code

07077

A-6.20 Phone

7326349100

A-6.21 Email

jjelek@jjelekrealty.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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 11 of 13

A-6.1 First Name

Sean

A-6.2 Middle Name

Eric

A-6.3 Last Name

Band

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Horticulturist

A-6.6 Title in the Applicant's business

Master Cannabis Horticulturist

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

None

A-6.9 Types of shares owned

Indirect interest through holding company's employee incentive plan

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OTHER

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

Expertise: Certified horticulturist and master cannabis cultivator

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

11541 Inspiration Road

A-6.17 City

Golden

A-6.18 State

CO

A-6.19 Zip Code

80403

A-6.20 Phone

3032492005

A-6.21 Email

band.sean@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 12 of 13

A-6.1 First Name

Danielle

A-6.2 Middle Name

Yun Yun Ng

A-6.3 Last Name

Alvarez

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Indirect owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

0.5

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

0.5%

A-6.11 Voting percentage

0.5%

A-6.12 Proposed Role

OWNER

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

Expertise: Attorney and medical cannabis industry 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

10 Hillside Road

A-6.17 City

Elizabeth

A-6.18 State

NJ

A-6.19 Zip Code

07208

A-6.20 Phone

9087648286

A-6.21 Email

danielle@law.mw

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 13 of 13

A-6.1 First Name

Todd

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Leebow

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner/Operator

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

Fee for service (consultant or employment compensation, if any)

A-6.8 Number of shares owned

50

A-6.9 Types of shares owned

Indirect interest through ownership of shares in holding company

A-6.10 Percent interest in Applicant's business

50%

A-6.11 Voting percentage

50%

A-6.12 Proposed Role

OWNER

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

If licensed, Mr. Leebow will provide debt or equity financing to TLC 25 OC, LLC, which will provide

equity financing or 75% of the operating capital required. Expertise: Significant experience in manufacturing, shipping, receiving, processing, sales, ordering, market research and technology

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

70 Hamlet Court

A-6.17 City

Bratenahl

A-6.18 State

OH

A-6.19 Zip Code

44108

A-6.20 Phone

2163729801

A-6.21 Email

tleebow@tkoholding.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:

33 Years

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership

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

This response has been entirely redacted

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 13

B-3.1 First Name

Todd

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Leebow

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Ownership and governance

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.

TKO OC, LLC, PO Box 700, Gates Mills, OH 44040

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.

TKO OC, LLC, PO Box 700, Gates Mills, OH 44040

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 13

B-3.1 First Name

Michael

B-3.2 Middle Name

Harris

B-3.3 Last Name

Weisser

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Indirect Owner

B-3.6 Brief description of role

Ownership and governance

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711
- 5) CMED LLC, 615 Buggy Circle, Unit D, Carbondale, CO 81623
- 6) Compassionate Care Givers Inc, 6666 E Stapleton Drive S, Denver, CO 80216
- 7) Durango Alternative LLC, 120 E 36th Street, Durango, CO 81301
- 8) Kazimer LLC, 1233 W Alameda Avenue, Denver, CO 80223
- 9) P & C Express LLC, 4860 N Townsend Avenue, Montrose, CO 81401

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605

- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711
- 4) CMED LLC, 615 Buggy Circle, Unit D, Carbondale, CO 81623
- 5) Compassionate Care Givers Inc, 6666 E Stapleton Drive S, Denver, CO 80216
- 6) Durango Alternative LLC, 120 E 36th Street, Durango, CO 81301
- 7) Kazimer LLC, 1233 W Alameda Avenue, Denver, CO 80223
- 8) P & C Express LLC, 4860 N Townsend Avenue, Montrose, CO 81401

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.

YES

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

- 1) Michael H. Weisser - 159036 - Florida Bar, 651 E Jefferson Street, Tallahassee, FL 32399 - Neglect

of legal matter - 1988 - Suspension for 6 months - Florida Bar, 651 E Jefferson Street, Tallahassee, FL 32399

2) Michael H. Weisser - 159036 - Florida Bar, 651 E Jefferson Street, Tallahassee, FL 32399 - Unauthorized practice of law (Mr. Michael Weisser represented his 18-year-old son in a single, isolated civil matter prior to being reinstated to the Florida Bar, although he was still admitted to the New York Bar) - 1996 - Revocation for 5 years - Florida Bar, 651 E Jefferson Street, Tallahassee, FL 32399

3) Michael H. Weisser - 1294602 - New York State Bar, One Elk Street, Albany, NY 12207 - Based on Florida discipline (above) - 1995 - Censure (no suspension, denial, or revocation) - New York State Bar, One Elk Street, Albany, NY 12207

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?

YES

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

In 2017, the Colorado Department of Revenue and City of Denver denied for renewal five inactive/dormant licenses (specifically, three non-operational grow and two non-operational manufacture licenses) held by Compassionate Care Givers, Inc., which is co-owned by Mr. Michael Weisser. These licenses were denied renewal after a contested violation for a single, isolated underage sale to a minor by a former employee, following which it was also discovered the digital video surveillance equipment in one of the stores was not properly functioning or retaining adequate footage in its recorder.

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 13

B-3.1 First Name

David

B-3.2 Middle Name

Jordan

B-3.3 Last Name

Weisser

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Indirect Owner

B-3.6 Brief description of role

Ownership and governance

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711
- 5) CMED LLC, 615 Buggy Circle, Unit D, Carbondale, CO 81623
- 6) Compassionate Care Givers Inc, 6666 E Stapleton Drive S, Denver, CO 80216
- 7) Durango Alternative LLC, 120 E 36th Street, Durango, CO 81301
- 8) Kazimer LLC, 1233 W Alameda Avenue, Denver, CO 80223
- 9) P & C Express LLC, 4860 N Townsend Avenue, Montrose, CO 81401

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605

- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711
- 4) CMED LLC, 615 Buggy Circle, Unit D, Carbondale, CO 81623
- 5) Compassionate Care Givers Inc, 6666 E Stapleton Drive S, Denver, CO 80216
- 6) Durango Alternative LLC, 120 E 36th Street, Durango, CO 81301
- 7) Kazimer LLC, 1233 W Alameda Avenue, Denver, CO 80223
- 8) P & C Express LLC, 4860 N Townsend Avenue, Montrose, CO 81401

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?

YES

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

In 2017, the Colorado Department of Revenue and City of Denver denied for renewal five inactive/dormant licenses (specifically, three non-operational grow and two non-operational manufacture licenses) held by Compassionate Care Givers, Inc., which is co-owned by Mr. David Weisser. These licenses were denied renewal after a contested violation for a single, isolated underage sale to a minor by a former employee, following which it was also discovered the digital video surveillance equipment in one of the stores was not properly functioning or retaining adequate footage in its recorder.

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 13

B-3.1 First Name

Raj

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Mukherji

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Indirect Owner

B-3.6 Brief description of role

Governance

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 13

B-3.1 First Name

James

B-3.2 Middle Name

Joseph

B-3.3 Last Name

Elek

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Indirect owner

B-3.6 Brief description of role

Ownership and investment

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 13

B-3.1 First Name

Paul

B-3.2 Middle Name

Austin

B-3.3 Last Name

Higdon

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Security Officer

B-3.6 Brief description of role

Oversight of safety, security, surveillance, and anti-diversion functions

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 13

B-3.1 First Name

Aaron

B-3.2 Middle Name

Jason

B-3.3 Last Name

Epstein

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

General Manager/Designated Representative

B-3.6 Brief description of role

Operational oversight and management of the dispensary

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

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

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 13

B-3.1 First Name

Monica

B-3.2 Middle Name

Bopha

B-3.3 Last Name

Taing

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Director of Clinical Research

B-3.6 Brief description of role

Supervision and training of pharmacists and patient counselors

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

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

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

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

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 13

B-3.1 First Name

Min

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Chu

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Chief Scientific Officer and Director of Pharmaceutical Chemistry

B-3.6 Brief description of role

SOP development and evaluation of acquired cannabis product

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 10 of 13

B-3.1 First Name

Edward

B-3.2 Middle Name

Marvin

B-3.3 Last Name

Miller

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Executive Officer

B-3.6 Brief description of role

Chief executive of the dispensary facility and liaison between the Board and management

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

YES

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

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy, Inc., 800 Ogletown Road, Newark, DE 19711

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.

CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 11 of 13

B-3.1 First Name

Madhevan

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Asokan

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Chief Horticulturist

B-3.6 Brief description of role

Inspection and evaluation of product procured from cultivators

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 12 of 13

B-3.1 First Name

Sean

B-3.2 Middle Name

Eric

B-3.3 Last Name

Band

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Master Cannabis Horticulturist

B-3.6 Brief description of role

Inspection and evaluation of product procured from cultivators

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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 13 of 13

B-3.1 First Name

Danielle

B-3.2 Middle Name

Yun Yun Ng

B-3.3 Last Name

Alvarez

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Indirect owner

B-3.6 Brief description of role

None (other than indirect ownership)

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.

- 1) Compassionate Care Research Institute, Inc., 950 US Highway 1 North, Woodbridge, NJ 07095
- 2) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 3) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 4) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

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.

- 1) CannaPharmacy Maryland, LLC, 8519 Snowreath Road, Pikesville, MD 21208
- 2) Franklin Labs, LLC, 1800 Centre Avenue, Redding, PA 19605
- 3) CannaPharmacy Inc., 800 Ogletown Road, Newark, DE 19711

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of

whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug

Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

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

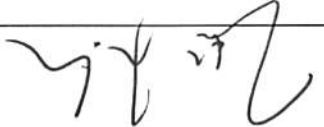
C-1.1 Attach one of the following:

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


Uploaded Document Name: **C-1.1_Purchase_Agreement_TK2.pdf**

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

On behalf of TKO RE, LLC ("TKO"), an Ohio limited liability company and the prospective owner of 3232 Cleveland Avenue, Canton, Ohio (the "Property"), I hereby swear and affirm that Treat & Kure Dispensary 2 ("Applicant") and TKO are related entities and that in the event Applicant is awarded a license to dispense medical marijuana, TKO will close on its purchase of the Property and execute a lease with Applicant for the use of the Property as a medical marijuana dispensary.


By: Todd Leebow
Its: Authorized Representative
Date: 11/14/17

Sworn and subscribed before me on this 14th day of November, 2017.





JENNIFER M. HART
Attorney at Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

AGREEMENT FOR SALE OF REAL ESTATE

This Agreement is made as of the 13 day of November, 2017, between CHAI MING LLC _____ ("Seller"), and TKO RE, LLC, or its assigns ("Buyer").

PREAMBLE

Seller is the owner of certain real property located at 3232 Cleveland Ave., Canton, Ohio 44709 as more particularly shown on Exhibit A hereto (together with all rights, privileges and appurtenances thereto, the "**Property**"), and Buyer desires to purchase the Property from Seller, all upon the terms and subject to the conditions hereinafter set forth. Therefore, the parties agree as follows with the intent to be legally bound.

AGREEMENT

1. Sale and Purchase of Property. On the Closing Date (as hereinafter defined) Seller shall sell to Buyer, and Buyer shall purchase from Seller, all of Seller's rights, title and interest in and to the Property (the "**Transaction**"), including the assignment to Buyer of all existing retail leases encumbering the Property.

Buyer understands that any and all non-written representations regarding the property are specifically disclaimed and Buyer agrees and acknowledges that the Property is being conveyed "as is" and that Buyer is relying solely upon his own examination of the Property and any herein required inspections for its physical condition and character, and the Property's suitability for Buyer's intended use thereof, and that neither Seller, broker, nor agent have made any representations or warranties, either express or implied, regarding the property, including, but not limited to the condition of roof, structural, site drainage, HVAC, well, septic or sewer system, electrical, plumbing, appliances, zoning and other governmental regulations.

2. Purchase Price. As consideration for the conveyance of the Property, Buyer covenants and agrees to pay to Seller the sum of One Million Three Hundred Thousand and 00/100 Dollars (\$1,300,000.00), lawful money of the United States, payable as follows:

a. Twenty Thousand and 00/100 Dollars (\$20,000.00) Deposit in immediately available funds upon the signing of this Agreement and delivery to Buyer of all items contained in Section 6(a), receipt whereof is hereby acknowledged, to be held in escrow by Cuyahoga Title Services, Ltd. ("Escrow Agent") and subject to the provisions of Section 9(n) and 9(m). The Deposit shall be non-refundable when made (except for a Seller default hereunder).

b. Balance of the Purchase Price to be paid in immediately available funds on the Closing Date.

3. Representations and Warranties of Seller. Seller represents and warrants to Buyer as follows:

a. Organization; Power and Authority. Seller is the owner of the Property and has the legal power and authority to execute and deliver this Agreement, to consummate the

Transaction and to perform their obligations hereunder. The individual executing this Agreement on behalf of Seller has the legal authority to bind Seller, enter into this Agreement, and perform the obligations of Seller required hereunder.

b. Execution and Binding Effect. This Agreement has been duly and validly executed and delivered by Seller and constitutes a legal, valid and binding obligation of Seller enforceable against Seller in accordance with its terms.

c. No Breach or Default; No Consent; No Violation of Law. The execution and delivery of this Agreement by Seller, the consummation of the Transaction and the performance by Seller of its obligations hereunder do not and will not: (i) cause a breach or default by Seller under any material agreement, document or instrument to which Seller is a party or by which Seller or any of its properties or assets are bound; (ii) breach or otherwise violate any judgment, order, writ, injunction or decree of any court or other tribunal (each a "Court Order") which names Seller or is directed to Seller or any of its properties or assets; or (iv) require the consent, authorization or approval of any person or entity. The execution and delivery of this Agreement by Seller and the performance by Seller of its obligations hereunder are not prohibited by, and do not and will not subject Seller to any fine, penalty or similar sanction under, any law, statute, rule, regulation, ordinance, code, judgment, order, writ, injunction or decree of any governmental authority (each a "Law").

d. Litigation. There is no pending or, to the best of Seller's knowledge, threatened action or proceeding by or before any court or other tribunal (i) which arises out of or relates to the Property in any manner, or (ii) seeking to restrain, prohibit or invalidate the Transaction.

e. Title. Seller holds and will convey to Buyer by a Limited Warranty Deed good and marketable fee simple title to the Property which is and will be insurable by any responsible title company at regular rates, subject to the Permitted Exceptions (defined below). Seller and Buyer agree to execute and deliver an Assignment and Assumption of Leases on the Closing Date.

f. Existing Leases. The existing leases encumbering the Property are listed on Exhibit B hereto. Seller shall not enter any new lease(s) or extend any existing leases affecting any portion of the Property prior to the Closing Date, without Buyer's prior written consent which shall not be unreasonably withheld, conditioned or delayed.

g. Condemnation. Seller has no knowledge of any pending or threatened condemnation or taking by eminent domain affecting the Property or any proceedings in respect thereof.

h. Taxes and Assessments. Seller has paid all taxes, assessments and other amounts which have been levied against the Property by any governmental authority, except for those which are not yet due and payable. Seller has no knowledge of any pending or threatened tax increase or special assessment affecting the Property or of any planned improvement which may result in a special assessment. Seller has no open notice of protest against, nor any open action or proceeding to review, the real property tax assessments against the Property. No

owner's association or other non-governmental entity has the power to levy any assessment against, or impose any lien on, the Property.

i. Foreign Person. Seller is not a "foreign person" as defined in Section 1445 of the Internal Revenue Code of 1986, as amended.

j. Insolvency. No insolvency, bankruptcy, reorganization or other proceedings, are pending, or, to the best of Seller's knowledge, threatened, against Seller, nor are any of such proceedings contemplated by Seller.

k. Agreements of Sale; Rights of First Refusal. Neither Seller nor any of its affiliates has entered into any contract, granted any right, option, right of first refusal or first opportunity to or in favor of any party (other than Buyer) to purchase the Property, any interest therein or any portion thereof, nor, to the best of Seller's knowledge, does any such right exist.

l. Environmental. Seller has no knowledge of any environmental issues affecting the property and will provide Buyer with a copy of a Phase I Environmental Report, which shall confirm such representation. In the event that Seller does not have a Phase I Environmental Report for the Property in its possession, Seller shall not be required to obtain or provide such a report to Buyer.

4. Representations and Warranties of Buyer. Buyer hereby represents and warrants to Seller as follows:

a. Organization; Power and Authority. Buyer is a corporation, duly organized, presently subsisting and in good standing in the State of Florida. Buyer has the power and authority to execute and deliver this Agreement, to consummate the Transaction and to perform its obligations hereunder, and all such actions have been authorized by all necessary proceedings on its part.

b. Execution and Binding Effect. This Agreement has been duly and validly executed and delivered by Buyer and constitutes a legal, valid and binding obligation of Buyer enforceable against Buyer in accordance with its terms.

c. No Breach or Default; No Consent; No Violation of Law. The execution and delivery of this Agreement by Buyer, the consummation of the transactions contemplated hereby and the performance by Buyer of its obligations hereunder do not and will not: (i) violate Buyer's organizational charts; (ii) cause a breach or default by Buyer under any agreement, document or instrument to which Buyer is a party or by which Buyer or any of its properties or assets are bound; (iii) breach or otherwise violate any Court Order which names Buyer or is directed to Buyer or any of its properties or assets; or (iv) require the consent, authorization or approval of any person or entity. The execution and delivery of this Agreement by Buyer, the consummation of the Transaction and the performance by Buyer of its obligations hereunder are not prohibited by, and do not and will not subject Buyer to any fine, penalty or similar sanction under, any Law.

d. Litigation. There is no pending or, to the best of Buyer's knowledge, threatened action or proceeding by or before any court or other tribunal (i) seeking to restrain,

prohibit or invalidate any of the Transaction, or (ii) which, if decided adversely to Buyer, would be likely to result in a material adverse change in the ability of Buyer to perform its obligations hereunder.

5. Title, Survey and Environmental. During a sixty (60) day period (the "Feasibility Study Period") following the date when this Agreement has been executed, together with the delivery to Buyer of all of the items contained in Section 6(a) (the "Effective Date"), Buyer, at its sole expense, shall have the right to examine title to the Property and to have a survey of the Property performed, and review the Phase I report provided by the Seller, obtain its own Phase I and Phase II environmental reports. If such title examination and/or survey disclose any liens, easements, restrictions, encumbrances, encroachments or conditions affecting title to the Property which are not satisfactory to Buyer in its sole discretion, then Buyer may give notice of the same to Seller in writing any time during the Feasibility Study Period. Unless Seller agrees in writing to remedy or remove (or, where appropriate, insure over) the title or survey defects specified in such notice from Buyer by giving written notice to Buyer to such effect within ten (10) days after its receipt of such notice from Buyer, Buyer shall have the right to terminate this Agreement by giving written notice to Seller to such effect within five (5) days following the expiration of such ten (10) day period; the failure of Buyer to so terminate this Agreement shall constitute a waiver of this contingency. If Seller does so agree to remedy or remove such defects, then such agreement shall be fully performed on or prior to a date agreed to by the parties at that time.

6. Matters Prior to Closing.

a. Deliveries by Seller. Seller shall deliver to Buyer accurate and complete copies of each of the following items relating to the Property, to the extent that the same exist and are in possession of Seller: contracts, leases, surveys, title reports, the most recent appraisal, the insurance policy covering the Property, the Certificate of Occupancy for the Property, title insurance policies, notices from and agreements with any governmental authorities, including without limitation notices of violations of Law and any agreements pertaining to the resolution thereof, and all reports relating to any studies, audits or tests performed on or with respect to the Property, including without limitation any engineering studies, environmental audits, geotechnical investigations, traffic studies and soil and water tests. Seller shall allow Buyer access to Seller's agents and any other party that prepared or reviewed any of the foregoing on behalf of Seller. If Seller receives any notices pertaining to the Property prior to Closing, it shall deliver a copy of said notice to Buyer within three (3) days after receipt of the same.

b. At least 60 days prior to the Closing Date, Seller shall disclose all contracts for services at the Property. Seller shall terminate any such contracts for services on or before the closing date if Buyer provides written notice that it desires such contract or contracts to be terminated.

c. Condemnation. If at any time prior to the Closing condemnation or eminent domain proceedings are commenced against the Property or any portion thereof, Seller shall give prompt notice of such proceedings, and the result of such proceedings (including without limitation the amount of any award or other payment to be received by Seller in respect thereof), to Buyer. If Buyer receives such notice it shall have the option, at any time prior to the

Closing by giving notice to Seller to such effect, to (i) terminate this Agreement or (ii) proceed with this Agreement and have assigned to it all awards or other payments to which Seller is entitled on account of such condemnation or taking. If Buyer shall give a notice to the effect specified in clause (ii) above, then Buyer shall have the right, at its sole expense, to participate with Seller in any such proceeding, and Seller shall not settle any such proceeding without the prior consent of Buyer.

d. Risk of Loss. The risk of loss or damage to the Property, including, but not limited to, the buildings and other improvements, by fire, the elements, or otherwise until Closing is assumed by Seller. In the event that the Property or any of its improvements, are damaged prior to Closing, Buyer shall have the option of taking title to the Property as damaged along with the proceeds of any insurance coverage carried on the Premise by Seller.

7. Closing.

a. Closing and Closing Date. Subject to the provisions of Section 9(m), the Closing of the transactions contemplated hereby (the "Closing") shall take place no later than sixty (60) days after completion of the Feasibility Study Period. The Closing shall take place at the offices of the Escrow Agent located at 5434 State Road, Cleveland, Ohio 44134, or at such other time or place, or on such other date as the parties may mutually agree upon, provided, however that the parties agree that the Closing may be conducted via mail. The date on which the Closing occurs is referred to herein as the "Closing Date."

b. Conditions Precedent to Buyer's Obligations. In addition to the language contained in Section 9(m) and the language contained in the satisfaction or waiver of the contingencies specified in Section 5, the obligations of Buyer hereunder to proceed with the Closing shall be subject to the satisfaction by Seller on or prior to the Closing Date of each of the following conditions precedent:

(i) the representations and warranties of Seller set forth herein shall be true and correct in all material respects on and as of the Closing Date with the same force and effect as though made on and as of such date;

(ii) Seller shall have performed or complied with each covenant and agreement to be performed or complied with by it hereunder in all material respects on or prior to the Closing Date;

(iii) title to the Property shall be free and clear of all liens and other claims which can be satisfied by the payment of money, including without limitation any mortgage liens, tax liens (except taxes not yet due and payable), municipal liens, mechanic's liens and materialmen's liens (except for any such liens for which Buyer is responsible);

(iv) there shall be no pending or threatened litigation by or before any court or other tribunal seeking to restrain, prohibit or invalidate any of the transactions contemplated hereby or seeking monetary relief against Buyer by reason of the consummation of such transactions, and there shall not be in effect any Court Order which has such effect; and

(v) Seller shall have executed and delivered to Buyer the following documents, each reasonably satisfactory in form and substance to Buyer and its counsel: (A) a general warranty deed to the Property; (B) a certification that the representations and warranties from Seller set forth in this Agreement remain in full force and effect; and (C) such other items reasonably requested by Buyer, Buyer's lender or Buyer's title insurance company.

c. Conditions Precedent to Seller's Obligations. The obligations of Seller hereunder to proceed with the Closing shall be subject to the satisfaction by Buyer on or prior to the Closing Date of the delivery of the balance of the Purchase Price to Seller in accordance with Section 2.

d. Possession. Possession of the Property shall be delivered to Buyer upon recording of the deed.

e. Proration Items. At closing, any and all utilities charges (i.e. water, sewer, electric, garbage removal, etc.), real estate taxes, insurance, and all other apportionable operating costs, charges, and expenses, if any, shall be prorated between the parties. Real estate taxes shall be prorated based upon all real estate taxes levied or estimated to be levied against the Property based on the most recent tax bill. School taxes, if applicable, will be prorated on a fiscal year basis. Municipal and County taxes, if applicable, will be prorated on a calendar year basis.

f. Closing Expenses. Buyer and Seller shall split the cost of the transfer tax, the cost of preparing and recording the deed, the title insurance and exam, and the escrow fee. Seller shall pay the cost of removing any liens affecting the Property and Buyer shall pay any costs associated with financing and their lender requirements.

8. Remedies Upon Default.

a. Seller's Remedies. In the event of default by Buyer, Seller may, at Seller's sole option, elect to terminate this Agreement, and both parties shall thereupon be released of all further liability hereunder.

b. Buyer's Remedies. In the event of default by Seller, Buyer may, at Buyer's sole option, elect an action for specific performance;

Provided further, however, that in the event Seller shall fail or be unable to deliver clear title to the property under the title standards of the Ohio Bar Association account of title defects, which Buyer is unwilling to waive, and Seller notifies Buyer that Seller is unable to complete settlement hereunder, notwithstanding Seller's good faith efforts to do so, then this Agreement shall automatically be null and void.

9. Miscellaneous.

a. Amendments. This Agreement may be amended only by a writing signed by each of the parties, and any such amendment shall be effective only to the extent specifically set forth in such writing.

b. Assignment. Buyer may assign all of its rights and obligations hereunder to an unrelated party only with the written consent of Seller, which consent shall not be unreasonably withheld, conditioned or delayed. Seller's consent shall not be required in the event Buyer assigns this Agreement to an entity owned or controlled by Buyer or to an entity under common control with Buyer.

c. Counterparts: Telefacsimile Execution. This Agreement may be executed in any number of counterparts, including by facsimile or electronic signature, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. Delivery of an executed counterpart of this Agreement by telefacsimile or other electronic means shall be equally as effective as delivery of a manually executed counterpart of this Agreement.

d. Expenses. Except as otherwise specifically provided herein, each party shall be responsible for such expenses as it may incur in connection with the negotiation, preparation, execution, delivery, performance and enforcement of this Agreement.

e. Governing Law. This Agreement shall be a contract under the laws of the State of Ohio and for all purposes shall be governed by and construed and enforced in accordance with the laws of said State.

f. Notices. Unless otherwise specifically provided herein, all notices, consents, requests, demands and other communications required or permitted hereunder:

(i) shall be in writing;

(ii) shall be sent by messenger, certified or registered U.S. mail, a reliable express delivery service (with a copy sent by one of the foregoing means and also via email), charges prepaid as applicable, to the appropriate address(es) or number(s) set forth below; and

(iii) shall be deemed to have been given on the date of receipt by the addressee (or, if the date of receipt is not a business day, on the first business day after the date of receipt), as evidenced by (A) a receipt executed by the addressee (or a responsible person in his or her office), the records of the person delivering such communication or a notice to the effect that such addressee refused to claim or accept such communication, if sent by messenger, U.S. mail or express delivery service.

All such communications shall be sent to the following addresses or numbers, or to such other addresses or numbers as either party may inform the other by giving five (5) days' prior notice:

If to Seller:
c/o Dan Spring
NAI Spring Realty
4607 Cleveland Ave NW
Canton Ohio 44709
dan@naispring.com

With a copy to:
Timothy Jeffries
437 Market Ave N
Canton Ohio 44702
timjffrs@yahoo.com

If to Buyer:
c/o Justin Weisser
The Weisser Realty Group, Inc.
20155 NE 38 Court, Suite 201
Aventura, FL 33180
justinweis@aol.com

With a copy to:
KJK
Attn: Jon J. Pinney
1375 E. Ninth Street, 29th Floor
Cleveland Ohio, 44114
jjp@kjk.com

g. Severability. Any provision of this Agreement which is prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining portions hereof or affecting the validity or enforceability of such provision in any other jurisdiction.

h. Successors and Assigns. This Agreement shall be binding upon and shall inure to the benefit of each of the parties and their respective heirs, successors and permitted assigns.

i. Survival; Duration. All representations and warranties of each party contained herein or made in connection herewith shall survive for a period of one year from the date of Closing. All covenants and agreements of the parties set forth herein shall continue in full force and effect from and after the date hereof until such date as all of such covenants and agreements have been satisfied in full or waived or this Agreement has otherwise been terminated, except for such covenants and agreements as survive such termination by their own terms.

j. Termination. This Agreement may be terminated prior to the Closing only as provided herein.

k. Real Estate Agent. Seller represents and warrants that Seller shall be responsible for all brokerage commissions due to Seller's Broker upon the settlement of this transaction. Seller agrees to indemnify, defend and hold Buyer harmless from and against any and all claims, damages, losses, liabilities, costs and expenses (including without limitation reasonable attorneys' fees and court costs) arising out of or in connection with any breach of the foregoing representation, warranty and covenant.

l. Time of the Essence. Time is of the essence with respect to all of the terms of this Agreement.


m. Licensing. Seller and Buyer acknowledge that the sale of the Property is contingent upon Buyer being awarded a license from the State of Ohio to operate a medical marijuana dispensary at the Property. If Buyer is not awarded a license at the time the State of Ohio formally announces the winning applicants for dispensary licenses, this Agreement shall immediately terminate, Buyer and Seller shall have no further obligations or liability hereunder, and the Deposit shall be returned to Buyer within three (3) days. If Buyer is awarded a license from the State of Ohio to dispense medical marijuana at the Property, the Closing shall take place within fifteen (15) days of the date Buyer is announced as a winning applicant for a medical marijuana dispensary license. In the event, the State of Ohio has failed to announce the winning applicants for medical marijuana dispensary licenses by May 1, 2018, this Agreement shall be extended until such date as the State of Ohio announces the winning applicants for medical marijuana dispensary licenses. During any such extension the Buyer shall pay Seller and additional nonrefundable deposit of \$5,000.00 per month.

n. Termination. If Buyer is unsuccessful in being announced as one of the winning applicants for a medical marijuana dispensary license, this Agreement shall immediately terminate and Buyer and Seller shall have no further obligations or liability hereunder. Furthermore, the Deposit being held in escrow shall be delivered to Seller from the Escrow Agent within three (3) days. If Buyer is awarded a license to dispense medical marijuana at the Property, the Deposit shall be credited towards the purchase price at Closing.

IN WITNESS WHEREOF, the parties have executed this Agreement for Sale and Purchase of Real Estate as of the date first written above.

SELLER:

CHAI MING LLC

By:  _____

Its: Member _____

ACCEPTANCE

NOW, this ____ day of November, 2017, the foregoing Agreement is hereby accepted by the undersigned with the intent to be legally bound.

BUYER:

TKO RE, LLC

By: 
Its: 

3232 Cleveland Ave., Canton

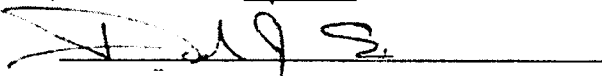
STATE OF OHIO)

) ss:

COUNTY OF STARK)

I hereby certify that before the subscriber, a Notary Public in Stark County and for the state and county aforesaid, personally appeared The Manager of Chai Ming LLC on behalf of said limited liability company, who did acknowledge the foregoing instrument to be the free act and deed of said company.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Canton, Ohio, this 13 day of November 2017.



Notary Public

STATE OF OHIO)

) ss:

COUNTY OF CUYAHOGA)



Daniel J. Spring
Notary Public, State of Ohio
My Commission Expires 04-18-2020

I hereby certify that before the subscriber, a Notary Public in and for the state and county aforesaid, personally appeared Michael Weisser known to me to be the Managing Member of TKO RE, LLC who acknowledged that he/she did sign and seal the foregoing instrument for, and on behalf of said limited liability company being thereunto duly authorized and that the same is his/her free act and deed as such officer(s) and the free act and deed of said company.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Aventura, FL, this 13 day of November, 2017.


Notary Public

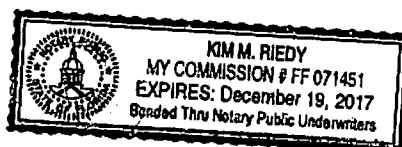


EXHIBIT A
Legal Description

EXHIBIT B

Leases

1. Lease Agreement between Nationwide Canton, Inc., as Landlord, and Regis Corp., a Minnesota corporation, as Tenant, dated August 7, 1997, as amended.
2. Lease Agreement between Nationwide Canton, Inc., as Landlord, and Metro Link, LLC, as Tenant, dated July 17, 2013, as amended.
3. Lease Agreement between Chai Ming LLC, as Landlord, and Griffith Combat and Defense Arts LLC, as Tenant, dated April 21, 2017.



AGENCY DISCLOSURE STATEMENT



The real estate agent who is providing you with this form is required to do so by Ohio law. You will not be bound to pay the agent or the agent's brokerage by merely signing this form. Instead, the purpose of this form is to confirm that you have been advised of the role of the agent(s) in the transaction proposed below. (For purposes of this form, the term "seller" includes a landlord and the term "buyer" includes a tenant.)

