



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application CARE MED ASSOCIATES, LLC Application ID 869

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

Care Med Associates, LLC

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

No response provided by applicant

A-1.3 Business Street Address

6025 Miami Road

A-1.4 City

Cincinnati

A-1.5 State

OH

A-1.6 Zip Code

45243

A-1.7 Phone

5136007095

A-1.8 Email

jeanrgould@gmail.com

Demographic Information(Primary Contact/Registered Agent)

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

PRIMARY CONTACT

A-2.2 First Name

Jean

A-2.3 Middle Name

Russo

A-2.4 Last Name

Gould

A-2.5 Street Address

6025 Miami Road

A-2.6 City

Cincinnati

A-2.7 State

OH

A-2.8 Zip Code

45243

A-2.9 Phone

5136007095

A-2.10 Email

jeanrgould@gmail.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

10/04/2017

A-3.4 Business Name on Formation Documents

Care Med Associates, 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

SOUTHWEST-1

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

Hamilton

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 9

A-6.1 First Name

Jean

A-6.2 Middle Name

Russo

A-6.3 Last Name

Gould

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business leader, Entrepreneur

A-6.6 Title in the Applicant's business

CEO

A-6.7 Applicant's business related compensation

Dividends

A-6.8 Number of shares owned

385

A-6.9 Types of shares owned

Voting units

A-6.10 Percent interest in Applicant's business

38.5%

A-6.11 Voting percentage

38.5%

A-6.12 Proposed Role

OWNER

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

Capital contributions

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

6025 Miami Road

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45243

A-6.20 Phone

5136007095

A-6.21 Email

jeanrgould@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:

24 years

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 9

A-6.1 First Name

John

A-6.2 Middle Name

G

A-6.3 Last Name

Hondros

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant's business

Managing Member

A-6.7 Applicant's business related compensation

Dividends

A-6.8 Number of shares owned

565

A-6.9 Types of shares owned

Voting units

A-6.10 Percent interest in Applicant's business

56.5%

A-6.11 Voting percentage

56.5%

A-6.12 Proposed Role

OWNER

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

Capital contributions and entrepreneurial expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

7228 Greensward Rd.

A-6.17 City

New Albany

A-6.18 State

OH

A-6.19 Zip Code

43054

A-6.20 Phone

6145087204

A-6.21 Email

john@hondros.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:

42 years

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 9

A-6.1 First Name

Linda

A-6.2 Middle Name

Buente

A-6.3 Last Name

Schlemmer

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Pharmacist

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

Dividends

A-6.8 Number of shares owned

30

A-6.9 Types of shares owned

Voting units

A-6.10 Percent interest in Applicant's business

3%

A-6.11 Voting percentage

3%

A-6.12 Proposed Role

OWNER

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

Linda will contribute pharmacy management experience from 20+ years work as a licensed Pharmacist

in OH & KY (license # 03120947)

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

1256 Edwards Road

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45208

A-6.20 Phone

5134049772

A-6.21 Email

lschlemmer00@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:

25 years

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 9

A-6.1 First Name

Darren

A-6.2 Middle Name

Patrick

A-6.3 Last Name

White

A-6.4 Suffix

I

A-6.5 Occupation

CEO and Security Director of PurLife, a Licensed Non-Profit Producer with the New Mexico Medical Cannabis Program.

A-6.6 Title in the Applicant's business

Dispensary Operator/Owner Consultant

A-6.7 Applicant's business related compensation

Dividends

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Voting units

A-6.10 Percent interest in Applicant's business

1%

A-6.11 Voting percentage

1%

A-6.12 Proposed Role

OWNER

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

Expertise in dispensary ownership and management

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

5619 Vulcan Vista Dr. NE

A-6.17 City

Albuquerque

A-6.18 State

NM

A-6.19 Zip Code

87111

A-6.20 Phone

5054004437

A-6.21 Email

dw1@purlifenm.com

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

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 9

A-6.1 First Name

Darren

A-6.2 Middle Name

Patrick

A-6.3 Last Name

White

A-6.4 Suffix

II

A-6.5 Occupation

VP of Dispensary Sales and legal advisor for PurLife, a Licensed Non-Profit Producer with the New Mexico Medical Marijuana Program

A-6.6 Title in the Applicant's business

Dispensary Operator/Owner Consultant

A-6.7 Applicant's business related compensation

Dividends

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Voting units

A-6.10 Percent interest in Applicant's business

1%

A-6.11 Voting percentage

1%

A-6.12 Proposed Role

OWNER

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

Expertise in dispensary ownership and management

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

601 Valencia DR NE

A-6.17 City

Albuquerque

A-6.18 State

NM

A-6.19 Zip Code

87108

A-6.20 Phone

5053635233

A-6.21 Email

indy@purlifenm.com

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

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 9

A-6.1 First Name

Christine

A-6.2 Middle Name

Helen

A-6.3 Last Name

Conlan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Social Worker/ Clinical Therapist, LISWS

A-6.6 Title in the Applicant's business

Advisory Board

A-6.7 Applicant's business related compensation

Fee for services

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

Expertise regarding addiction diversion and referral services for individuals in need, support groups for

patients with chronic pain, terminal disease and other conditions treatable under HB523

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

1219 Meriweather Avenue

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45208

A-6.20 Phone

5134773874

A-6.21 Email

cccconlan@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:

63 years

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 9

A-6.1 First Name

James

A-6.2 Middle Name

Andrew

A-6.3 Last Name

Bailey

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

CEO at Anova Education and Behavior Consultation

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

Fee for services

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

Expertise in medical and educational field specifically relating to the treatment of neurodevelopmental

disorders, business development and CEO/management expertise in an organization with yearly \$12 million dollar budget.

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

437 North Street

A-6.17 City

Healdsburg

A-6.18 State

CA

A-6.19 Zip Code

95448

A-6.20 Phone

7074775155

A-6.21 Email

abailey@anovaeducation.org

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

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 9

A-6.1 First Name

William

A-6.2 Middle Name

Rogers

A-6.3 Last Name

Drew

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Board Member & Medical Consultant

A-6.7 Applicant's business related compensation

Fee for services

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

BOARD MEMBER

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

Providing medical expertise

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

5860 Graves Lake Drive

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45243

A-6.20 Phone

5134608852

A-6.21 Email

ahradllc@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:

61 years

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 9

A-6.1 First Name

Harold

A-6.2 Middle Name

Ivan

A-6.3 Last Name

Byer

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired Real Estate owner

A-6.6 Title in the Applicant's business

Landlord/ financial interest

A-6.7 Applicant's business related compensation

1% of adjusted gross

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

Real estate- owner of dispensary building

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

2444 Madison Road, Unit 1108

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45208

A-6.20 Phone

5136739935

A-6.21 Email

hb3464@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:

88 years

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Compliance(Compliance with Applicable Laws and Regulations)

B-1.1 By selecting “Yes”, the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.

YES

B-1.2 By selecting “Yes”, the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of \$50,000 as a condition precedent to receiving a medical marijuana certificate of operation. [OAC 3796:6-2-11](#)

YES

Compliance(Civil and Administrative Action)

B-2.1 Has the Applicant been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-2.2 Has the Applicant been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-2.3 Has criminal, civil, or administrative action been taken against the Applicant for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-2.4 Has criminal, civil or administrative action been taken against the Applicant under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to any of the Applicant's Prospective Associated Key Employees' profession or occupation?

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 9

B-3.1 First Name

Jean

B-3.2 Middle Name

Russo

B-3.3 Last Name

Gould

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

CEO, Managing Member

B-3.6 Brief description of role

Responsible for the oversight, supervision and control of the business and operations of the medical marijuana 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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 9

B-3.1 First Name

John

B-3.2 Middle Name

G

B-3.3 Last Name

Hondros

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Managing Member

B-3.6 Brief description of role

Provide executive direction on management of the business

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

YES

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

CannAscend Ohio Columbus, LLC – 312 Walnut Street, Suite 2120, Cincinnati, OH 45202

CannAscend Ohio, LLC – 312 Walnut Street, Suite 2120, Cincinnati, OH 45202

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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.

CannAscend Ohio Columbus, LLC – 312 Walnut Street, Suite 2120, Cincinnati, OH 45202

CannAscend Ohio, LLC – 312 Walnut Street, Suite 2120, Cincinnati, OH 45202

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 9

B-3.1 First Name

Linda

B-3.2 Middle Name

Buente

B-3.3 Last Name

Schlemmer

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Board Member

B-3.6 Brief description of role

Provide Dispensary management, patient consultation, staff education and Training, patient education and compliance & regulations oversight collaborating with compliance and legal affairs team

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 4 of 9

B-3.1 First Name

Darren

B-3.2 Middle Name

Patrick

B-3.3 Last Name

White, I

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Dispensary Operator/Owner Consultant

B-3.6 Brief description of role

Strategic oversight and contributions to operations

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

YES

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

PurLife - 3821 Menaul Blvd. NE Suite F, Albuquerque, NM 87111

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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.

PurLife - 3821 Menaul Blvd. NE Suite F, Albuquerque, NM 87111

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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 9

B-3.1 First Name

Darren

B-3.2 Middle Name

Patrick

B-3.3 Last Name

White, II

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Dispensary Operator/Owner Consultant

B-3.6 Brief description of role

Strategic oversight and contributions to operations

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

YES

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

PurLife - 3821 Menaul Blvd. NE Suite F, Albuquerque, NM 87111

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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.

PurLife - 3821 Menaul Blvd. NE Suite F, Albuquerque, NM 87111

Verdant Creations, LLC - 170 N. Sunbury Road, Westerville, Ohio 43081

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?

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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 9

B-3.1 First Name

Christine

B-3.2 Middle Name

Helen

B-3.3 Last Name

Conlan

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Advisory Board Member

B-3.6 Brief description of role

Provide information and advice about therapeutic and psychological needs of patients; addiction, abuse and prevention; staff training and optimal patient care

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 9

B-3.1 First Name

James

B-3.2 Middle Name

Andrew

B-3.3 Last Name

Bailey

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member

B-3.6 Brief description of role

Advice and Consent role with fiduciary responsibility

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 9

B-3.1 First Name

William

B-3.2 Middle Name

Rogers

B-3.3 Last Name

Drew

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member

B-3.6 Brief description of role

Board Member & Medical Consultant, provide medical expertise

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

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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

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No response provided by applicant

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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 9

B-3.1 First Name

Harold

B-3.2 Middle Name

Ivan

B-3.3 Last Name

Byer

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Landlord

B-3.6 Brief description of role

Landlord/owner of dispensary building

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?

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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?

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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

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NO

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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

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NO

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No response provided by applicant

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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_Contract.pdf**

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

Contingent Commercial Lease

Lease Date: November 1, 2017

Parties to the Lease

Lessor: Harold I. Byer Trust

Lessor Address: 2444 Madison Rd. Unit 1108
Cincinnati, Ohio 45208

Lessee: Care Med Associates, LLC

Lessee Contact: Jean Gould

Lessee Address: 6025 Miami Rd.
Cincinnati, Ohio 45243

Demised Premises

Address of Demised Premises: 5149 Kennedy Ave.
Cincinnati, Ohio 45213

Lessee's Use: Medical Marijuana Dispensary

Lessee's Business Name: Care Med Associates, LLC

Lease Term: Five Year

Beginning Date:

Rent for the Demised Premises

Initial Non-Refundable Deposit Pursuant to the attached LOI executed on October 6, 2017 a Ten Thousand Dollar (\$10,000.00) deposit has been received as a non-refundable deposit to secure the exclusive option to lease the subject property.

Rent Commencement Date: First Term – Commencement shall begin on the first day after local approval to use the subject property for the intended purpose has been provided Tenant by the appropriate Hamilton County and Columbia Township zoning authorities not to extend beyond January 31, 2018. If Tenant is unable to receive the approvals written above by January 31, 2018 then Tenant will have the option to nullify this Contingent Lease or proceed to begin paying \$5,000.00 per month for a period of Six Months. If after Six Months (July 31, 2018) the Tenant is not awarded a State of Ohio Medical Marijuana Dispensary License then Tenant has the option to end this contingent lease or choose to extend this contingent lease on a month to month basis at a \$5,000.00 per month rental rate until September 8, 2018. On or before September 8, 2018 the Tenant at it's option can convert this Contingent Lease into a Five Year Lease at a Rental rate of \$5,000.00 per month

plus 2% of the Adjusted Gross Income with a formula to be mutually agreed upon by the parties. The formula to be agreed upon is a Contingency in this Contingent Lease. Should this formula not be agreed upon then this Contingent Lease shall become null and void.

Second Term Option: Should Tenant not be in default of any of the Terms in the First Five Year term of this Lease then Tenant shall have the option to renew this lease under the same terms and conditions except for the monthly rental rate. The Second Term rental rate shall be \$5,000.00 per month plus any increase in the Consumer Price Index (CPI) from the initial Five year Term.

Third and Fourth Term Option: Tenant shall have the right to extend this lease two more additional five year terms under the same terms and conditions as written above for the Second Term Option.

Prepaid Rent: NA

Security Deposit: \$5,000.00 Due if Tenant decides to extend this Contingent Lease per the Section above Titled **Rent Commencement Date** (February 1, 2018)

Article I. Parties

This Lease is made between Harold I. Byer Trust, herein referred to as "Lessor" and Care Med Associates, LLC. referred to as "Lessee."

Article II. Demised Premises

Section 2.01 Lessor represents that it is the owner of the Demised Premises and hereby demises unto Lessee and Lessee hereby leases from Lessor, for the term and specifically upon the terms and conditions set forth in this Lease.

Section 2.02 The use and occupation by the Lessee of the Demised Premises shall include the right to non-exclusive use of delineated automobile parking areas, driveways, truck and service courts, walks and other facilities within the Property per Exhibit A.

Article III. Possession

Section 3.01 To be determined

Article IV. Use

Section 4.01 Lessee shall use and occupy the Demised Premises solely and exclusively for the conduct of a Medical Marijuana Dispensary and it is the Lessee's responsibility to ensure that the property is zoned for their use and to comply with any and all requirements of any of the constituted public authorities having or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance and or regulation applicable.

Section 4.02 Lessee covenants and agrees that it will not use or suffer or permit any person, persons, corporation or other such entity to use any of the Demised Premises for any use or purpose in violation of the laws, ordinances, regulations and requirements of any governing body, including but not limited to, federal, state, local, or any bodies under the jurisdiction of any of those governmental entities.

Article V. NA

Article VI. Rent

Section 6.01 Lessee covenants and agrees to pay Lessor the Monthly Rental (as set forth on page 1 of the Lease) in advance on the first day of each calendar month during the term of this Lease. Rent shall be deemed late if it is not received by the fifth day of each calendar month. If rent is received after the fifth day then there will be a late charge due in the amount of \$350.00.

Rent to be mailed or delivered to Lessor's address: 2444 Madison Rd. Unit 1108 Cincinnati, OH 45208

Article VII. Utilities Services

Section 7.01 Lessee shall pay, as directly billed, as and when they shall be due and payable, all water bills, meter charges, sewer charges, and utility charges such as, but not limited to, electric, telephone services, or others, consumed within the Demised Premises. There is one Water Meter for the entire property. Water, Sewer and Stormwater Management charges are charged at a rate of 20% of the GCWW bill. Lessor will bill this on a quarterly basis with a copy of the GCWW bill attached.

Article VIII. Taxes

Section 8.01 Lessor shall be responsible for all annual real estate taxes for the Demised Premises.

Article IX. Maintenance and Repairs

Section 9.01 Lessor shall deliver the premises in broom-clean condition. Except as where noted elsewhere in this lease, Lessee shall, at Lessee's own expense and at all times, maintain the premises in good and safe condition, including plate glass. Lessor shall maintain the structural portions of the building, underground sewer, drainage systems and roof. Lessor will also be responsible for the original wiring, plumbing and HVAC repairs that exceed \$250.00 per occurrence. Lessor is not responsible for any repairs to any Lessee improvements. Lessee is responsible for HVAC filter replacements. Lessee shall surrender the premises at termination hereof in as good condition as received, normal wear and tear excepted. Lessor warrants that the existing plate glass, electrical, roof, HVAC, and plumbing are in good working condition at the time of execution of this lease. Lessor represents and warrants that any and all repairs and maintenance made to or on the premises in the aforementioned areas were made in a good, workman-like manner. Lessor shall be responsible for snow removal (at Landlord's discretion), grass and weed cutting and Landscape maintenance.

Article X. Lessee's Right to Make Alterations

Section 10.01 The parties agree and acknowledge that Lessee will be performing improvements to the Demised Premises to accommodate Lessee's use. Lessee shall have the right to make said alterations and improvements to the Demised Premises subject to the approval of local authorities and consent of the Lessor, which consent shall not be unreasonably withheld.

Article XI. Signs

Section 11.01 Lessee has the right to display, erect, paint, or affix to the interior or exterior of the premises, any signs, lettering, and/or advertisements, which do not violate any laws, regulations, and ordinances pertaining thereto, and Lessee does not need Lessor's prior consent for such purposes. Lessee is responsible for all repair

and maintenance to any signage it uses. Upon vacating the Demised Premises, Lessee, at its sole expense, shall remove all of its signage within thirty (30) days of vacation.

Article XII. Affirmative Covenants of Lessee

Lessee Agrees:

Section 12.01 To comply with any and all requirements of any of the constituted public authorities having, or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance, and/or regulation applicable to Lessee or its use of the Demised Premises; and

Section 12.02 To keep the Demised premises, clean, orderly, sanitary, and free from objectionable odors, and from insects, vermin, and other pests and, with affirmative action, not to permit any usage or possession of any illegal substance in, on or upon the Demised Premises.

Section 12.03 To be responsible for and to pay before delinquency all municipal, county, or state taxes, assessments, and license fees assessed or imposed during the term of this lease, against any leasehold interest, trade fixtures, merchandise or personal property of any kind, owned or placed in, upon, or about the Demised Premises by Lessee; and

Section 12.04 Lessee will in the event of the sale, transfer, or assignment of Lessor's interest in the Demised Premises, or in the event any proceedings are brought for the foreclosure of or for the exercise of any power of sale under any mortgage on the Demised Premises, at the option of the mortgagee the Lessee shall attorn to the respective transferee, assignee, or purchaser and recognize such party as Lessor under this Lease. In no event however, so long as Lessee is not in breach of this Lease, shall Lessee tender or waive its right to possession of the Demised Property. Further, Lessor agrees that, in the event of sale, transfer, or assignment of Lessor's interest in said Demised Property, whether voluntary or involuntary, Lessee's occupancy shall be continuous and not disturbed or interrupted by Lessee or any transferee.

Article XIII. Negative Covenants of Lessee

Lessee agrees that it will not do any of the following without the prior written consent of the Lessor; which consent shall not be unreasonably withheld:

Section 13.01 Do, or suffer to be done, any act, manner, or thing objectionable to the fire insurance companies whereby the fire insurance or other insurance now in force or hereafter to be placed on the Demised Premises or any part thereof shall become void or suspended, or whereby the same shall be rated at a more hazardous risk than at the date when Lessee received possession hereunder; and/or

Section 13.02 NA

Section 13.03 Enter into any Sub-Lease without prior Lessor approval (Lessor approval not to be unreasonably withheld) which would constitute a subletting or assignment of the Demised Premises, except that if the subletting or assignment would be to or for the benefit of any a subsidiary, parent, or affiliated company of Lessee, then no prior written consent shall be required; and/or

Section 13.04 To handle, store, or dispose of any hazardous or toxic waste or substance upon the Demised Premises that is prohibited by any federal, state, or local statutes, ordinances, or regulations.

Article XIV. Damage (Partial or Total) to the Demised Premises

Section 14.01 If the Demised Premises are rendered temporarily untenable as a result of any damage or destruction by fire or other casualty, the rent shall be equitably adjusted to the extent that the Demised Premises are tenable, and the rent shall be abated to the extent that the Demised Premises are untenable, for the period from the date of such damage or destruction until the Demised Premises have been fully repaired and the Lessee may again make full use of the Demised Premises.

Section 14.02 If the Demised Premises are substantially damaged or destroyed by fire or other casualty, then the Lessor or the Lessee may terminate this lease by giving the other party notice to such effect within sixty (60) days after the casualty causing the damage. The term of this lease shall terminate and expire upon the thirtieth (30th) day after the termination notice is given and Lessee shall vacate the demised premises and surrender the same to the Lessor, on or before such date. The Demised Premises shall be deemed substantially damaged or destroyed; (1) if the costs of repair and restoration after insurable casualty occurs is fifty (50%) percent or more of the then full replacement cost of the Demised Premises; or (2) if the cost of repair and restoration after any non-insurable casualty occurs is twenty (20%) percent or more of the then full replacement costs of the Demised Premises, as applicable. In the event of such termination, the insurance proceeds (except for loss of business) shall first be paid to the Lessee for its unamortized improvements and the balance shall be paid to the Lessor.

Section 14.03 If the Lessor and Lessee mutually elect not to terminate this lease after a casualty, then the Demised Premises shall be repaired and restored according to terms agreed upon by the parties.

Article XV. Mutual Indemnification, Public Liability and Other Insurance

Section 15.01 Lessee agrees to indemnify and hold Lessor harmless from any and all claims for damages or losses resulting from any act, or failure to act, of Lessee, or any breach by Lessee or any obligation under this lease. Lessor agrees to indemnify and hold Lessee harmless from any and all claims for damages or losses resulting from the act, or failure to act, of Lessor, or any breach by Lessor of any obligation under this lease.

Section 15.02 Lessee, at its expense, at all times during the term of this lease shall maintain public liability insurance including bodily injury and property damage insuring Lessee and Lessor as follows: Five Hundred Thousand Dollars (\$500,000.00) Combined Single Limits each occurrence, for bodily injury, and their party property damage. Lessee shall provide Lessor with a certificate of insurance showing Lessor as additional insured. This certificate shall provide for a thirty (30) day written notice to Lessor in the event of cancellation or material change in the coverage.

Section 15.03 Lessee, at its expense, shall at all times during the term of this lease maintain insurance upon the betterments and improvements in and on the Demised Premises, in an amount equal to the replacement costs of such betterments and improvements, including but not limited to, Lessee's trade fixtures, furnishings, wall covering, interior partitions, carpeting, drapes, and equipment.

Section 15.04 Lessor, at its expense, shall at all times during the term of this lease, obtain and maintain insurance covering the Demised Premises.

Article XVI. Trade Fixtures and Personal Property

Section 16.01 Any trade fixtures, signs, and other personal property of Lessee not permanently affixed to the Demised Premises shall remain the property of the Lessee. Lessor agrees that Lessee shall have the right, provided Lessee is not in default under the terms of this lease, to remove any and all of its trade fixtures, sign, and other personal property which it may have stored or installed in the Demised Premises, including, without limitation, signs, counters, desks, computers, shelving, filing cabinets, refrigerators, and other movable personal property.

Section 16.02 All improvements to the Demised Premises by Lessee, including but not limited to mechanical systems (excluding computer, printer, fax, phone, and other related systems), light fixtures, floor coverings and partitions, and any other items comprising Lessee's work, but excluding removable trade fixtures and signs, shall become the property of Lessor upon the expiration or earlier termination of this lease.

Article XVII. Estoppel Certificate

Section 17.01 Lessee shall at any time and from time to time, without charge, within thirty (30) days after receipt of written notice from Lessor or any mortgagee of Lessor, execute, acknowledge, and deliver to Lessor or such mortgagee, a statement in writing (1) certifying that this lease represents the entire agreement between Lessor and Lessee, and is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying this lease is so modified, is in full force and effect) and the dates to which the rental and other charges are paid in advance, if any; (2) certifying that there has been no assignment or other transfer by Lessee of this lease, or any interest therein; and (3) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of the Lessor hereunder and that Lessee has no right of offset, counterclaim or deduction against rent, or specifying such defaults if any are claimed together with the amount of any offset, counterclaim, or deduction alleged by Lessee. Any prospective purchaser or lender upon the security of the Demised Premises may rely upon any such statement.

Section 17.02 Provided Lessee is in good standing under the terms of this lease and has complied with each and every covenant and condition hereof, and no event has occurred that with the passage of time and/or the giving of notice would result in a default hereunder, Lessor agrees, upon written notice from Lessee, to execute, acknowledge, and deliver to Lessee a statement in writing certifying that this lease represents the entire agreement between the Lessor and Lessee, and is unmodified and in full force and effect, if appropriate (or, if modified, is in full force and effect, if appropriate) and the dates to which rental and other charges are paid in advance, if any.

Article XVIII. Events of Lessee Default

The occurrence of any one or more of the following, not cured within an applicable cure period, if any, shall constitute an event of default by Lessee hereunder:

Section 18.01 The failure by Lessee to pay when due any installment of rent hereunder or other sum hereunder required to be paid by Lessee after the herein stated applicable grace period per Section 6.01.

Section 18.02 Lessee's failure to perform or abide by any other term, provision covenant, agreement, undertaking or condition of this lease within thirty (30) days after notice, shall constitute an event of default. In the event that Lessee, in good faith, shall begin to remedy a non-monetary default within such thirty (30) days and shall proceed diligently to cure fully and completely, then Lessee shall have an additional sixty (60) days to so cure. Lessor and Lessee may agree to an extension of the cure period if one is necessary to complete the curing of a non-monetary default even with Lessee's diligent efforts.

Article XIX. Lessor's Rights Upon Lessee Default

Section 19.01 If any event of default by Lessee occurs, then the Lessor shall terminate this lease and re-let the Demised Premises. Furthermore, if this lease shall be so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and their effects.

Article XX. Custom and Usage

Section 20.01 It is hereby covenanted and agreed, any law, usage, or custom to the contrary notwithstanding, that either party to this lease shall have the right at all times to enforce each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease in strict accordance with the terms hereof, notwithstanding any conduct or custom on the part of either of the parties to this lease in refraining from so doing at any time or times.

Section 20.02 In the event that in this lease it is provided that the exercise of any right by lessee or the performance of any obligations of Lessee shall be subject to the consent or approval of Lessor and that the consent or approval of Lessor shall not be unreasonably withheld or delayed, Lessor shall have ten (10) days after request for approval or consent from Lessee to give his or her consent.

Article XXI. Condemnation

Section 21.01 Lessor states that to the best of its knowledge that there are no current, pending, or threatened eminent domain, condemnation, taking, blighting, or similar actions pending on the demised premises.

Section 21.02 Lessee does not waive any claim of loss or damage to Lessee or right to claim to any part of the award as the result of the exercise of the power of eminent domain of any governmental body, whether such loss or damage results from condemnation of part or portion all the Demised Premises. Should any power of eminent domain be exercised after Lessee is in possession, this lease shall terminate on the date when title vests pursuant to such taking. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof, but Lessee may file a claim for any taking of fixtures and improvements owned and/or paid for by Lessee, and for moving expenses.

Section 21.03 The rent shall be apportioned as of the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee.

Article XXII. Notices

Section 22.01 Any notice to be given hereunder to either party to this lease, may be personally delivered, delivered via Federal Express or other national overnight contract carrier, or may be deposited in the United States mail, registered or certified, postage prepaid and return receipt requested, addressed to the party for whom intended. Service of any notice pursuant hereto shall be deemed completed (1) at the time of delivery or attempted delivery if personally delivered, (2) the date following the date upon which the notice was delivered to Federal Express or other national overnight contract carrier, or (3) two days after the date upon which the notice was deposited with the United States mail as described above.

Section 22.02 The addresses to which notices are to be delivered are set forth below:

LESSOR

Harold I. Byer Trust

2444 Madison Rd. Unit 1108

Cincinnati, Ohio 45208

LESSEE:

Care Med Associates, LLC

6025 Miami Road

Cincinnati, Ohio 45243

Either party may change such address by written notice to the other party.

Article XXIII. Lessor's Liability

Section 23.01 Notwithstanding any other provisions of this lease, Lessor shall be liable to and indemnify Lessee for any loss, damage, or injury caused by Lessor's negligence or disregard for Lessee's rights or the rights of Lessee's patrons. In such event, any insurance held by Lessee shall be secondary to the liability of Lessor, which shall in all such circumstances be primary.

Article XXIV. NA

Article XXV. Attorney's Fees

Section 25.01 If any suit should be brought for recovery of the Demised Premises, or for any sum due hereunder, or because of any other breach of any term of this lease, by either party, the prevailing party shall be entitled to reasonable costs incurred in connection with such action, including attorney's fees.

Article XXVI. NA

Article XXVII. NA

Article X Custom and Usage

Section 28.01 (Captions) Any heading preceding the text of paragraphs and/or subparagraphs hereof are inserted solely for the convenience of the reference and shall not constitute a part of this lease nor shall any of the same affect its meaning, construction, or effect.

Section 28.02 (Severability) If any term or provision of this lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of the lease and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of this lease shall be valid and enforceable to the fullest extent permitted by law.

Section 28.03 (Successors and Assigns) This lease is binding upon and inures to the benefit of the heirs, assigns, and successors in interest to the parties.

Section 28.04 (Quiet Enjoyment) Upon the payment by the Lessee of the rent herein provided, and upon the observance by Lessee of each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions on the Lessee's part to be observed and performed, Lessee shall peaceably and quietly hold and enjoy the Demised Premises for the term of this lease without hindrance or interruption by Lessor or any other person or persons lawfully or equitably claiming by, through or under the Lessor, subject, nevertheless, to each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease.

Section 28.05 (Force Majeure) The Lessor and Lessee shall be excused for the period of any delay in the performance of any obligation hereunder when prevented from so doing by cause or causes beyond Lessor's or Lessee's control which shall include, without limitation, all labor disputes, civil commotion, civil disorder, riot, civil disturbance, war, war-like operations, acts of terrorism, invasion, rebellion, hostilities, military or usurped power, sabotage, moratoriums or controls, fire or other casualty, inability to obtain any material, services, or financing or through Acts of God.

Section 28.07 -- N/A

Section 28.08 (Scope and Interpretation of the Agreement) This lease is and shall be deemed, construed, and considered to be the only agreement between the parties hereto pertaining to the Demised Premises. All negotiations and oral agreements acceptable to both parties are included herein. There are no verbal understandings not contained herein. The laws of the state in which the demised premises are located shall govern the validity, interpretation, performance, and enforcement of this lease. This lease constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties.

Signed this the 1st day of November, 2017.

LESSOR:

Harold I. Byer Trust

By: Harold I. Byer TRUSTEE

LESSEE:

Care Med Associates, LLC

By: Jean R. Gould
By: Jean R. Gould, Member

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

Care Med Associates, LLC

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

Care Med

C-1.4 Business Address

5149 Kennedy Avenue

C-1.5 City

Cincinnati

C-1.6 State

OH

C-1.7 Zip Code

45213

C-1.8 Phone

5136007095

C-1.9 Email

jeanrgould@gmail.com

Business Plan(Site and Facility Plan)