Property Address: 3232 CLEVELAND AVE NW

Buyer(s): TKO RE, LLC

Seller(s): CHAI MING, LLC

I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by CATHERINE LUECKEL, and PASSOV REAL ESTATE GROUP
AGENT(S) BROKERAGE

The seller will be represented by DAN SPRING, and NAI SPRING
AGENT(S) BROKERAGE

II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

If two agents in the real estate brokerage represent both the buyer and the seller, check the following relationship that will apply:

- ☐ Agent(s) _____ work(s) for the buyer and Agent(s) _____ work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.
- ☐ Every agent in the brokerage represents every "client" of the brokerage. Therefore, agents and _____ will be working for both the buyer and seller as "dual agents". Dual agency is explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____

III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

Agent(s) _____ and real estate brokerage _____ will

- ☐ be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____
- ☐ represent only the (check one) ☐ seller or ☐ buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

CONSENT

I (we) consent to the above relationships as we enter into this real estate transaction. If there is a dual agency in this transaction, I (we) acknowledge reading the information regarding dual agency explained on the back of this form.

BUYER/TENANT

DATE

SELLER/LANDLORD

DATE

BUYER/TENANT

DATE

SELLER/LANDLORD

DATE

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

Treat & Kure Dispensary 2, LLC

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

No response provided by applicant

C-1.4 Business Address

3220-3232 Cleveland Avenue

C-1.5 City

Canton

C-1.6 State

OH

C-1.7 Zip Code

44709

C-1.8 Phone

2163729801

C-1.9 Email

tleebow@tkoholding.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_Plans_TK2_TRADE_SECRET_INFRASTRUCTURE_RECORD.pdf

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





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

Uploaded Document Name: **C-2.2__Zoning_TK2(K0640213x7AC2A).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:		
Treat & Kure Dispensary 2, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary:		
3220-3232 Cleveland Avenue		
City:	County:	
Canton	Stark	
State:	Zip Code:	Phone Number:
Ohio	44709	216-372-9801
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 <u>City of Canton, OH</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time.		
*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.		
<input checked="" type="checkbox"/> The area of <u>City of Canton, OH</u> HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		



Ohio Medical Marijuana Control Program Dispensary Application




Permit (Required to check one box)

☐ The Applicant has received local zoning approval and was issued a permit.
**If Applicant checks this box, Applicant must attach the permit issued.*

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

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

Printed Name of Local Government Representative:	Title:
Darla S. Hinderer	Zoning Inspector
Signature:	Date:
	November 8, 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_Compliance Map.pdf**

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

DISPENSARY APPLICANT (DA) FACILITY STUDY

3232 Cleveland Ave NW, Canton, Ohio

November 16, 2017

VICINITY MAP

500' Radius



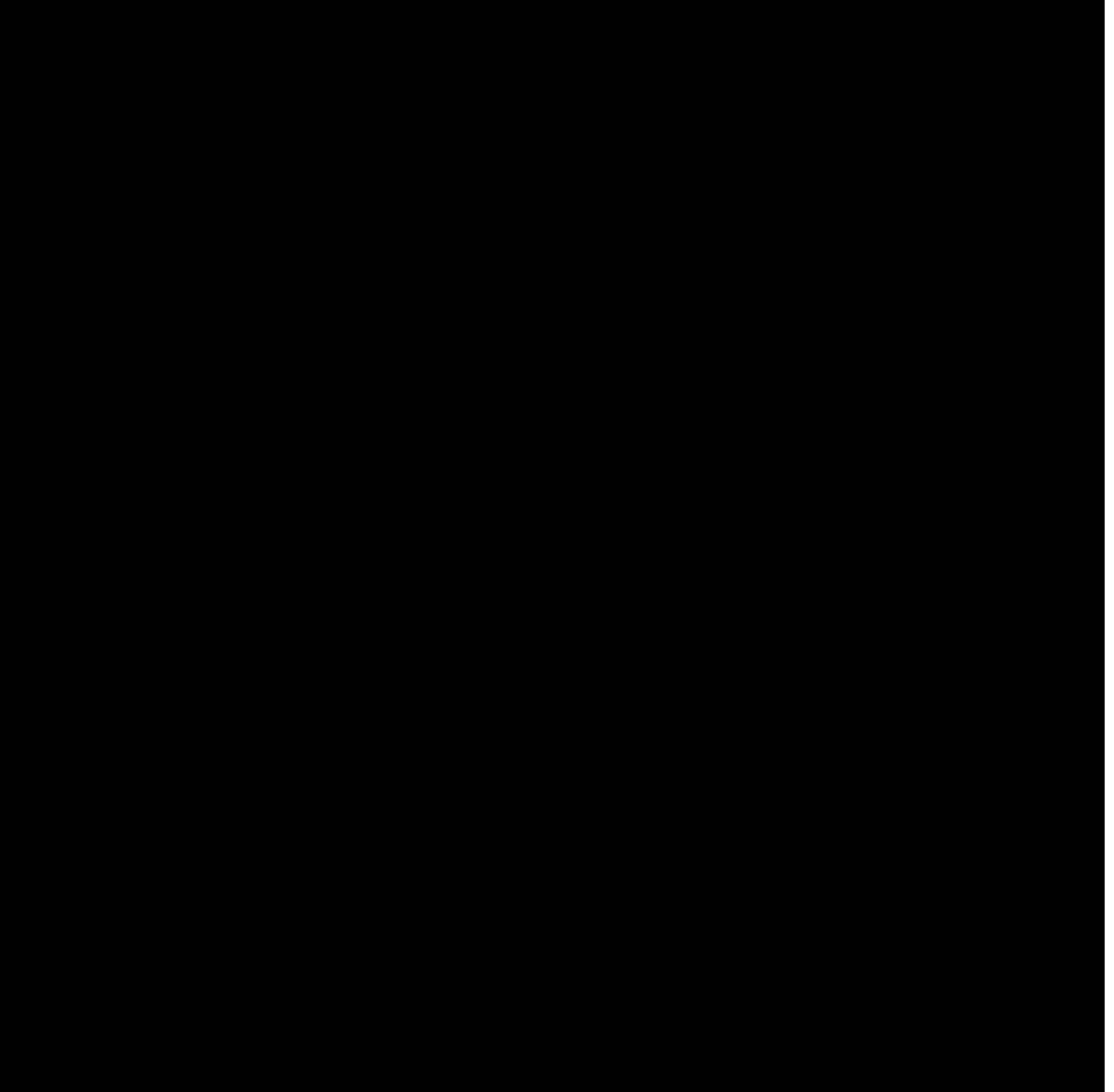
There are no prohibited facilities, as defined in ORC 3796.30 in a 500'-0" radius.

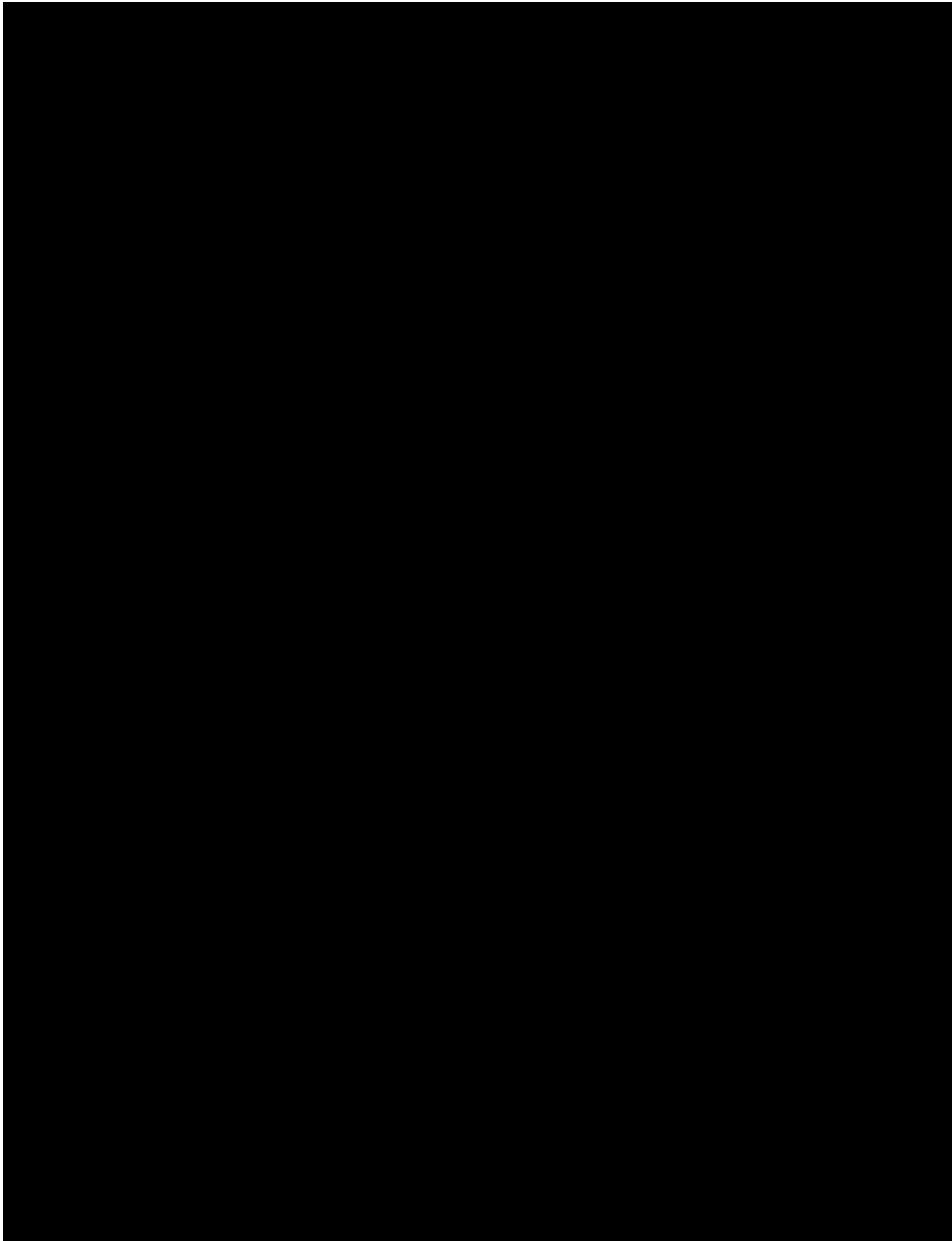
- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary (as defined in ORC 5104.01 and 2950.034)
- Church (as defined in ORC 1710.01)
- Public Library (as defined in ORC Chapter 3375)
- Public Playground (including state or local government property)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



Business Plan(Business Startup Plan)

C-3.1 A business startup plan is required for all dispensary provisional license applications. The business startup plan must provide a comprehensive set of activities necessary for the startup of the facility within six months of receiving a provisional license. Provide a timeline describing the process, methods, or steps used to execute a compliant business startup plan that includes, at a minimum:

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



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over in the UK is projected to increase from 10.5 million in 1999 to 12.5 million in 2010, with the number of people aged 75 and over increasing from 4.5 million to 6.5 million in the same period (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the ageing population, one that is based on the principles of 'active ageing' and 'positive ageing'. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the ageing population, one that is based on the principles of 'active ageing' and 'positive ageing'.

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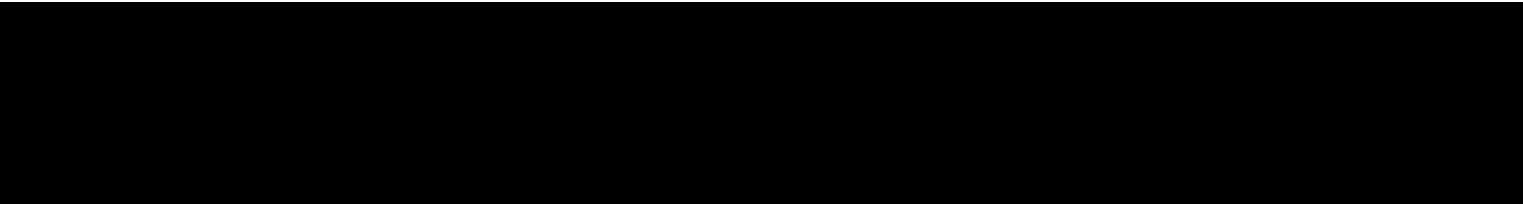
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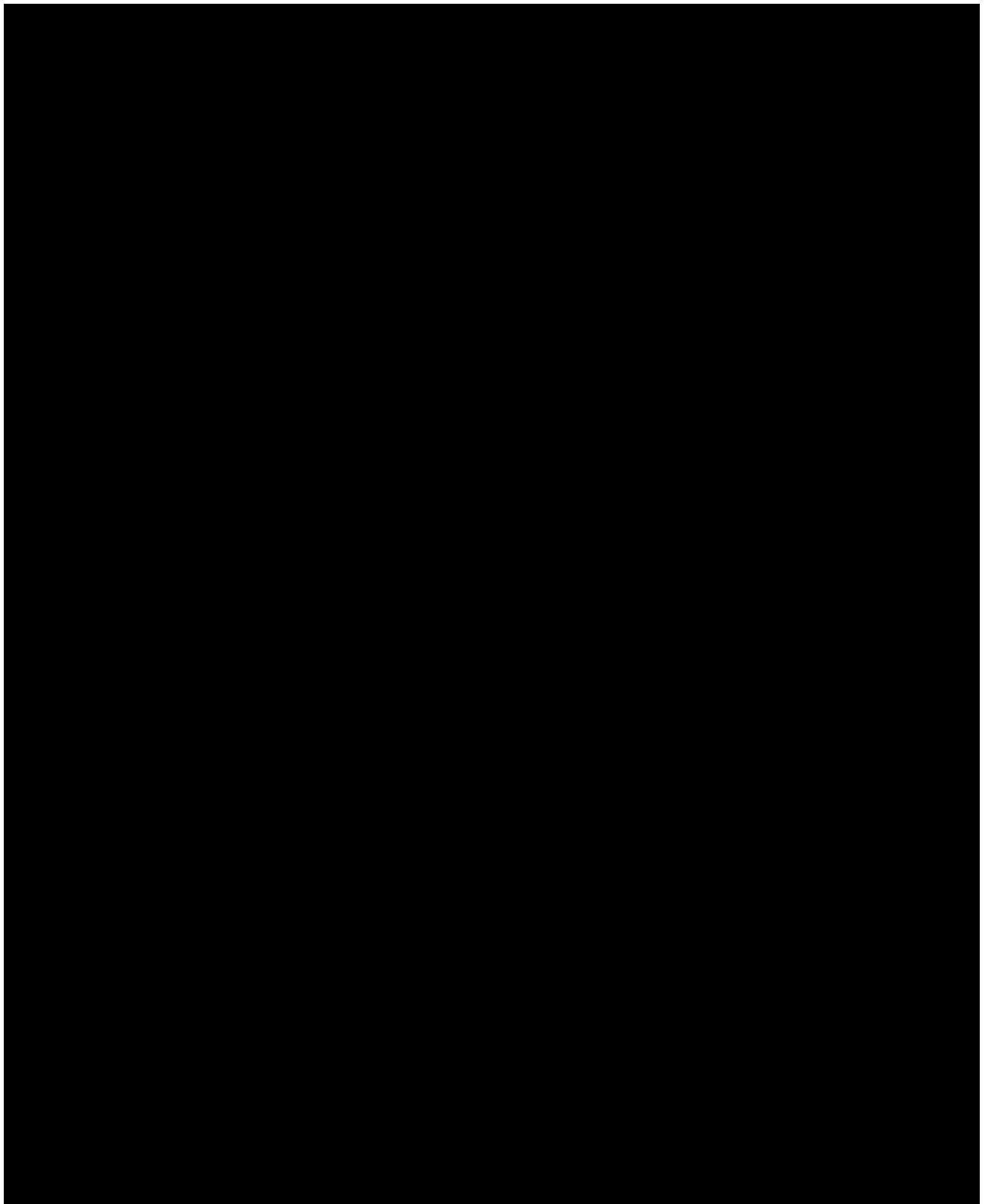
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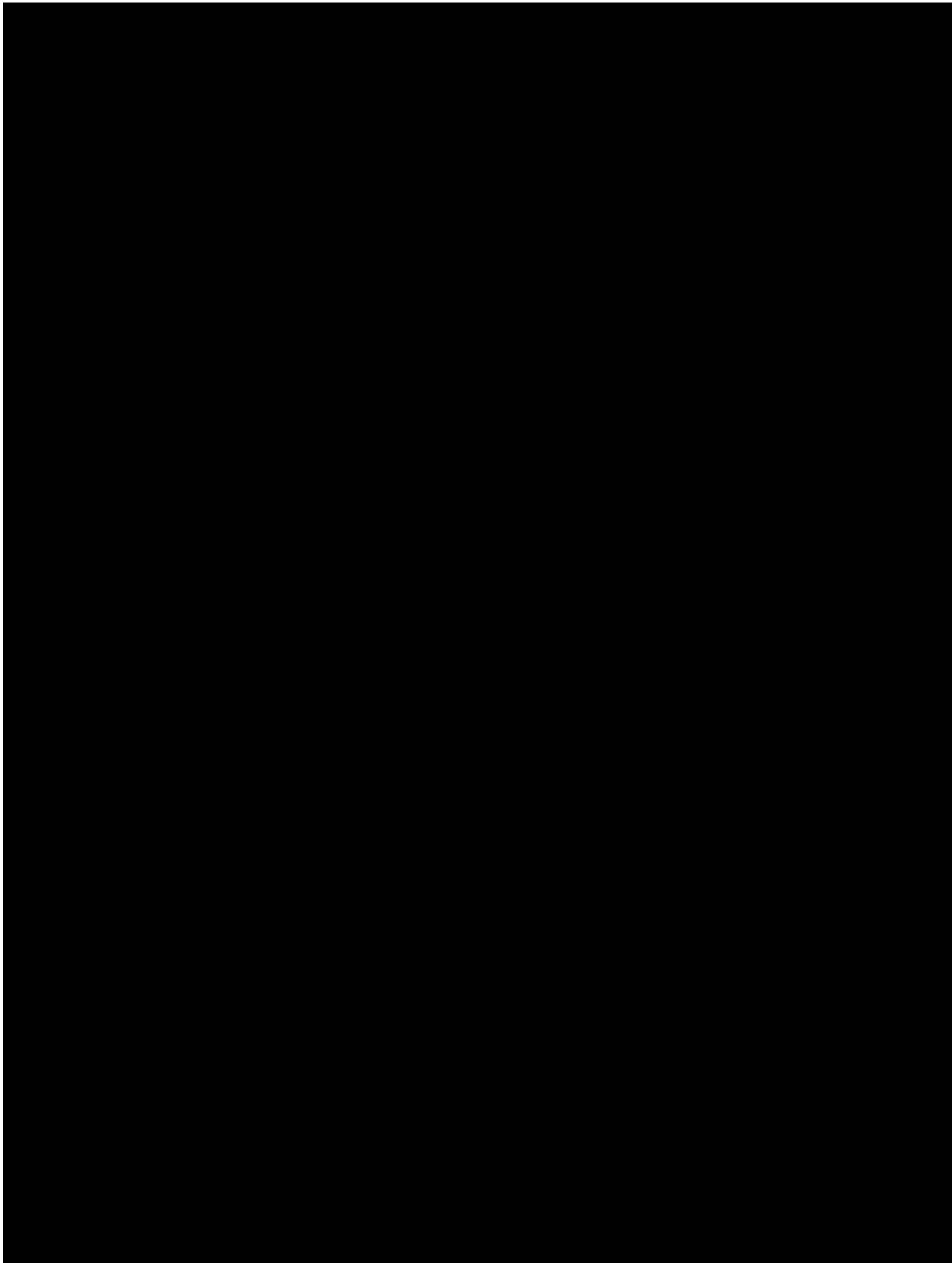


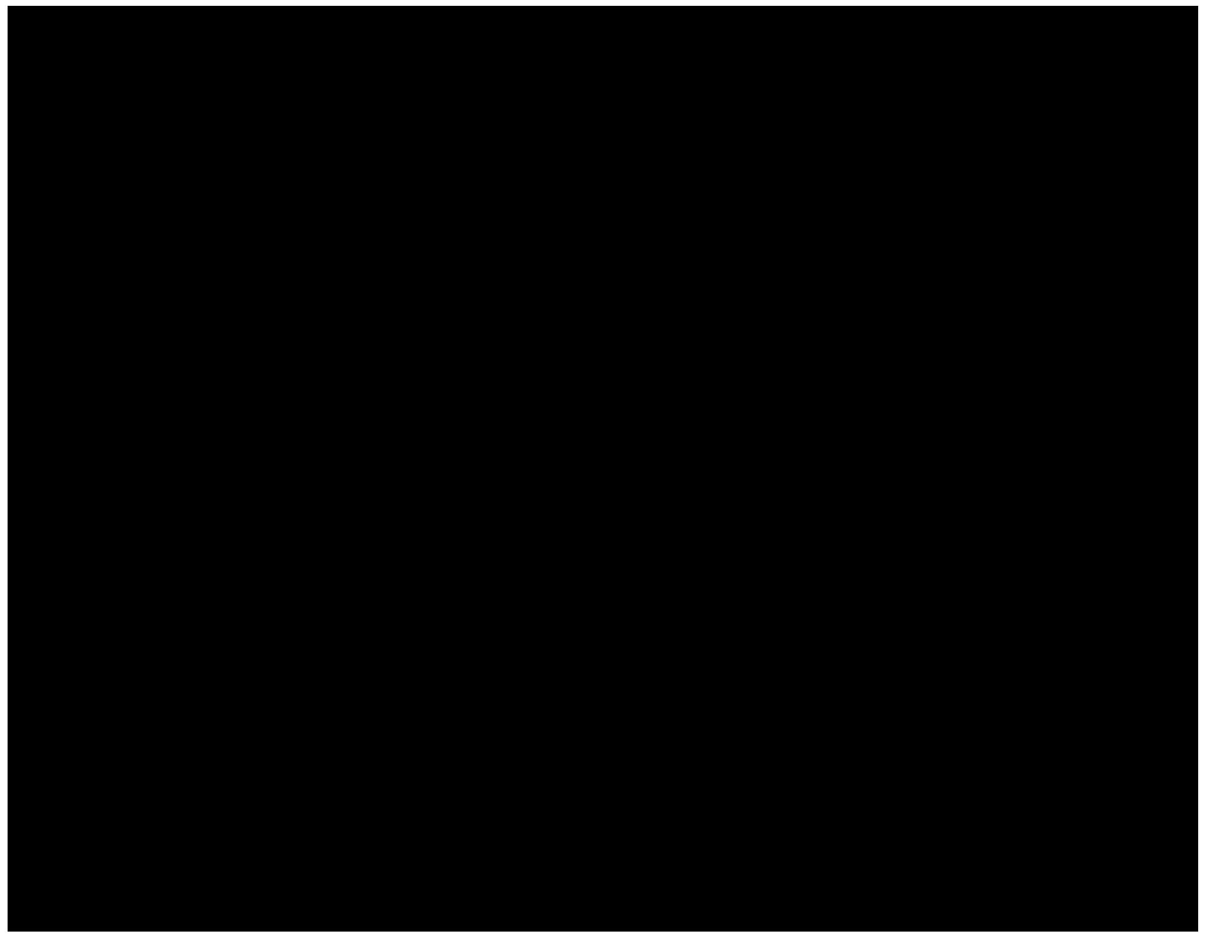
C-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in C-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **C-3.1.1_Start Up Plan_Attachment_TRADE_SECRET_TK2.pdf**

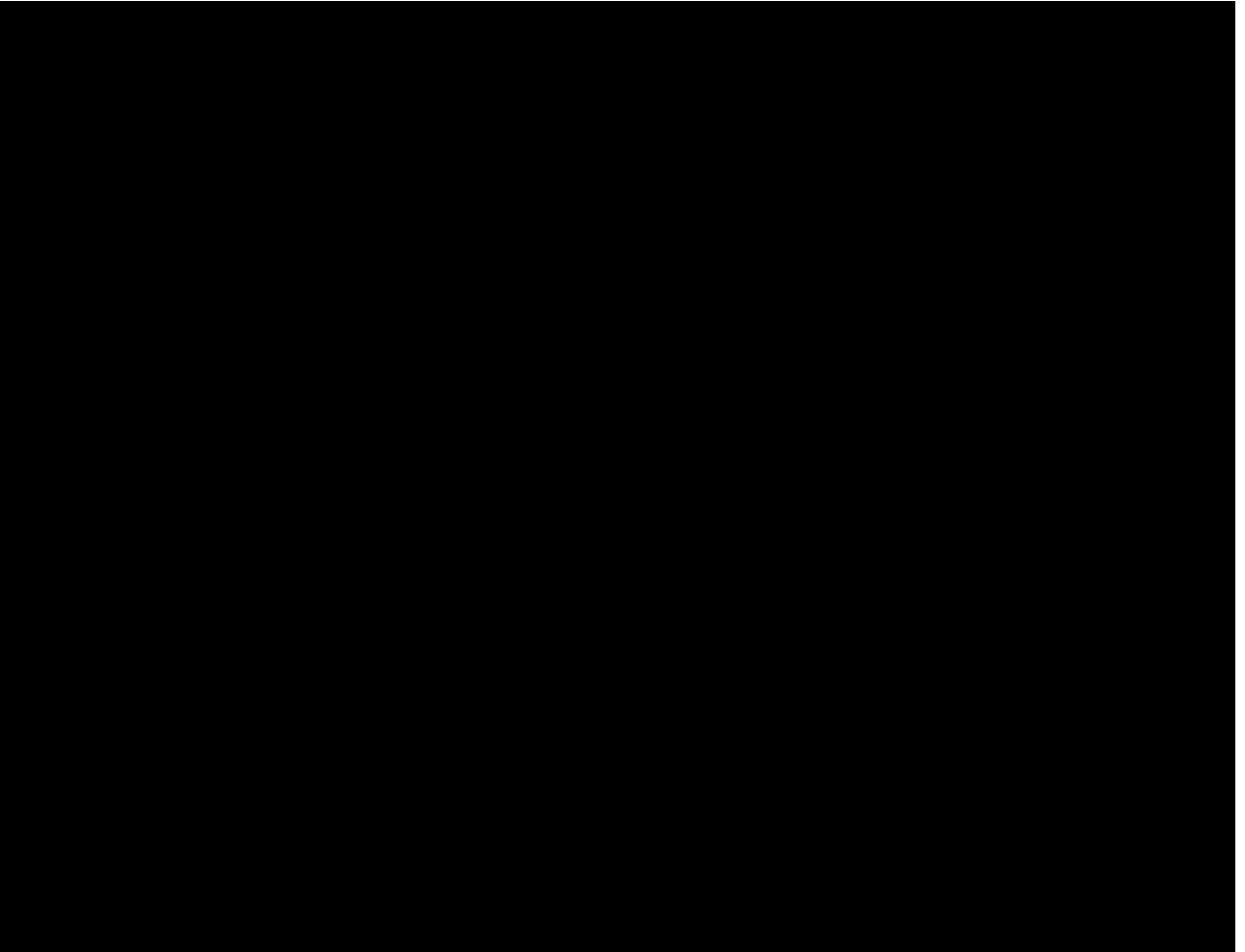
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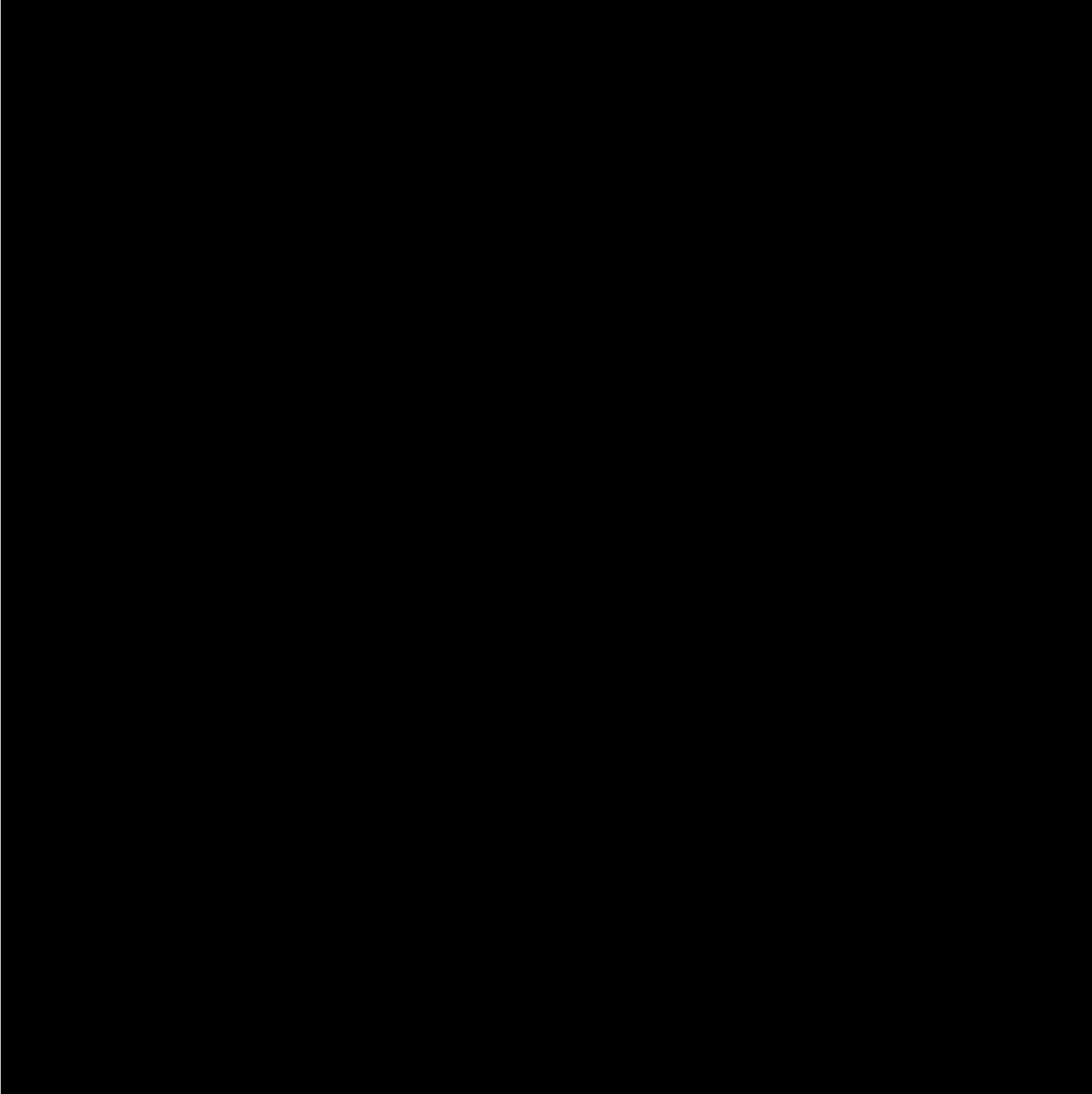


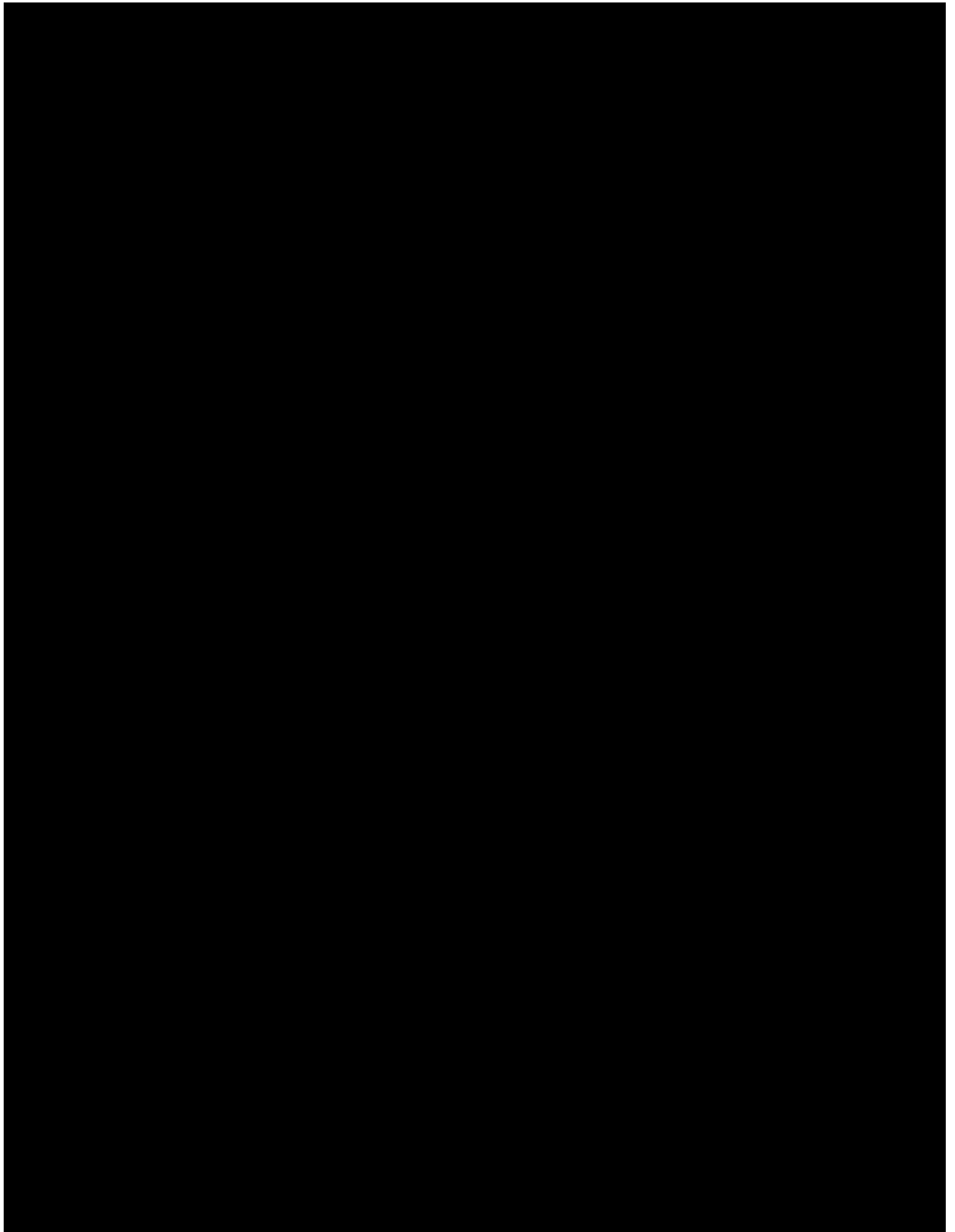


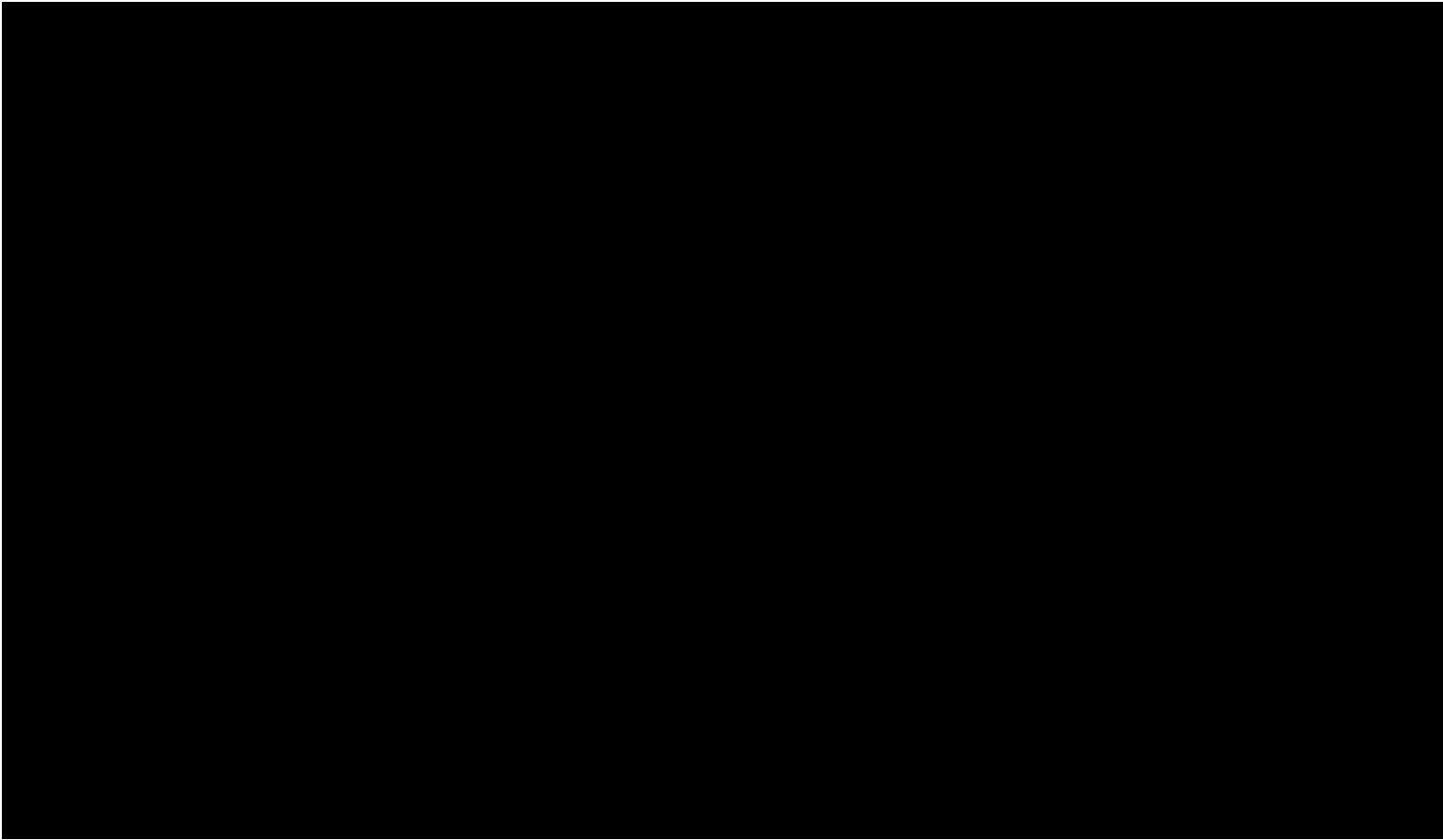




C-3.2 The Business Startup Plan also must describe how the Applicant's proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation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

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





Business Plan(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.

TRADE SECRETS

Dispensary Applicant (DA) is a wholly owned subsidiary of a joint venture (DA Parent) between Todd Leebow, CEO of an Ohio-based steel distributor, and CannaPharmacy, Inc. (CPI). CPI's owners operate or control medical marijuana-related entities in five states. DA Parent's owners collectively possess vast leadership experience across diverse disciplines including law enforcement, healthcare, commercial real estate, and manufacturing and distribution. To provide a few examples: (i) Mr. Leebow is an Ohio resident and CEO of a nationwide, Ohio-headquartered metals distributor, with 250 employees in Ohio generating hundreds of millions in annual revenue, who has significant experience in inventory management, security, receiving, product storage, and mobile/web technologies; (ii) Raj Mukherji, Esq. (RMDYACP Holdings LLC) is a healthcare lawyer, investor, and experienced public official who has co-owned an acute care hospital and ambulatory surgery center and has facilitated complex transactions involving hospitals, nursing homes, surgery centers, and information technology ventures. He also served as a municipal prosecutor and a Sergeant in the U.S. Marine Corps Reserve assigned to military intelligence; and (iii) Paul Higdon is a career Drug Enforcement Administration (DEA) Special Agent who rose to the Agency's highest echelons, serving as Deputy Assistant Administrator, before heading INTERPOL's Criminal Intelligence Directorate. The owners' main responsibilities involve launching and overseeing DA's operations, providing ongoing vision/direction, and providing local communities with the creation of skilled jobs, economic stimulation, revenue, and diverse career opportunities.

DA's prospective associated key employees are:

Edward Miller, MD will serve as the Chief Executive Officer. He is the former President of MedStar Physician Partners and Vice President and Medical Director of MedStar Medical Group, which owns and operates over 120 entities, including MedStar Georgetown University Hospital, where he oversaw nearly 140 employed healthcare providers in over 40 clinics. He will oversee all operations to maintain comprehensive, safe, and supportive dispensary processes that adhere to best clinical practices. With authority to bind DA to contracts in the ordinary course of business, Dr. Miller will preside over Board of Directors meetings, be primarily responsible for managing DA's dispensary locations, supervise administrative management and business affairs, and implement the policies and directives of the Board.

Aaron Epstein, Esq., who presently manages the largest vertically-integrated medical marijuana facility in New Jersey, will serve as the General Manager and Designated Representative. Should DA be licensed to operate more than one dispensary location, each location shall have a distinct GM/DR who will be onsite at least 20 hours per week and reachable during all operating hours. Mr. Epstein will oversee the delivery and receipt of cannabis; lead the supervision and control of cannabis at the dispensary; supervise record retention methodology; enforce safety and security protocols; ensure employees are appropriately licensed by the Board of Pharmacy (BOP) and trained in DA's Standard Operating Procedures (SOPs), including recordkeeping, HIPAA compliance, and BOP rules and regulations; conduct mandatory, continuous reviews to reinforce DA's SOPs and annual revisions of the Quality Management System (QMS); oversee inventory audits and certify that internal audits are completed correctly and timely; and take appropriate action in the event DA is served with any subpoena, other court-issued request, audit, BOP investigation, or litigation, or otherwise notifying the

BOP when appropriate.

Mr. Higdon will serve as the Chief Security Officer. As a distinguished federal law enforcement and intelligence veteran with 27 years in the DEA and its predecessor agency (the BNDD) his storied career includes rising from a Special Agent to heading the Office of Inspections, being appointed as the DEA's Deputy Assistant Administrator in charge of Foreign Operations, and directing the operations of 70 DEA offices in 51 countries. Mr. Higdon also served as Director of the Criminal Intelligence Directorate at INTERPOL. The CSO's duties include: inclusive surveillance monitoring, record confidentiality, and diversion prevention. Prioritizing patient safety, he is aware that proper cannabis storage is vital to hindering diversion, preventing contamination, deterioration, or adulteration and promoting maximum product viability.

DA's Director of Security (DOS) will report to Mr. Higdon and be routinely onsite to review alarm system logs, daily activation/deactivation times during scheduled product storage or transportation, power failures, and entry breaches. The DOS will execute additional screenings and background checks of all potential personnel prior to cannabis handling/storage/disposal. The DOS will oversee authorized personnel in the destruction of cannabis products pursuant to DA's strict waste management standards. The CSO and DOS will immediately be alerted by telephone, email, and/or text message via a fail-safe notification system if video surveillance is interrupted or any alarms are triggered.

Min Chu, PhD will serve as Chief Scientific Officer and Director of Pharmaceutical Chemistry. An acclaimed chemist with over 30 years of drug development and analytical expertise in cannabis strains and cannabinoid profiles, Dr. Chu's career includes analytical chemistry, biopharmaceutical research, and leadership positions at two of the world's largest pharmaceutical companies where he directed the advancement of preclinical drug candidates to clinical trials and laboratory designs. Dr. Chu will support DA's research and evaluate scientific functions that achieve DA's overall mission of producing safe, effective medical marijuana products. He will be responsible for laboratory testing of the products' strength, purity, and analytical identity.

DA's Dispensary Manager will be an Ohio RPh and responsible for training content and maintaining best pharmaceutical practices. S/he will implement protocols to establish an enhanced, confidential patient experience by engaging and educating patients and providers about cannabis' benefits for symptomatic relief specifically for approved qualifying conditions, the effects of strain choice, cannabinoid content, and delivery methods for therapeutic efficacy. S/he will oversee Dispensary Technicians and Patient Counselors in all aspects of daily operational processes in compliance with SOPs.

As Director of Clinical Research, Monica Taing, PharmD will coordinate clinical research to substantiate evidence-based decisions that empower providers and patients to enhance autonomy of care, address public health concerns of dose titration, drug-drug interactions, and therapeutic or toxic monitoring parameters. She will help the Dispensary Manager to engage and educate patients and physicians about the health benefits and properties of medical marijuana.

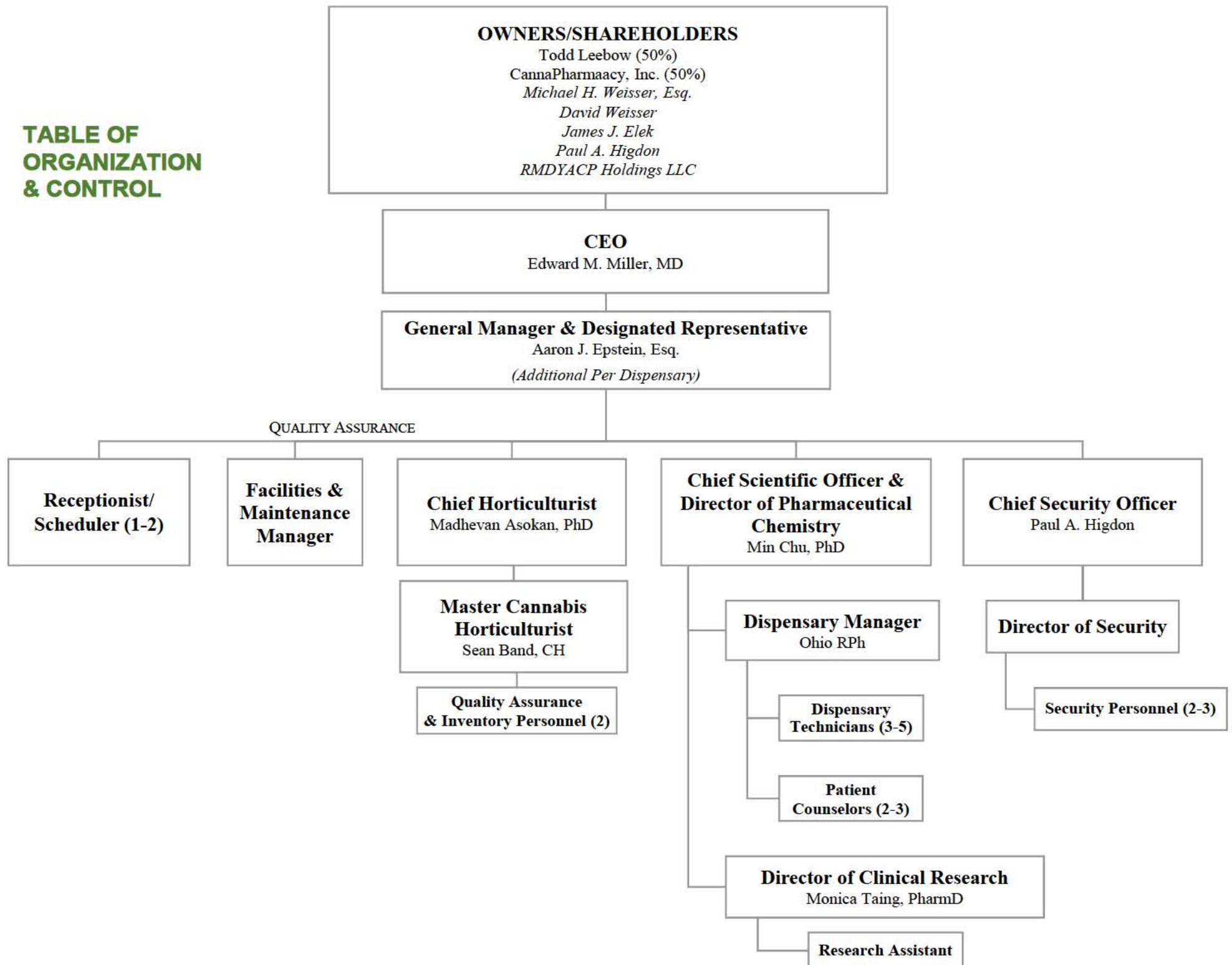
Madhevan Asokan, PhD (Chief Horticulturist) and Sean Band, CH (Master Cannabis Horticulturist) will lead Quality Assurance, combining best practices from their respective fields. Dr. Asokan is an acclaimed horticulturist and plant tissue culture scientist, and Mr. Band, a Certified Horticulturist (CH) by the American Society for Horticultural Science, is an industry-renowned winner of multiple Cannabis Cups. They will supervise the quality assurance and inventory personnel in all daily operational processes including, but not limited to, overseeing the deployment of optimal controls and record retention of pertinent SOPs; personnel will be trained in green waste procedures, sustainable

dispensary practices, and facility-wide sanitation and personal protective equipment policies. They will reconcile horticultural records of all products sold by DA to verify inventory consistency.

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 (K0640218x7AC2A).PDF**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

**TABLE OF
ORGANIZATION
& CONTROL**



Business Plan(Capital Requirements)

Item 1 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Todd Leebow (sole member of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_TL_Chase_Redacted.PDF**

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



CHASE PRIVATE CLIENT

Chase Bank

Bank Branch Address

11/08/2017

To Whom It May Concern:

Name is a client of Chase Bank N.A. since September 2008. On September 1st, 2017 Name had a total of \$4,149,936.48 available in his sole ownership checking account (#800826778) with Chase.

Respectfully yours,

Heather M Sara

Private Client Banker

JP Morgan Chase Bank N.A.

"Chase Private Client" is the brand name for a banking and investment product and service offering.

Bank deposit accounts, such as checking and savings, may be subject to approval. Deposit products and related services are offered by JPMorgan Chase Bank, N.A. Member FDIC.

Certain bank managed advisory products and related services, such as custody services, are offered by JPMorgan Chase Bank, N.A. and its affiliates. These assets are segregated by law and are not subject to FDIC or SIPC coverage. Other investment products and services are offered through J.P. Morgan Securities LLC (JPMS), a member of FINRA and SIPC. Annuities are made available through Chase Insurance Agency, Inc. (CIA), a licensed insurance agency, doing business as Chase Insurance Agency Services, Inc. in Florida. JPMS and CIA are affiliates of JPMorgan Chase Bank, N.A. Products not available in all states.

INVESTMENT AND INSURANCE PRODUCTS ARE:

- NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY • NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES
- SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

PLEDGE OF CAPITAL BY

such capital.

7	7	11
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Sworn and subscribed before me on this 19th day of November, 2017.



NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

Business Plan(Capital Requirements)

Item 2 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Michael Weisser (major shareholder of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_MW_Chase_Redacted.pdf**

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

Statement Period
September 30 - October 31, 2017

Account Number

Investment Statement

Account Value

Account Description	Previous Period	This Period
Brokerage	1,653,175.15	1,778,415.84
ACCOUNT VALUE	\$1,653,175.15	\$1,778,415.84

See page 3 for footnotes and more detail.



Questions?

For Full Service Accounts, Call Private Client Advisor

Customer Service
(800) 690 4557
Branch Address

www.chase.com

More contact information on page 9

Account Value

(November 2015 to October 2017)



If you have any questions about your statement or concerns about your account, please call us at the toll free number provided above.

- INVESTMENT PRODUCTS ARE:
- NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES
 - SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

Page 1 of 14

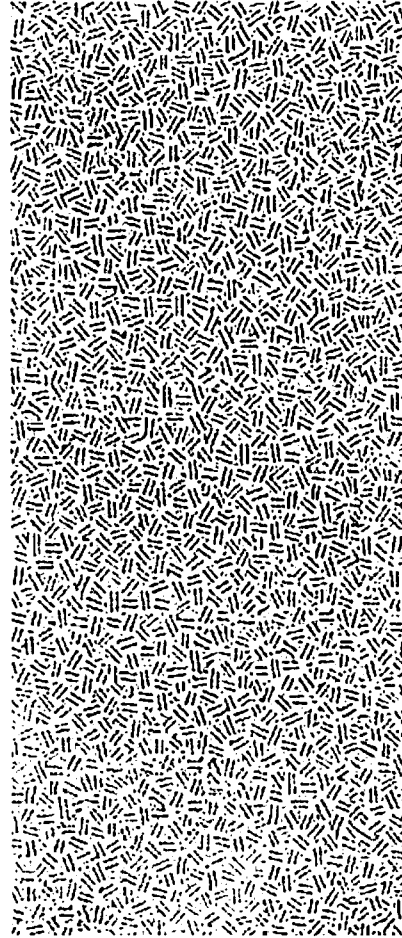
Account is held at J.P. Morgan Securities LLC (JPMS), member Financial Industry Regulatory Authority (FINRA) and Securities Investor Protection Corporation (SIPC). This statement summary is provided for convenience purposes only. For information about your JPMS account(s), please refer to your official JPMS account statement(s), which follows this statement summary. Neither this statement summary nor your official JPMS account statement(s) should be used for tax reporting purposes.

STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

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Account Value: **\$1,778,415.84**

INDIVIDUAL



Account Activity Summary

Description	This Period	Year-to-Date
Beginning Account Value	\$1,653,175.15	\$1,633,209.96
Deposits (Cash & Securities)	0.00	0.00
Withdrawals (Cash & Securities)	0.00	0.00
Net Deposits / Withdrawals	\$0.00	\$0.00
Income	25.74	268.93
Fees ¹	0.00	0.00
Change In Investment Value	125,214.95	144,936.95
ENDING ACCOUNT VALUE	\$1,778,415.84	\$1,778,415.84
Net Accrued Income	0.00	0.00
Account Value With Accruals	\$1,778,415.84	\$1,778,415.84

¹ Account fees, management fees, and debit interest are included. Trade related fees charged by brokers and commissions impact the total cost or proceeds of your trades and are not included here.

Month End Closing Method: First In, First Out (FIFO)

Your Broker/Dealer is J.P. MORGAN SECURITIES LLC, 4 Chase Metrotech Center, Brooklyn, New York 11245-0001

INVESTMENT PRODUCTS ARE: • NOT FDIC INSURED
• NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES
• SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

Page 3 of 14

Investment products and services are offered through J.P. Morgan Securities LLC (JPMS), member FINRA and SIPC. JPMS is an affiliate of JPMorgan Chase Bank, N.A. Products not available in all states. For information about your account, please refer to your official JPMS account statement which should not be used for tax reporting purposes. Please read the important disclosures at the end of the statement. For questions, please call (800) 690 4557.

Asset Allocation Summary

Description	Market Value Previous Period	Market Value This Period	Total Change (\$)	Total Change (%)
Cash & Sweep Funds	1,069,473.15	1,374,263.84	304,790.69	+28.49
Equities	583,702.00	404,152.00	(179,550.00)	-30.76
TOTAL ACCOUNT VALUE	\$1,653,175.15	\$1,778,415.84	\$125,240.69	+7.57

Assets and Liabilities Summary

Description	Previous Period	This Period
Long Cash and Sweep Funds	1,069,473.15	1,374,263.84
Long Market Value	583,702.00	404,152.00
Total Assets	\$1,653,175.15	\$1,778,415.84
Total Liabilities	\$0.00	\$0.00
TOTAL ACCOUNT VALUE	\$1,653,175.15	\$1,778,415.84
Total Account Value with Accruals	\$1,653,175.15	\$1,778,415.84

Income Summary

Description	This Period	Year-to-Date
Interest	25.74	268.93
Total Income from Taxable Investments	\$25.74	\$268.93
Total Income from Non-Taxable Investments	\$0.00	\$0.00
TOTAL INCOME	\$25.74	\$268.93

Taxable and Non-taxable income classifications are based on the characteristics of the underlying securities and not the taxable status of the account.

Cash Flow Summary

Description	This Period	Year-to-Date
Opening Cash Balance	\$1,069,473.15	\$1,069,229.96
Trade and Investment Activity	304,764.95	304,764.95
Income	25.74	268.93
Fees ¹	0.00	75.00
Total Credits	\$304,790.69	\$305,108.88
Fees ¹	0.00	(75.00)
Total Debits	\$0.00	(\$75.00)
Net Cash Activity	\$304,790.69	\$305,033.88
CLOSING CASH BALANCE	\$1,374,263.84	\$1,374,263.84

¹Opening Cash Balance and Closing Cash Balance include Sweep Funds.



The allocation percentage is derived from net positive market values only.

TRADE SECRET

PLEDGE OF CAPITAL BY [REDACTED]

I am a major shareholder of [REDACTED] which is a member of [REDACTED] who is the parent company of [REDACTED] of which dispensary applicant entity [REDACTED]

[REDACTED] "Applicants") are a wholly owned subsidiaries.

Pursuant to the shareholders agreement for [REDACTED] and the operating agreements of [REDACTED] and Applicants, I am obligated to provide capital as required for the costs and expenses of the first year of operation of any Applicants awarded dispensary licenses and hereby pledge such capital.

Date: 11-15-2017

Sworn and subscribed before me on this 15th day of November, 2017.

[REDACTED]

Business Plan(Capital Requirements)

Item 3 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Michael Weisser (major shareholder of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_MW Ameritrade Redacted (K0640059x7AC2A).PDF**

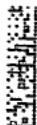
NOTE: This applicant uploaded document is the next 3 page(s) of this document.



016013 1/3



AV 01 016013 027004 RA 0406/07





My Account: Balances

Link/Add Acct

Update

Account number

	Prev close	Current value	Today's net c
Total account value	\$114,338.20	\$114,198.20	-\$140.00 (C

Cash Balances

	Prev close	Current value	Today's net c
Cash & cash alternatives			
Cash	\$0.00	\$0.00	
Cash alternatives	\$94,288.20	\$94,288.20	
Total	\$94,288.20	\$94,288.20	
Cash available for withdrawal		\$108,225.20	

Positions

	Prev close	Current value	Today's net c
Positions			
Stock value	\$20,050.00	\$19,910.00	-\$140.00 (
Option value	\$0.00	\$0.00	
Mutual fund value	\$0.00	\$0.00	
Bond value	\$0.00	\$0.00	
Total	\$20,050.00	\$19,910.00	-\$140.00 (

Funds Available for Trading

	Current value
Funds available for trading	

TRADE SECRET

PLEDGE OF CAPITAL BY [REDACTED]

I am a major shareholder of [REDACTED] which is a member of [REDACTED] who is the parent company of [REDACTED] of which dispensary applicant entity [REDACTED]

[REDACTED] "Applicants") are a wholly owned subsidiaries.

Pursuant to the shareholders agreement for [REDACTED] and the operating agreements of [REDACTED] and Applicants, I am obligated to provide capital as required for the costs and expenses of the first year of operation of any Applicants awarded dispensary licenses and hereby pledge such capital.

Date: 11-15-2017

Sworn and subscribed before me on this 15th day of November, 2017.

[REDACTED]

Business Plan(Capital Requirements)

Item 4 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Raj Mukherji (shareholder of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_RM Ally Redacted (K0640057x7AC2A).PDF**

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



Bank Accounts : 1-877-247-2559

BANK ACCOUNTS


INTEREST CHECKING	AVAILABLE	CURRENT	INTEREST YTD	ANNUAL PERCENTAGE YIELD
Interest Checking ...1520	\$14,508.25	\$14,508.25	\$107.26	0.10%
Interest Checking ...9385	\$5.00	\$5.00	\$0.00	0.10%
Total	\$14,513.25	\$14,513.25	\$107.26	

SAVINGS	AVAILABLE	CURRENT	INTEREST YTD	ANNUAL PERCENTAGE YIELD
Online Savings Account ...1519	\$592,870.79	\$592,870.79	\$4,315.51	1.25%
Online Savings Account ...9440	\$38,232.00	\$38,232.00	\$0.00	1.25%
Total	\$631,102.79	\$631,102.79	\$4,315.51	

Total Balance	\$645,616.04
---------------	--------------

Ally Financial Inc. (NYSE: ALLY) is a leading digital financial services company and a top 25 U.S. financial holding company offering financial products for consumers, businesses, automotive dealers and corporate clients. Ally Bank, the company's direct banking subsidiary, offers an array of banking products and services.

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Lender  , NMLS ID 181005. Credit and collateral are subject to approval and additional terms and conditions apply. Programs, rates and terms and conditions are subject to change at any time without notice.

The Ally CashBack Credit Card is issued by TD Bank, N.A.

Securities products and services are offered through Ally Invest Securities LLC, member FINRA and SIPC . View all Securities disclosures

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Foreign exchange (Forex) products and services are offered to self-directed investors through Ally Invest Forex LLC. Ally Invest Forex LLC, NFA Member (ID #0408077), acts as an introducing broker to GAIN Capital Group, LLC ("GAIN Capital"), a registered FCM/RFED and NFA Member (ID #0339826). Your forex account is held and maintained at GAIN.

Ally Invest Forex LLC and Ally Financial Inc. are separate, but affiliated companies. View all Forex disclosures

Futures trading services are provided by Ally Invest Futures, LLC member NFA. Trading privileges are subject to review and approval. Not all clients will qualify. View all Futures disclosures

Forex, futures, options and other leveraged products involve significant risk of loss and may not be suitable for all investors. Products that are traded on margin carry a risk that you may lose more than your initial deposit. Increasing leverage increases risk. Spot Gold and Silver contracts are not subject to regulation under the U.S. Commodity Exchange Act.

Forex and futures accounts are NOT PROTECTED by the Securities Investor Protection Corporation (SIPC).

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Ally Financial, Inc.



Ally Bank
P.O. Box 2554
Cranberry Twp, PA 16066

COMBINED CUSTOMER STATEMENT

Statement Date
10/25/2017
Page 1

Customer Care Information
Toll Free 877-247-ALLY (2559)
www.ally.com

166028/846885//166028/0000/000000/770286 000 01 000000

Name and Address

CUSTOMER STATEMENT

Account Name	Account Number	Beginning Balance	Ending Balance
Interest Checking	xxxxxx1520	\$24,153.25	\$12,974.86
Online Savings Account	xxxxxx1519	\$590,122.38	\$592,315.83
Total Account Balances:		\$614,275.63	\$605,290.69

If you only have a Certificate of Deposit(CD) account with us, you will receive a quarterly statement. If you have a savings or checking account with us, then we will make your statement available for all of your accounts, including CDs, monthly by mail or electronically. If you have a CD with electronic transfers, you will receive a monthly statement for any month an electronic transfer occurs.

With an Ally Home Loan, you'll get a competitive mortgage rate that's among the lowest in the country. But, if you find better pricing at another lender, let us know. Send us their complete Loan Estimate when you're ready to lock in your rate with Ally. We'll match their rate and points as long as it's for the same loan terms we offer and dated within the past 5 business days. That's our Price Match Guarantee. Give us a call at 1-855-256-2559 Mon-Fri, 8am-8pm ET, or visit www.ally.com/home-loans. Ally Bank, Equal Housing Lender, NMLS ID 181005.