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

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

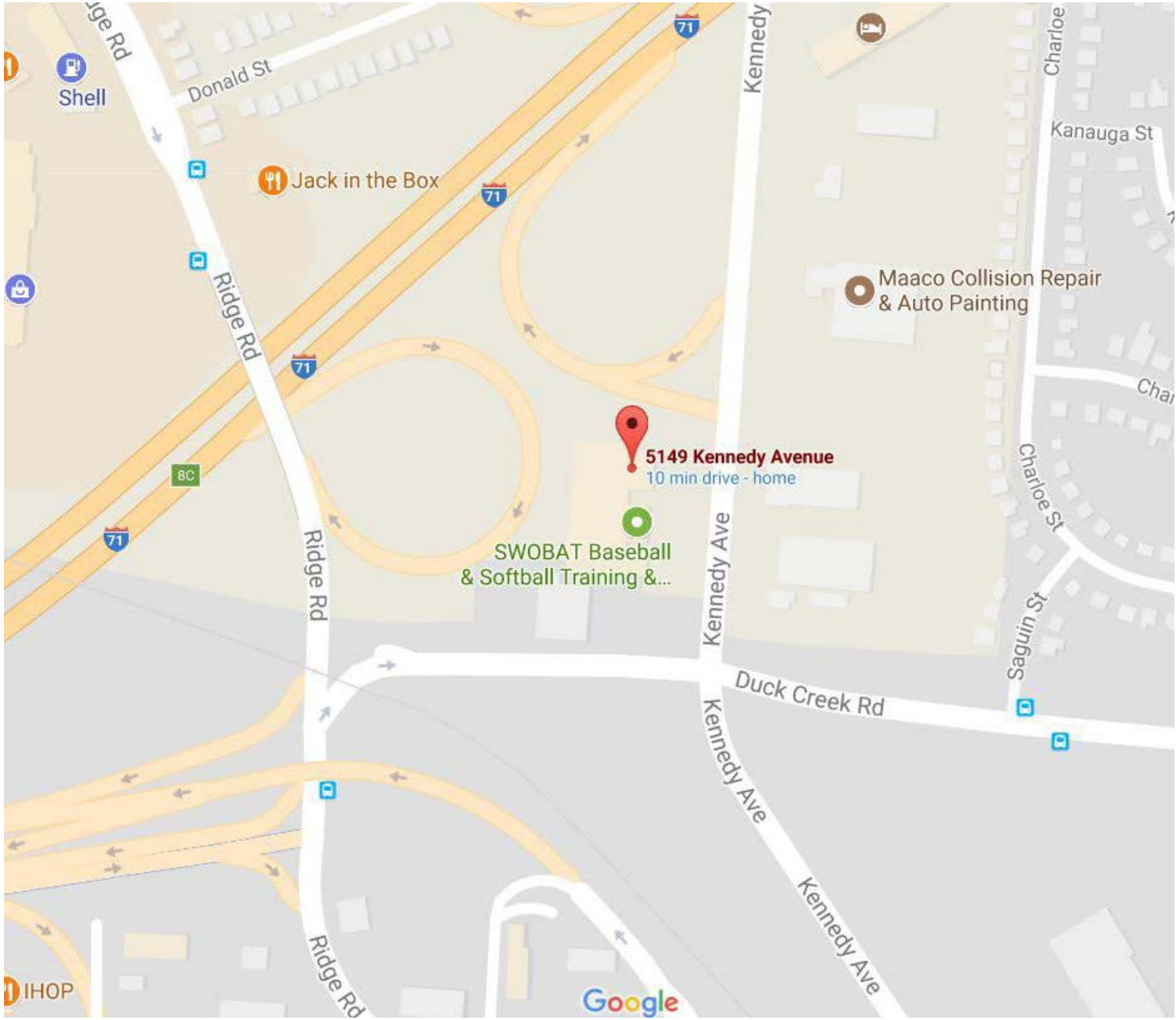
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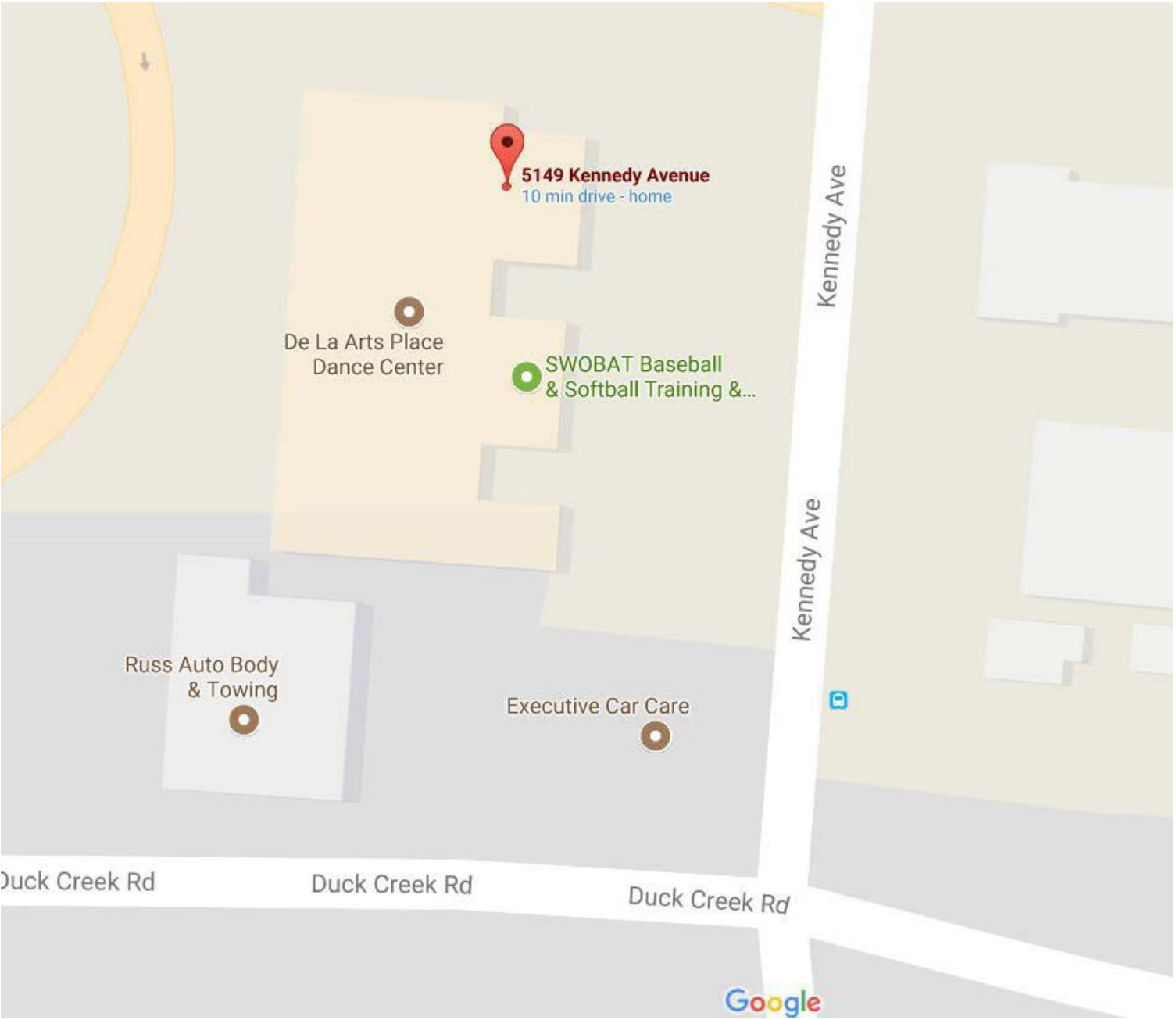
Care  *Med* OHIO + Design By **Wolf**

5149 Kennedy Avenue

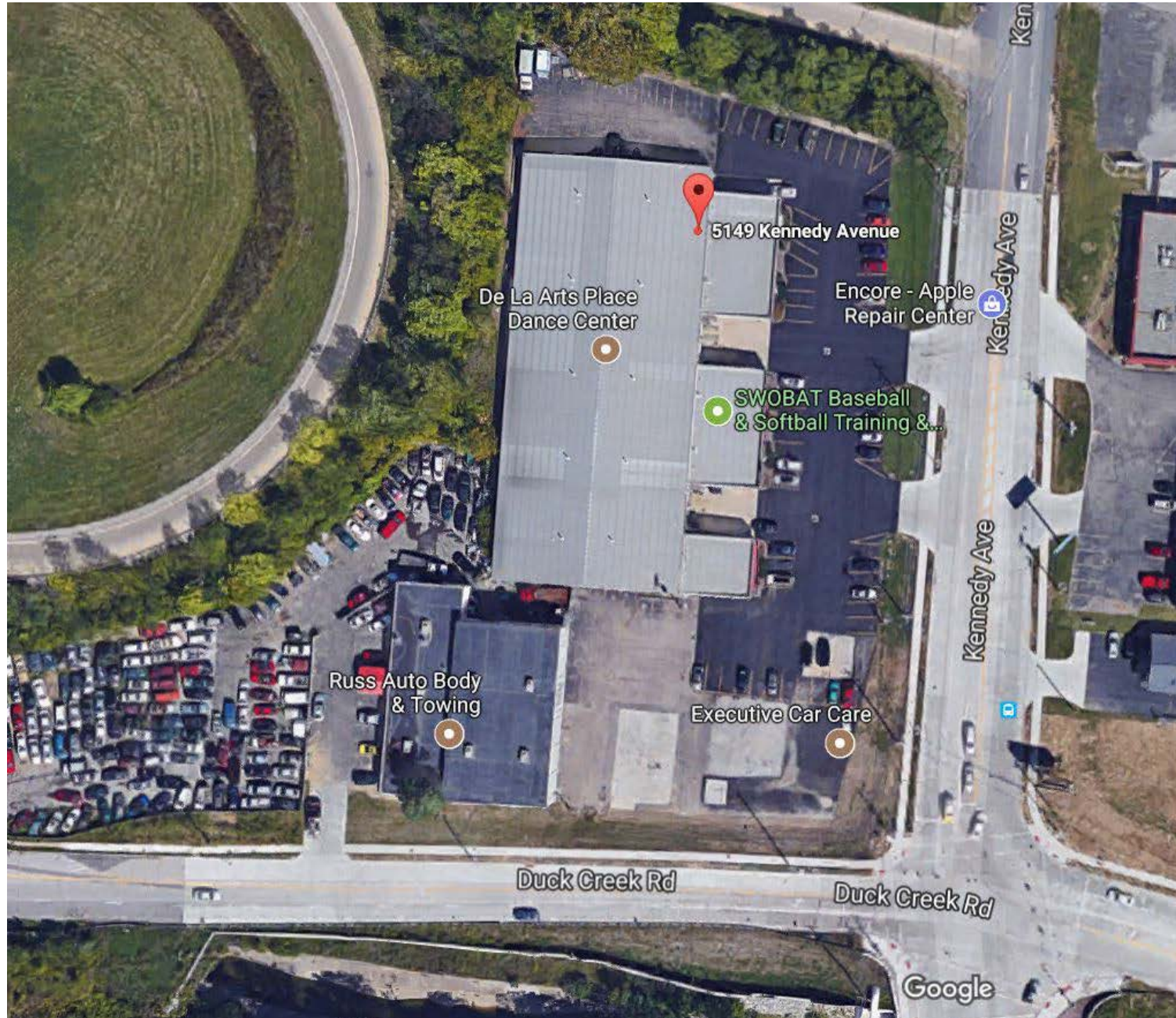
11.16.17



Location Map



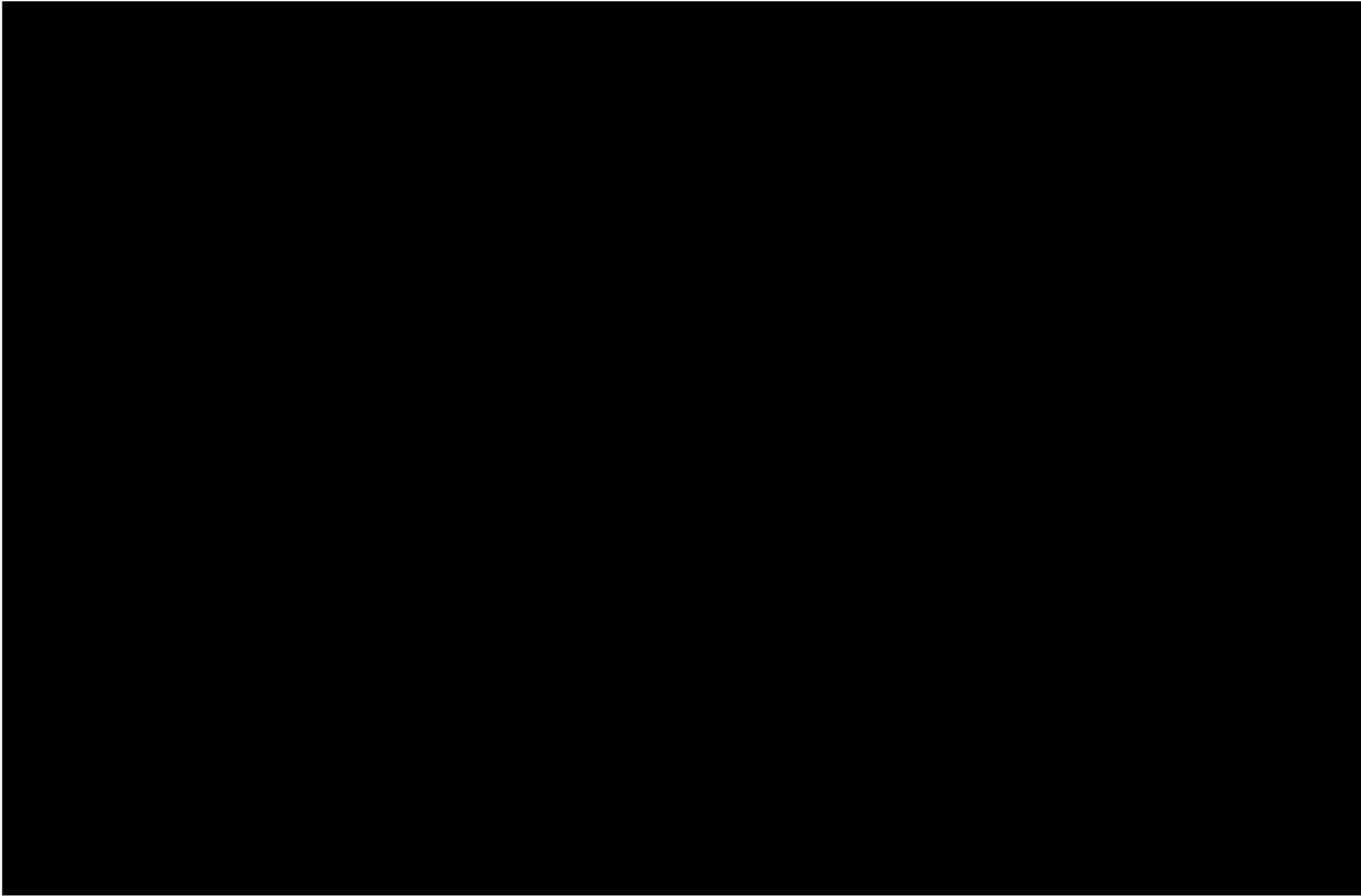
Site Plan

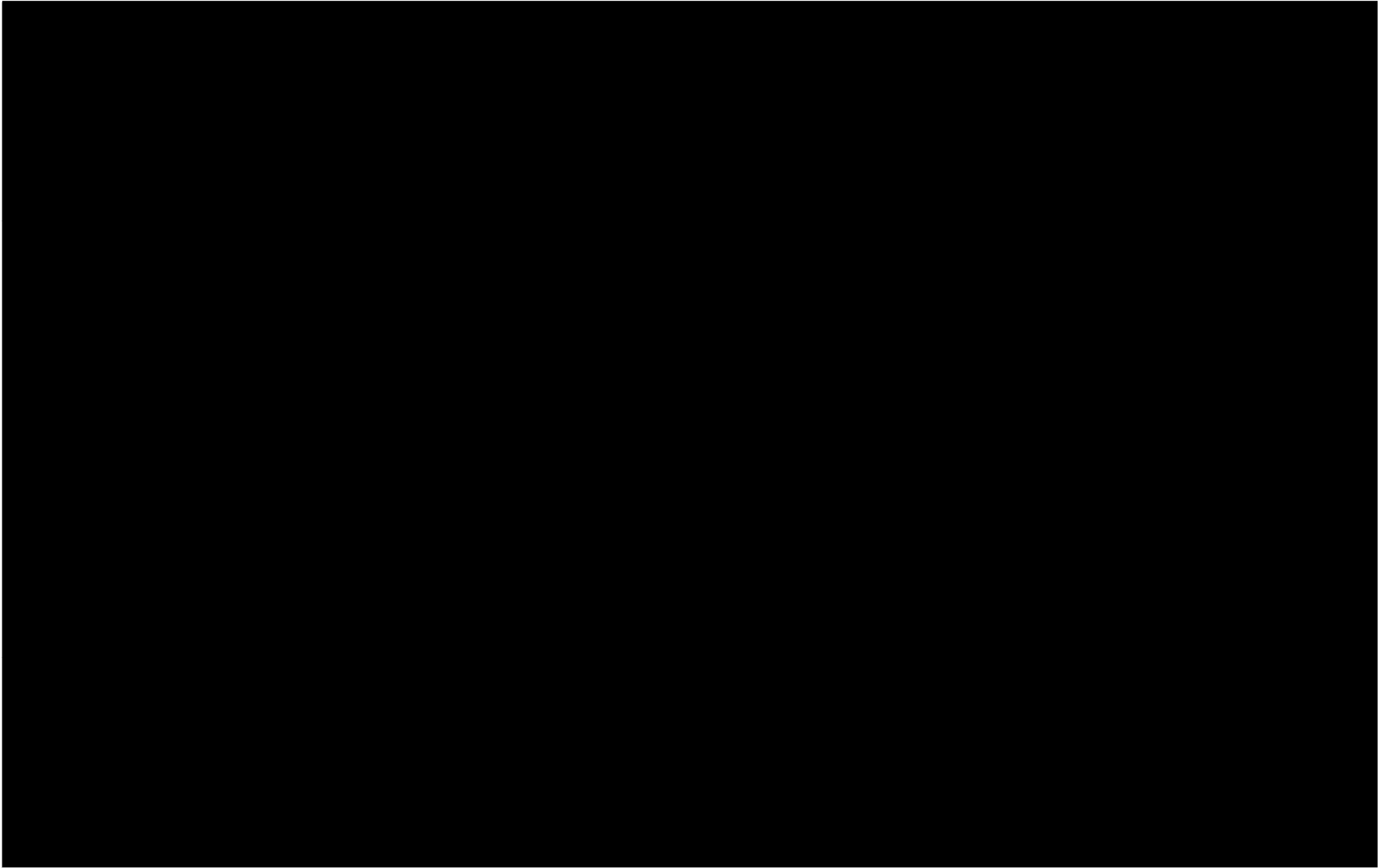


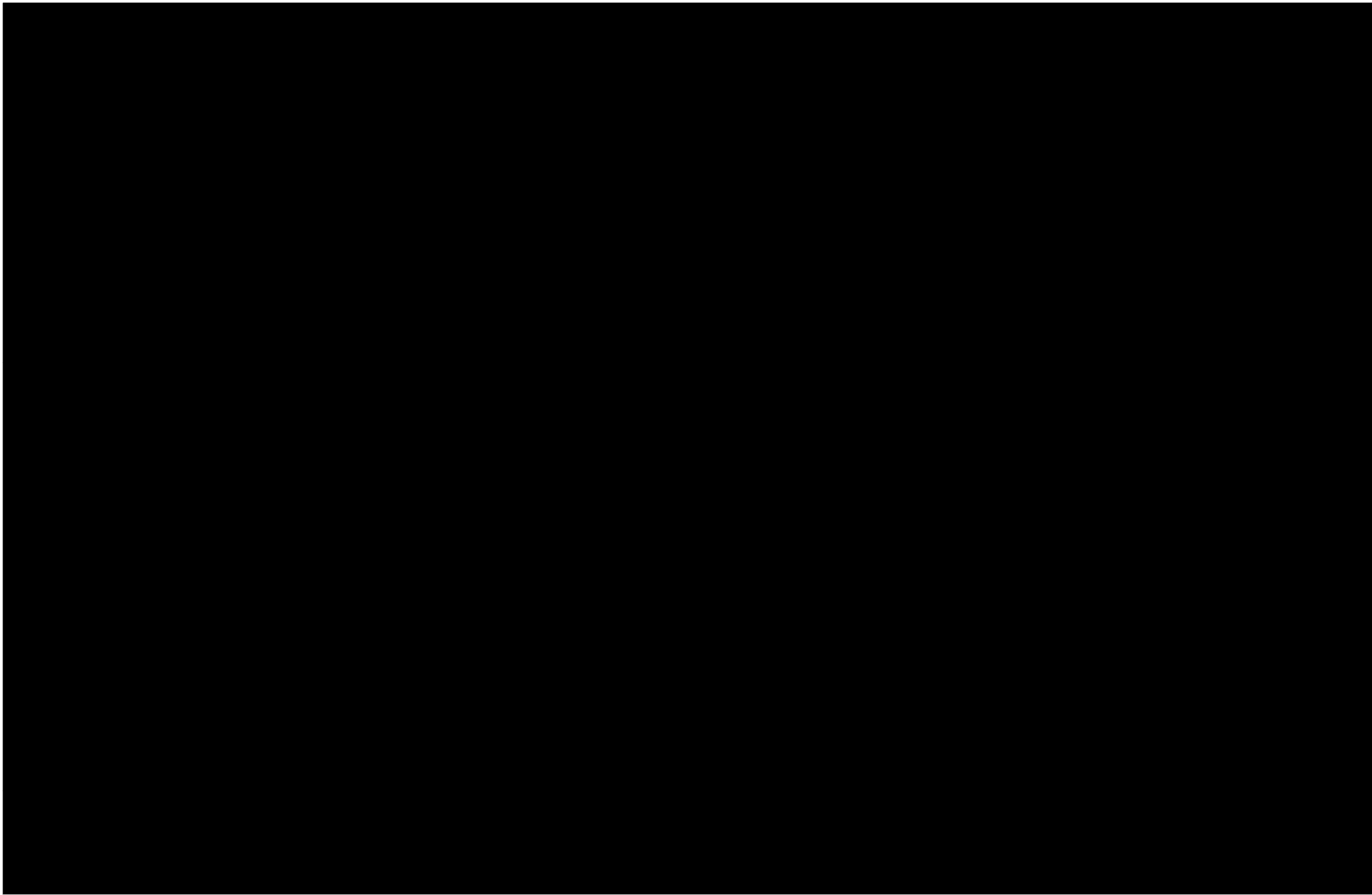
Satelite View of Site: 1



Satelite View of Site: 2





















Thank You

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](#)

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STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application

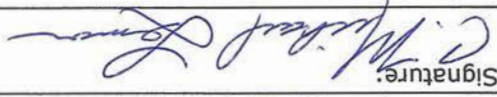


NOTICE OF PROPER ZONING FORM

(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: <i>Care Med Associates, L.L.C.</i>		
Physical Address and Name of Proposed Medical Marijuana Dispensary: <i>Care Med Ohio, 5149 Kennedy Avenue</i>		
City: <i>Cincinnati</i>	County: <i>Hamilton</i>	
State: Ohio	Zip Code: 45213	Phone Number: <i>(513) 600-7095</i>
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government <i>COLUMBIA TOWNSHIP, HAMILTON COUNTY, OHIO</i>		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of <i>COLUMBIA TOWNSHIP AT 5149 KENNEDY AVENUE</i> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.</i>		
<input checked="" type="checkbox"/> The area of <i>COLUMBIA TOWNSHIP at 5149 KENNEDY AVENUE</i> 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.		

Permit (Required to check one box) <input type="checkbox"/> The Applicant has received local zoning approval and was issued a permit. <input checked="" type="checkbox"/> The Applicant has applied for local zoning approval, but was not yet issued a permit. <input type="checkbox"/> No zoning approval was applied for and no permit was received at this time. *If Applicant checks this box, Applicant must attach the permit issued.	
Printed Name of Local Government Representative: C. MICHAEL LEMON	Title: Township Administrator
Signature: 	Date: 11-14-17



Ohio Medical Marijuana Control Program
Dispensary Application

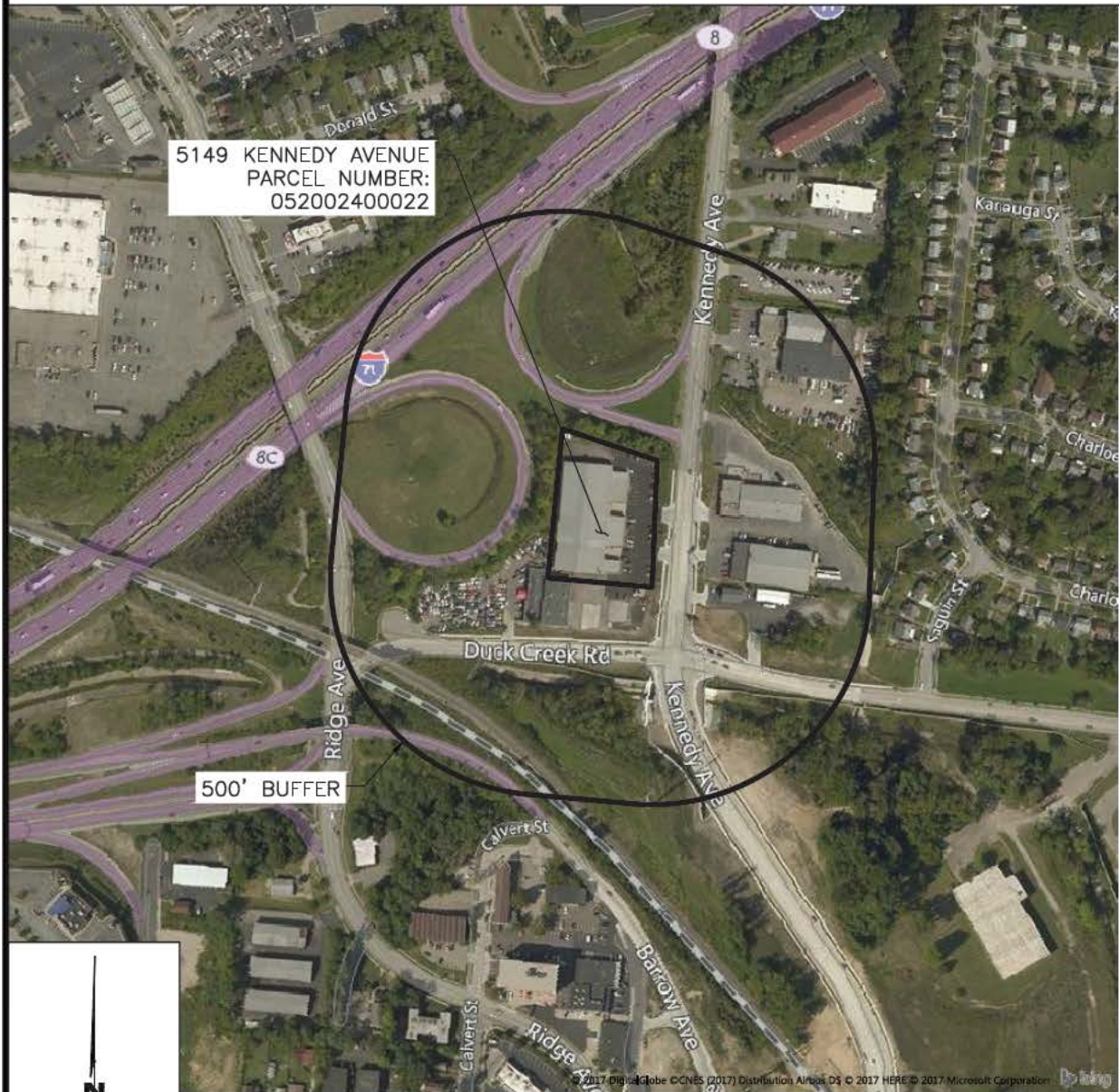


C-2.3 Provide a location map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a [prohibited facility](#) or a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). In establishing the distance between a proposed 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](#)

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

EXHIBIT A



0 400' 800'
GRAPHIC SCALE

NOTE: PARCELS AS IDENTIFIED IN HAMILTON COUNTY AUDITOR'S
GIS VIEWER, [HTTP://CAGISONLINE.HAMILTON-CO.ORG/CAGISONLINE/INDEX.HTML#](http://CAGISONLINE.HAMILTON-CO.ORG/CAGISONLINE/INDEX.HTML#)
PAGE 1 OF 1



929 Eastwind Drive,
Suite 201
Westerville, Ohio 43081
Ofc: 614.899.0079
email: info@saminc.biz

PREPARED FOR CARE MED ASSOCIATES, LLC

5149 KENNEDY AVENUE, CITY OF CINCINNATI,
HAMILTON COUNTY, OHIO

DRAWN: JP

CHKD. BA

APP'D. JM

SAM JOB No. 41764

Business Plan(Business Startup Plan)

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

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

[Redacted content]