COMBINED CUSTOMER STATEMENT

Statement Date
10/25/2017
Page 2

Customer Care Information
Toll Free 877-247-ALLY (2559)
www.ally.com

Interest Checking

Summary For: [REDACTED]

Account Number: xxxxxx1520

Open Date: 01/04/2014

Product: Interest Checking

Summary

Beginning Balance, as of 09/26/2017	\$24,153.25	Days In Statement Period	30
Deposits and Other Credits	\$14,688.04	Annual Percentage Yield Earned	0.45%
Interest Paid This Period	\$7.10	Average Daily Balance This Period	\$19,209.85
ATM Fees Reimbursed	\$4.99	Interest Paid Year to Date	\$107.26
Withdrawals and Other Debits	-\$25,878.52		
Ending Balance, as of 10/25/2017	\$12,974.86		

Overdraft Fee Summary

	This Period	Year-to-Date
Overdraft Items Paid	\$0.00	\$0.00
Overdraft Items Returned	\$0.00	\$0.00

Activity

Date	Description	Credits	Debits	Balance
09/26/2017	Beginning Balance			\$24,153.25
09/26/2017	ACH Withdrawal GMF Lease WU GMFLeas WU GMFLeas	\$0.00	-\$510.00	\$23,643.25
09/29/2017	[REDACTED] Amount: 1704.02 ~ Tran: DDIR PAYROLL	\$1,704.02	-\$0.00	\$25,347.27
09/30/2017	ATM Withdrawal 1370 AVENUE OF THE AME NEW YORK, NY, US Transaction Fee: \$ 3.00	\$0.00	-\$203.00	\$25,144.27
10/03/2017	ACH Withdrawal HEALTHINSPREMIUM EDI PAYMTS EDI PAYMTS	\$0.00	-\$280.82	\$24,863.45
10/04/2017	Check Check Paid #6940	\$0.00	-\$100.00	\$24,763.45
10/06/2017	ACH Withdrawal PUBLIC SERVICE PSEG PSEG	\$0.00	-\$196.31	\$24,567.14

**COMBINED CUSTOMER STATEMENT**

Statement Date
10/25/2017
Page 3

Customer Care Information
Toll Free 877-247-ALLY (2559)
www.ally.com

166028-03-06

Activity

Date	Description	Credits	Debits	Balance
10/09/2017	ATM Withdrawal CZECH SAVINGS BANK Praha, CZ Cross Border Assessment Fee (CBA): \$ 0.73 Currency Conversion Assessment Fee(CCA): \$ 0.18	\$0.00	-\$91.62	\$24,475.52
10/10/2017	ACH Withdrawal VENMO PAYMENT PAYMENT	\$0.00	-\$640.00	\$23,835.52
10/10/2017	ACH Withdrawal CHASE CREDIT CRD AUTOPAY AUTOPAY	\$0.00	-\$30.75	\$23,804.77
10/10/2017	Direct Deposit VENMO CASHOUT CASHOUT	\$725.00	-\$0.00	\$24,529.77
10/10/2017	ACH Withdrawal GREAT LAKES STUDENT LN STUDENT LN	\$0.00	-\$142.89	\$24,386.88
10/11/2017	ACH Withdrawal [REDACTED]	\$0.00	-\$2,733.00	\$21,653.88
10/11/2017	ACH Withdrawal OwnersChoice Fun RE PAYMENT RE PAYMENT	\$0.00	-\$3,862.61	\$17,791.27
10/13/2017	[REDACTED] PAYROLL~ Future : DDIR PAYROLL	\$1,704.04	-\$0.00	\$19,495.31
10/13/2017	ACH Withdrawal AMEX EPAYMENT ACH PMT ACH PMT	\$0.00	-\$6,652.97	\$12,842.34
10/14/2017	ATM Withdrawal [REDACTED] Transaction Fee: \$ 1.99	\$0.00	-\$201.99	\$12,640.35
10/16/2017	ACH Withdrawal CHASE CREDIT CRD AUTOPAYBUS AUTOPAYBUS	\$0.00	-\$287.54	\$12,352.81
10/17/2017	ACH Withdrawal VENMO PAYMENT PAYMENT	\$0.00	-\$35.00	\$12,317.81
10/18/2017	ACH Withdrawal CHASE CREDIT CRD AUTOPAY AUTOPAY	\$0.00	-\$8,422.99	\$3,894.82



COMBINED CUSTOMER STATEMENT

Statement Date

10/25/2017

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Customer Care Information

Toll Free 877-247-ALLY (2559)

www.ally.com

166028-04-06

Activity

Date	Description	Credits	Debits	Balance
10/18/2017	eCheck Deposit	\$10,000.00	-\$0.00	\$13,894.82
10/20/2017	ACH Withdrawal TOYOTA FINANCIAL LEASE_PAY LEASE_PAY	\$0.00	-\$294.03	\$13,600.79
10/23/2017	ACH Withdrawal AMEX EPAYMENT ACH PMT ACH PMT	\$0.00	-\$39.00	\$13,561.79
10/23/2017	eCheck Deposit	\$554.98	-\$0.00	\$14,116.77
10/24/2017	ACH Withdrawal VENMO PAYMENT PAYMENT	\$0.00	-\$35.00	\$14,081.77
10/24/2017	ACH Withdrawal GMF Lease WU GMFLeas WU GMFLeas	\$0.00	-\$510.00	\$13,571.77
10/25/2017	Check Check Paid #995010	\$0.00	-\$250.00	\$13,321.77
10/25/2017	Check Check Paid #995009	\$0.00	-\$359.00	\$12,962.77
10/25/2017	ATM Fee Reimbursement	\$4.99	-\$0.00	\$12,967.76
10/25/2017	Interest Paid	\$7.10	-\$0.00	\$12,974.86
10/25/2017	Ending Balance			\$12,974.86



COMBINED CUSTOMER STATEMENT

Statement Date
10/25/2017
Page 5

Customer Care Information
Toll Free 877-247-ALLY (2559)
www.ally.com

Online Savings Account Summary For: [REDACTED]

Account Number: xxxxxx1519
Product: Online Savings Account

Open Date: 01/04/2014

Summary

Beginning Balance, as of 09/26/2017	\$590,122.38	Days In Statement Period	30
Deposits and Other Credits	\$1,613.45	Annual Percentage Yield Earned	1.20%
Interest Paid This Period	\$580.00	Average Daily Balance This Period	\$591,302.69
Withdrawals and Other Debits	\$0.00	Interest Paid Year to Date	\$4,315.51
Ending Balance, as of 10/25/2017	\$592,315.83		

Overdraft Fee Summary

	This Period	Year-to-Date
Overdraft Items Paid	\$0.00	\$0.00
Overdraft Items Returned	\$0.00	\$0.00

Activity

Date	Description	Credits	Debits	Balance
09/26/2017	Beginning Balance			\$590,122.38
09/29/2017	eCheck Deposit	\$554.98	-\$0.00	\$590,677.36
10/03/2017	eCheck Deposit	\$558.47	-\$0.00	\$591,235.83
10/12/2017	ACH Deposit Requested transfer from [REDACTED] Ally Bank Transfer [REDACTED] P2P	\$500.00	-\$0.00	\$591,735.83
10/25/2017	Interest Paid	\$580.00	-\$0.00	\$592,315.83
10/25/2017	Ending Balance			\$592,315.83

COMBINED CUSTOMER STATEMENT

Send Correspondence to:

Ally Bank
P.O. Box 951
Horsham, PA 19044

Send Deposit to:

Ally Bank
P.O. Box 13625
Philadelphia, PA 19101-3625

Statement Date

10/25/2017

Page 6

To receive prompt credit of your deposit, please mail to the Deposit address listed above. Checks which are not made payable to Ally Bank should be properly endorsed. Deposits received at any other address may be subject to delays. Do not send correspondence with your deposit(s).

Customer Care Information
Toll Free 877-247-ALLY (2559)
www.ally.com

Regulatory Requirement:**In Case of Errors or Questions about Your Electronic Transfers:**

- Telephone us at: Ally Bank Customer Care, 1-877-247-ALLY (2559)
Or
- Write us at: Ally Bank Customer Care, P.O. Box 2554, Cranberry Twp, PA 16066

For recurring transactions and other inquiries, please call the phone number above.

Contact us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we send you or make available to you the FIRST statement on which the problem or error appeared.

Tell us the following information:

- Your name and account number
- The dollar amount of the suspected error
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information

If you tell us orally, we may require you send us your complaint or questions in writing within ten (10) Business Days.

We will determine whether an error occurred within ten (10) Business Days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question. If we decide to do this, we will credit your account within ten (10) Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 Business Days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to ninety (90) days to investigate your complaint or question. For new accounts, we may take up to twenty (20) Business Days to credit your account for the amount you think is in error.

We will tell you the results within three (3) Business Days after completing our investigation. If we decide there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

CHECKS OUTSTANDING

Check Number	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

TO BALANCE YOUR ACCOUNT

1. Enter Ending balance from this statement: _____

2. Add deposits recorded in your checkbook but not shown on this statement. Enter the interest earned deposit into your checkbook. _____

3. Total (1 and 2 above) _____

4. Enter "Checks Outstanding" Total _____

Balance: (3 less 4 should equal your checkbook balance) _____

TRADE SECRET

PLEDGE OF CAPITAL BY [REDACTED]

I am a shareholder of [REDACTED] which is a member of [REDACTED] who is the parent company of [REDACTED] of which dispensary applicant entity [REDACTED]

[REDACTED] ("Applicants") are a wholly owned subsidiaries. Pursuant to the shareholders agreement for CannaPharmacy, Inc. and the operating agreements of [REDACTED] and Applicants, I am obligated to provide capital as required for the costs and expenses of the first year of operation of any Applicants awarded dispensary licenses and hereby pledge such capital.

[REDACTED]

Date: 11/16/2017

Sworn and subscribed before me on this 16th day of November, 2017.

[REDACTED]

[REDACTED]
Attorney at Law, State of New Jersey
empowered to administer this oath
pursuant to N.J.S.A. 41:2-1

Business Plan(Capital Requirements)

Item 5 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Raj Mukherji (shareholder of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_RM Kotak redacted (K0640056x7AC2A).PDF**

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



NR Associate Prima
Ref.No. 4032027-4973948-3

Date As On 31-Oct-17
CRN No. 36671424
Contact Person
Home Branch
Address



Mobile



My Portfolio

Deposit Accounts-INR		Asset Class	Total Balance
Savings Account (s)		Liquid	367,711.91
Term Deposit (s)	Standalone	Debt	1,869,653.00
Total Deposits			2,237,364.91

Grand Total Assets **INR** **2,237,364.91**

Deposit Accounts-USD		Asset Class	Total Balance
	Standalone	Debt	132,160.36
Total Deposits			132,160.36

Grand Total Assets **USD** **132,160.36**

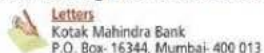


Recommended Asset Allocation (INR)

Please contact your Relationship Manager or Home Branch for Recommended Asset Allocation.

Disclaimer: The One View Portfolio and Asset Allocation Chart is displayed as per the enclosed account statements.

Any discrepancy in the statement should be brought to the notice of Kotak Mahindra Bank Ltd. within one month from date of statement



TRADE SECRET

PLEDGE OF CAPITAL BY [REDACTED]

I am a shareholder of [REDACTED] which is a member of [REDACTED] who is the parent company of [REDACTED] of which dispensary applicant entity [REDACTED]

[REDACTED] ("Applicants") are a wholly owned subsidiaries. Pursuant to the shareholders agreement for CannaPharmacy, Inc. and the operating agreements of [REDACTED] and Applicants, I am obligated to provide capital as required for the costs and expenses of the first year of operation of any Applicants awarded dispensary licenses and hereby pledge such capital.

[REDACTED]

Date: 11/16/2017

Sworn and subscribed before me on this 16th day of November, 2017.

[REDACTED]

[REDACTED]
Attorney at Law, State of New Jersey
empowered to administer this oath
pursuant to N.J.S.A. 41:2-1

Business Plan(Capital Requirements)

Item 6 of 6

C-5.1 Type of Capital

Equity

C-5.2 Source of Capital

Raj Mukherji (shareholder of 50% owner of Applicant's parent company)

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_RM Redacted Ameritrade (K0640054x7AC2A).PDF**

NOTE: This applicant uploaded document is the next 6 page(s) of this document.



Terms and Conditions

TD Ameritrade provides monthly statements for accounts with activity and quarterly statements for inactive accounts with assets.¹

Portfolio Summary: Tracks the current value of your portfolio as of the report date and compares it to the prior month.² The asset allocation indicates your portfolio diversification by investment type.

Multiple allocations under 5% will be grouped into the category of "Other" in the pie chart. Margin Equity = Total Account Equity/ (Total Long Marginal Value + Total Short Value)

Activity Summary: The opening and closing cash balances are reconciled here for quick reference. All account activity is summarized for the current period and year-to-date.

Income & Expense Summary (non-IRAs only): This section details the income and expense totals from the Activity Summary and classifies the tax treatment.

Retirement Account Summary (IRAs only): Review the IRS regulated transactions for the current and prior years. IRS Form 5498 fair market value is based on the current account value including Alternative Investments as of December 31 of the previous year and will be furnished to the IRS.

Performance Summary: Monitor annual portfolio performance and the unrealized gains and losses for your future investment strategy.

Account Positions: View your investments at the current market value and compare the original cost to see unrealized gains and losses in your portfolio. Original cost is assigned using the first-in, first-out (FIFO) method, which assumes the first shares you sell are those you purchased first. The estimated investment income² and average cost per share are displayed for your reference (the oldest purchase date is shown for an indication of your holding period). This statement represents a statement of account assets and account activity of your account only.

Account Activity: All account activity is listed in date order, and reflected in the closing cash balance.

Trades Pending Settlement: Confirm executed trades with a settlement date after month end. These transactions will be reflected in the Account Activity section next month.

Online Cash Services Transaction Detail: Cash management transactions that cleared during this period, including check, debit card and ATM activity, are listed in date order.

Online Cash Services Summary: Credit and debit transaction totals for the current period are summarized. Individual transactions are not listed.

TD Ameritrade does not provide legal or tax advice. Please consult your legal advisor or tax accountant when necessary.

Accuracy of Reports: Please review this statement carefully. If you disagree with any transaction, or if there are any errors or omissions, please contact us at 800-669-3900 within ten (10) days of your receipt of this statement. Any oral statements that you have made to us should be confirmed in writing. The statement will otherwise be considered conclusive.

Account Protection: TD Ameritrade FDIC Insured Deposit Account ("IDA") deposits are held at one or more banks ("Program Banks"). Two of the Program Banks are TD Bank, N.A. and TD Bank USA, N.A., both affiliates of TD Ameritrade. IDA deposits are insured by the FDIC (not covered by SIPC) up to \$250,000. Limits are per account ownership per institution. To learn more about FDIC coverage go to www.fdic.gov. Securities, including mutual funds, held in your Brokerage Account are not deposits or obligations of, or guaranteed by, any bank, are not FDIC-insured, and involve investment risks, including possible loss of principal. TD Ameritrade is a member of SIPC, which protects securities customers of its members up to \$500,000 (including \$250,000 for claims for cash). Explanatory brochure is available on request at www.sipc.org.

Additionally, TD Ameritrade provides each client \$149.5 million worth of protection for securities and \$2 million of protection for cash through supplemental coverage provided by London insurers. In the event of brokerage insolvency, a client may receive amounts due from the trustee in bankruptcy and then SIPC. Supplemental coverage is paid out after the trustee and SIPC payouts and under such coverage each client is limited to a combined return of \$152 million from a trustee, SIPC and London insurers. The TD Ameritrade supplemental coverage has an aggregate limit of \$500 million over all customers. This policy provides coverage following brokerage insolvency and does not protect against loss in market value of the securities.

An investment in a money market fund is not insured or guaranteed by the FDIC or any other government agency. Although certain money market funds may seek to preserve their value of your investment at \$1 per share, it is possible to lose money by investing in such a fund. Mutual fund purchases may be subject to eligibility and other restrictions, as well as charges and expenses. Certain money market funds may impose liquidity fees and redemption gates in certain circumstances.

Dividends are declared daily and paid/reinvested monthly. The prospectus contains this and other important information. Read the prospectus carefully before investing. Non-deposit investments held by your broker-dealer are NOT FDIC INSURED / NOT BANK GUARANTEED / MAY LOSE VALUE.

The balance in your bank deposit account or shares of your money market mutual fund can be liquidated on your order, and the proceeds returned to your securities account or remitted to you.

Tax Reporting: The portfolio report is not a tax document. You will receive Form 1099 for annual tax reporting in compliance with IRS requirements (includes taxable interest, dividends, capital gains, taxes withheld, and sales proceeds). Some payments are subject to reclassification which will be reflected on subsequent tax reports.

Cost Basis: Cost-Basis, tax lot and performance reporting and Gainskeeper are offered and conducted by CCH INCORPORATED. TD Ameritrade is not responsible for the reliability or suitability of the information. TD Ameritrade and its information providers do not guarantee the accuracy of the information and data provided. CCH INCORPORATED is a separate company and is not affiliated with TD Ameritrade.

Margin and Options Account Agreements: Promptly advise TD Ameritrade in writing of any change in your investment objectives or financial situation as they pertain to your margin or options account agreements. Commission/Fee represents base commission and any options contract, exercise, and assignment fees.

Current Market Prices: The market values of securities have been obtained, if available, from quotation services and other independent sources. Values are based on the closing price, the mean between the bid and asking prices, or other methods. If no market value is available from a quotation service or other independent source, the security is subject to being reflected as Not Available ("NA"). The valuations on your portfolio report are provided as general information and we do not guarantee the accuracy of any securities prices. Mortgage backed positions are valued using the remaining balance and the current market price. Portfolio report valuations may not represent sales proceeds. The secondary market for Certificates of Deposits ("CDs") is generally illiquid and the actual value may be different from the purchase price. A significant loss of principal may result from the sale of a CD prior to maturity. Bonds and/or Fixed Income Securities trade differently than equity securities and do not trade on a liquid exchange. Rather, they trade in the OTC (over the counter) market and sufficient liquidity may not exist for you to sell your position prior to maturity. The sale of bonds prior to maturity may result in a loss of principal.

Alternative Investments ("AI"), also called Non Standard Assets ("NSA"), are typically investments in direct participation program securities (partnerships, limited liability companies, or real estate investment trusts), commodity pools, private equity, private debt or hedge funds. AI are typically illiquid investments and do not trade on a national securities exchange. The values shown for these investments are estimated values derived from various methods, including, but not limited to, unconfirmed management estimates, independent appraisals, the program's net assets, and/or third party tender offers that have been provided by the management, administrator, and/or sponsor of each program, or by a third-party vendor without independent verification by TD Ameritrade. Values may not reflect the original purchase price, actual market value or be realized upon liquidation. If an estimated value cannot be established through these methods, the valuation may be reflected as Not Available ("NA"). For additional detail regarding valuation for Alternative Investments, please contact Client Services. These investments are not covered under the SIPC. AI transaction fees are applicable to purchases, capital call processing, and redemptions.

Δ Distributions on Direct Participation Programs and/or REITs are reported and a net investment per share estimated value is also reported. Pricing and distribution information has been provided by the sponsor, issuer or other external party responsible for reporting of the DPP or REIT or the classification of distributions as income or return of capital, in whole or in part, is subject to final accounting by such party(ies) and will be reported to you on a Form 1099 or K-1, as applicable.

Auction Rate Securities ("ARS") Pricing: The market values for ARS securities have been obtained, if available, from quotation services or other independent sources. The accuracy of the pricing is not guaranteed. If a market value is not available, TD Ameritrade will price the ARS position, taking into consideration both the liquidity and underlying credit quality. The ARS may lack liquidity and, as a result, there can be no assurance that such securities can be sold under current market conditions.

All transactions are subject to (i) the constitution, rules, regulations, customs and usages of the exchange or market, and its clearinghouse, if any, on which such transactions are executed; (ii) federal and state laws, and the rules and regulations promulgated thereunder; and (iii) the rules and regulations of FINRA and the Federal Reserve System.

For an investor brochure that includes information describing FINRA's Public Disclosure Program, please contact FINRA at 800-289-9999 or www.finra.org.

The interest rate shown for TD Ameritrade Cash is taken from the applicable interest rate tier for the Market Value balance in the TD Ameritrade Cash, as of the statement closing date. Simple interest is accrued daily based on the interest rate tier applicable to each day's balance.

Financial Statement Notification: The statement of financial condition for TD Ameritrade Clearing, Inc. is available twice a year and may be obtained at no cost, via the internet at <http://www.tdameritrade.com/financialstatement.html>.

Option Assignment: All short equity option positions and some index option positions are available for assignment. Exercise assignment notices for equity or index options are randomly allocated among all clients' short positions by an automated procedure.

Free Credit Balances (Rule 15c3-2 & 3): Under the client protection rules, we may use free credit balances in your account in the ordinary course of our business which are payable to you on demand.

Margin Accounts (Regulation T): If you have a margin account, this report is a combination of your margin account and a special memorandum account. Trading on margin poses additional risks and is not suitable for all investors. A complete list of the risks associated with margin trading is available in the margin risk disclosure document. You may obtain a copy of this document by contacting us at the number listed on page one of your statement.

Payment for Order Flow Disclosure (Rules 606 and 607): The firm receives compensation for directing listed and OTC securities, and options order flow to selected market centers (e.g., broker-dealers, exchanges and alternative trading systems (including electronic communications networks)) for execution. Compensation generally is in the form of a per share or per contract cash payment. TD Ameritrade also may receive compensation related to the foreign currency exchange component of transactions in foreign securities from market centers executing such trades. TD Ameritrade posts SEC Rule 606 quarterly reports that include order routing disclosures at www.tdameritrade.com. A written copy is available upon request. In addition, on request, TD Ameritrade will provide the identity of the venue to which your orders were routed for execution in the six months prior to the request, whether the orders were directed orders or non-directed orders, and the time of the transactions, if any, that resulted from such orders.

TD Ameritrade regularly assesses the execution quality provided by the market centers to which we route order flow in seeking best execution for our clients. For non-directed client orders, it is our policy to route orders to market centers based on a number of factors that are more fully discussed in the Supplemental Materials of FINRA Rule 5310, including where applicable, but not necessarily limited to, speed of execution, price improvement opportunities, differences in price disimprovement, likelihood of executions, the marketability of the order, size guarantees, service levels and support, the reliability of order handling systems, customer needs and expectations, transaction costs and whether the firm will receive remuneration for routing order flow to such market centers. Price improvement is available under certain market conditions and for certain order types and we regularly monitor executions to test for such improvement if available.

Trade Confirmations (Rule 10b-10): All confirmations are transmitted on the transaction date. If you participate in the Dividend Reinvestment Plan (DRIP) details regarding the reinvestment of dividends will be included on your monthly statements. TD Ameritrade will act as agent in having your DRIP purchases executed.

Taxes: Transactions in foreign securities (including foreign company ADRs that trade in the U.S.) may include taxes and fees charged by the foreign markets or governments, which may be reflected in the price of the security or charged as an independent line item.

Privacy Policy Notification: A copy of the TD Ameritrade privacy policy is available at www.tdameritrade.com

Callable Securities: The allocation of partial redemptions or calls is done using a pro-rata lottery system. A description of the procedures for callable securities is available on the website or hard copies are available upon request.

In case of errors or questions about your Electronic Fund Transfers, please contact us at 1-800-669-3900, or in writing to P.O. Box 2209, Omaha, NE 68103, or by email at clientservices@tdameritrade.com. The information contained in your account statement shall be binding upon you if you do not object within sixty (60) days for any transfer of funds subject to Regulation E, such as ATM and point-of-sale transfers, debit transactions, direct deposits, and withdrawals. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

¹Due to rounding adjustments, the statement details may not equal the statement totals.

²Estimated Annual Income and Estimated Annual Yield values are based upon the number of shares owned or current value balance as of the statement date and the most recent dividend rate or cash yield provided.



Statement Reporting Period:
10/01/17 - 10/31/17

800-669-3900
TD AMERITRADE
DIVISION OF TD AMERITRADE INC
PO BOX 2209
OMAHA, NE 68103-2209
TD Ameritrade Clearing, Inc., Member SIPC

Statement for Account [REDACTED]
[REDACTED]

Portfolio Summary						
Investment	Current Value	Prior Value	Period Change	% Change	Estimated Income	Estimated Yield
Cash	\$ -	\$ -	\$ -	-	\$ -	-
Insrd Dep Acct (IDA)	52,756.42	52,755.08	1.34	-	-	0.03%
Money Market	-	-	-	-	-	-
Short Balance	-	-	-	-	-	-
Stocks	62,757.48	60,507.64	2,249.84	3.7%	-	-
Short Stocks	-	-	-	-	-	-
Fixed Income	-	-	-	-	-	-
Options	-	-	-	-	-	-
Short Options	-	-	-	-	-	-
Mutual Funds	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total	\$115,513.90	\$113,262.72	\$2,251.18	2.0%	\$ 0.00	0.0%
Margin Equity	100.0%					



Cash Activity Summary			Income & Expense Summary			Performance Summary	
	Current	YTD		Reportable	Non Reportable	YTD	
Opening Balance	\$ 0.00	\$ -	Income				Cost Basis As Of - 10/31/17 ** \$58,131.32
Securities Purchased	-	(60,136.73)	Dividends	\$ -	\$ -	\$ -	Unrealized Gains 13,942.02
Securities Sold	-	49,253.26	Interest	-	-	-	Unrealized Losses (9,315.86)
Funds Deposited	-	-	Other	-	-	-	Funds Deposited/(Disbursed) ^{YTD} -
Funds Disbursed	-	-	Expense				Income/(Expense) ^{YTD} -
Income	-	-	Interest	-	-	-	Securities Received/(Delivered) ^{YTD} 0.00
Expense	-	-	Fees	-	-	-	
Other	-	10,883.47	Other	-	-	-	
Closing Balance	\$ 0.00	\$0.00	Net	\$0.00	\$0.00	\$0.00	

**To view realized gains and losses for your account, login at www.tdameritrade.com and visit My Account > Gain/Loss.

Statement for Account #

10/01/17 - 10/31/17

Income Summary Detail*

Description	Current	Year to Date
IDA Interest	\$ 1.34	\$ 7.13

*This section displays current and year to date taxation values for this account. The current totals may not equate to the total payments listed on this statement as corrections to tax reporting may also be included. These corrections can include changes made to previous payments and removal of payments reportable in a previous tax year (spillover dividends). The year to date totals will accurately reflect your cumulative amount for the year.

Account Positions

Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income	Yield
Stocks - Margin										
ALPHABET INC CLASS C	GOOG	25	\$ 1,016.64	\$25,416.00	06/13/16	\$ 18,009.99	\$ 720.40	\$ 7,406.01	\$ -	-
FACEBOOK INC COM	FB	100	180.06	18,006.00	06/14/16	11,469.99	114.70	6,536.01	-	-
FRIENDABLE INC COM	FDBL	500,000	0.0001	50.00	07/11/16	3,709.99	0.01	(3,659.99)	-	-
GW PHARMACEUTICALS PLC ADR	GWPH	121	107.95	13,061.95	02/23/17	14,941.39	123.48	(1,879.44)	-	-
TERRA TECH CORP COM	TRTC	32,330	0.1925	6,223.53	02/23/17	9,999.96	0.31	(3,776.43)	-	-
Total Stocks				\$62,757.48		\$58,131.32		\$4,626.16	\$0.00	0.0%
Total Margin Account				\$62,757.48		\$58,131.32		\$4,626.16	\$0.00	0.0%

Insured Deposit Account Interest Credited

Begin Date	Balance	Number of Days	Interest Rate	Interest Accrued	MTD Accrued	MTD PAID
10/01/17	\$ 52,755.08	31	0.0300	\$ 1.34	\$ 1.34	\$ 1.34
Total Interest Income						\$1.34

Statement for Account

10/01/17 - 10/31/17

Insured Deposit Account Activity

Date Cleared	Check Number	Date Written	Transaction	Description	Tracking Code	Expense Code	Amount	Balance
Opening Balance								
10/31/17	-	10/31/17	Received	Interest: Insured Deposit Account Bank NA	-	-	\$ 1.34	\$52,755.08 52,756.42
Closing Balance								
TD Bank NA							\$52,756.42	\$52,756.42

FDIC Insured Deposit Account (IDA) balances reflected in your brokerage account are FDIC-insured up to applicable limits and held by one or more banks ("Program Banks"). Two of the Program Banks are TD Bank, N.A. and TD Bank USA, N.A., both affiliates of TD Ameritrade. The IDA balances are not covered by the Securities Investor Protection Corporation (SIPC) protection applicable to your brokerage account.

TRADE SECRET

PLEDGE OF CAPITAL BY [REDACTED]

I am a shareholder of [REDACTED] which is a member of [REDACTED] who is the parent company of [REDACTED] of which dispensary applicant entity [REDACTED]

[REDACTED] ("Applicants") are a wholly owned subsidiaries. Pursuant to the shareholders agreement for CannaPharmacy, Inc. and the operating agreements of [REDACTED] and Applicants, I am obligated to provide capital as required for the costs and expenses of the first year of operation of any Applicants awarded dispensary licenses and hereby pledge such capital.

[REDACTED]

Date: 11/16/2017

Sworn and subscribed before me on this 16th day of November, 2017.

[REDACTED]

[REDACTED]
Attorney at Law, State of New Jersey
empowered to administer this oath
pursuant to N.J.S.A. 41:2-1

Business Plan(Business History and Experience)

Item 1 of 3

C-6.1 First Name

Todd

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Leebow

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

Majestic Steel USA

C-6.6 Business Address

31099 Chagrin Blvd., Suite 150, Cleveland, OH 44124

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

YES

C-6.8 Dates

2007 - Present

Business Plan(Business History and Experience)

Item 2 of 3

C-6.1 First Name

Michael

C-6.2 Middle Name

Harris

C-6.3 Last Name

Weisser

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

Board Member

C-6.5 Business Name

Compassionate Care Research Institute, Inc.

C-6.6 Business Address

950 US Highway 1 North, Woodbridge, NJ 07095

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

YES

C-6.8 Dates

2011 - Present

Business Plan(Business History and Experience)

Item 3 of 3

C-6.1 First Name

David

C-6.2 Middle Name

Jordan

C-6.3 Last Name

Weisser

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

Board Member

C-6.5 Business Name

Compassionate Care Research Institute, Inc.

C-6.6 Business Address

950 US Highway 1 North, Woodbridge, NJ 07095

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

YES

C-6.8 Dates

2011 - Present

Business Plan(Business History and Experience Narrative)

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

TRADE SECRETS

Dispensary Applicant (DA) is a joint venture between Todd Leebow, the President and CEO of a prominent Ohio-headquartered nationwide metals manufacturing and distributing enterprise (“Steel Co.”), and CannaPharmacy, Inc. (CPI), a highly successful team of medical marijuana industry pioneers who are licensed to operate cultivation, processing, and dispensing facilities across five states.

CPI is a pioneer in the medical cannabis industry whose principals are licensed to operate medical marijuana facilities in New Jersey, Delaware, Maryland, Pennsylvania, and Colorado. CPI has a proven track record and unparalleled expertise in owning, operating, and managing vertically integrated (from cultivation to processing to dispensation) medical marijuana programs with a focus on public health, safety, and pharmacological research.

CPI and its affiliated companies have completed over 1,000,000 state-authorized cannabis transactions and achieved a record of compliance with state laws and regulations in its production and distribution of exceptionally high quality pharmaceutical-grade medical cannabis in clinically-oriented, patient-focused models. These companies are projected to generate over \$17 million in gross revenues in 2017, and enjoyed over \$12 million in gross sales in the aggregate during 2016.

In addition to their operational expertise, both DA and CPI have dynamic leadership teams of professionals with uniquely qualifying and diverse credentials including backgrounds in healthcare and pharmaceutical manufacturing, compliance, law enforcement, public administration, and horticultural production.

DA will also establish a best-in-class customer experience by engaging and educating patients and physicians about the health benefits of medical marijuana for Ohio’s qualifying conditions and the effect of strain choice, cannabinoid content, and delivery method on therapeutic efficacy. Prior to entering or concurrently with their involvement in the medical marijuana industry, DA’s shareholders have had varied and storied business careers that have influenced their leadership and success in pioneering the medical cannabis industry. The specific business experience of three of DA’s largest shareholders are discussed in depth below.

Raj Mukherji is a healthcare lawyer, investor, and experienced public official, who has co-owned an acute care hospital and ambulatory surgery center (which exceeded \$12.9 million in revenue in 2016, representing 51% growth over the prior year) and has facilitated complex transactions involving hospitals, nursing homes, surgery centers, and information technology ventures. A former Sergeant in the U.S. Marine Corps Reserve who served in military intelligence, Raj has a wealth of valuable business experience that includes a successful stint as CEO of an information technology venture. Thoroughly versed in compliance and regulatory processes, he previously served as the chief regulatory and legislative lobbyist for Fortune 500 and S&P 500 healthcare companies and a major retail pharmacy and pharmaceutical wholesaler chain. Additionally, Raj’s public sector experience

includes service as a state legislator and as a prosecutor.

Michael Weisser and his son David are nationally regarded as industry pioneers, with over eight years of experience in producing medical marijuana to relieve patients with serious debilitating conditions. They have been hailed for developing clinically-oriented medical models in “seed-to-sale” enterprises, with emphases on tracking patient data and applying certain strains of medicinal cannabis and delivery methods to specific qualifying conditions. The pair began investing in medical marijuana dispensaries and clinical research in 2009, motivated by the loss of Michael’s beloved wife (David’s mother) to her battle with pancreatic cancer.

Michael also has extensive business experience stemming from his more than 50 years of law practice. Specializing in tax and securities law and commercial litigation, he has taken several companies public and served as COO of a publicly traded environmental sciences company. He also owns and manages over one million square feet of commercial real estate, including 15 shopping centers in five states, and owns critically acclaimed vintage clothing brands. Along with medical marijuana cultivation and dispensaries and other business ventures, David currently manages over one million square feet of various commercial and residential properties.

Edward Miller, M.D. is DA’s CEO. A Board-certified internist and physician executive. Dr. Miller retired as President of a MedStar’s \$4.2 billion hospital and health system’s physician organization and served as the Chair of the physician organization’s Ambulatory Best Practices Committee, which developed ambulatory clinical practice guidelines and coordinated ambulatory audits in all primary care settings for the system. Additionally, he oversaw nearly 140 employed physicians, physician assistants, and nurse practitioners in over 40 physician offices during his tenure as President. Dr. Miller has completed the Medical Cannabis Institute’s Clinical Cannabinoid Medicine Curriculum and like several members of DA’s leadership and ownership team, his personal interest in the palliative benefits of cannabis was first prompted by the experiences of his daughter, tragically a late stage cancer patient who benefited from the use of medical cannabis prior to her recent passing.

Min Chu, Ph.D., Chief Scientific Officer, is a pharmaceutical chemist with three decades of experience in drug development and analytical chemistry, specifically the biopharmaceutical and biotechnology industries. Internationally renowned, his scientific accomplishments in research and development are evidenced in over 110 patents, publications, scientific presentations, and invited lectures. In 2004, Dr. Chu joined a major publicly traded pharmaceutical company as the Director of Natural Products Chemistry. In that leadership role, his responsibilities included discovery research of novel antibiotics against resistant strains or “superbugs.” Supervising every phase of the design, construction, and establishment of the company’s new natural products lab and research facility, he discovered over 50 new potential drug candidates for development.

Dr. Sue Sisley is CPI’s national Clinical Director and head of clinical and translational research. She is a physician and psychiatrist who is the Site Principal Investigator for the first-ever FDA and DEA approved randomized clinical trial examining the use of whole-plant marijuana, which is focusing on combat veterans with treatment-resistant PTSD.

Paul Higdon, DA’s Chief Security Officer, is a career DEA Special Agent who rose to the Agency’s highest echelons, serving as Deputy Assistant Administrator, before leaving to serve as the Director of Criminal Intelligence for INTERPOL.

Leebow is the President and CEO of Steel Co., a premier distributor of American-made steel that has been family-owned and operated since the 1970s. From a staff of two at its inception, the business has grown to nearly 300 associates working in five facilities across the United States, generating hundreds

of millions in annual revenue. Steel Co. ships product across all of the continental 48 states and into Canada and Mexico from warehouses and processing facilities throughout the country. Its talented staff of associates (several of whom have been with the company since day one), its innovative and technologically-focused mindset that has revolutionized one of this country's foundational industries, and the hand-selected facilities upon which it relies to house hundreds of millions in product inventory are just some of the reasons for this success and growth.

Over the last three decades, the company has set itself apart from others in its market by exploring new ideas and opportunities through innovation and technology. Steel Co., under Todd's direction, established internal teams with expertise in market research, analytics and software development to provide more extensive and accurate information on key industry indicators that impact its industry, including supply, demand, raw materials and price to its internal constituents and external customers. In addition to educating its staff and the market, Steel Co. first- and best-in-class analytics and market research tools allow the company to have greater efficiencies in inventory control, operational output, production yield, customer service, transportation management, order accuracy and quality assurance. Custom-built by Steel Co.'s team, its analytics tools and market research databases allow associates to make informed real-time decisions in a constantly changing market environment. These unique resources allow Todd, as President and CEO, to identify opportunities for growth and success and address potential areas for improvement.

Todd's commitment to advancements in market research, technology and innovation will continue to grow and expand through his involvement with DA in the medical cannabis industry. Through his experience of creating and developing those resources where they never existed before, Todd will bring that same hunger to push the medical cannabis industry to explore new and better ways to provide the safest, highest quality and most cost effective product to patients across the state in all areas of the business, including cultivation, processing, packaging, transportation, operations, dispensary, research and development, education and philanthropic efforts.

Market research and analytics are meaningless without quality product. ISO 9001:2008 certified since 2000, Steel Co.'s goods undergo three separate quality control checkpoints before leaving the warehouse. Maintaining the company's ISO 9001:2008 certification requires continuous assessment and implementation of improvements in the company's quality management system. These improvements benefit customers by assuring delivery of consistent performance of products and services that meet or exceed ISO requirements and customer expectations.

As a fifty percent owner, Todd will have substantial impact on the business's direction and overall management. Todd's experience growing and managing a manufacturing, production and logistics-intensive enterprise that conducts more than 500,000 transactions a year provides tremendous value and is indicative of DA's ability to build a thriving flagship medical cannabis model in Ohio.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

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

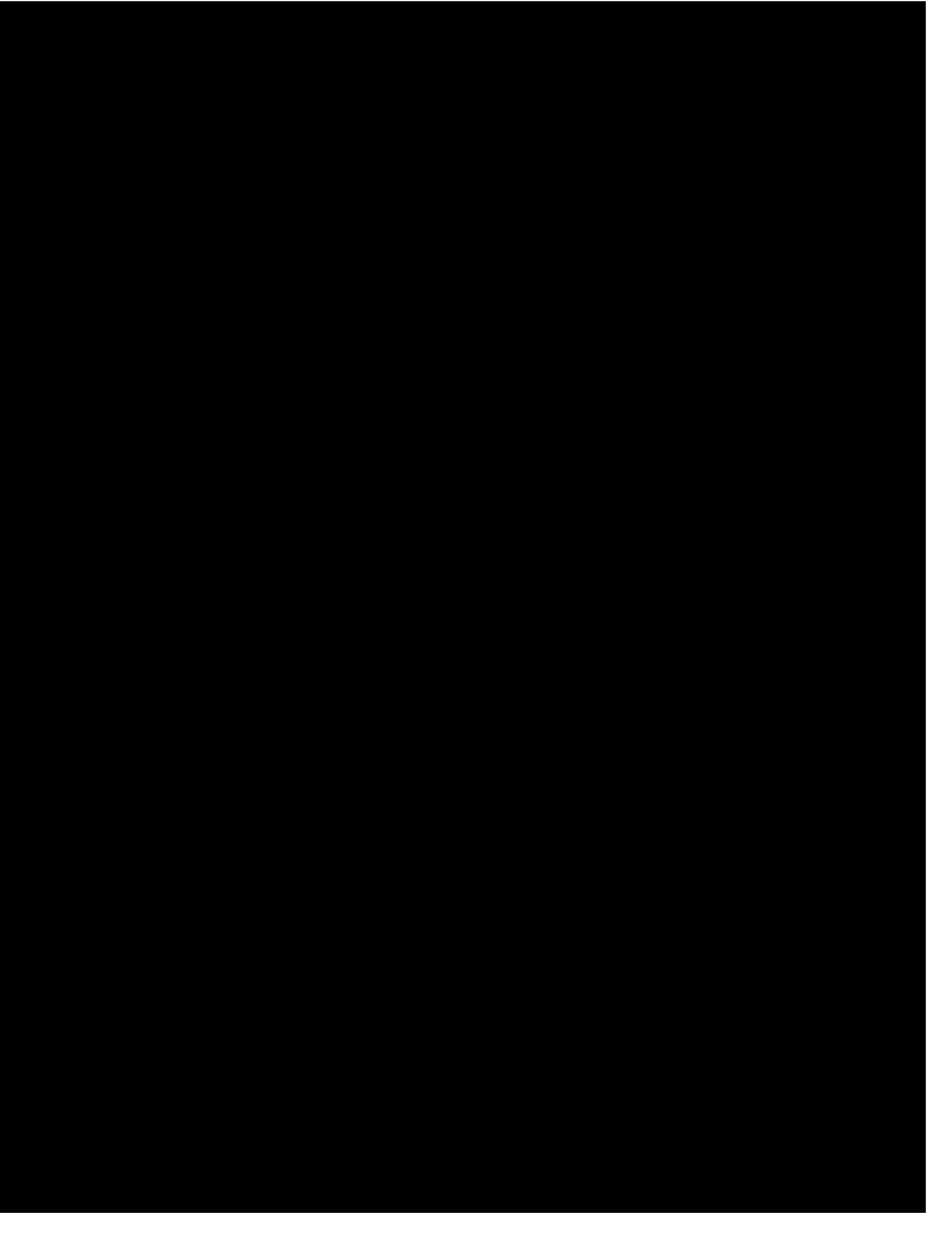
This response has been entirely redacted

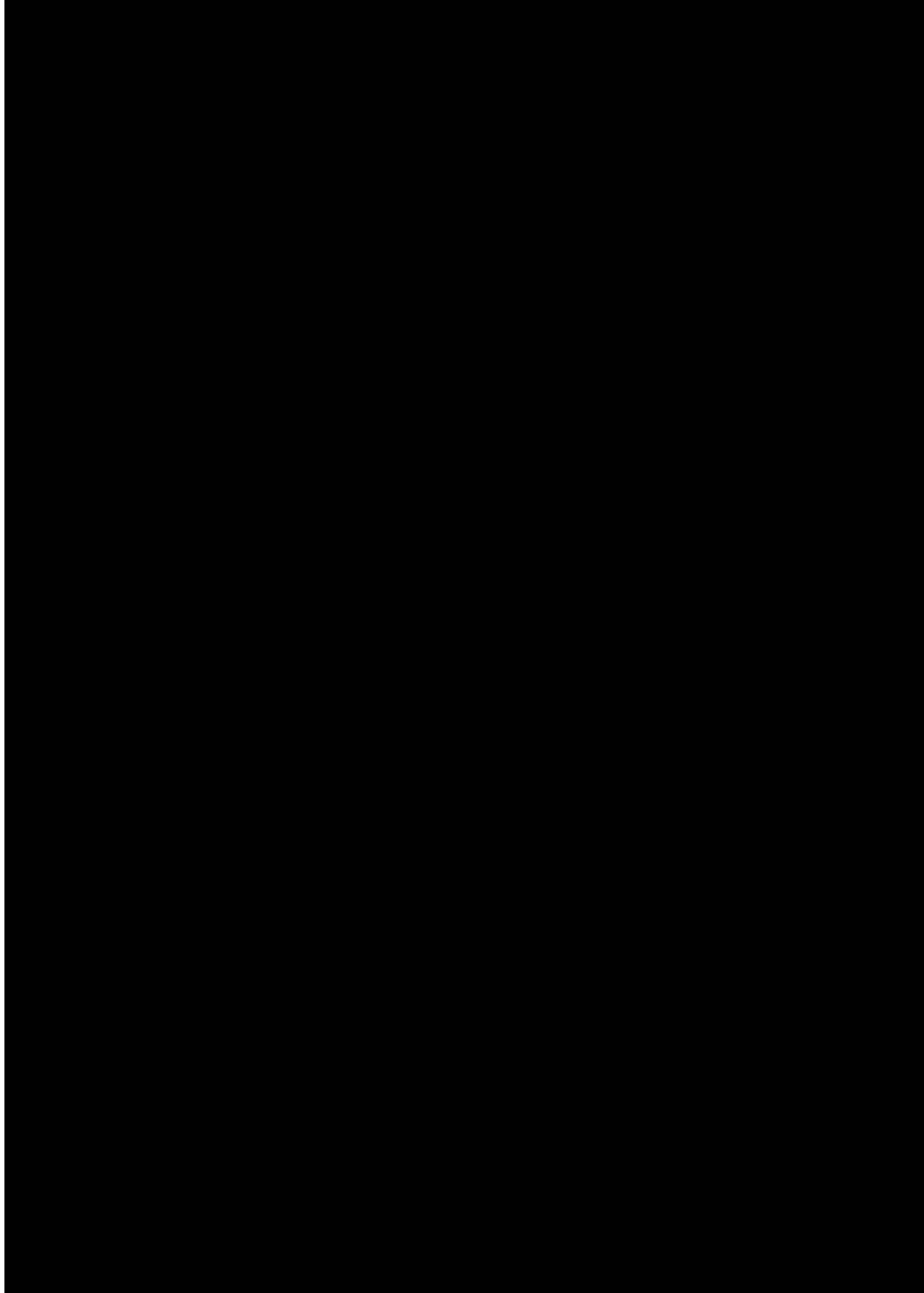
D-2.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-**

2.2.1_Attachment_TRADE_SECRET_SECURITY_INFRASTRUCTURE_RECORD_TK2.pdf

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







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

YES

Operations Plan(Receiving of Product)

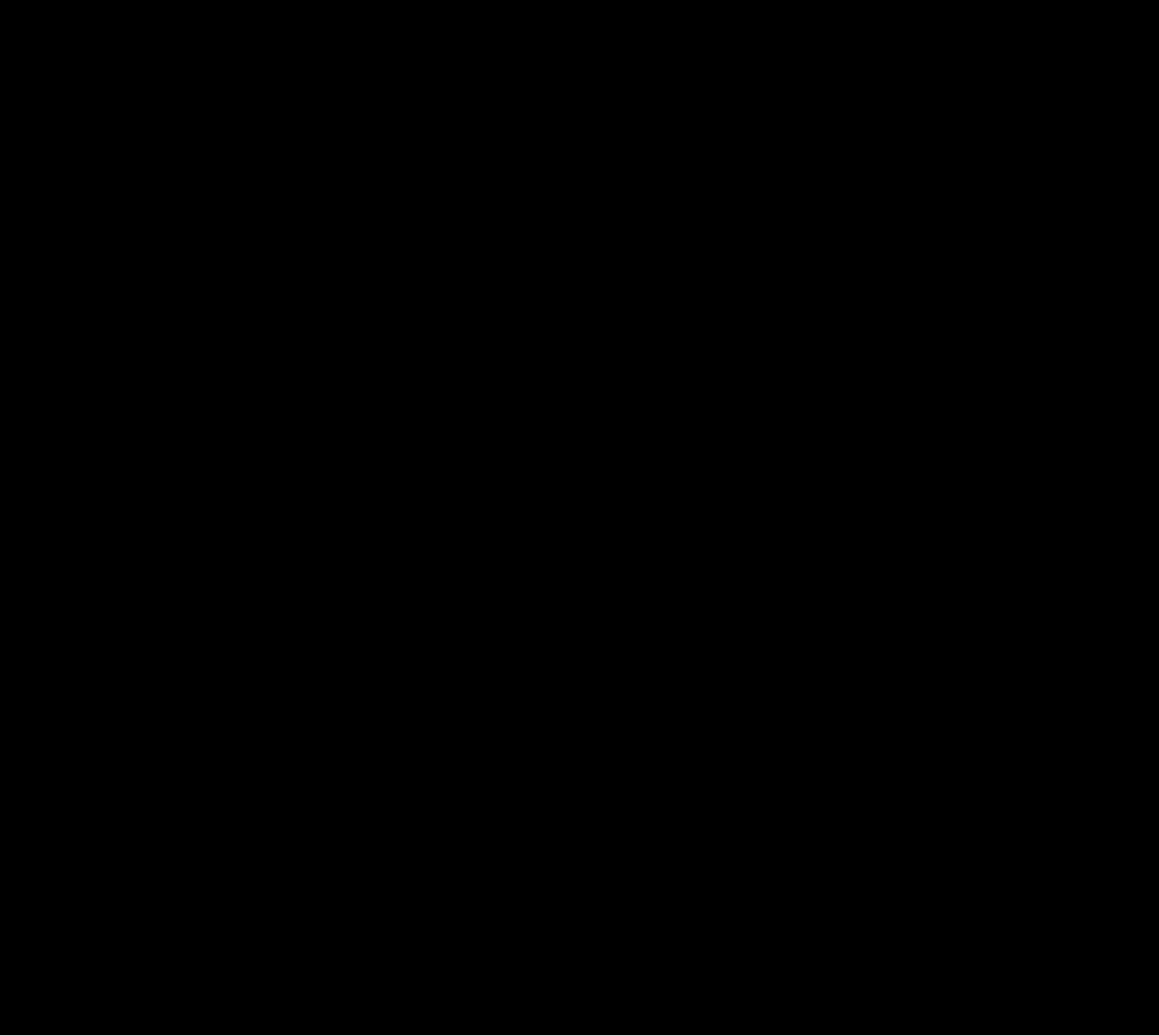
D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

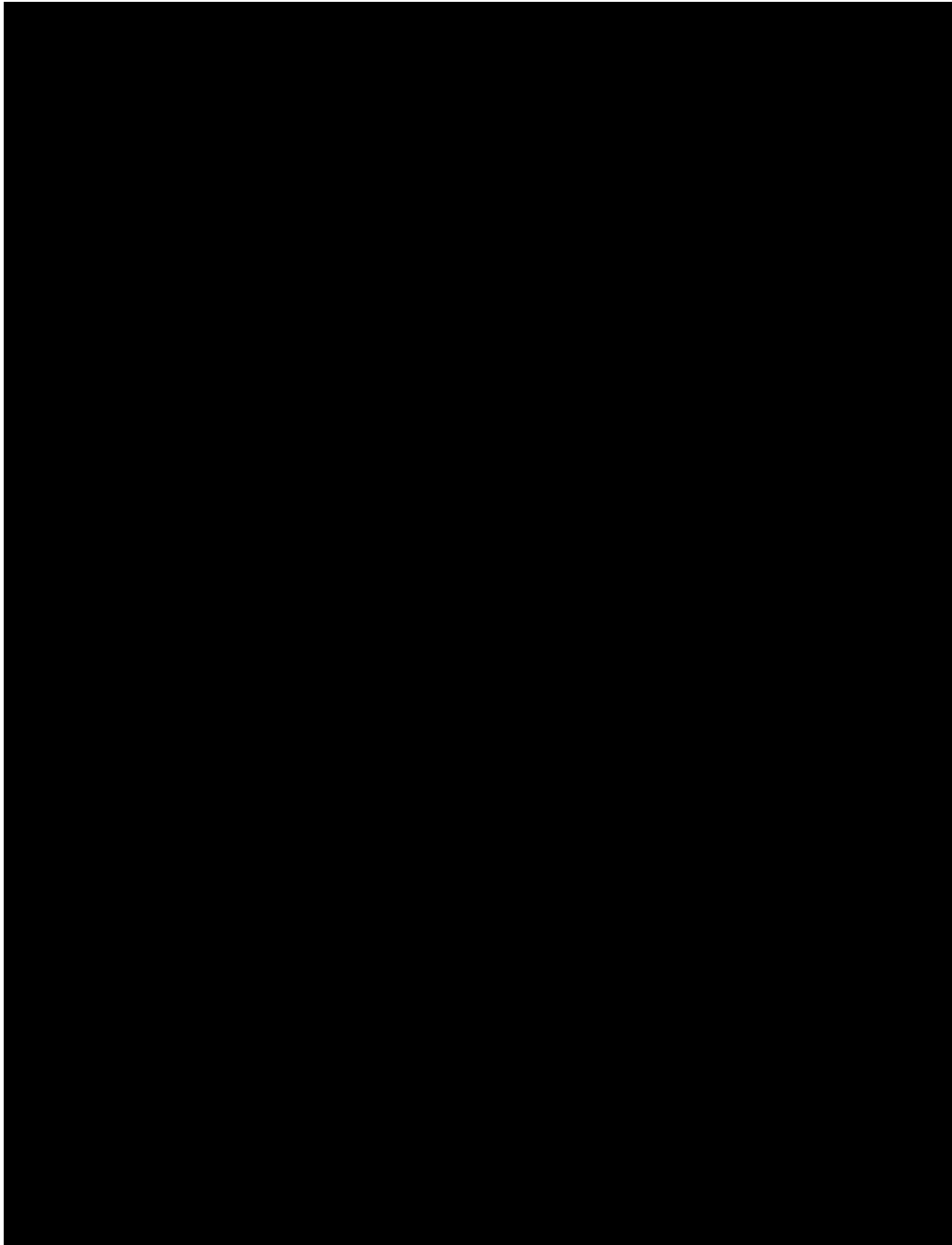
YES

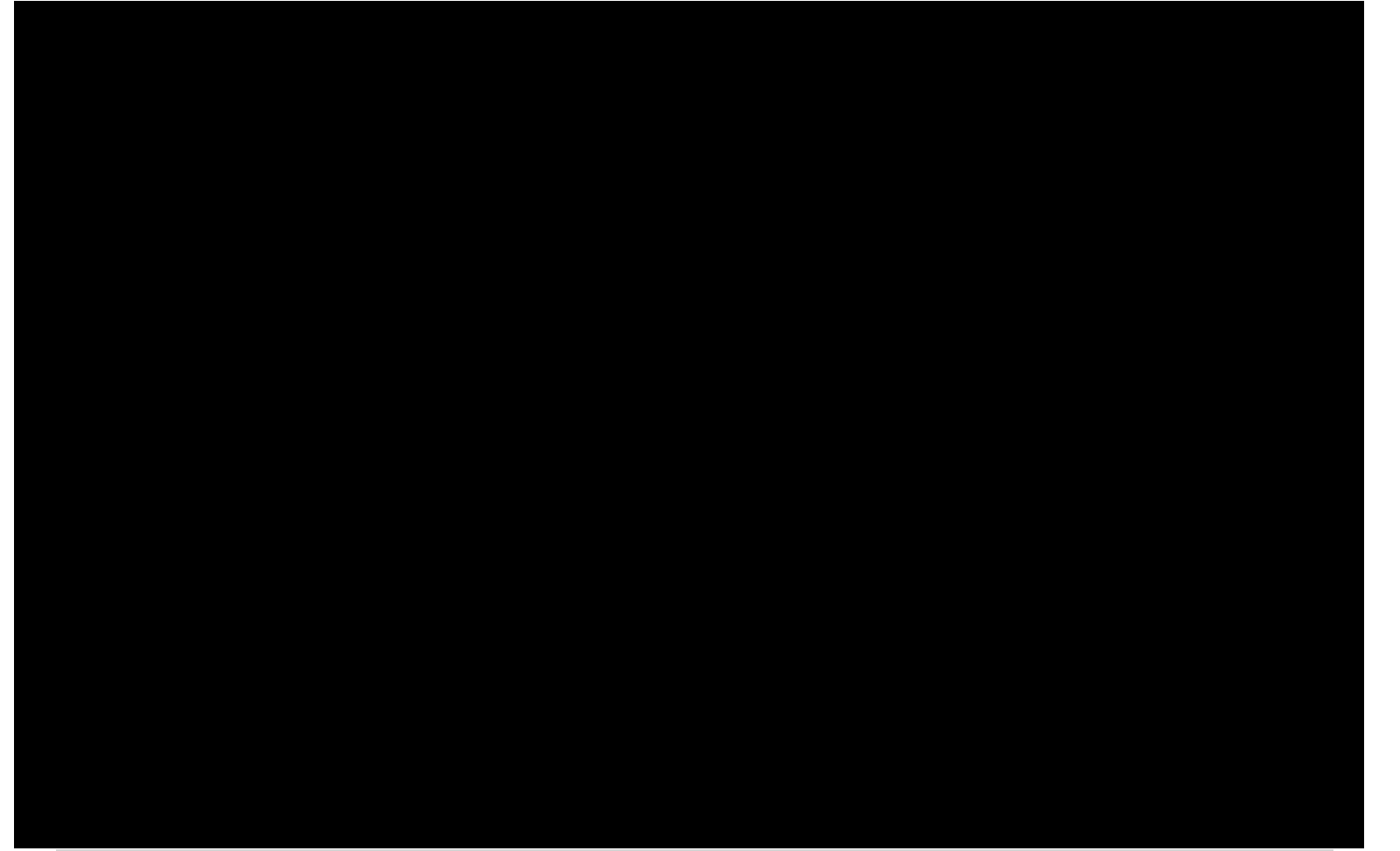
D-3.2 By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded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

YES

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







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

No response provided by applicant

Operations Plan(Storage of Product)

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

YES

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

YES

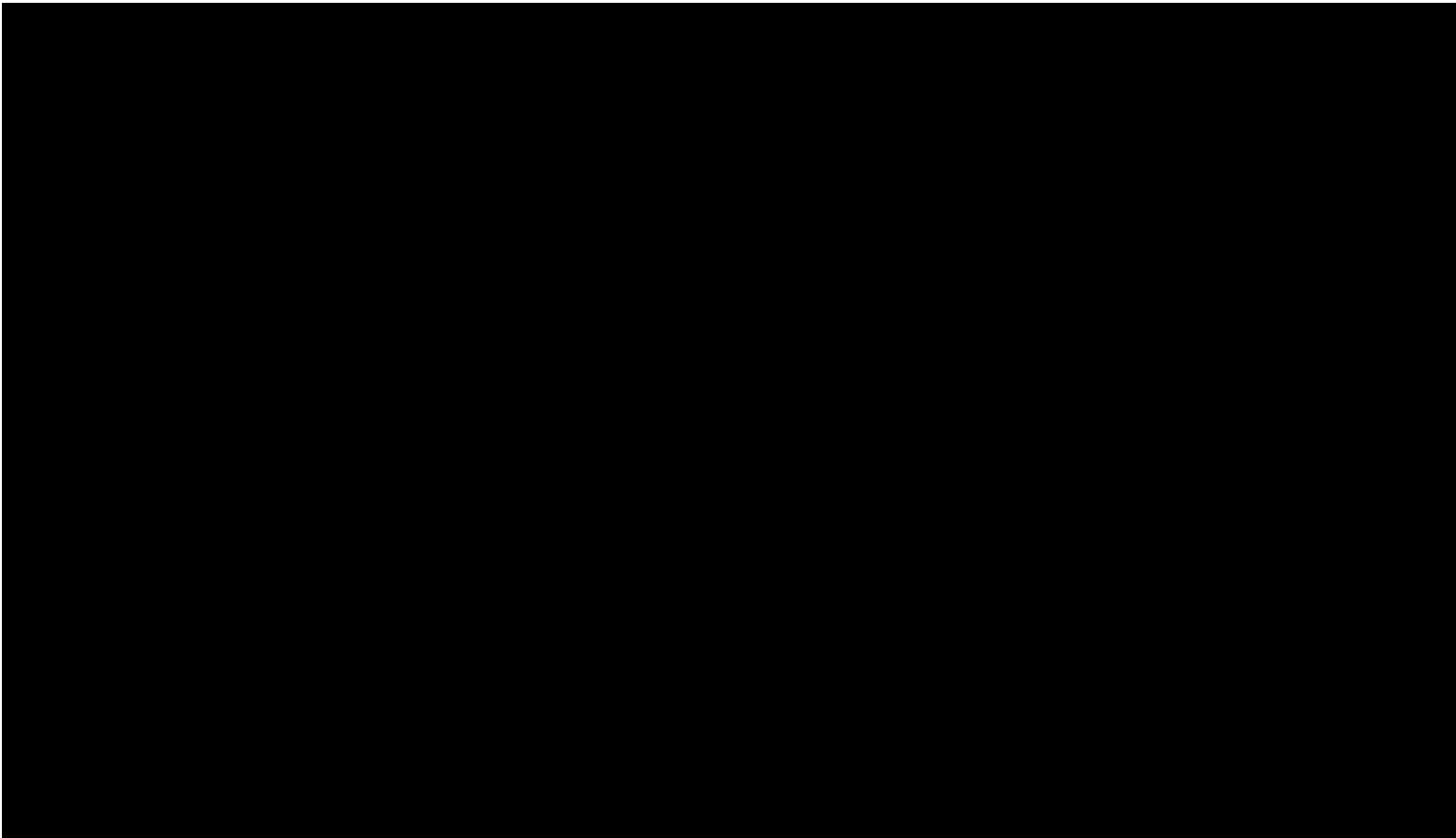
D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

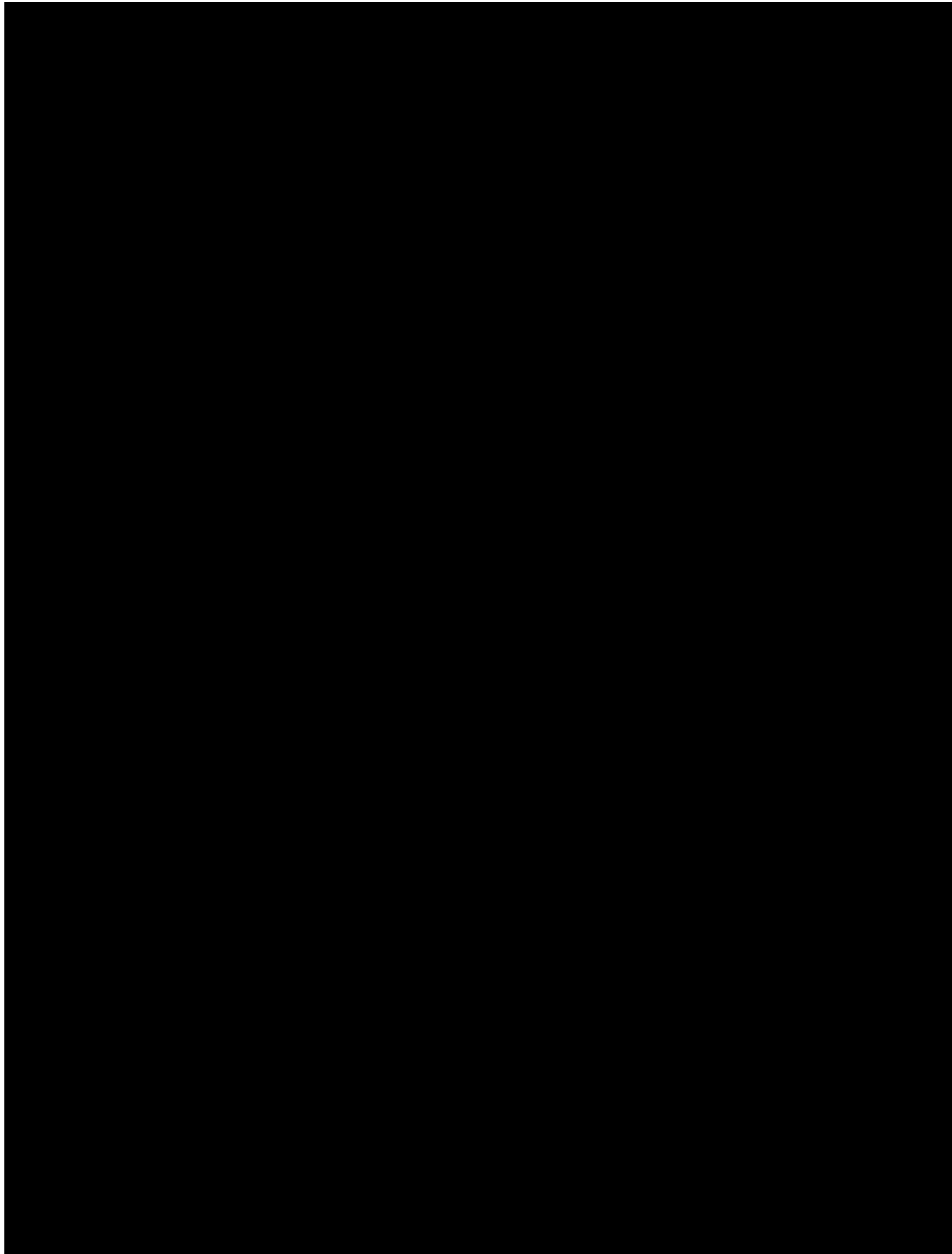
YES

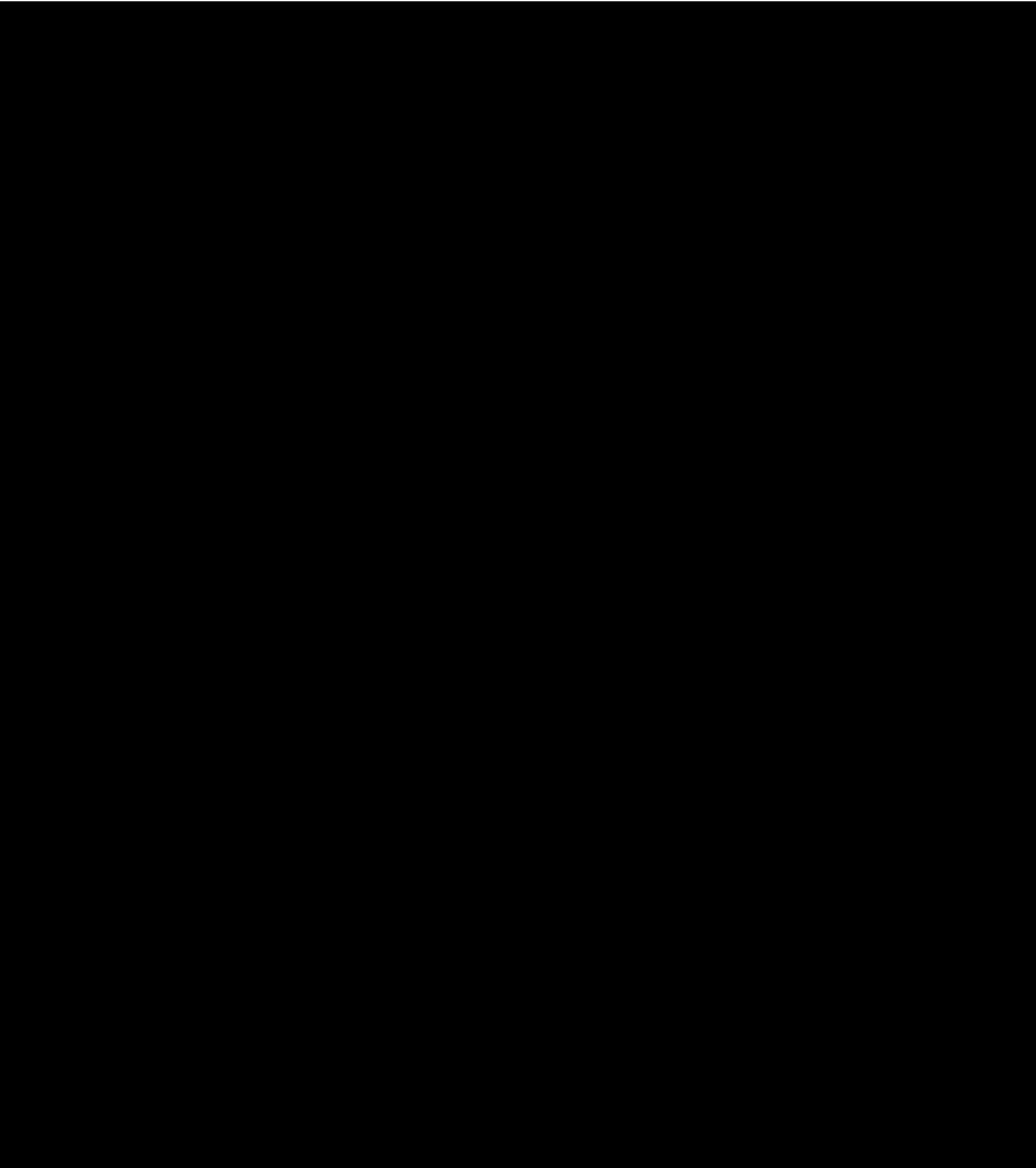
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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