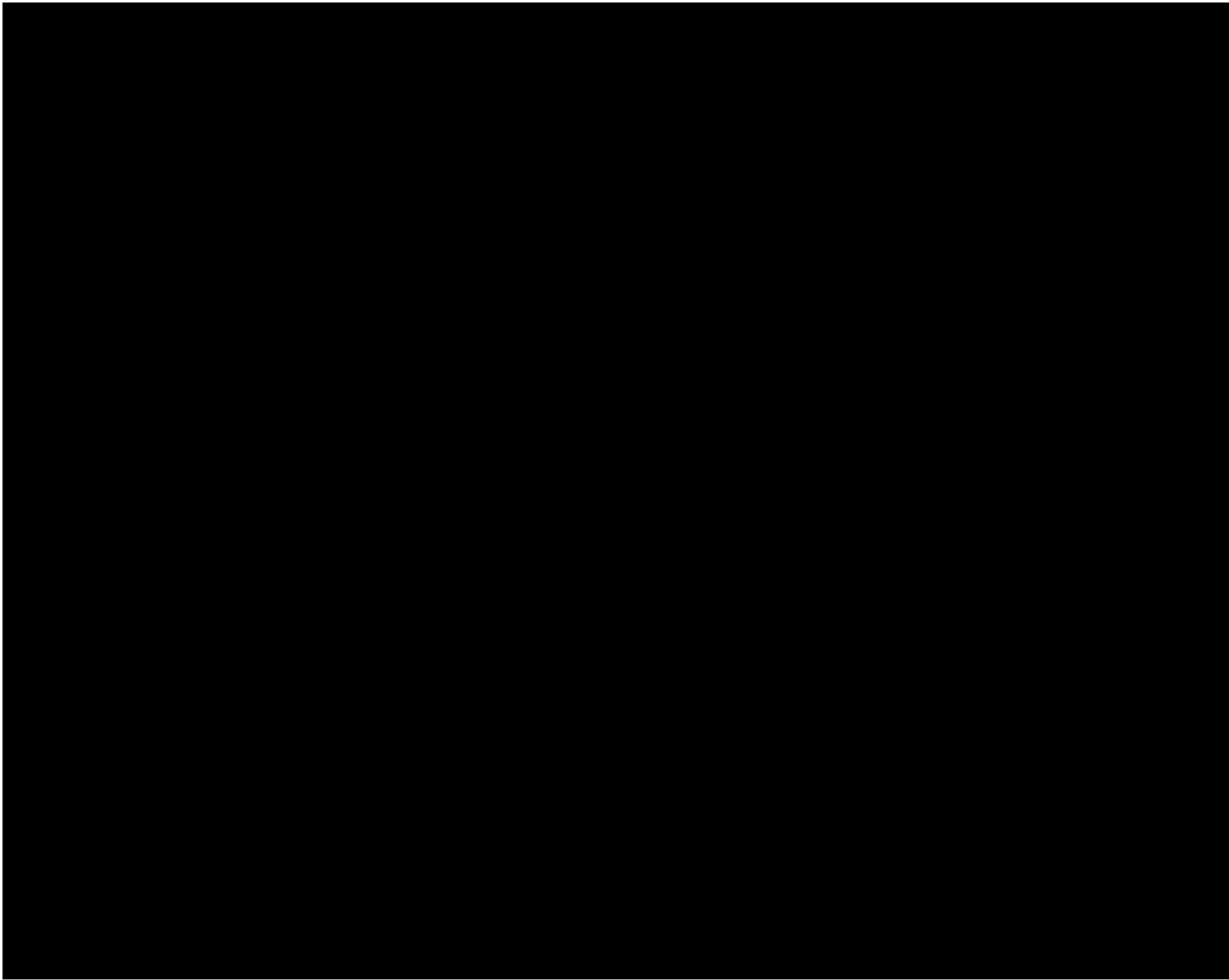


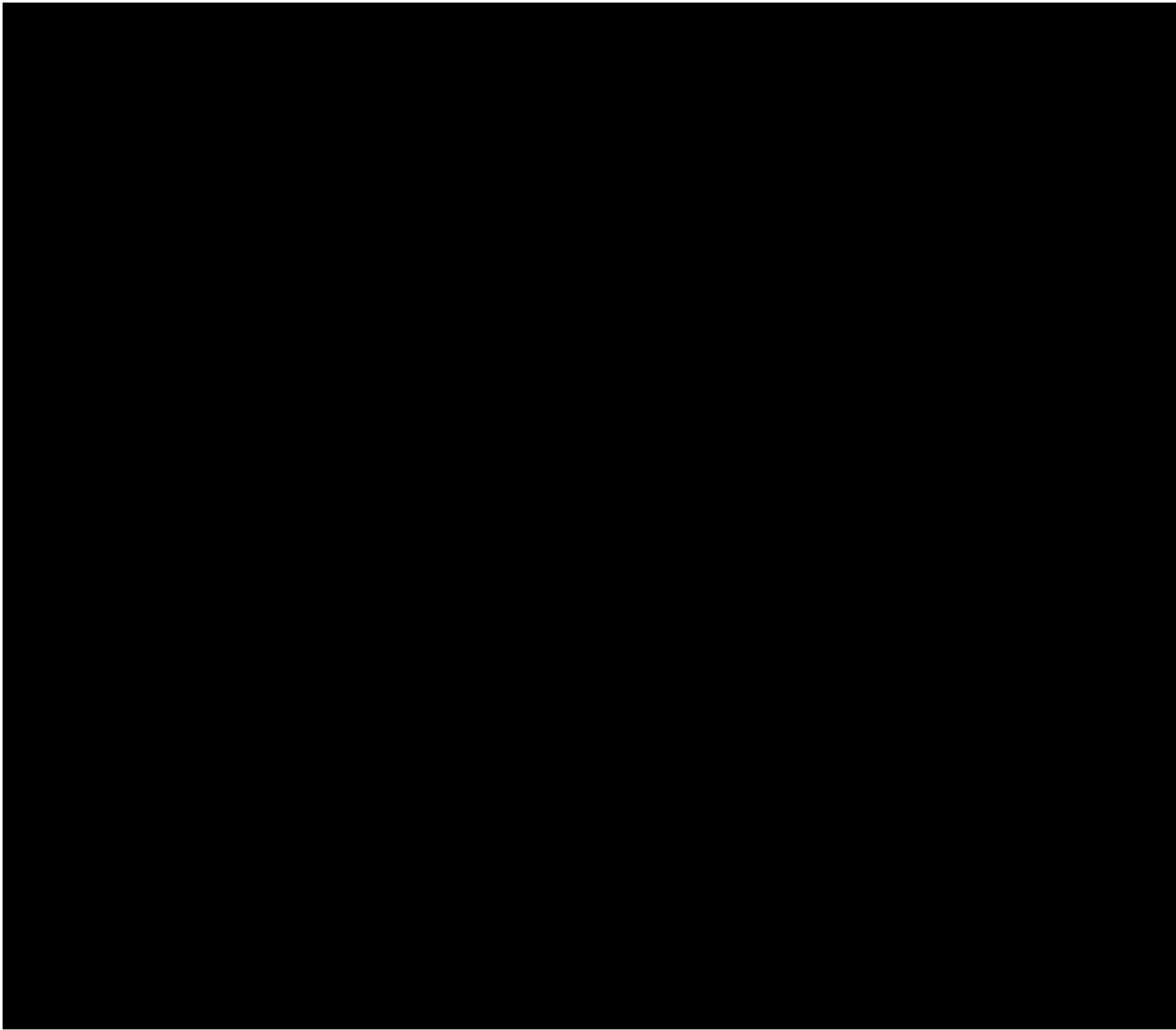


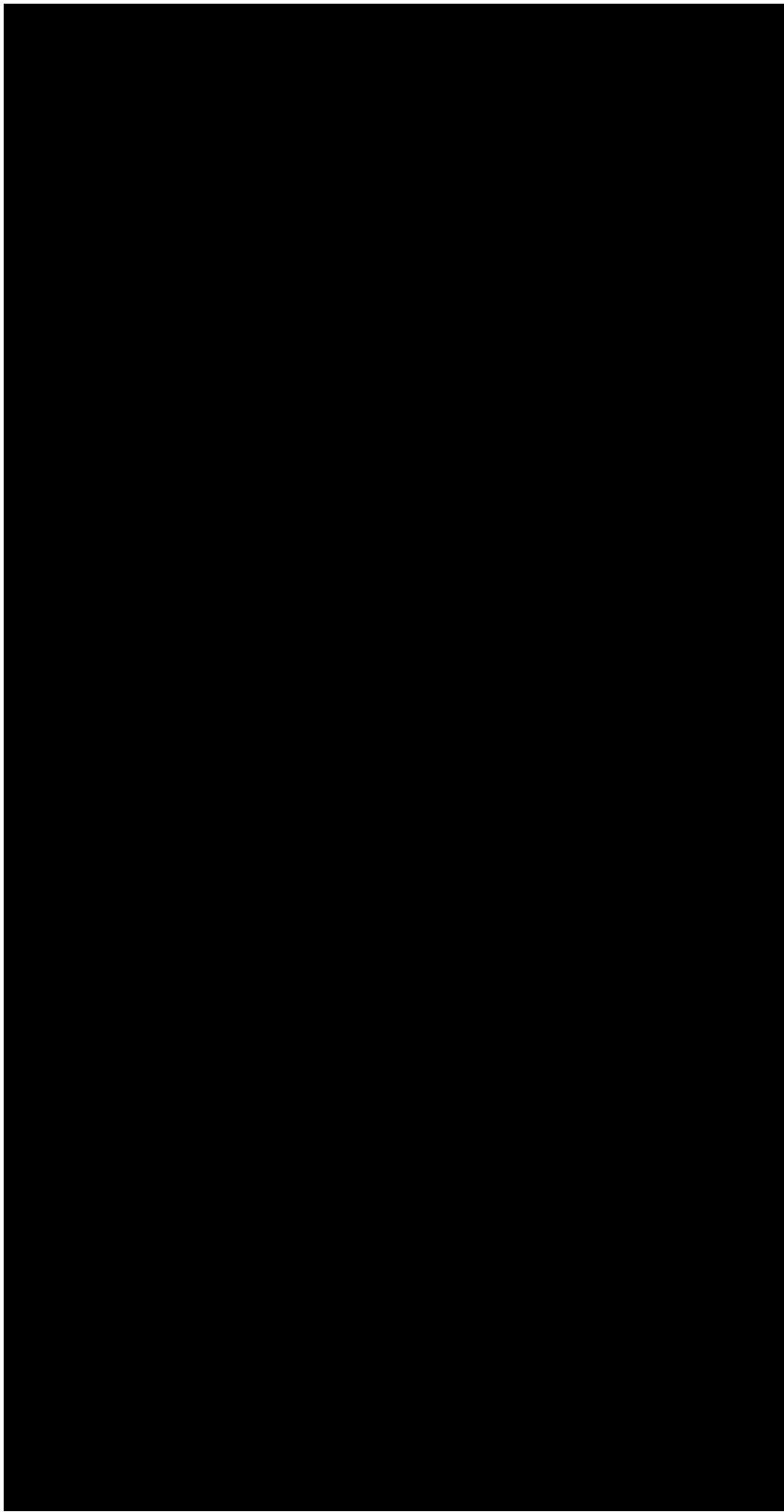
C-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in C-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

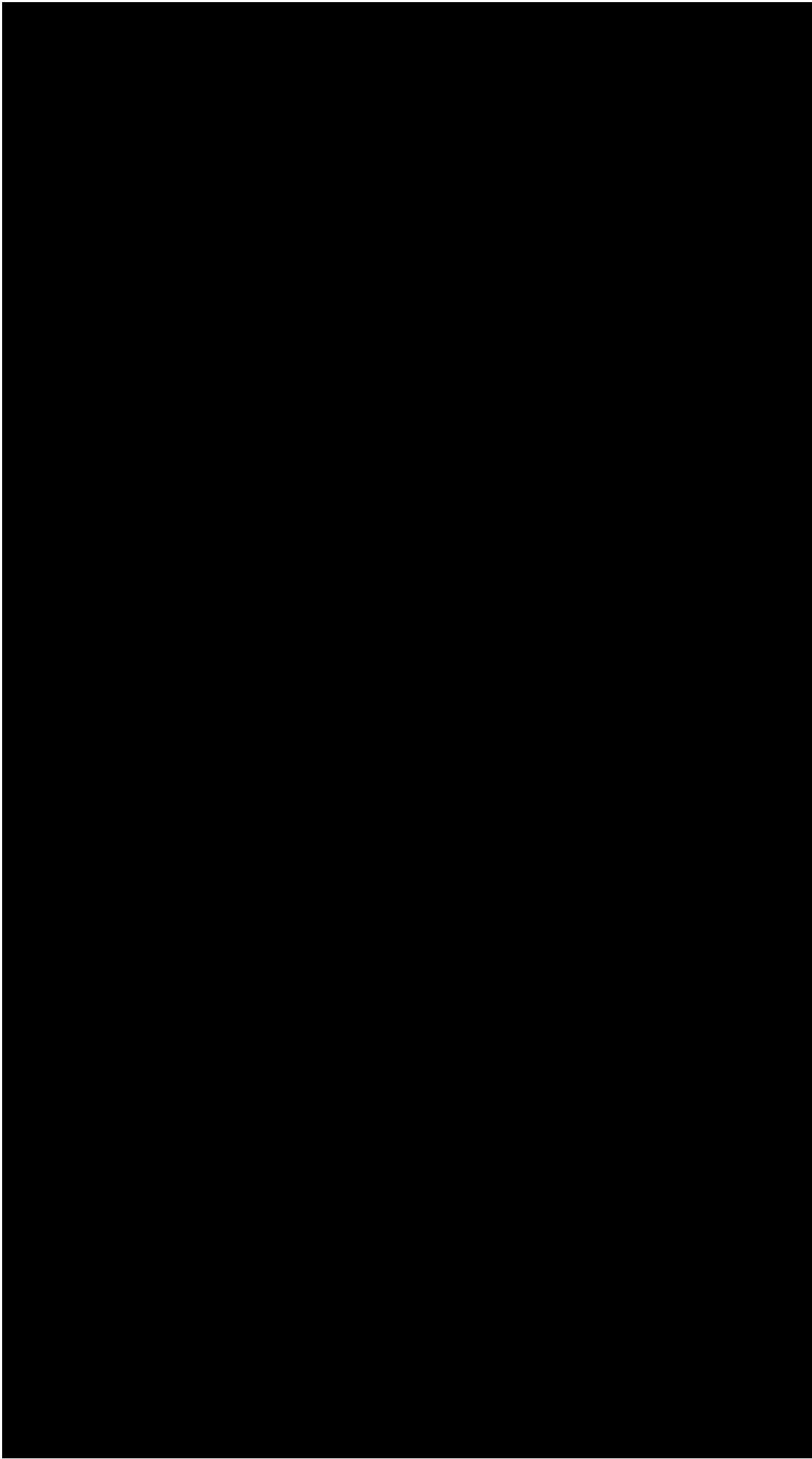
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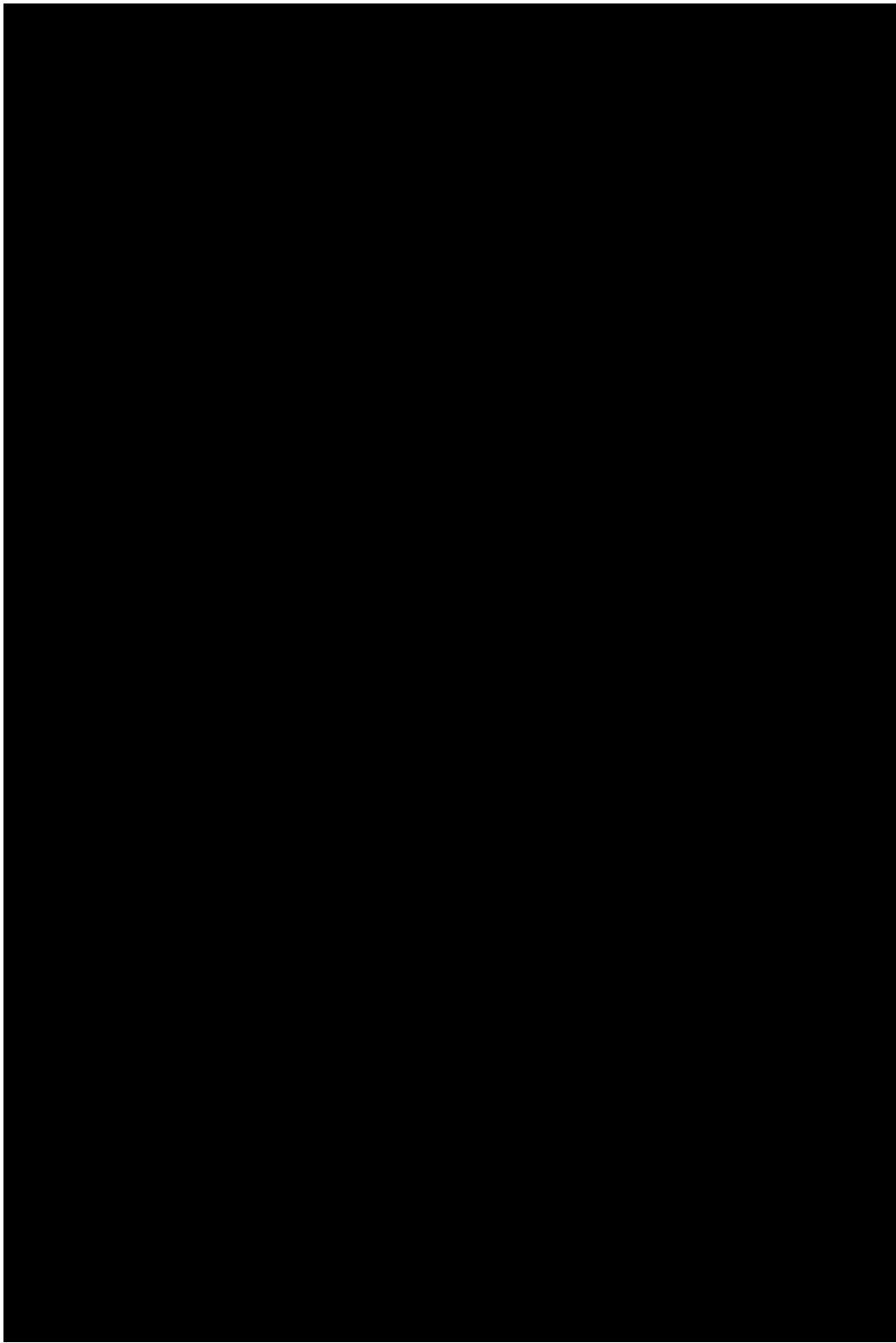
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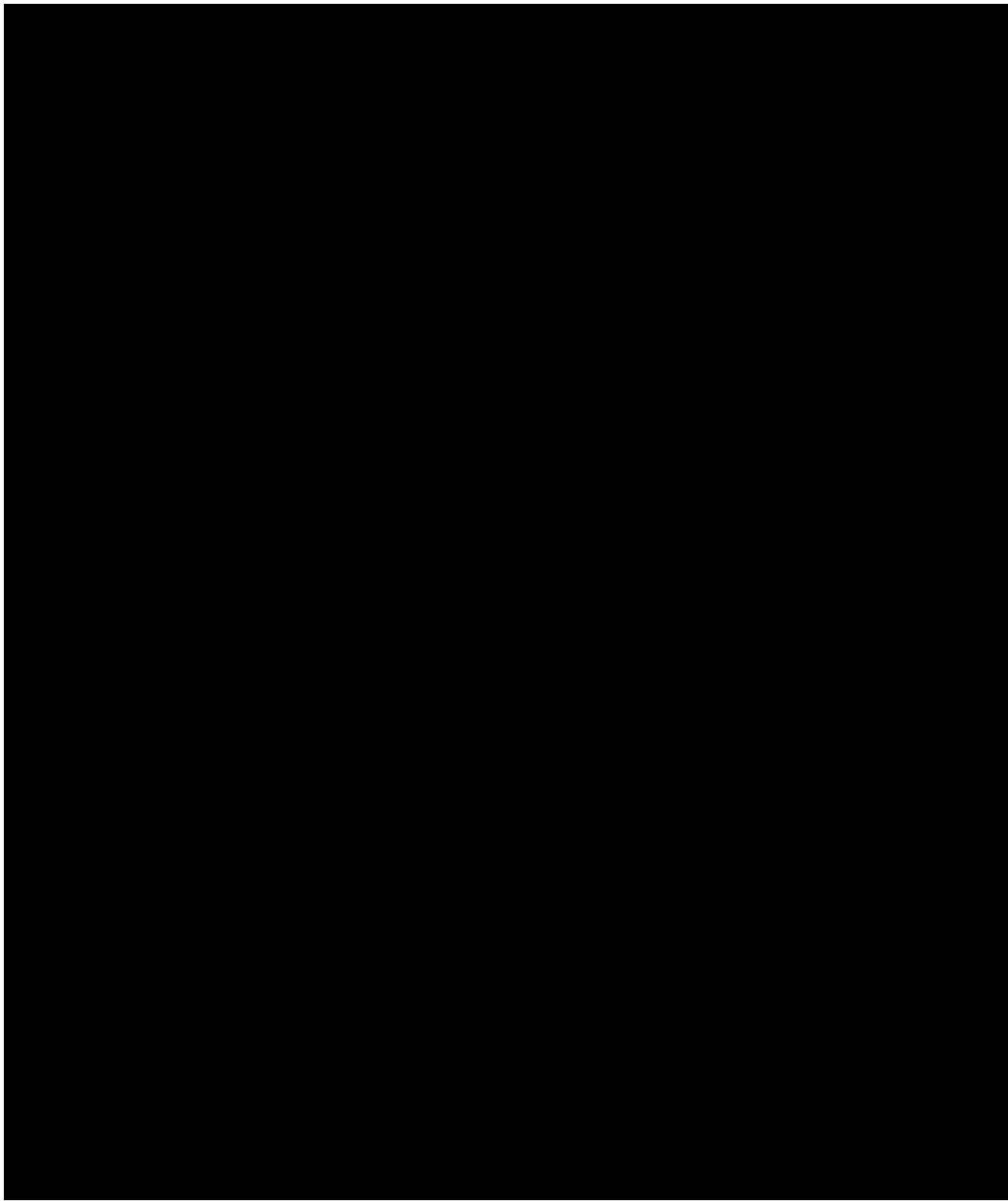