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







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

No response provided by applicant

Operations Plan(Dispensing of Product)

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

YES

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

YES

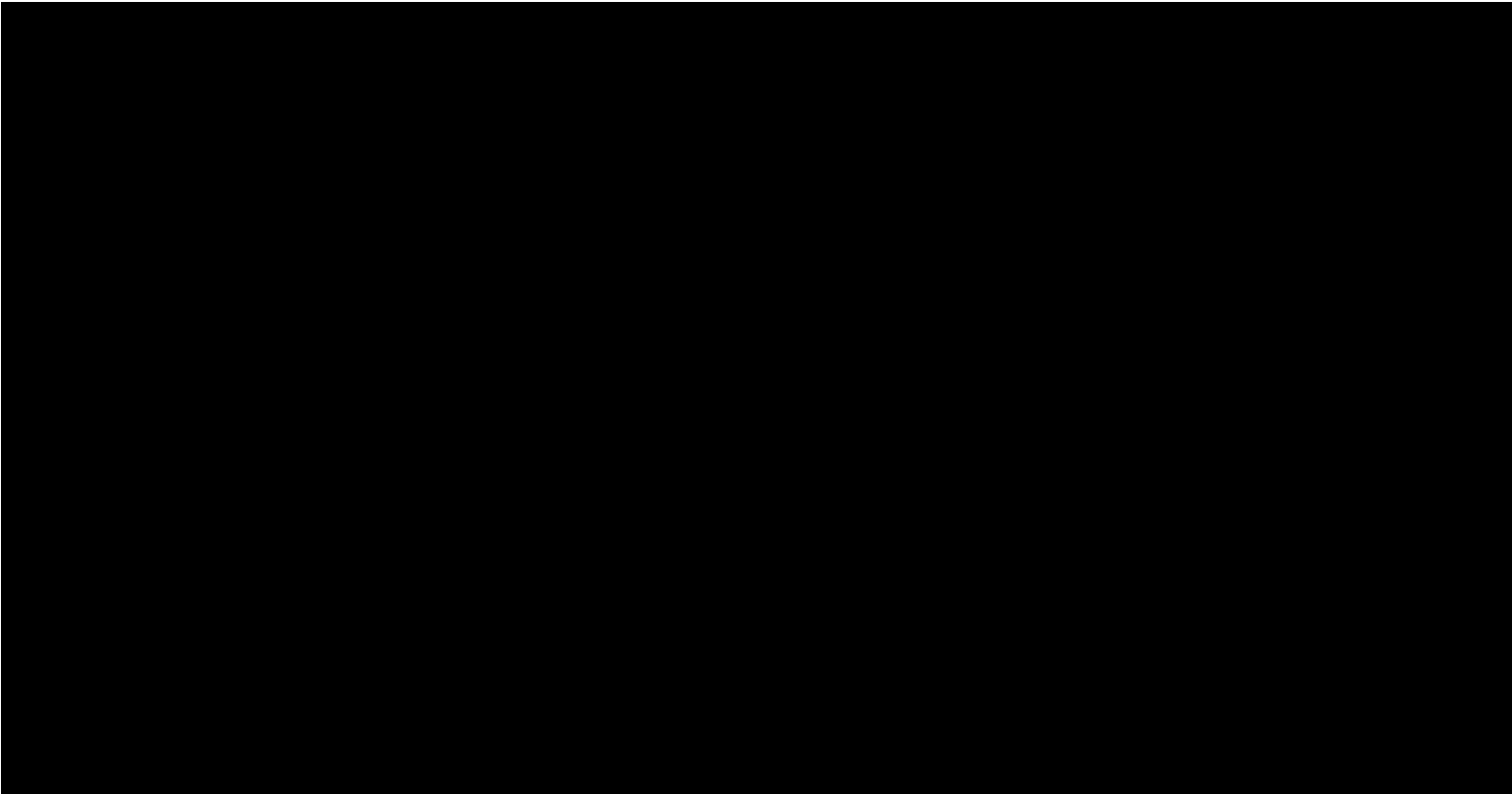
D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

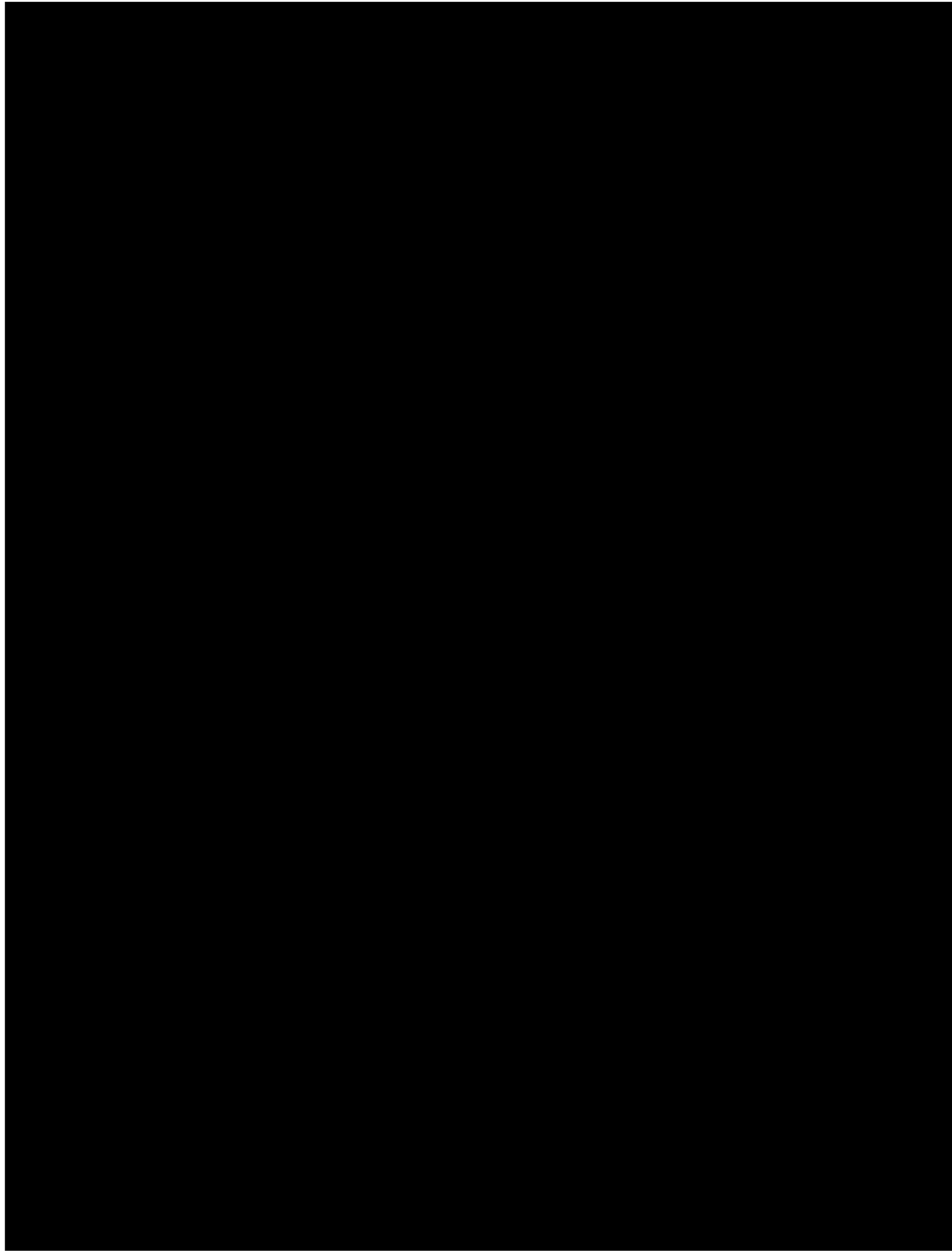
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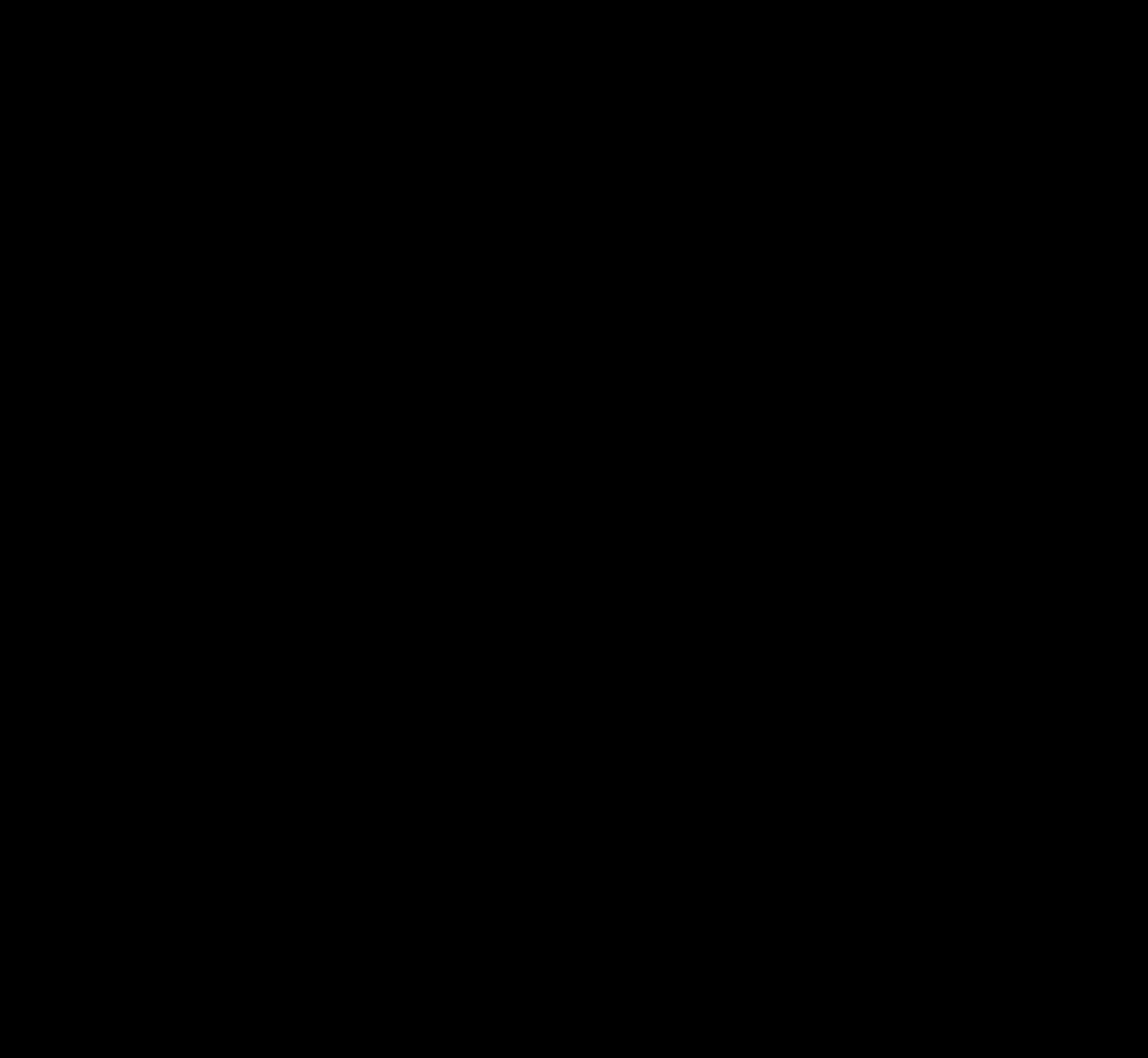
D-5.4 By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

YES

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







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

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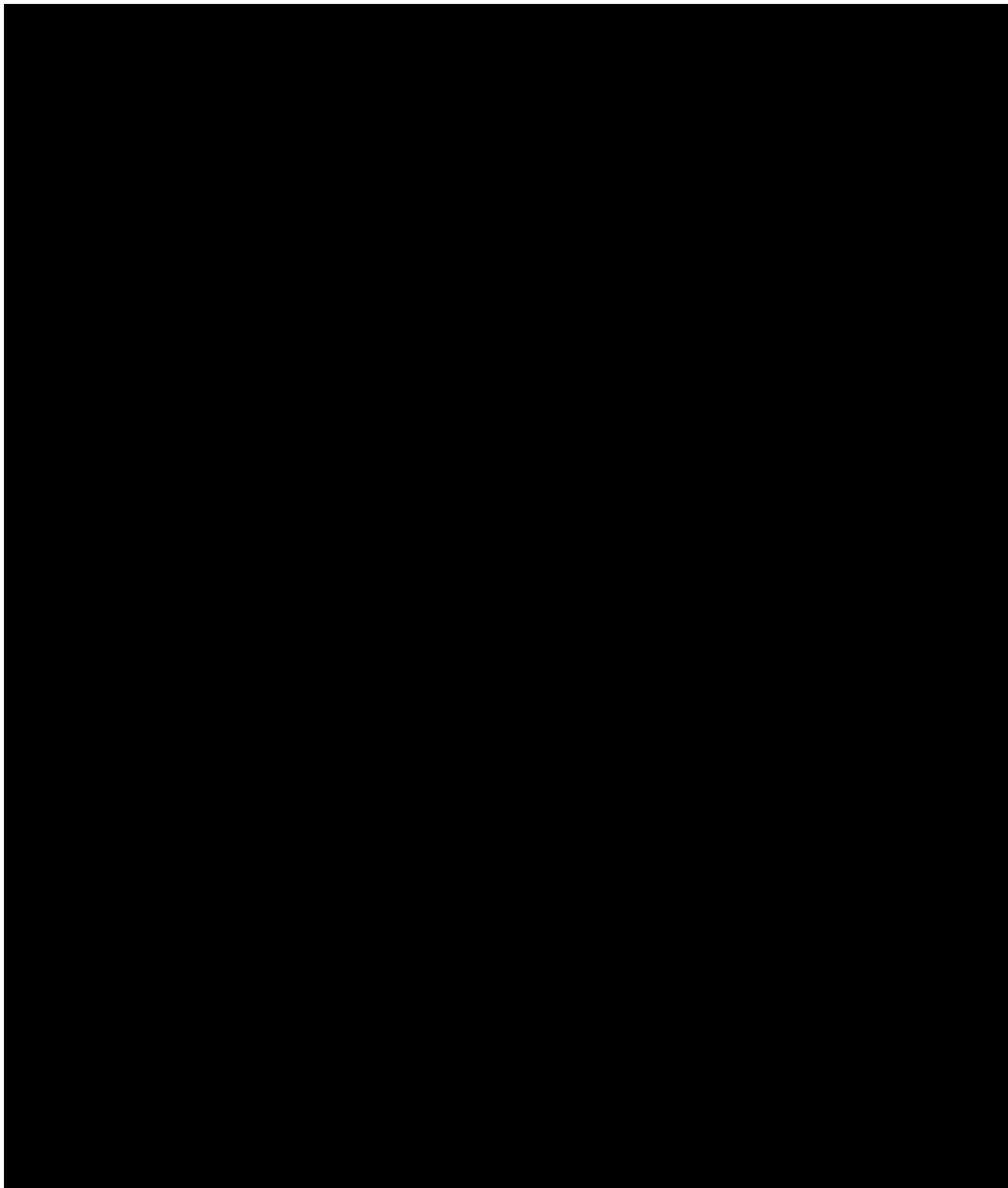
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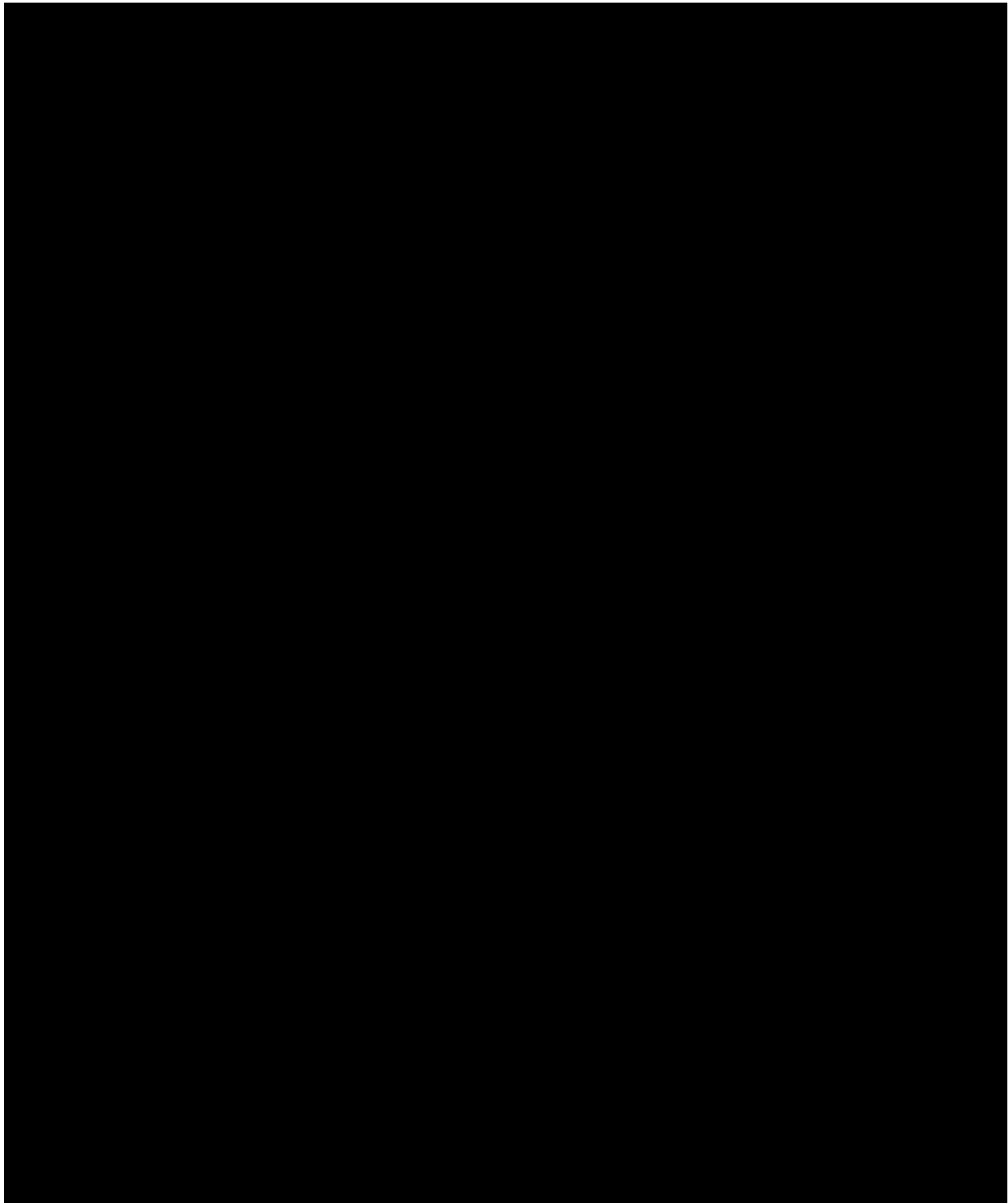
The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

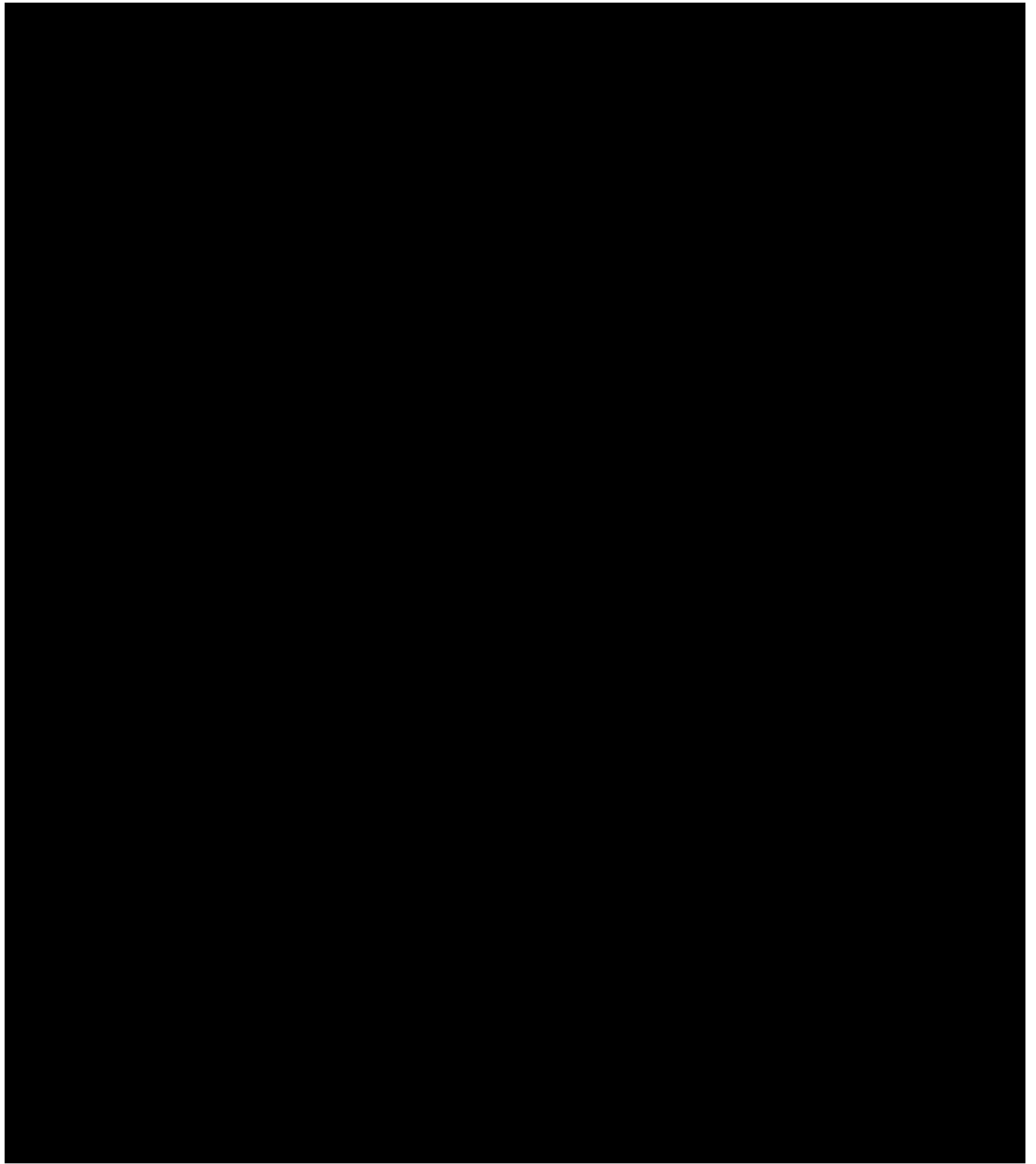
The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to determine the relationships between the variables.

The results of the study show that there is a significant positive relationship between the variables. This finding is consistent with the previous research on the topic. The study also found that there are some limitations to the research, and further research is needed to explore the topic in more depth.

In conclusion, the study has shown that there is a significant positive relationship between the variables. This finding has important implications for the field of research. Further research is needed to explore the topic in more depth.







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

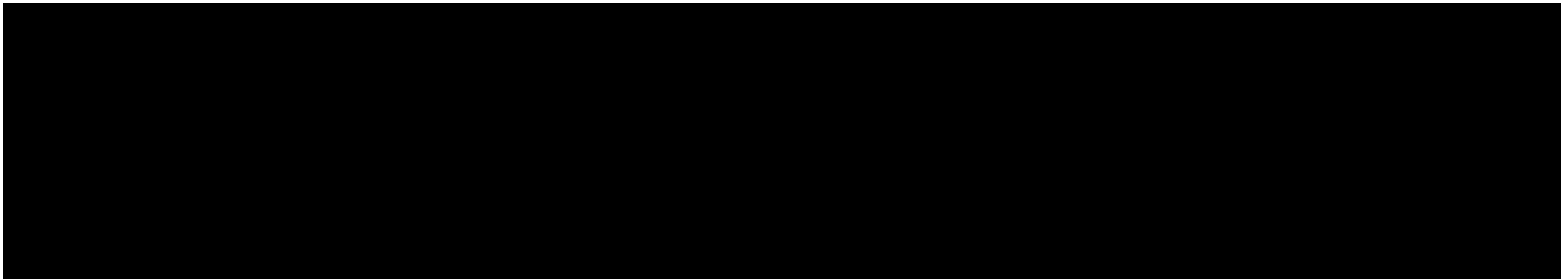
D-6.6 By selecting "**Yes**" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. [OAC 3796:6-3-20](#)

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



the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999). The public sector has become an important employer of people with mental health problems, and the number of people with mental health problems employed in the public sector has increased from 10,000 in 1980 to 20,000 in 1999 (Mental Health Foundation, 2000).

There is a growing awareness of the need to improve the mental health of people in the public sector, and the need to develop strategies to prevent mental health problems in the public sector. The Mental Health Foundation (2000) has identified a number of key areas for research and development in this area, including the need to develop strategies to prevent mental health problems in the public sector.

The purpose of this paper is to review the current state of research and development in this area, and to identify key areas for research and development. The paper is organized as follows. First, we review the current state of research and development in this area. Second, we identify key areas for research and development. Third, we discuss the implications of our findings for practice.

The current state of research and development in this area is characterized by a number of key findings. First, there is a growing awareness of the need to improve the mental health of people in the public sector, and the need to develop strategies to prevent mental health problems in the public sector. Second, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

Third, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Fourth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Fifth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

Sixth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Seventh, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Eighth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

Ninth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Tenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Eleventh, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

Twelfth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Thirteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Fourteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

Fifteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Sixteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Seventeenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

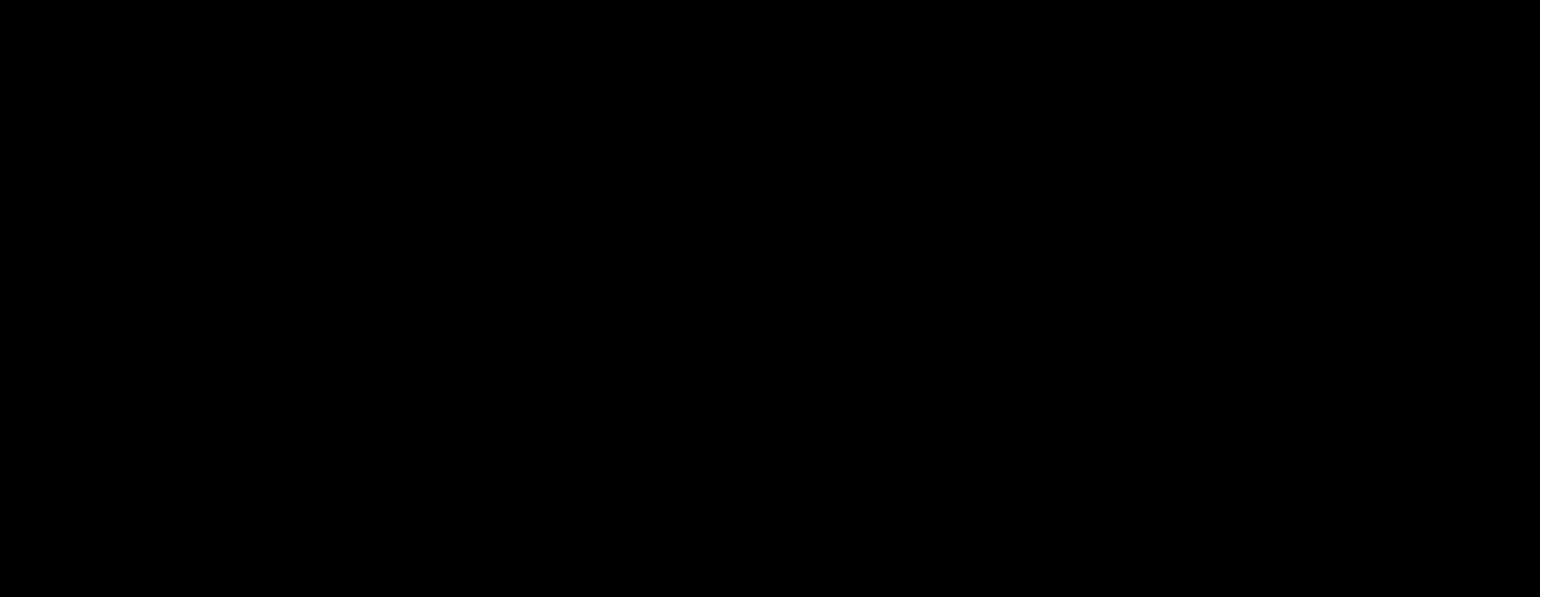
Eighteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Nineteenth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector. Twentieth, there is a growing awareness of the need to develop strategies to prevent mental health problems in the public sector.

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

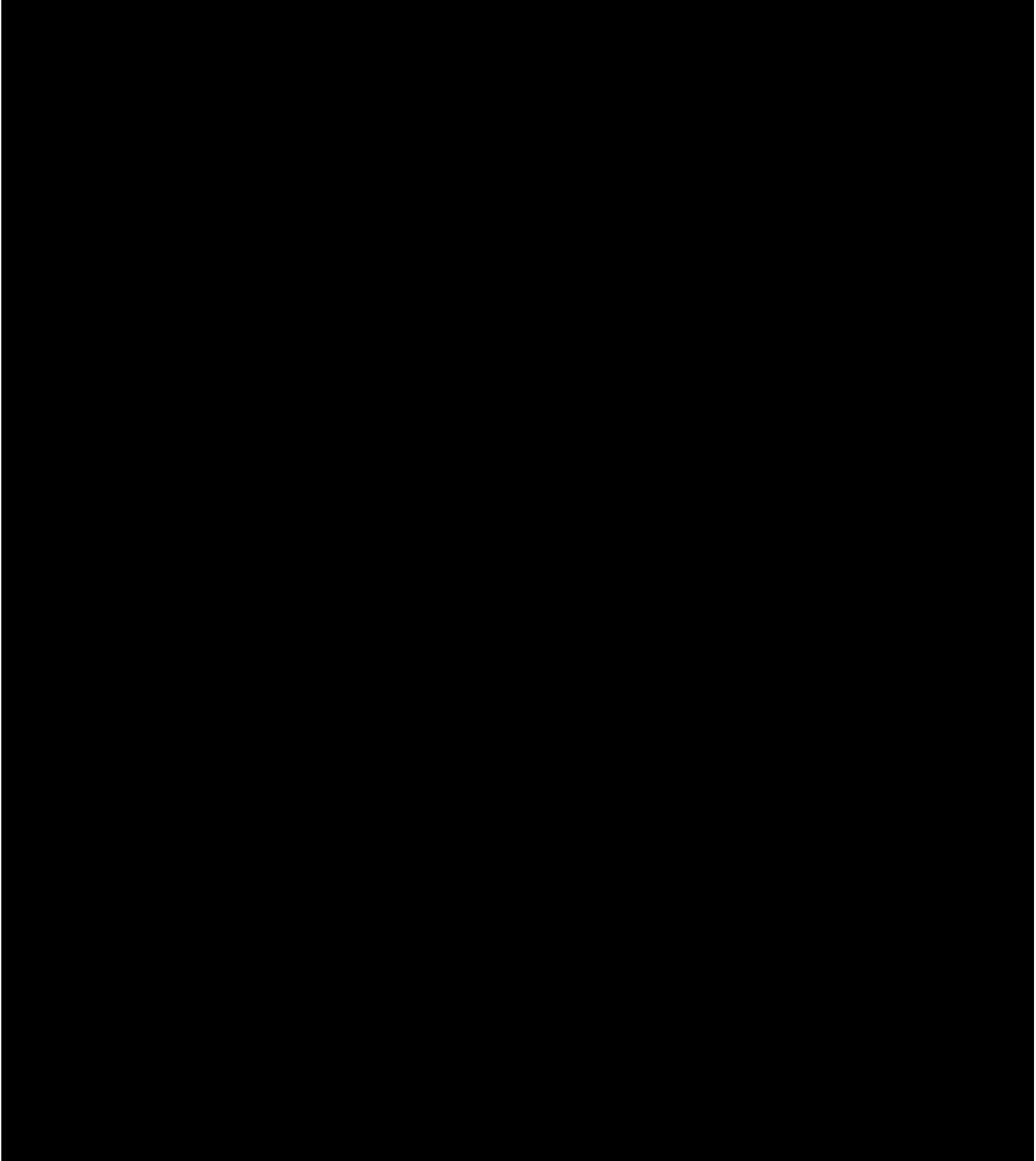


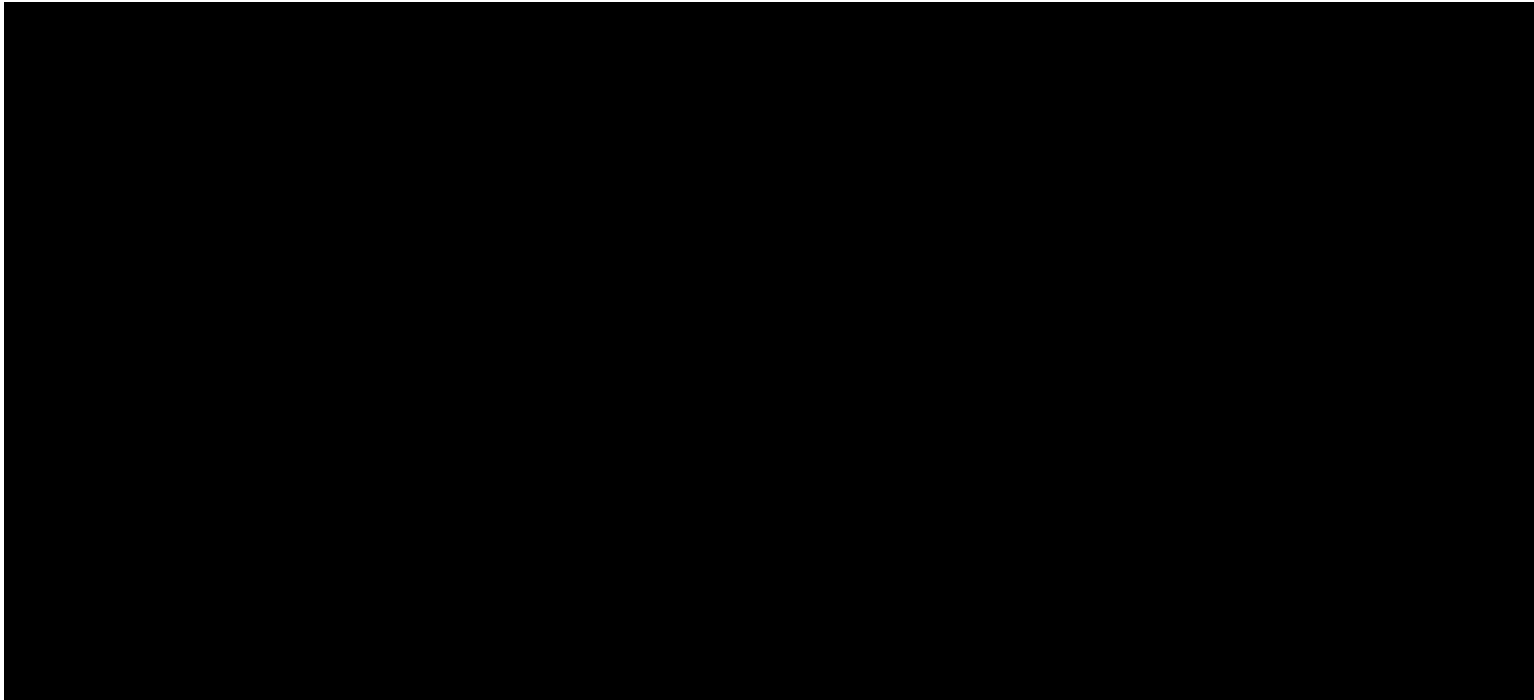
D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

D-7.1 Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. [OAC 3796:6-3-01](#); [OAC 3796:6-3-05](#); [OAC 3796:6-3-16](#)



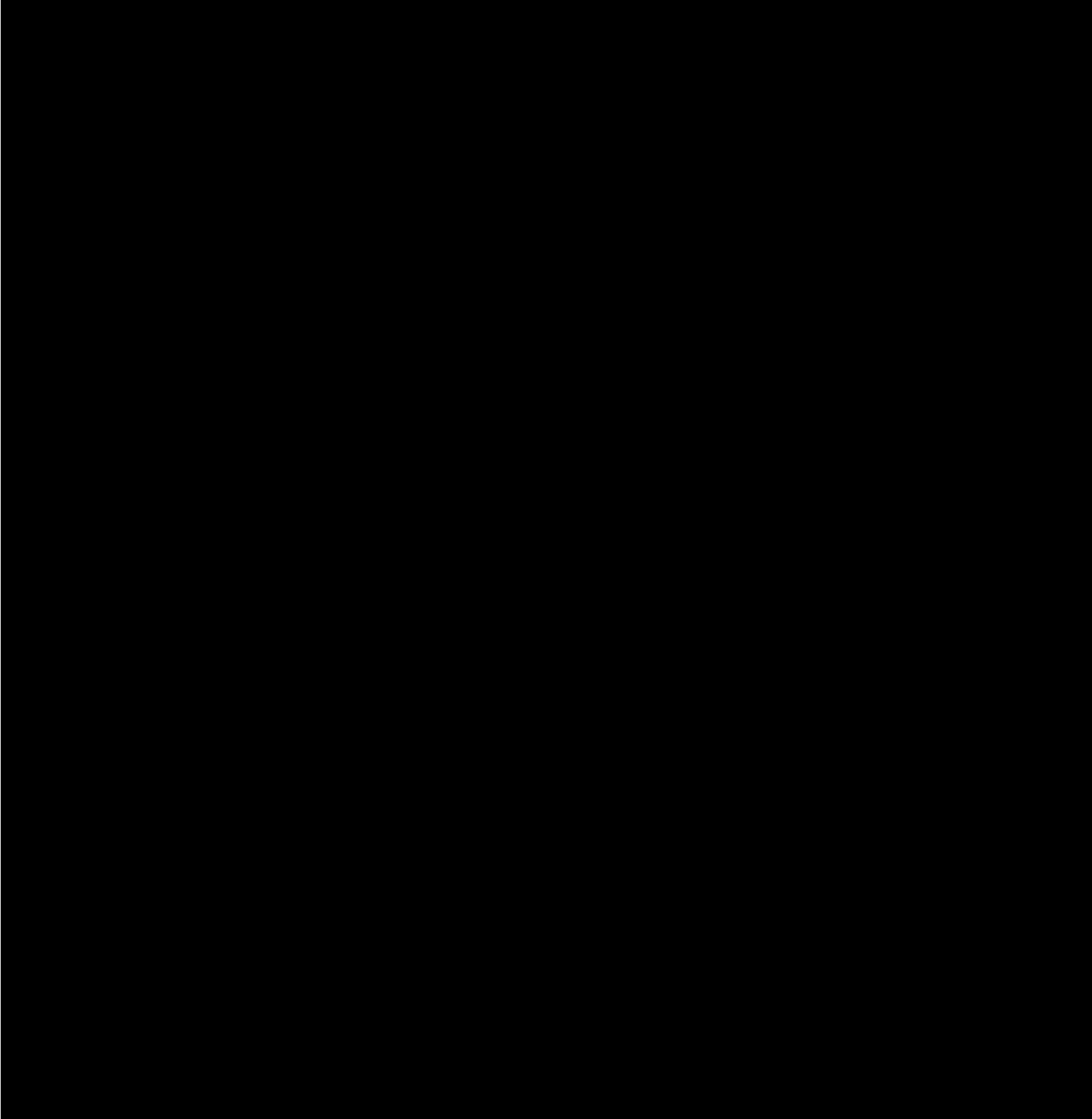


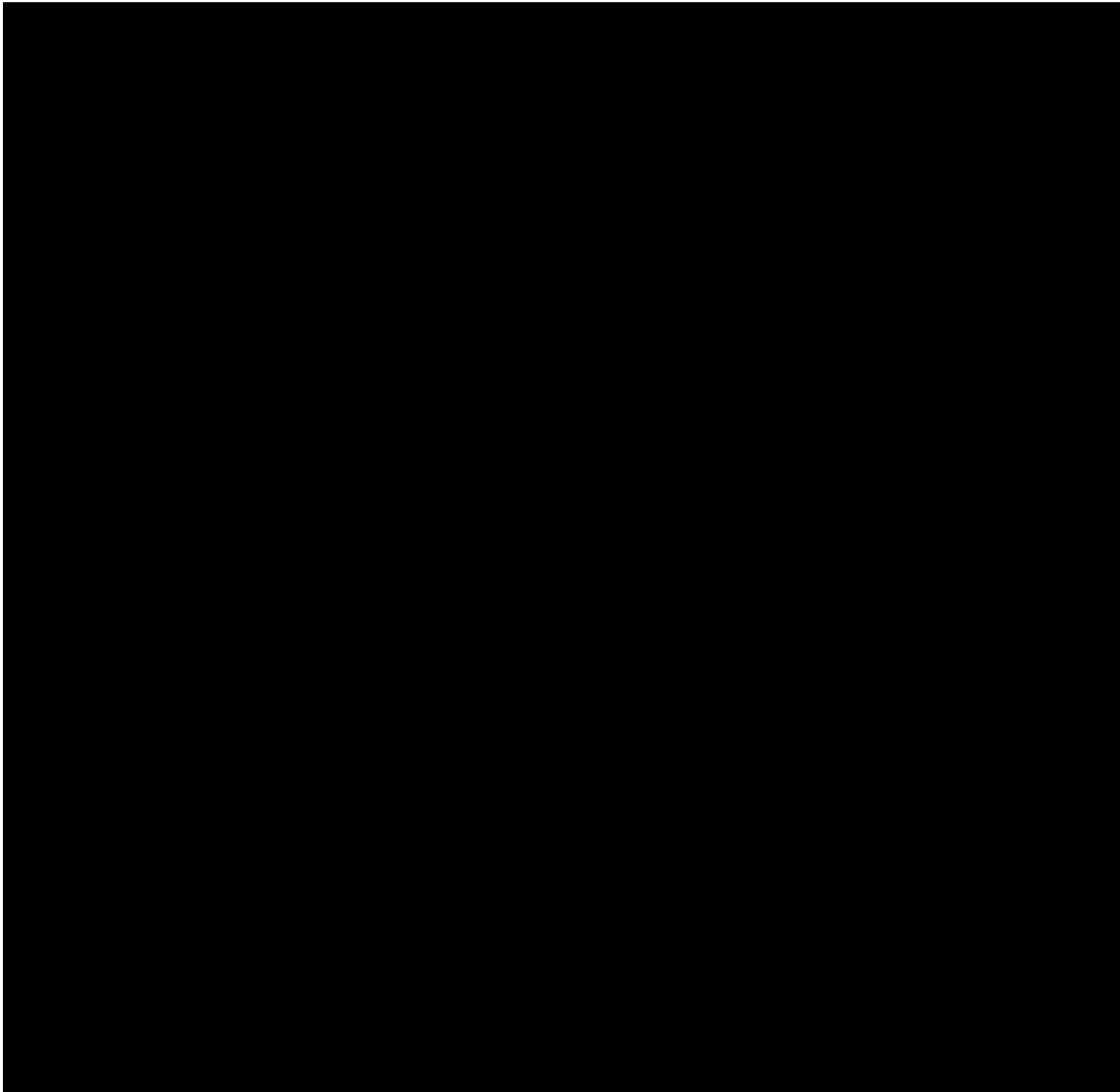
Operations Plan(Sanitation and Safety)

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

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

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





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

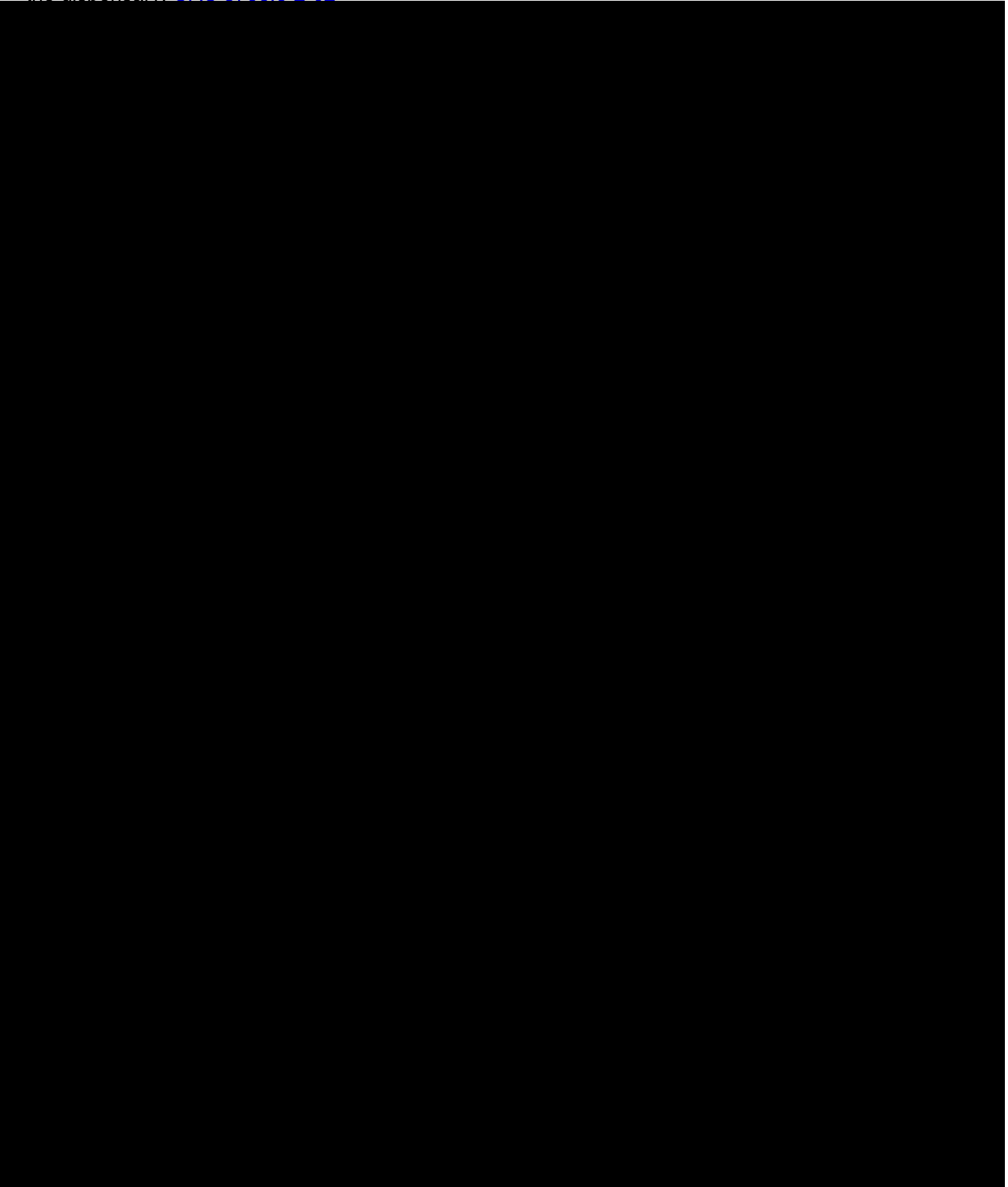
Please reference [OAC 3796:6-3-17](#) for more information.

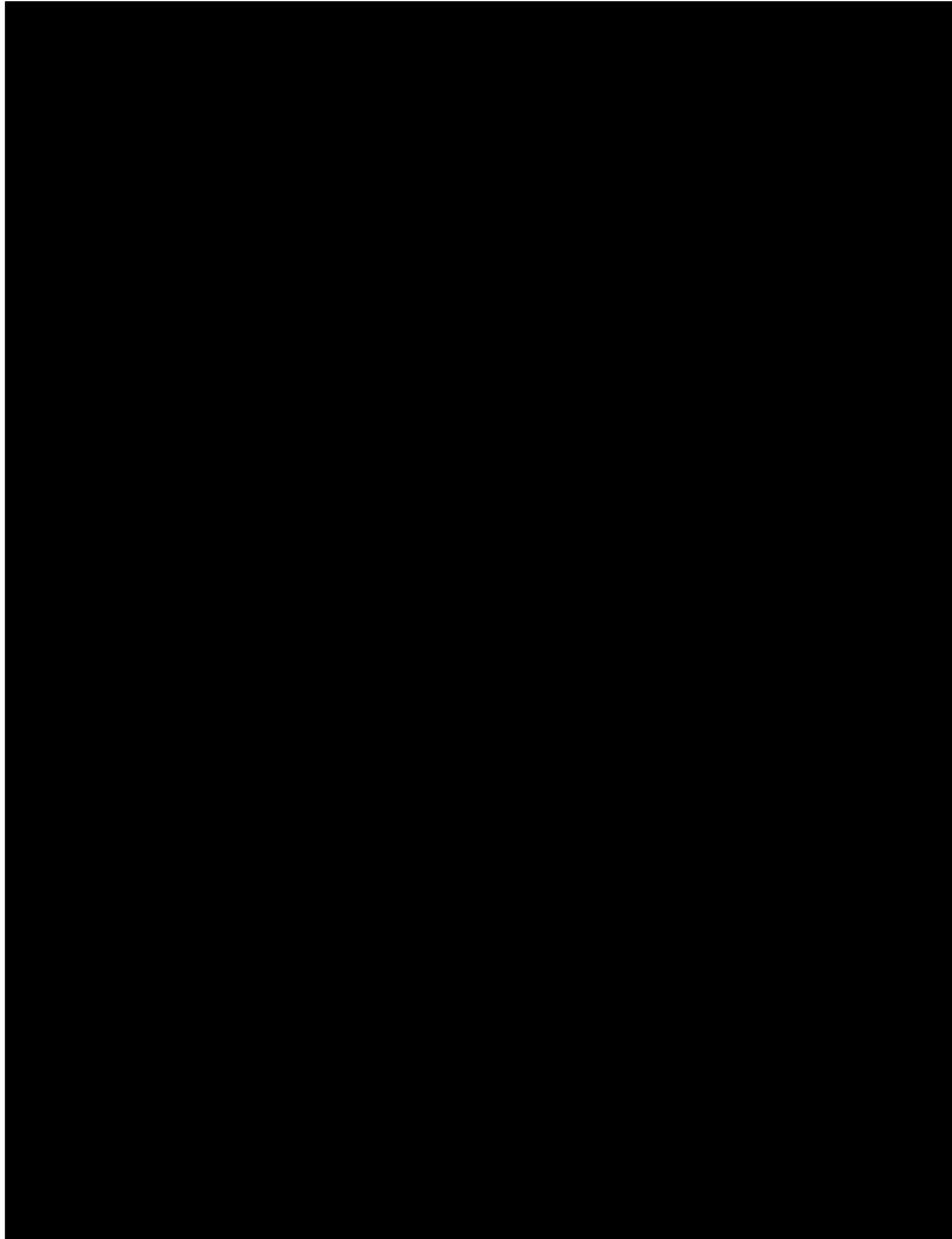
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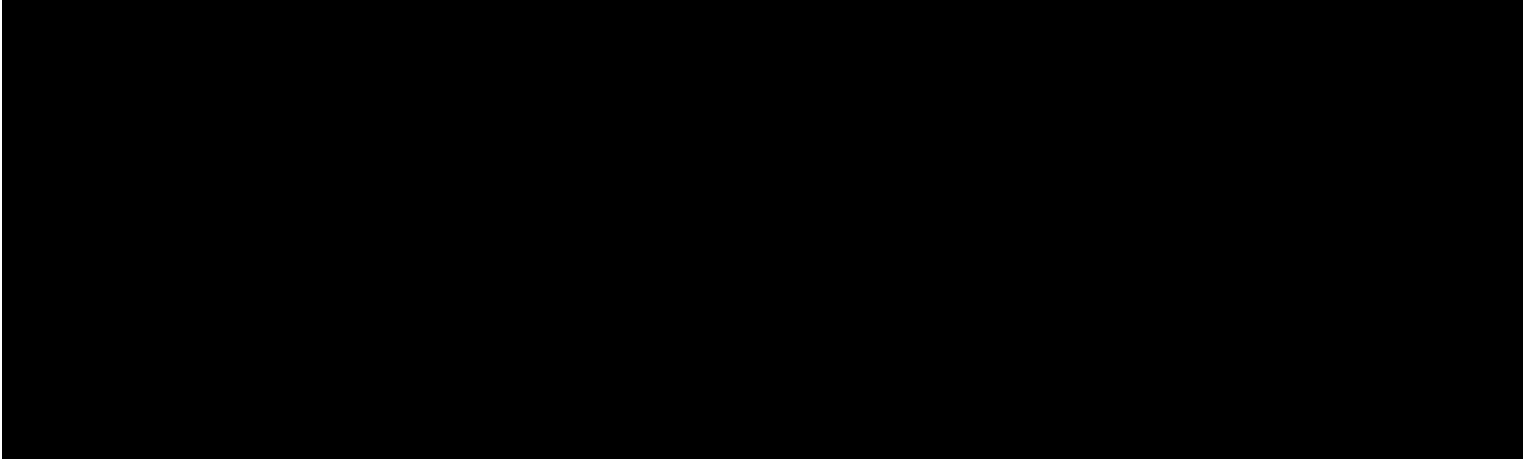
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Operations Plan(Other)

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](#)