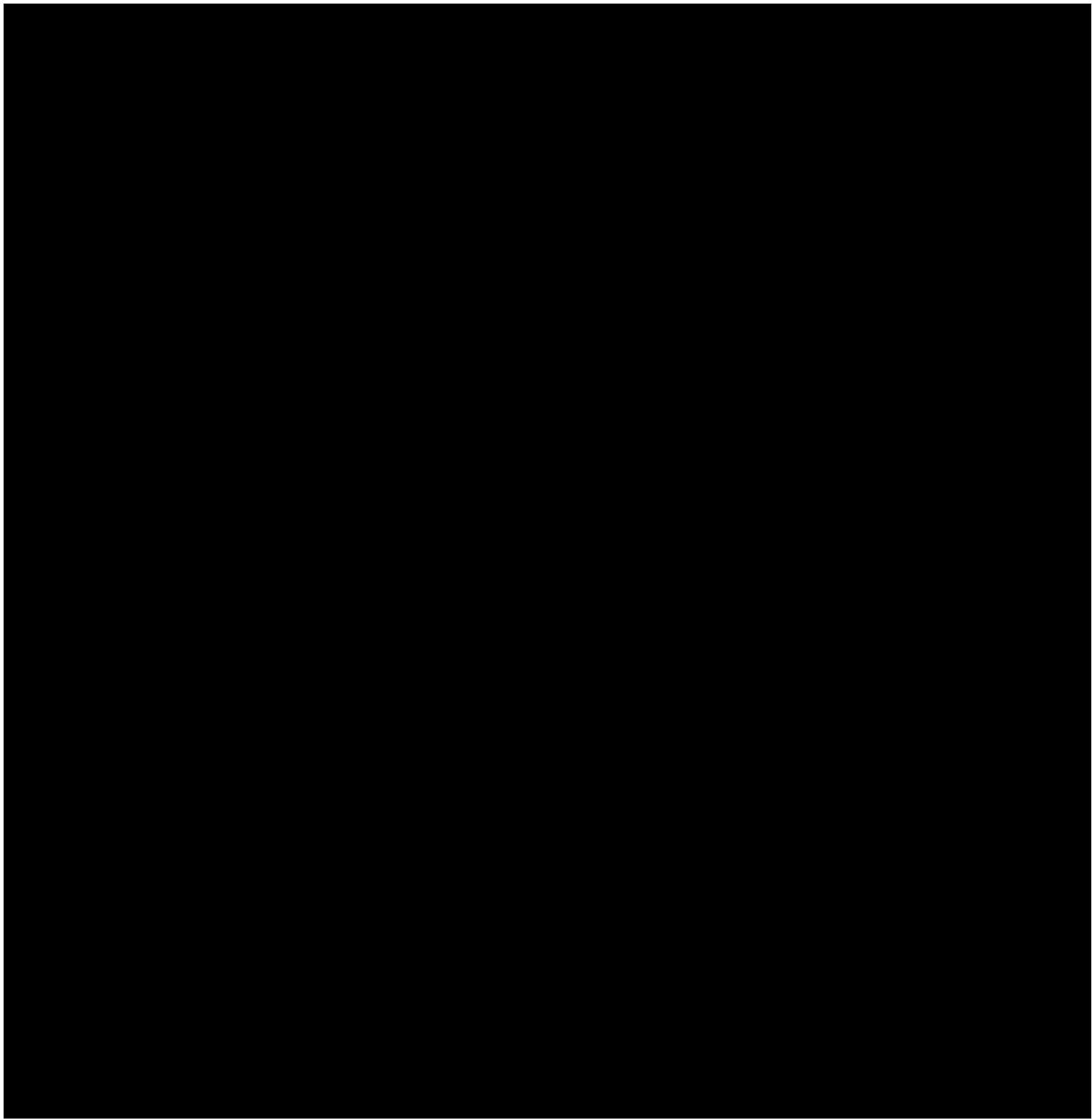


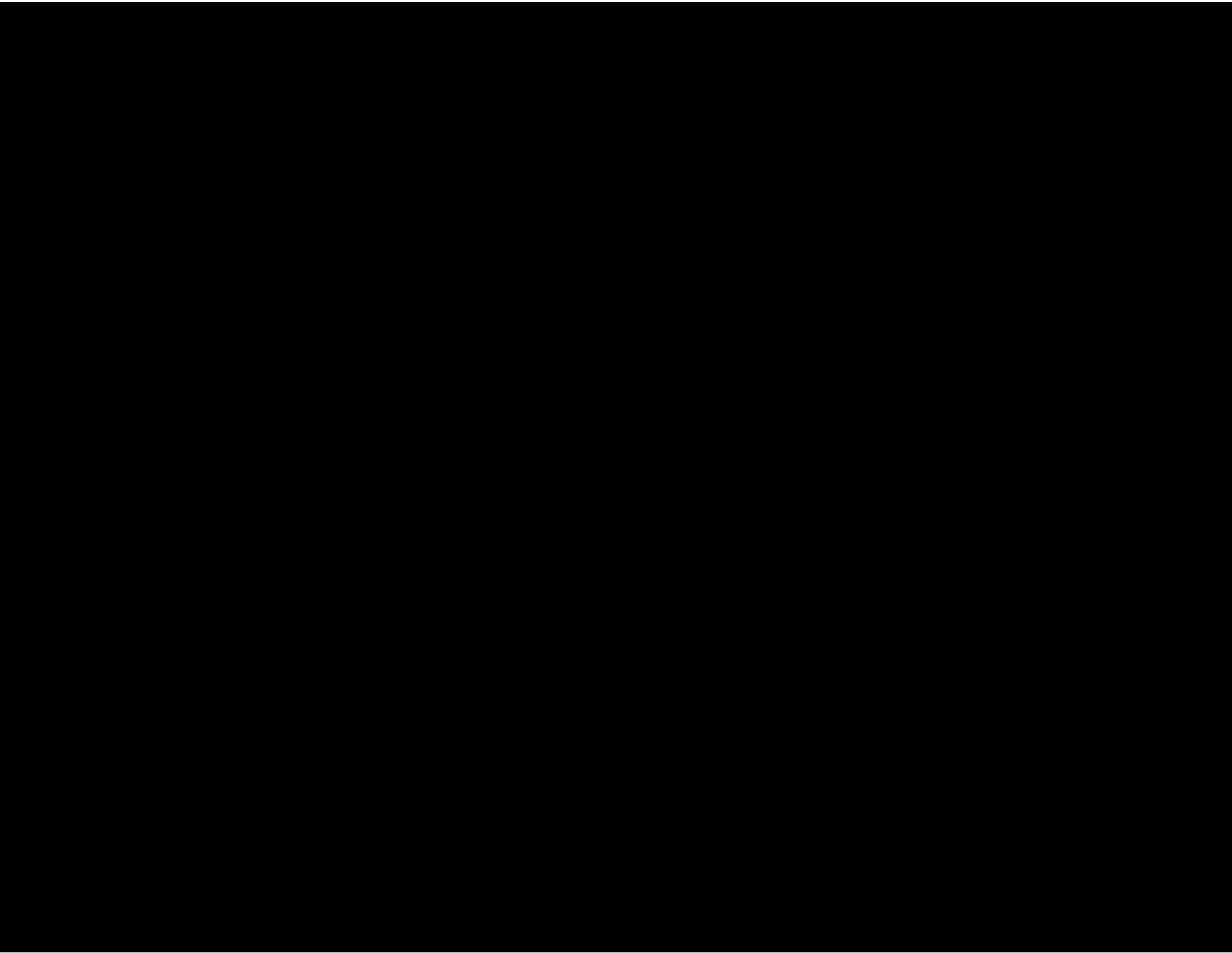


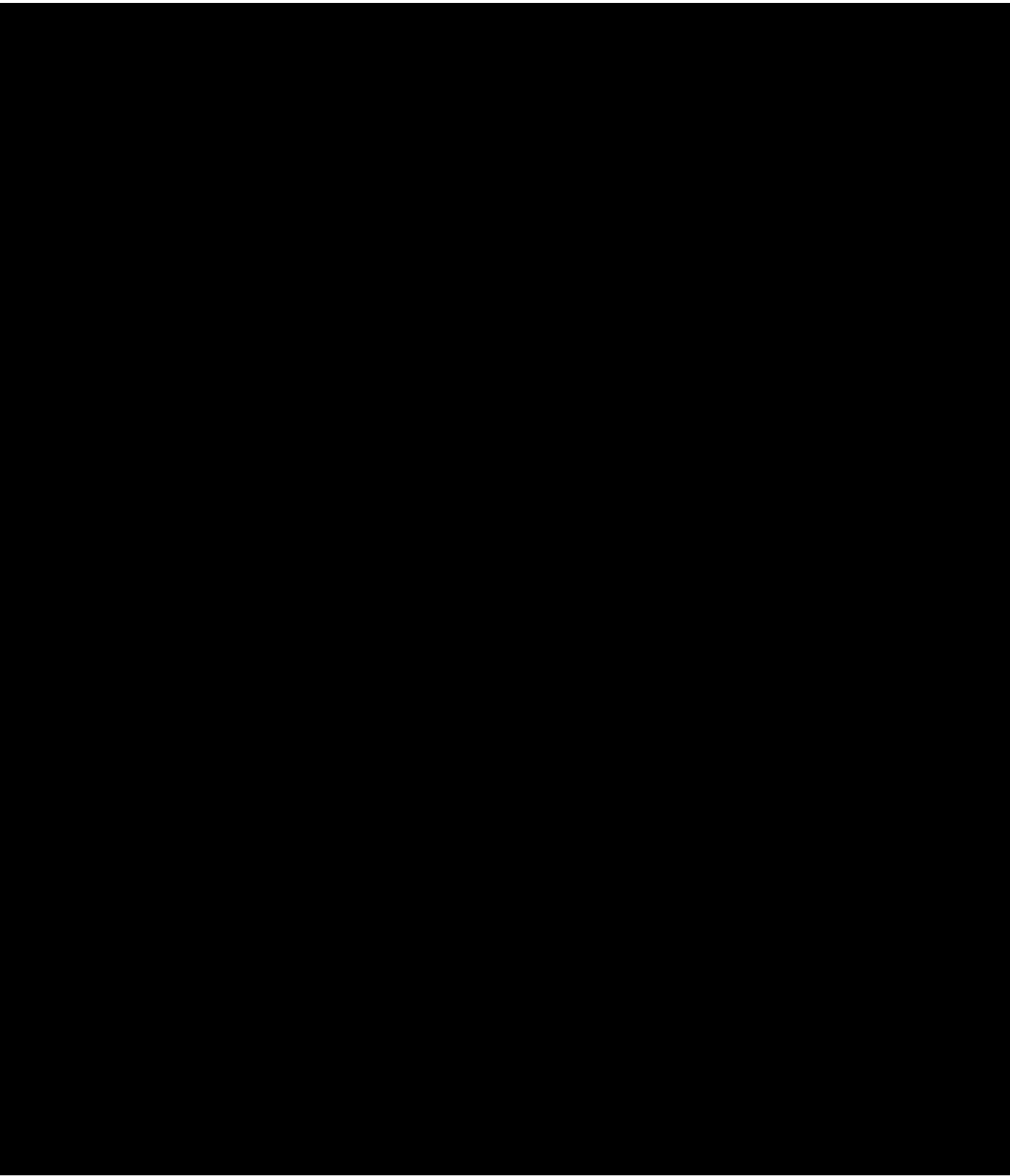


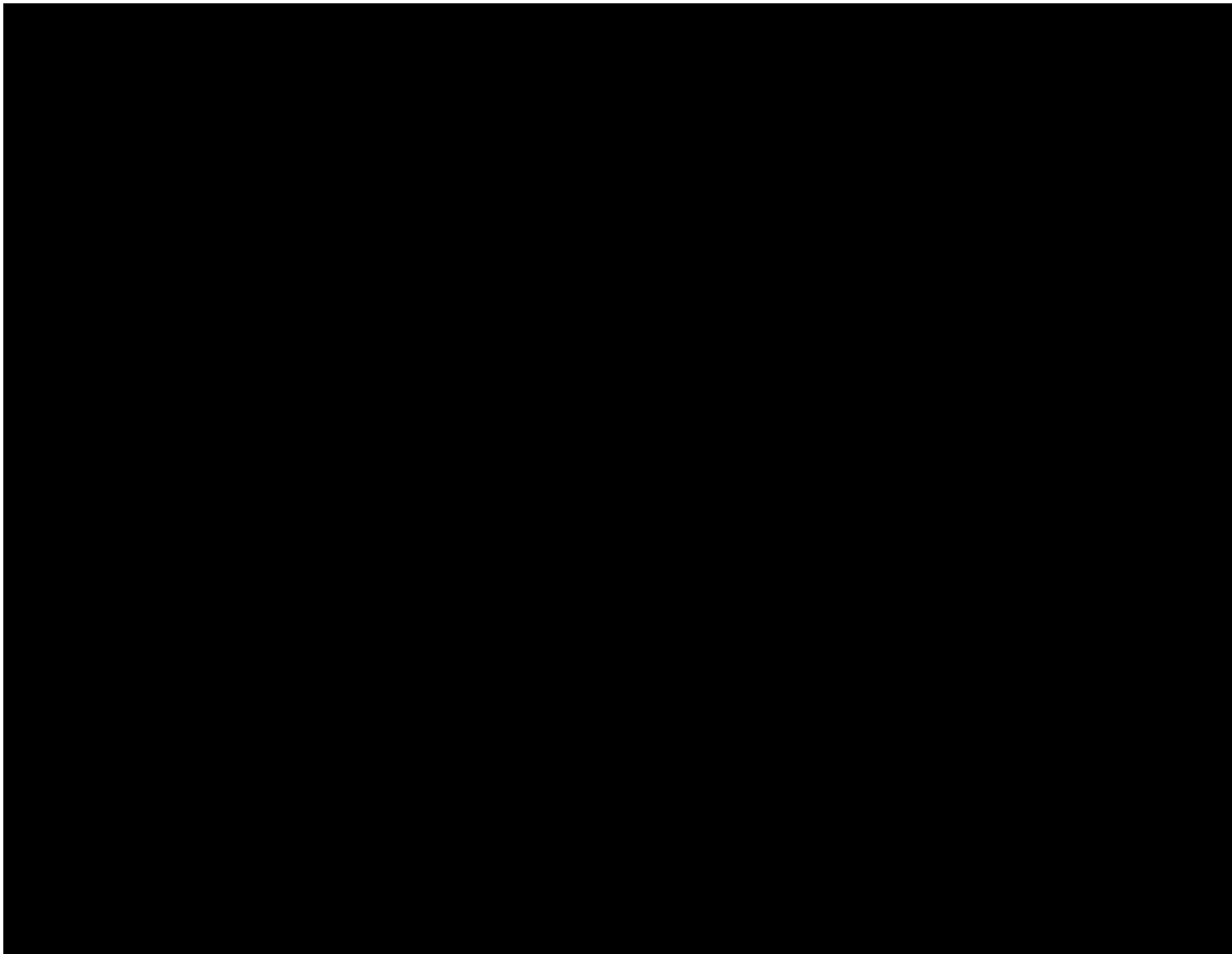












C-3.2 The Business Startup Plan also must describe how the Applicant's proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation 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

[illegible]





Business Plan(Description of Employee Duties and Roles)

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

The exceptional team at Care Med has a proven track record in education, business and medical marijuana dispensary operation. The combination of successful values-driven and results-driven leaders have the expertise, knowledge, skills, and experience to fulfill the following roles and responsibilities and make Care Med a model for serving patients throughout S.W. Ohio.

Jean R. Gould, CEO

The CEO provides leadership to implement the company vision, mission and values by building a highly effective management team, fostering external partnerships, and providing guidance and approval for Company policies & procedures. She directs and oversees the dispensary operations and works with the State Board of Pharmacy to insure the highest quality patient care and regulatory compliance.

Oversee daily operations including the following: IT, Marketing, Finance, and Staffing

Implement business strategies, plans and procedures

Regulatory, legal and compliance oversight

Set goals for dispensary performance and growth

Analyze & evaluate dispensary performance

Responsible for human resource planning & staffing

External & vendor relationships

Develop & implement new business

Dispensary advocacy: local, state & national

Oversee public & media relations

Collaborate on dispensary build out & implementation

Develop and implement patient experience & customer service

Organizational development plan

Patient Consultation

-----One on one patient consultation during business hours

Dispensary management:

-----Opening & closing procedures

-----Manage staff

-----Inventory receiving, stocking, management

Quality assurance control & management

Pricing & Purchasing

Operating budget

Develop & execute patient & physician education events

Develop marketing strategy & implement

Interview prospective hires

Community Outreach

Oversee business records & LLC

Oversee inventory, controls & procedures

PurLife, Darren White I, Dispensary Consultant/Operations Director

The Operations consultant/Director of Operations provides Care Med with day-to-day dispensary operating experience. In his role he's responsible for developing all dispensary business and facility standard operating procedures (SOPs) and will oversee the build-out of the dispensary with a special

emphasis on security to ensure compliance with applicable state, local, and federal laws and regulations, including reporting requirements, and internal compliance with company policies.

Develop OH compliant dispensary SOPs

Provide purchasing guidance for fixtures, equipment, security, software, sales & tracking systems

Provide oversight of dispensary build out and implementation of operations

-----Inventory management and record keeping software consultation

-----Business model selection and other infrastructure considerations

-----Vendor and supply chain assessment and strategy

-----Budget analysis and basic financial modeling

-----Product receipt and storage strategy

-----Sanitation and safety analysis

-----Human resource practices, partner and potential staff interviews

-----Provide environmental and sanitation plan, safety measures including contamination prevention and pest protection

-----Participate in site zoning compliance review

Work with Genric Security to oversee security equipment installation & execute fundamental security & surveillance plan

Advise and assist dispensary owners for two full years of operation

Darren "Indy" White II, Compliance, Policy & Quality Director

The CPQD is responsible for developing all regulatory policies, procedures and systems to implement and monitor Care Med's compliance with applicable state, local, and federal laws and regulations, including reporting requirements, and internal compliance with company policies and provide legal advice on transactional and governance matters.

Develop OH compliant dispensary SOPs

Provide legal advice on transactional and governance matters

Develop policies and procedures to achieve regulatory compliance with regard to all federal and state laws and Ohio Medical Marijuana Control Program Rules and Regulations

Work with Genric Security to establish employee safety plan & training

Provide implementation and ongoing oversight of dispensary policies, compliance & quality assurance procedures

-----Draft content necessary to fully respond to and satisfy state licensure criteria

-----Diversion prevention strategy, policies & training

-----Develop storage and handling plan & training

-----Provide patient care & education input

-----Provide staff education & training input

-----Develop human resource practices, partner and potential staff interviews

-----Participate in site zoning compliance review

-----Create sales, marketing & branding plans

-----Website project management

-----Advise and assist in implementation of all physical, business and legal operations

Advise and assist dispensary owners for two full years of operation

John Hondros, Managing Member, Chief Finance Officer

The CFO oversees all Care Med financial affairs including: financial management, accounting including yearly audits, company valuations, & taxes

Identify capital needs

Implement business strategies, plans and procedures

Set goals for dispensary performance and growth

Provide advice and counsel on business operations

Fiduciary responsibility

Linda B. Schlemmer, Pharmacist, Director of Patient Care, Education & Training

The Director coordinates the development of Educational and Support Services for patients. She monitors medical marijuana research to ensure the most accurate information for training and education & content contained in the Patient Handbook and educational materials. She serves patients daily conducting intake consultations and sales. She develops and provides pharmacological information for health care professionals & patients, provides counseling and training for Care Techs. She ensures that dispensary Care Techs comply with the state prescription monitoring program procedures, provide accurate product and dispensing information and give customers the quality care they deserve.

Patient Education

- Development of educational materials, digital patient content, patient product recommendations, product descriptions, dosing information and guidelines

Dispensary management:

- Opening and closing procedures

- One on one patient consultation during business hours

Staff Education and Training

- Develop employee-training manual

- Develop employee education & training program including CEUs

- Implement training schedules and record keeping

- Develop and implement standard operating procedures for patient experience, dispensary patient flow and customer service

- Update and integrate advances and new medical research into staff training

- Train employees on OARRS

Compliance & Regulations

- Work with legal team to submit all regulatory and compliance reports to the State

- Insure that all dispensary operations and employees adhere to laws and regulations

- Implement diversion prevention plans and standard operating procedures

Participate in Physician Roundtables

Interview prospective hires

General Manager/Asst. Manager (To be hired)

The General Manager(s) and Assistant Manager(s) have ultimate responsibility for insuring the efficient, safe and compliant daily sales activities of the dispensary. This includes day-to-day responsibility for the management of all physical, human, IT, facility and patient care operations.

Oversee daily implementation of policies and procedures

Manage dispensary operations

- Implement environmental waste reduction program

- Oversee sanitation and safety measures including contamination prevention and pest protection

- Manage product storage and handling procedures

- Manage physical plant operations and maintenance

- Oversee safety and security operations, monitoring and reporting

- Implement Inventory management controls & procedures

- Recordkeeping procedures

- Interview prospective hires

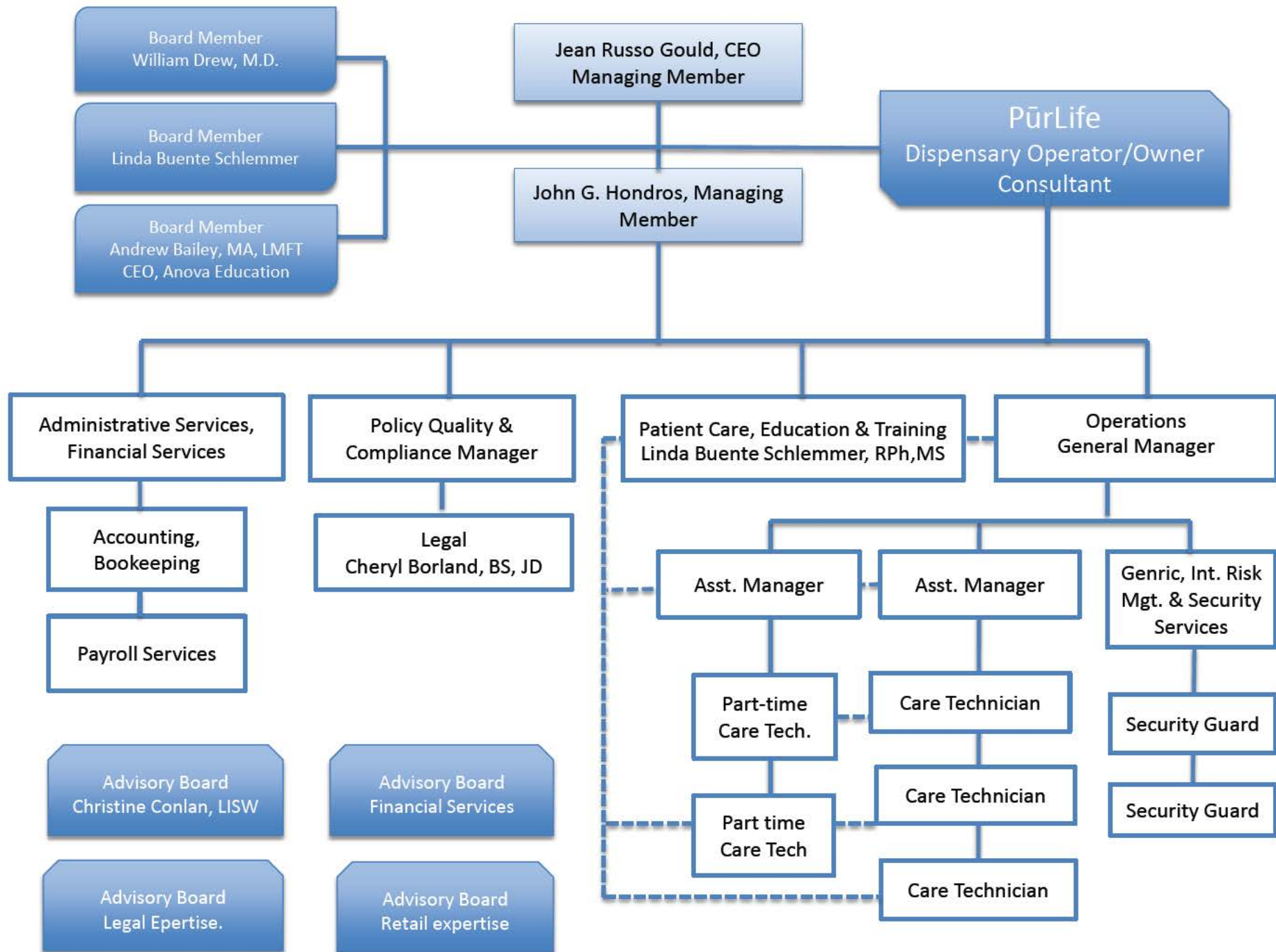
- Schedule staff

- Physical plant operations and maintenance

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_CareMed Org. Chart.pdf**

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



Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Liquid Reserves

C-5.2 Source of Capital

liquid savings account and money market

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_PROOF OF FUNDS_Redacted.pdf**

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



FIFTH THIRD BANK
PROOF OF FUNDS LETTER

Fifth Third Bank
21 E. State St.
Columbus, OH. 43215

November 14, 2017

To Whom It May Concern:

Re: [REDACTED]

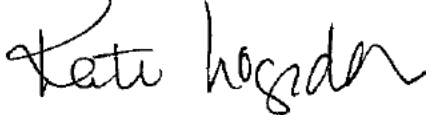
This letter is to certify that [REDACTED] has maintained a banking relationship with Fifth Third Bank since 1999. [REDACTED] has several related accounts with our bank under his control including account numbers:

- Investment Management Account [REDACTED] = \$10,547,486
- Deposit Account [REDACTED] = \$518,107.01
- Deposit Account [REDACTED] = \$486,493.68


These accounts have a current liquidity in excess of ten million dollars (\$10,000,000.00). Please accept my highest recommendation for [REDACTED] when considering his business.

Please feel free to contact me at 614-744-7562 with any further questions.

Thank You,



Kate Logsdon
Senior Vice President
Wealth Management Advisor
21 E. State St. 4th floor
Columbus, OH. 43215
Ph. (614) 744-7562
Fax. (614) 744-7537

Deposit and credit products provided by Fifth Third Bank. Member FDIC.  Equal Housing Lender.

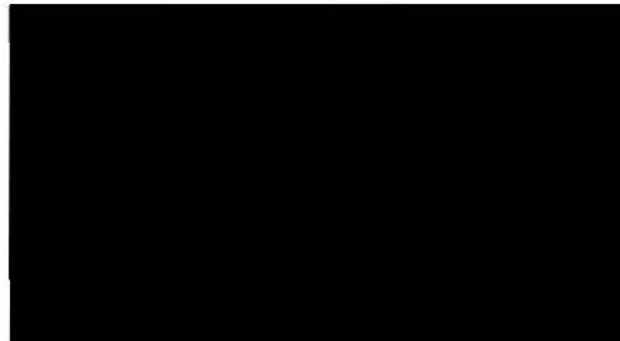
Fifth Third Private Bank is a division of Fifth Third Bank offering banking, investment and insurance products and services. Fifth Third Bancorp provides access to investments and investment services through various subsidiaries, Investments and Investment Services:

Are Not FDIC Insured	Offer No Bank Guarantee	May Lose Value
Are Not Insured By Any Federal Government Agency		Are Not A Deposit

Insurance products made available through Fifth Third Insurance Agency, Inc.

Written Pledge Form

I, [REDACTED] as majority member and owner of [REDACTED] (the "Applicant") do hereby make the following written pledge pursuant to the regulatory requirements of the Ohio Administrative Code §3796:6-2-02(B)(4) and the Ohio Medical Marijuana Control Program Dispensary Application §C-5 (the "Requirements"). The attached liquid savings and money market account statement for a total of \$11,552,086.69 demonstrates the liquid assets necessary to support the capital requirements for all dispensary applications submitted on behalf of the Applicant. In meeting the Requirements, I do hereby unconditionally commit such money to the use of the Applicant in the event that a dispensary provisional license is awarded to the Applicant.



11/16/17
Date

Subscribed and sworn to before me this 16th day of November, 20 17.
(SEAL)



Kimberly S. McCann
Notary Public, State of Ohio
My Commission Expires 01-19-2020

Kimberly S. McCann
NOTARY PUBLIC

Business Plan(Business History and Experience)

Item 1 of 3

C-6.1 First Name

Jean

C-6.2 Middle Name

Russo

C-6.3 Last Name

Gould

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

support

C-6.5 Business Name

UNIFUND

C-6.6 Business Address

10625 Tech Woods Circle Cincinnati, Ohio 45242

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

NO

C-6.8 Dates

1 year

Business Plan(Business History and Experience)

Item 2 of 3

C-6.1 First Name

Jean

C-6.2 Middle Name

Russo

C-6.3 Last Name

Gould

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

support

C-6.5 Business Name

Cincinnati State

C-6.6 Business Address

3520 Central Parkway, Cincinnati, Oh 45223

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

NO

C-6.8 Dates

6.5 years

Business Plan(Business History and Experience)

Item 3 of 3

C-6.1 First Name

John

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hondros

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

Owner

C-6.5 Business Name

Hondros Family of Companies

C-6.6 Business Address

170 N Sunbury Rd, Westerville, Oh 43085

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

YES

C-6.8 Dates

30 years

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.

Jean Russo Gould, PhD, CEO, has over 15 years of experience as a results oriented business leader, entrepreneur, interactive marketer and brand builder. Dr. Gould is well versed in the intricacies of operating a business enterprise from conception to strategic implementation and operation including legal and regulatory issues. After relocating to the Midwest, Dr. Gould co-founded a sports management company with her former husband, working closely with clients to manage their personal business needs and establish charitable foundations in their names. She purchased and operated two separate companies of her own, a 12-acre wholesale/retail landscape nursery & supply as well as a landscape design and installation firm, which she operated for 6 and a half years. Dr. Gould was responsible for all aspects of the operation, purchasing, sales, human resource, administration and supervision of over 25 employees. During this time sales reached over \$1million dollars annually. In order to spend more time with her children, Dr. Gould sold her business and began consulting; raising venture capital and helping new businesses get started. She is very familiar working in a regulatory environment, brought in to help lead S.W. Ohio finance for a Gubernatorial campaign. She strictly complied to all laws while working with the State, business and local community leaders.

In 2010, Dr. Gould was hired as the first Vice President for Marketing and Communications at Cincinnati State (CSTCC), a position she held for 6.5 years. In addition to leading all marketing, advertising, communications and governmental relations for the College she sat on the President's executive team charged with running the College and overseeing the budget, programs and departments. She also helped develop public/private partnerships, open a new campus and drive enrollment to its highest level. During her tenure at Cincinnati State she developed and implemented several important outreach initiatives aimed at increasing access to higher education by diverse populations.

After receiving her Ph.D. in Business, Values Driven Leadership, in the summer of 2016, Dr. Gould returned to the private sector. For the past year, Dr. Gould has contracted with PAYCEpays.com to develop a cutting-edge cash back rewards platform for consumers, businesses and organizations. That work included business strategy, program development, brand and website development, b2b programing, and new business. For the past 18 months, she has travelled to dispensaries all over the nation looking at best practices in medical cannabis patient care and dispensary operations. Her strong foundation in data analytics, an abiding interest in regulation/ compliance issues and devotion to the development of science-based public health policies make her a strong advocate for a thoughtful medical cannabis framework in Ohio. Dr. Gould has no administrative citation history.

Linda Buente Schlemmer, MS, RPh, Pharmacist, Dir. Patient Care, Training & Ed. is a licensed healthcare professional in Kentucky and Ohio with over 20 years as a Pharmacist in Cincinnati. She brings Care Med's daily dispensary operation and patient care the benefit of her broad range of business and pharmacy experience. Mrs. Schlemmer's clinical experience includes managing patient care through review of patient drug therapy, drug interactions, side effects, over-the-counter recommendations, patient and staff education, and facilitating communication between physicians and patients. As a pharmacy manager, she led her professional team using a values-driven approach that focused daily operations on providing optimal, compliant, and ethical patient-centric care. She

achieved quality assurance and continuous improvement of care in her pharmacies by using measurement, tracking and data analytics that employed patient, doctor, and employee feedback. Mrs. Schlemmer has been responsible for drug inventory control, regulatory compliance with State Boards of Pharmacy and the DEA, and regulations related to all controlled substances.

Mrs. Schlemmer also played a leadership role in launching an innovative new medical device and associated surgical procedure. This role provided physician trainings, supporting clinical studies, and implementing marketing strategies. Her professional experience also includes working on the consulting team hired by a major pharmaceutical company to launch an important new antidepressant that has helped thousands of patients and reached over \$100 million in global sales. In addition to her professional pharmacy responsibilities, Ms. Schlemmer developed a travel vaccination program for Crossroads Community Church that is now used for regular mission trips to South Africa and India. Mrs. Buente Schlemmer has no administrative citation history.

John Hondros, Managing Member, CFO

John Hondros worked his way through law school and started a practice that advocated for clients pursuing small business start-ups. Soon after, he decided to take a chance himself. Forty-six years ago, Hondros, with a \$4000.00 investment and determination to succeed, started a home remodeling business in a historic area of Columbus, OH. In 1981, he recognized that Columbus was growing and attracting newcomers to the area, but the city needed a real estate school to keep pace with the expansion.

Under the name The Ohio Real Estate Preparatory School, Hondros Family of Companies was born. Originally based on a test preparatory curriculum, the school quickly grew and began to offer both pre-licensing and CE courses for the fields of real estate and financial services.

Over the years the school grew and offered more programs under the direction of John and his wife, Linda. Today, Hondros College of Business offers career training for adult-students looking to advance or start their new career in many industries across the country. They employ over 400 associates. Mr. Hondros's holdings include Hondros Learning, CompurCram, Learn Mortgage, Hondros College of Business, Arizona School of Real Estate and Business, and Blue Ocean Coding.

John enjoys sharing his life and business experiences by mentoring young professionals seeking to become tomorrow's entrepreneurs. Mr. Hondros has no administrative citation history.

PurLife is a Licensed Non-Profit Producer with the State of New Mexico Medical Cannabis Program that operates a state-of-the-art indoor cultivation facility and two dispensaries. PurLife will provide Care Med Associates with extensive knowledge for designing, building, equipping, staffing and operating a successful medical marijuana dispensary. Their team of seasoned professionals will travel to Cincinnati to co-develop & implement SOPs, trade secrets, systems, processes & procedures, security, human resources, & regulatory compliance training necessary to open. They will continue to monitor, consult and advise CareMed on an ongoing basis. PurLife has no administrative citation history.

Darren White I, PurLife's CEO has successfully helped many clients in New York, Hawaii, Louisiana, and Rhode Island on medical cannabis applications and set up operations once the licenses were granted. PurLife is known for their focus and expertise in security. As CEO, He runs the financial and business affairs of the company & oversees the day to day operations of 2 dispensaries and a large cultivation plant. Mr. White served in the United States Army's elite 82nd Airborne Division. After completing his military service he was elected Sheriff of Bernalillo County in 2002. Mayor Richard J. Berry appointed White as Albuquerque's Public Safety Director in December 2009. As the Public Safety Director, White was in charge of the Albuquerque's police and fire departments, the Emergency

Management Office and the Safe City Strike Force.