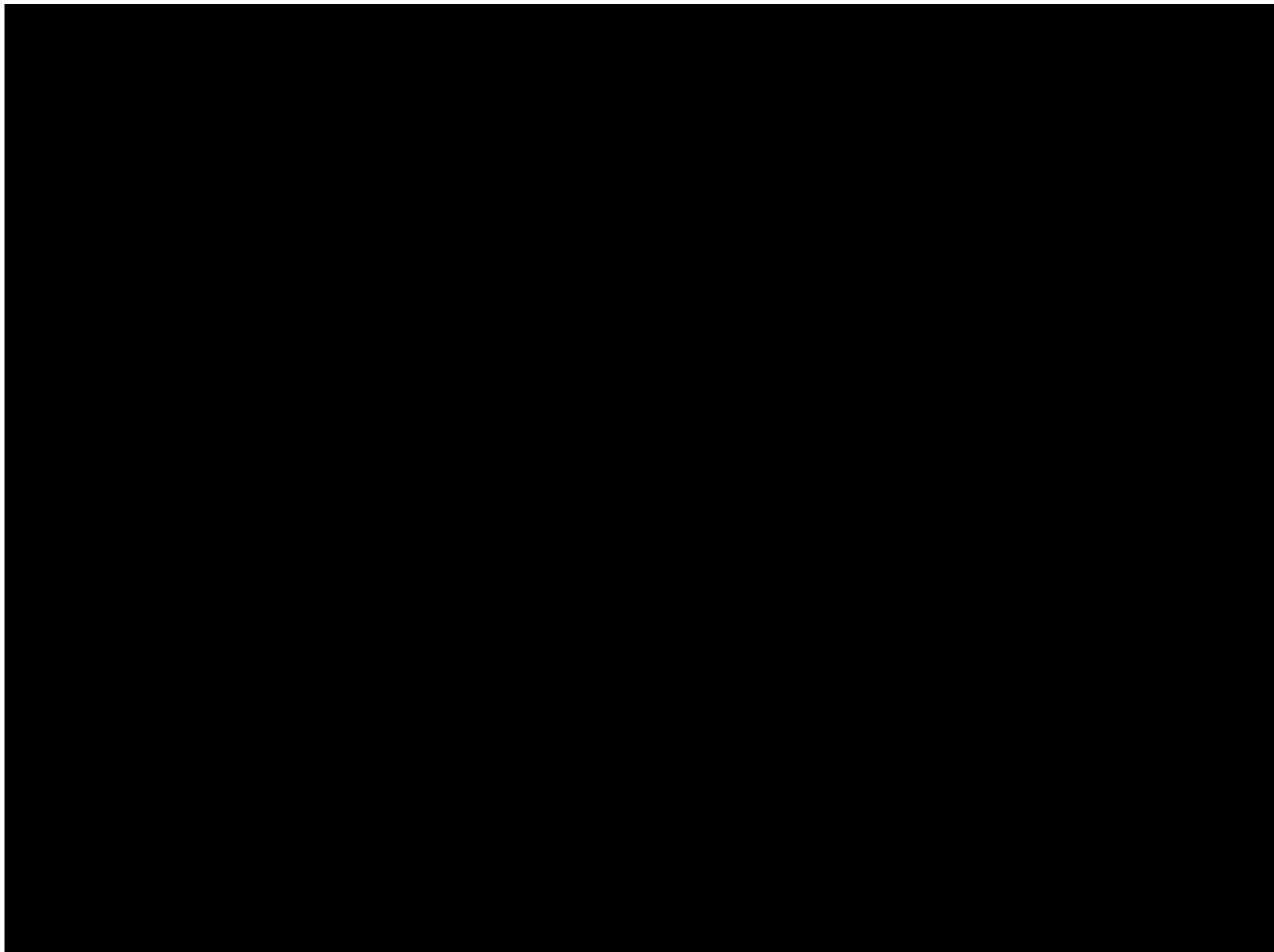


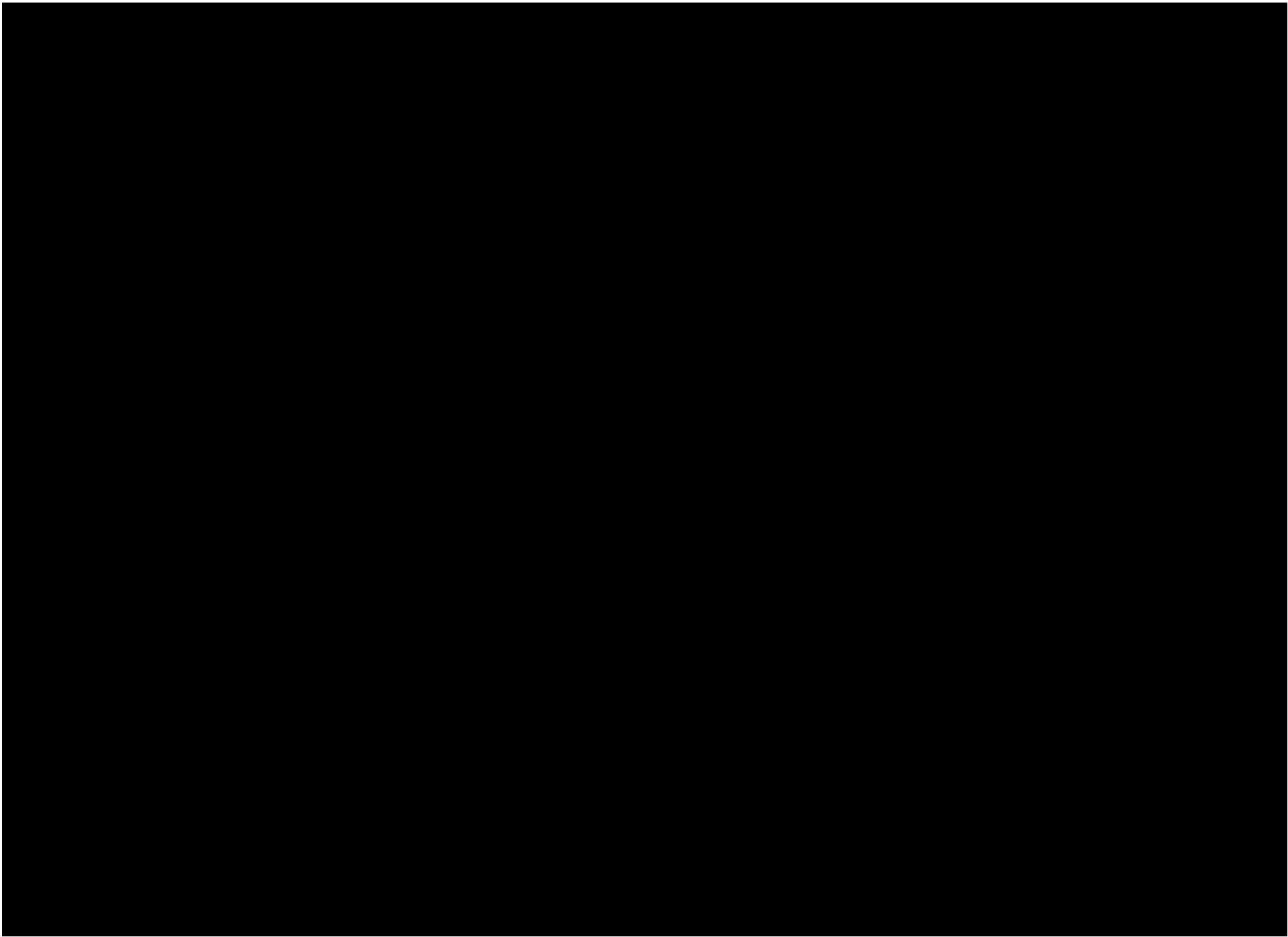


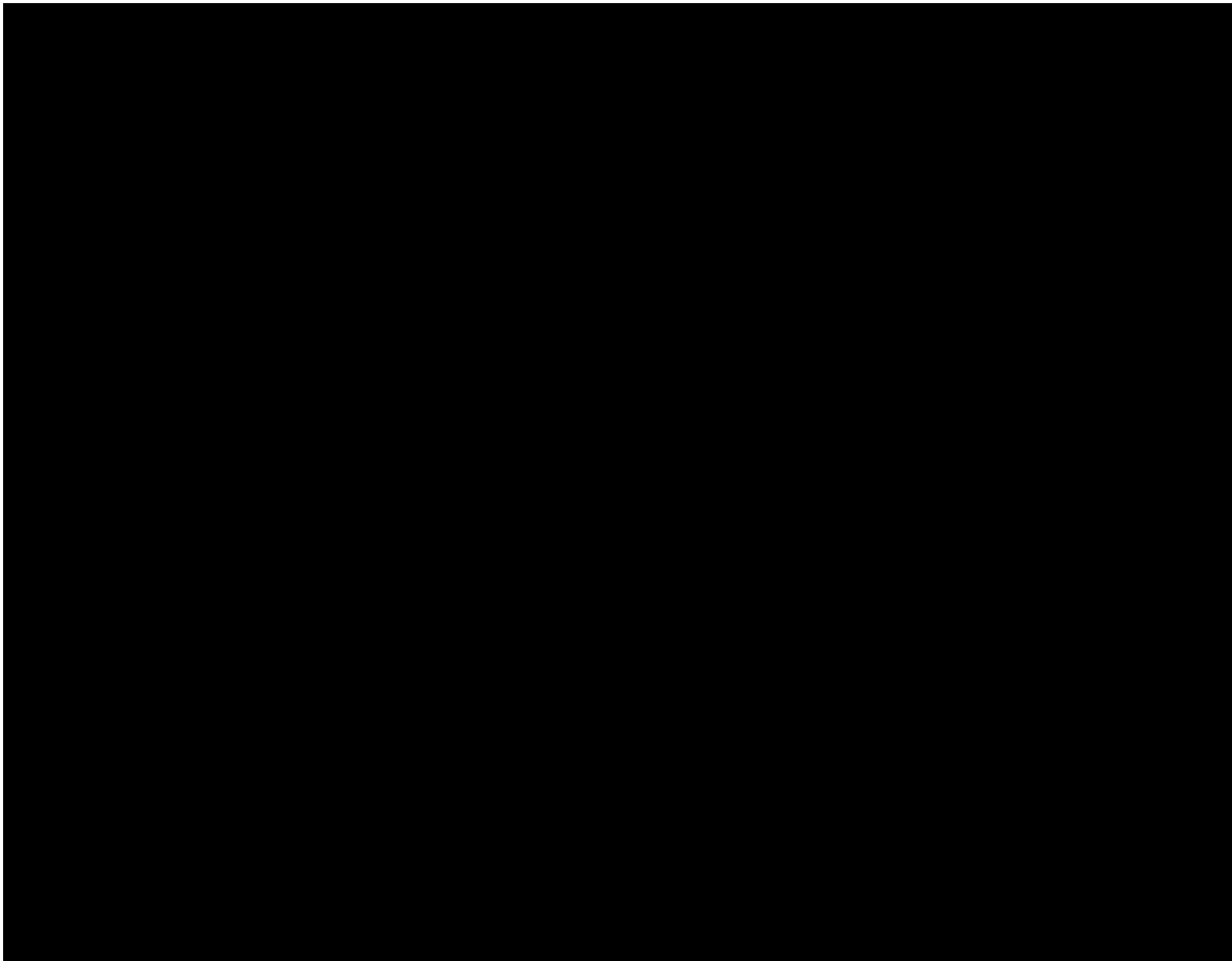
D-10.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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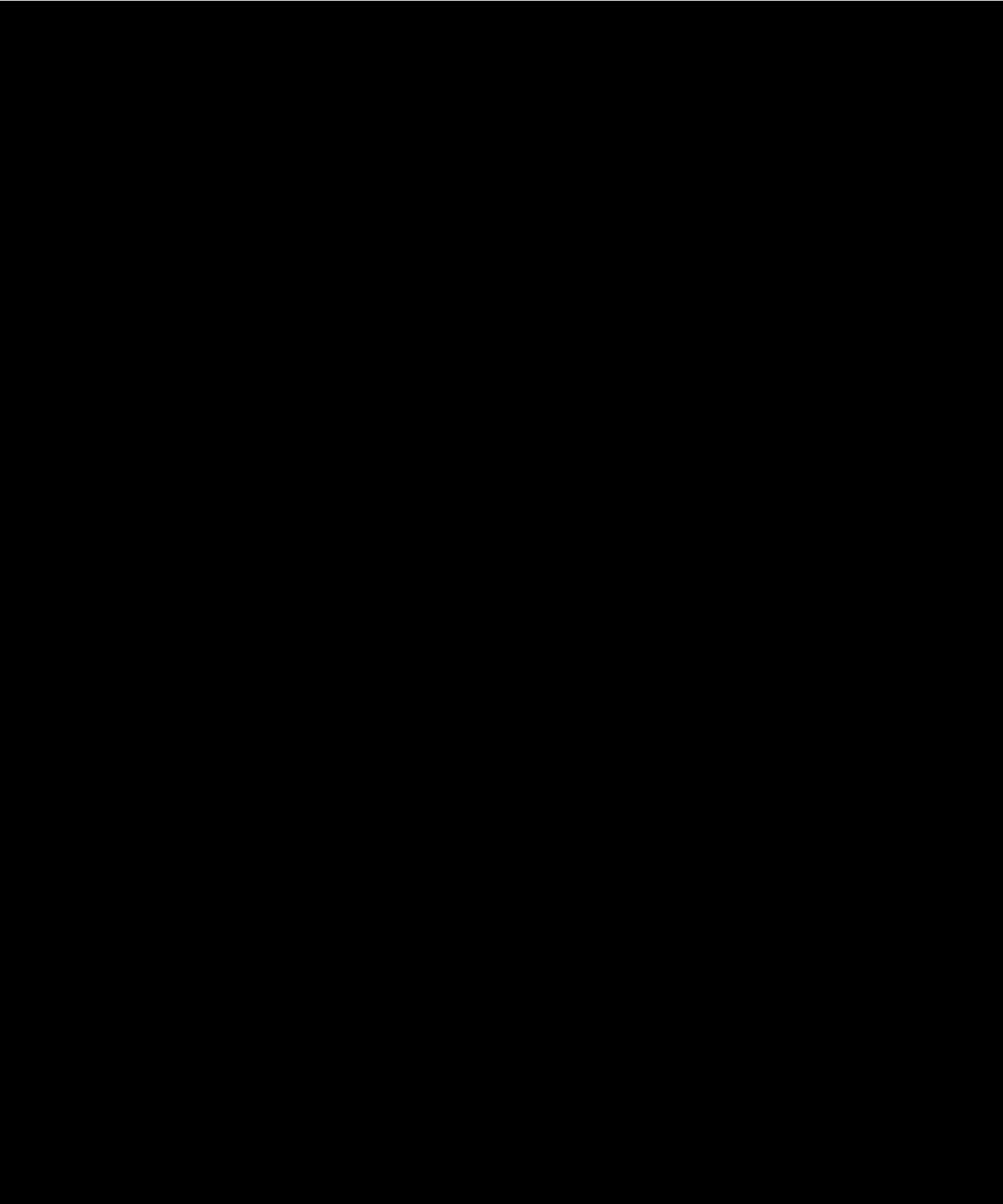
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D-10.2 Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)



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

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1999. The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1999, compared with 1.2 million in 1980.

There are a number of reasons why the public sector has become an important employer of people with disabilities. One reason is that the public sector has a long history of employing people with disabilities. In the 19th century, the public sector employed people with disabilities in a number of different roles, including as clerks, typists, and stenographers. In the 20th century, the public sector continued to employ people with disabilities in a variety of roles, including as teachers, nurses, and social workers.

Another reason why the public sector has become an important employer of people with disabilities is that it has a number of advantages over the private sector. For example, the public sector is often more willing to employ people with disabilities than the private sector is. This is because the public sector is often more concerned with providing services to the community than with making a profit. As a result, the public sector is often more willing to employ people with disabilities, even if they are not the most qualified or experienced people for the job.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector often has a number of different departments and divisions, which can provide a wide range of opportunities for people with disabilities. Additionally, the public sector often has a number of different types of jobs, which can provide people with disabilities with a variety of different experiences and challenges.

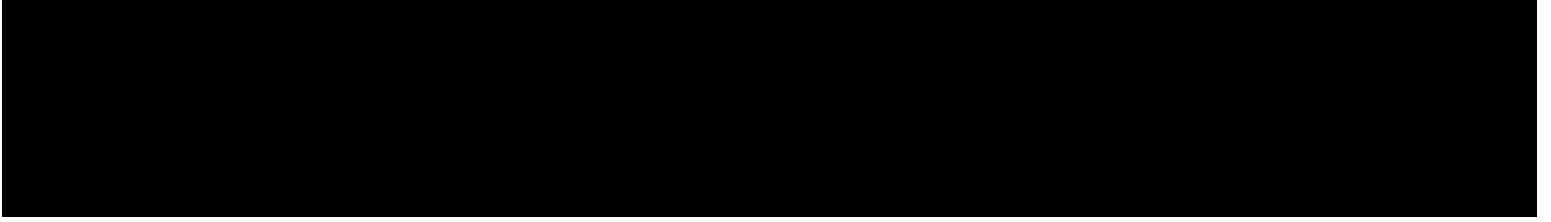
Overall, the public sector has become an important employer of people with disabilities in the UK. This is due to a number of factors, including its long history of employing people with disabilities, its commitment to providing services to the community, and its willingness to employ people with disabilities, even if they are not the most qualified or experienced people for the job.

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Overall, the public sector has become an important employer of people with disabilities in the UK. This is due to a number of factors, including its long history of employing people with disabilities, its commitment to providing services to the community, and its willingness to employ people with disabilities, even if they are not the most qualified or experienced people for the job.



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.

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

The first part of the paper discusses the importance of the research and the objectives of the study. It then proceeds to a literature review, highlighting the key findings of previous studies in this field. The methodology section describes the research design, data collection methods, and the statistical analysis used. The results section presents the findings of the study, and the discussion section interprets these findings in the context of the research objectives. Finally, the conclusion summarizes the main points of the paper and suggests areas for future research.

The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data was collected from a representative sample of the population, and the analysis was conducted using appropriate statistical techniques. The results of the study are presented in a clear and concise manner, and the discussion provides a thorough interpretation of these results. The conclusion of the paper is based on the findings of the study and provides a clear summary of the main points.

The study has several strengths, including a large sample size, a rigorous methodology, and a clear focus on the research objectives. However, there are also some limitations to the study, such as the potential for bias in the sample and the limitations of the statistical analysis. These limitations are discussed in the paper, and the authors suggest ways to address them in future research.

The paper is well-structured and easy to read, with a clear flow of ideas and a logical progression of arguments. The language is clear and concise, and the writing is of a high standard. The paper is a valuable contribution to the field and provides a clear and thorough overview of the research.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the functional ability of older people to live independently and to participate in society. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) the development of a 'new paradigm' for the care of the elderly; (2) the development of a 'new paradigm' for the care of the elderly; (3) the development of a 'new paradigm' for the care of the elderly.

The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) the development of a 'new paradigm' for the care of the elderly; (2) the development of a 'new paradigm' for the care of the elderly; (3) the development of a 'new paradigm' for the care of the elderly. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) the development of a 'new paradigm' for the care of the elderly; (2) the development of a 'new paradigm' for the care of the elderly; (3) the development of a 'new paradigm' for the care of the elderly.

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The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) the development of a 'new paradigm' for the care of the elderly; (2) the development of a 'new paradigm' for the care of the elderly; (3) the development of a 'new paradigm' for the care of the elderly. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) the development of a 'new paradigm' for the care of the elderly; (2) the development of a 'new paradigm' for the care of the elderly; (3) the development of a 'new paradigm' for the care of the elderly.

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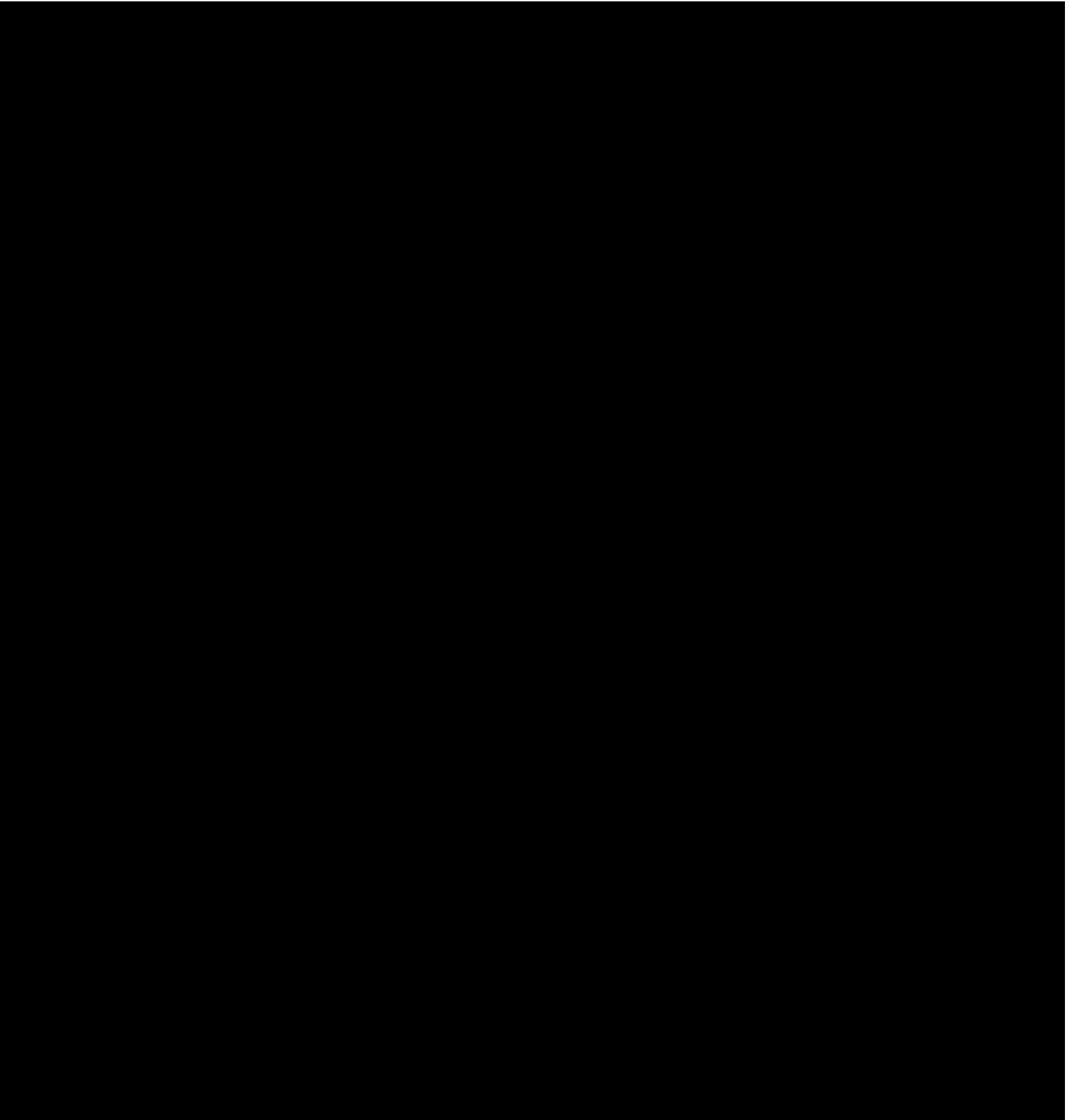
Operations Plan(Security & Infrastructure Records)

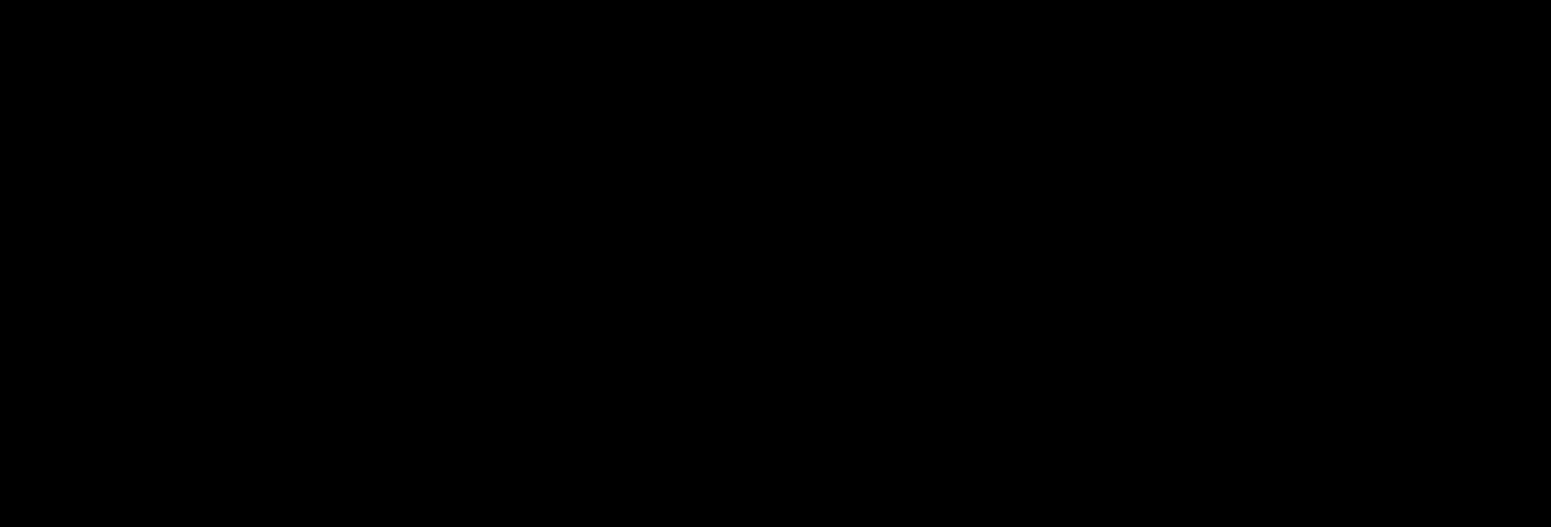
D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

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](#)

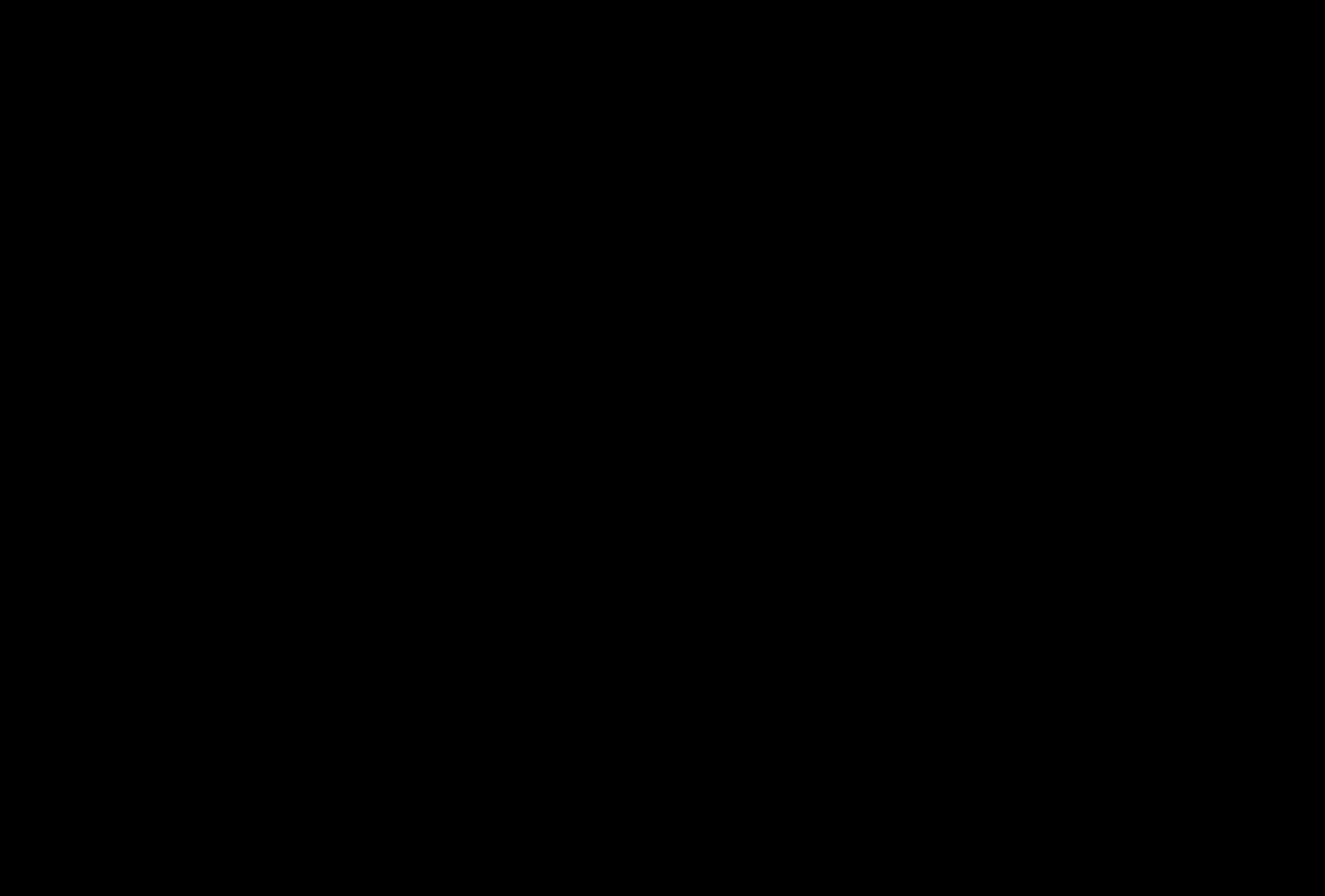




E-1.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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](#)



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

No response provided by applicant

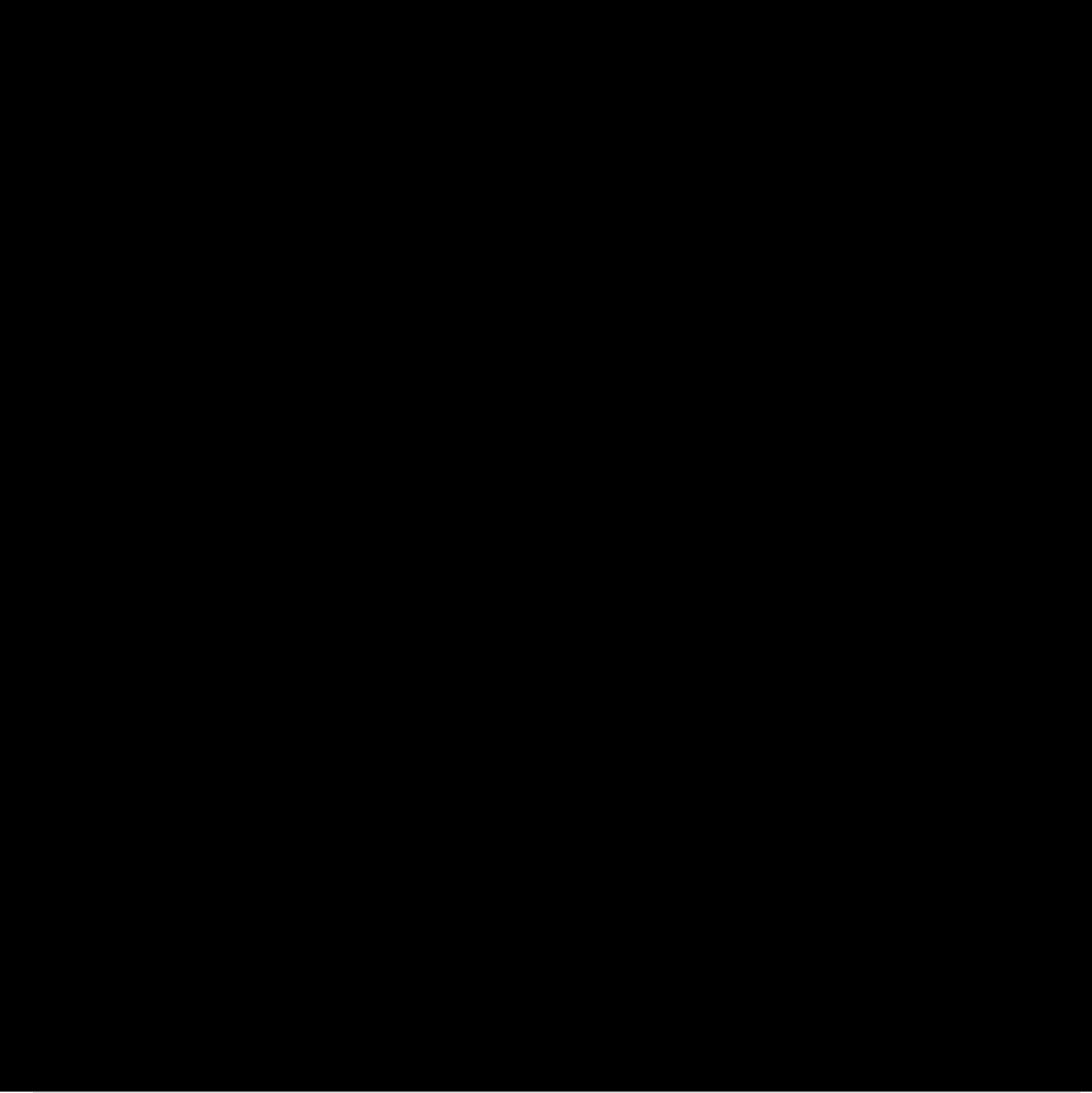
Patient Care(Patient Care and Education)

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

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

Please reference [OAC 3796:6-3-19](#) for more information.





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

No response provided by applicant

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

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

[illegible]

[illegible]



Patient Care(Patient Care Facilities)

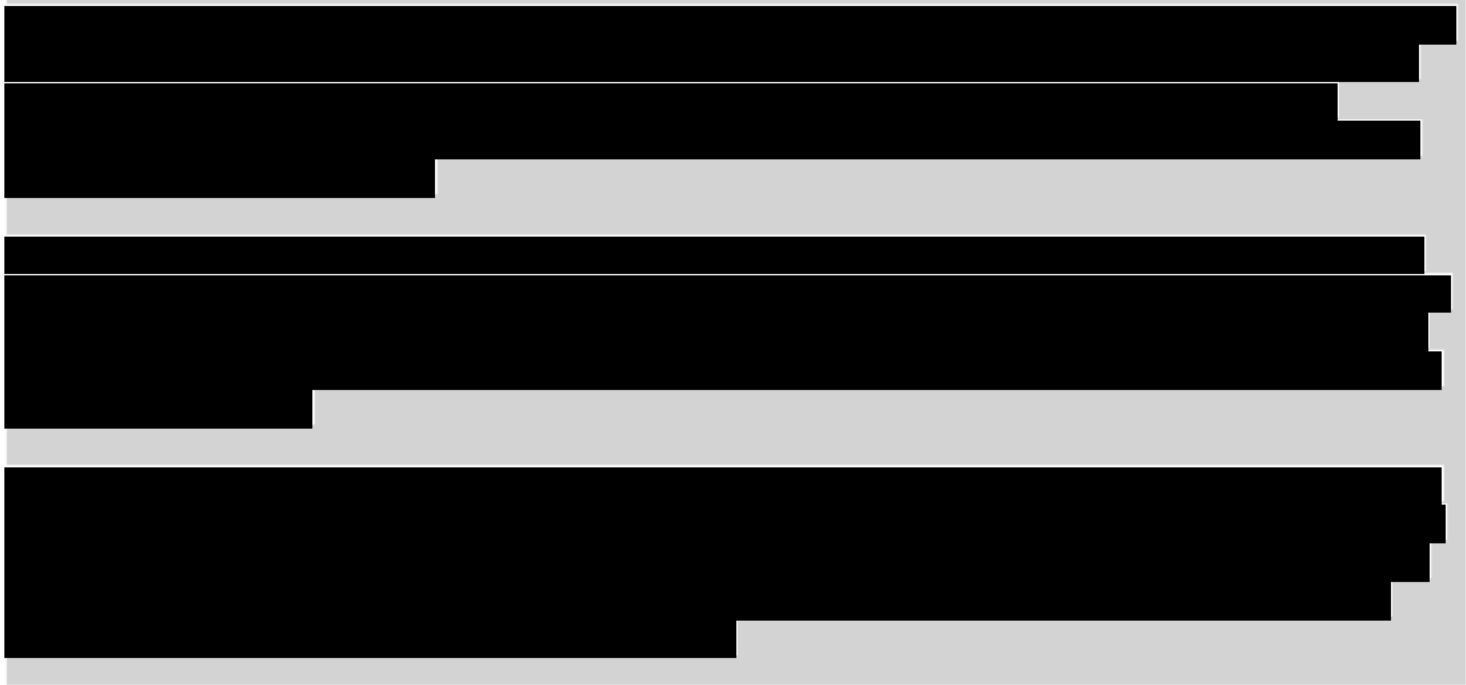
E-3.1 Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location:

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.

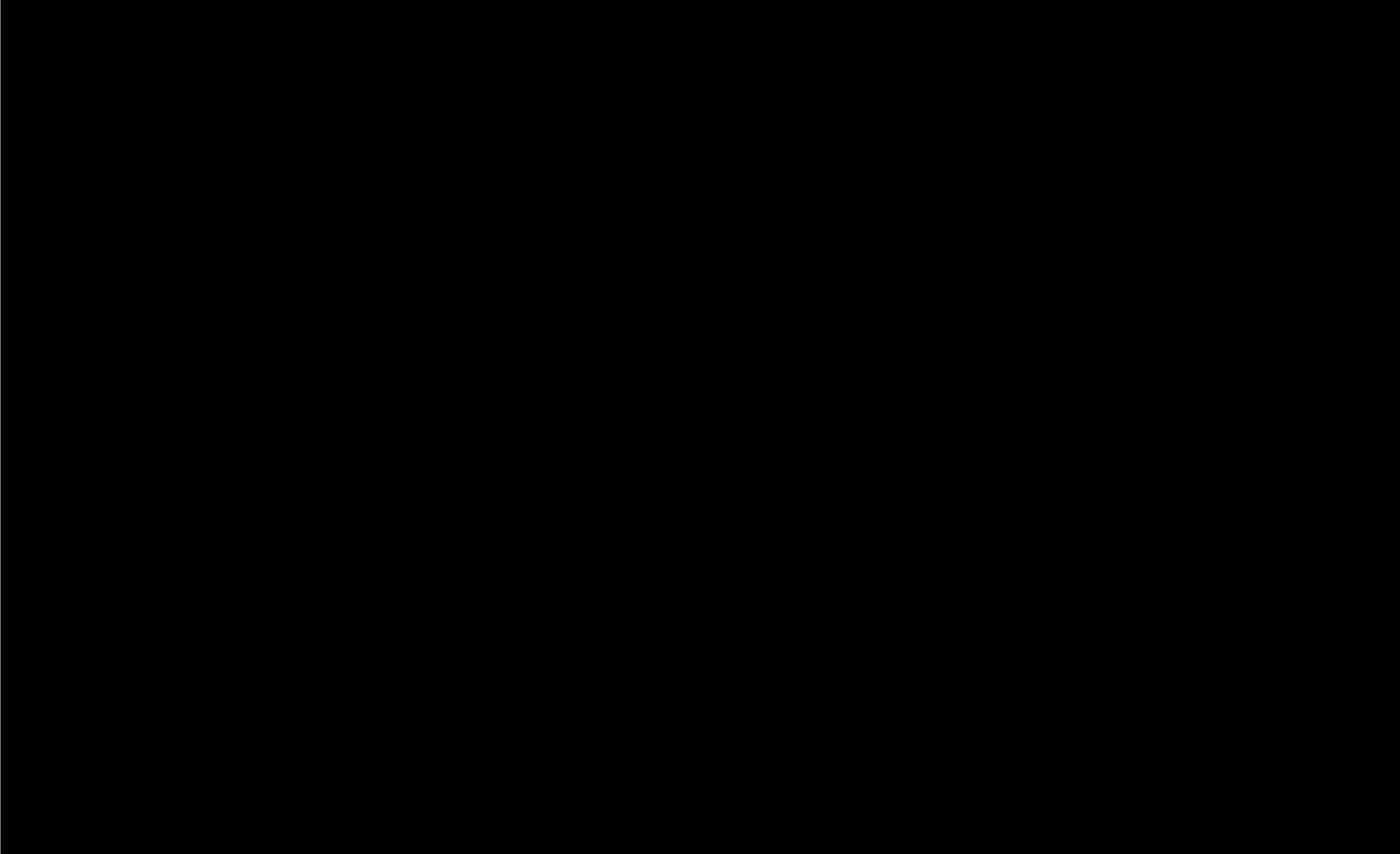
[Redacted content]

[illegible]



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

Uploaded Document Name: **E-3.1.1_OptAttachment_TK2_TRADE_SECRET_INFRASTRUCTURE_RECORD.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](#)

7AM to 9PM

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_TradeSecrets_Tk2.PDF**

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



Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant:

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

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

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

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

Printed Name of Authorized Representative

Todd Leebow

Signature

Date

11/14/17



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret

F-1.2 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

This response has been entirely redacted