Darren “Indy” White II serves on the Board of Directors and as Vice President of PurLife. He graduated from Saint Louis University School of Law School & is licensed to practice law in MO and NM. During law school, Darren helped organized the Veteran’s Advocacy Project, which provided free legal assistance for homeless veterans. For his leadership, he was the only recipient of the David Grant Student Clinic Award for his commitment to public service. In 2007, Darren enlisted in the New Mexico Air National Guard and completed his six-year enlistment commitment and was honorably discharged in 2013. Mr. White has extensive knowledge of designing, building, and operating successful medical marijuana dispensaries in New Mexico. His broad experience & level of expertise operating dispensaries has garnered recognition. He has consulted on applications for medical marijuana licenses in New Mexico, New York, Louisiana, and Rhode Island.

Board of Directors and advisory Board Members

Dr. Gould and Mrs. Schlemmer have assembled a group of business leaders with experience caring for patients and running businesses, non-profits, and medical practices.

Mr. Andrew Bailey, LMFT founded and is CEO of Anova Education and Behavior Consultation which provides a comprehensive treatment center including two K-12 schools, a medical clinic, an adult day program, tele-health and in-home treatment services for patients with a wide range of neuro-developmental and medical conditions. Mr. Bailey works closely in consultation with a variety of medical professionals who prescribe medical marijuana products for the treatment and ongoing management of these conditions

Dr. William Drew is a Partner of a S.W. Ohio medical practice since 1995 where he’s served as Vice president since 2007 and has been President since 2016. He is responsible for the practice’s business operations, finance, and new business development while maintaining a full patient schedule. His family business holdings include real estate. He will provide oversight for our patient care plan and business operation.

Ms. Christine Conlan, LISWS has worked as a social worker and clinical therapist for more than 30 years, helping individuals and families manage and cope with stress, depression, anxiety, addictions, alcohol & drug abuse, trauma, loss, & illness. She is skilled in preparing psychiatric evaluations/assessments, reports, and treatment plans. In addition to her clinical practice, her consulting practice assists organizations with Board development, Leadership development, team building, and change. She and has served as Vice President of Cincinnati Union Bethel and was responsible for Board relations, fundraising, program and project over-site and development. She is a member of the Cincinnati Chamber of Commerce Leadership Class 40. She will provide CareMed staff training for diversion prevention, behavior and psychological patient needs, and will be available to work with patients on a weekly basis if they’d like.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

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

This response has been entirely redacted

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

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

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

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'communication' field is defined as:

...the study of the processes of communication production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information science' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information studies' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information technology' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information systems' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information management' field is defined as:

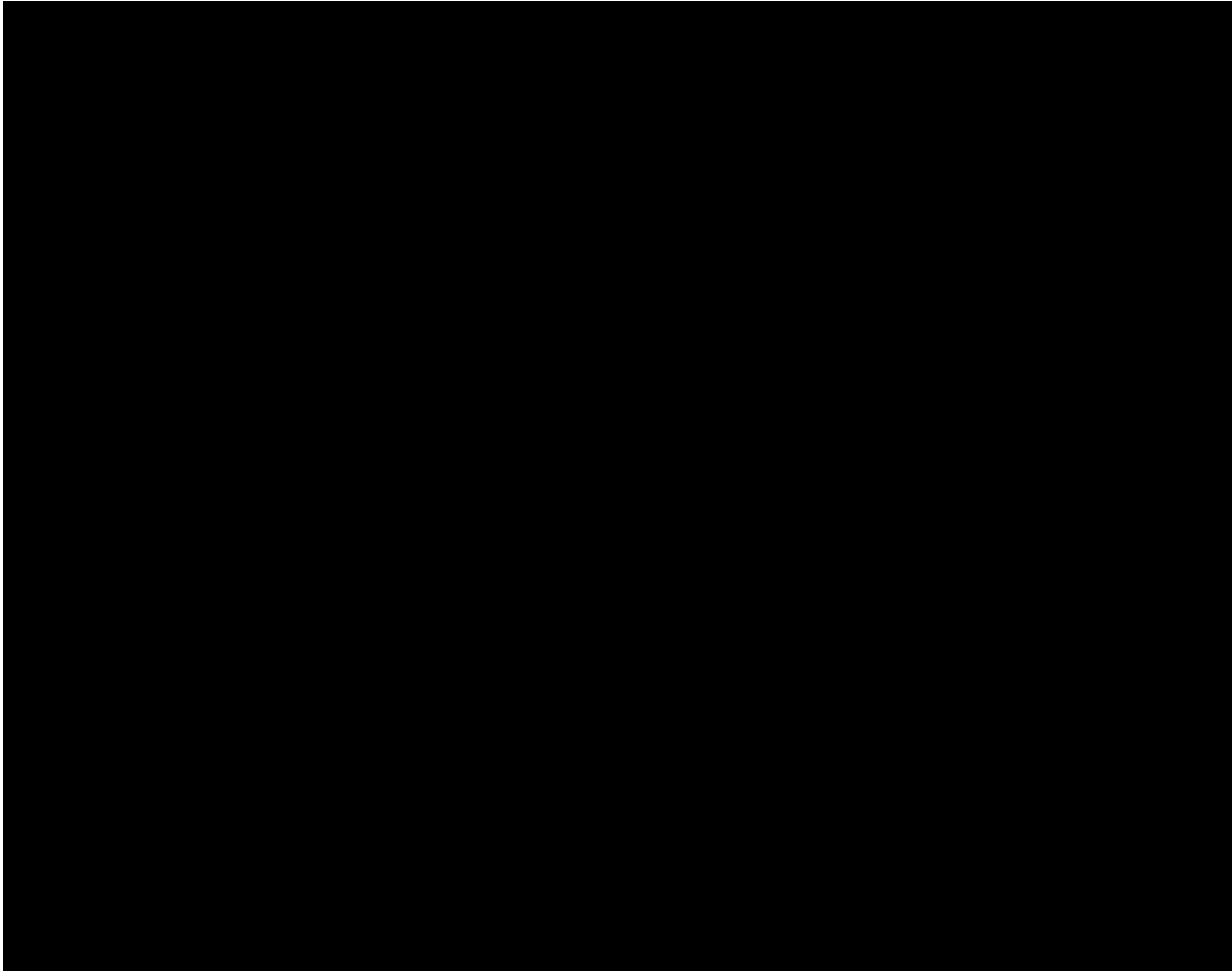
...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

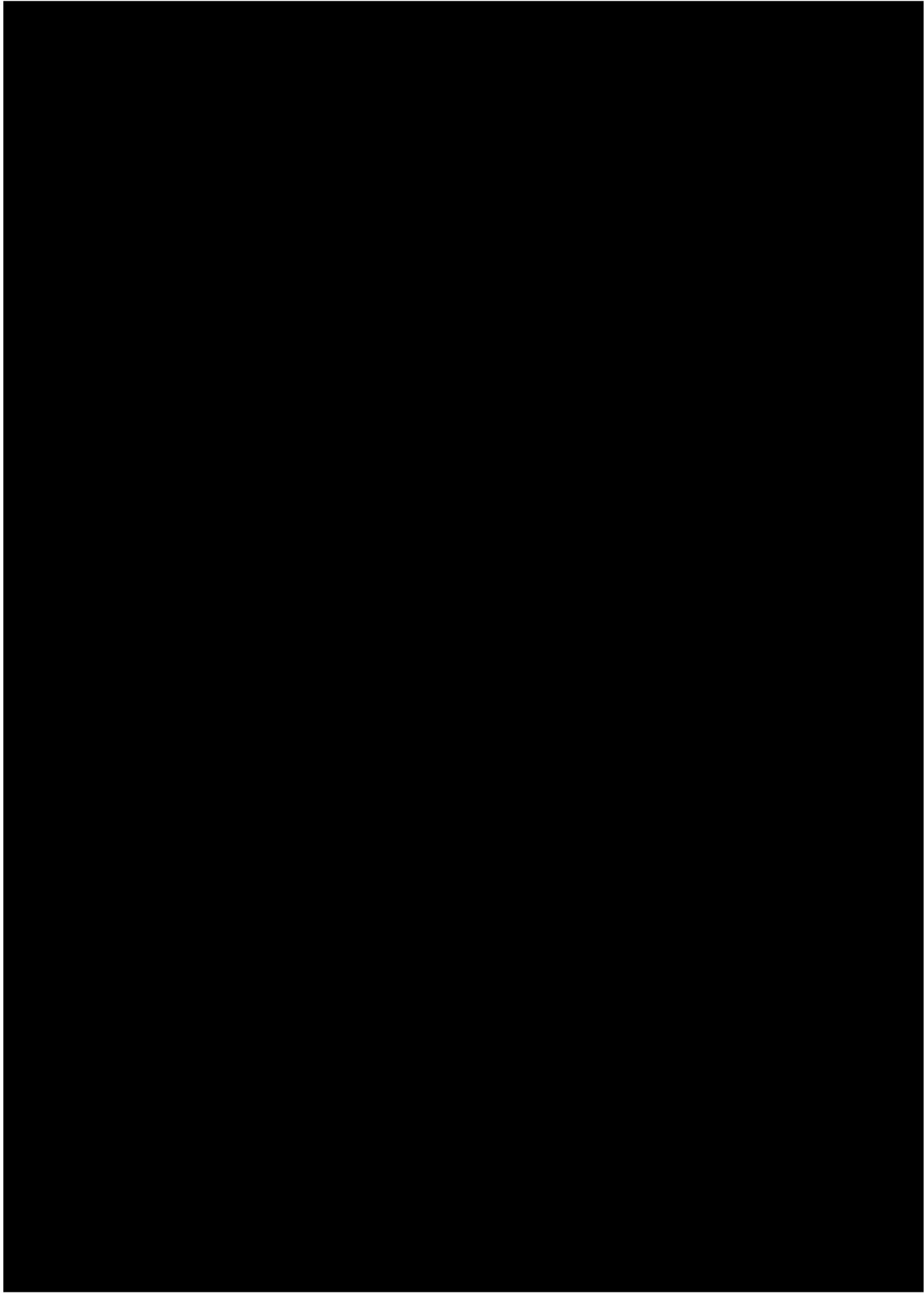
The 'information policy' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)

The 'information law' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 11)





The first of these is the fact that the system is not a simple one. It is a complex system, and as such, it is not possible to understand it by looking at its parts in isolation. The system is a whole, and its behavior is determined by the interactions between its parts. This is a fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The second of these is the fact that the system is not a static one. It is a dynamic system, and its behavior changes over time. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The third of these is the fact that the system is not a linear one. It is a non-linear system, and its behavior is not predictable by simple linear models. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The fourth of these is the fact that the system is not a closed one. It is an open system, and it interacts with its environment. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The fifth of these is the fact that the system is not a simple one. It is a complex system, and as such, it is not possible to understand it by looking at its parts in isolation. The system is a whole, and its behavior is determined by the interactions between its parts. This is a fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

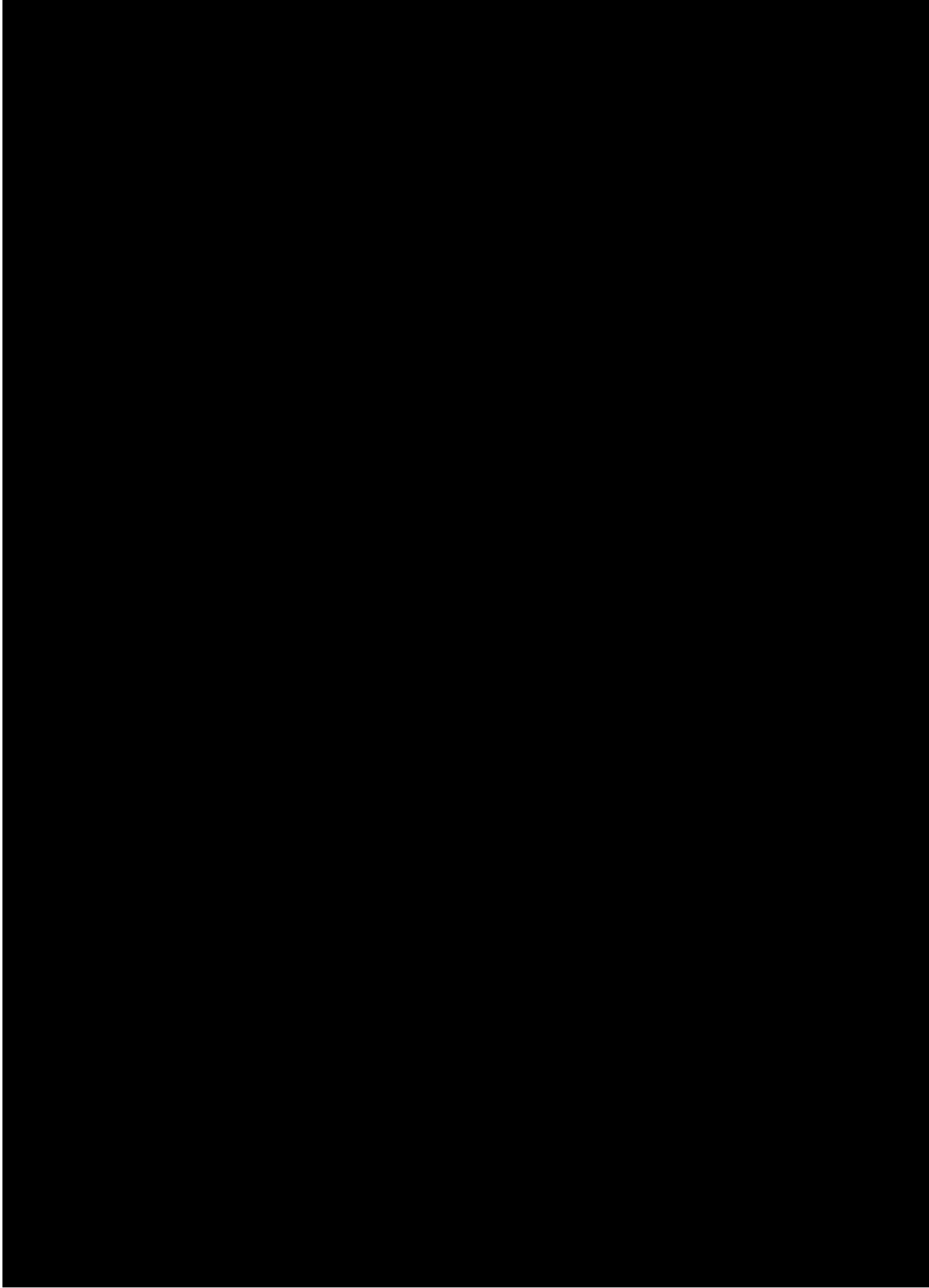
The sixth of these is the fact that the system is not a static one. It is a dynamic system, and its behavior changes over time. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The seventh of these is the fact that the system is not a linear one. It is a non-linear system, and its behavior is not predictable by simple linear models. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The eighth of these is the fact that the system is not a closed one. It is an open system, and it interacts with its environment. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The ninth of these is the fact that the system is not a simple one. It is a complex system, and as such, it is not possible to understand it by looking at its parts in isolation. The system is a whole, and its behavior is determined by the interactions between its parts. This is a fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.

The tenth of these is the fact that the system is not a static one. It is a dynamic system, and its behavior changes over time. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional engineering and science.



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

YES

Operations Plan(Receiving of Product)

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

YES

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

YES

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

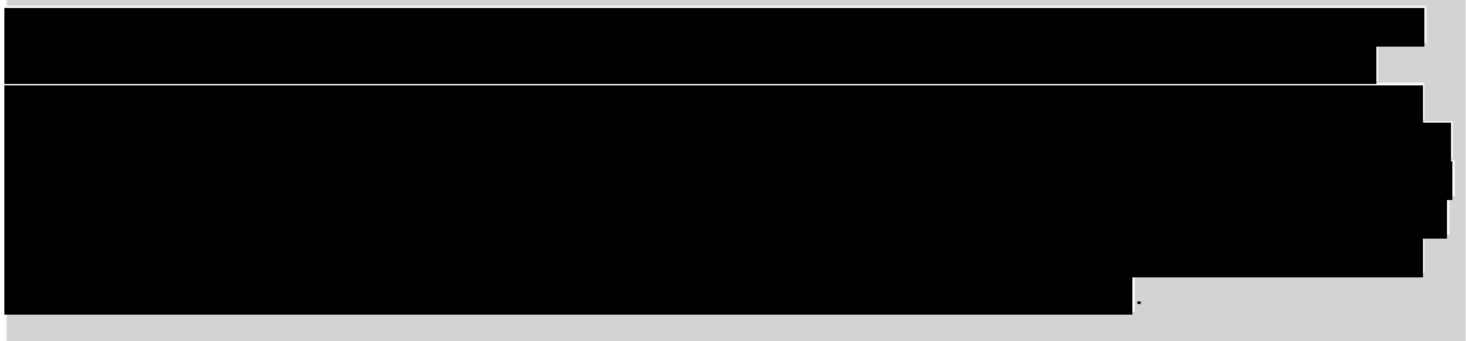
[REDACTED]

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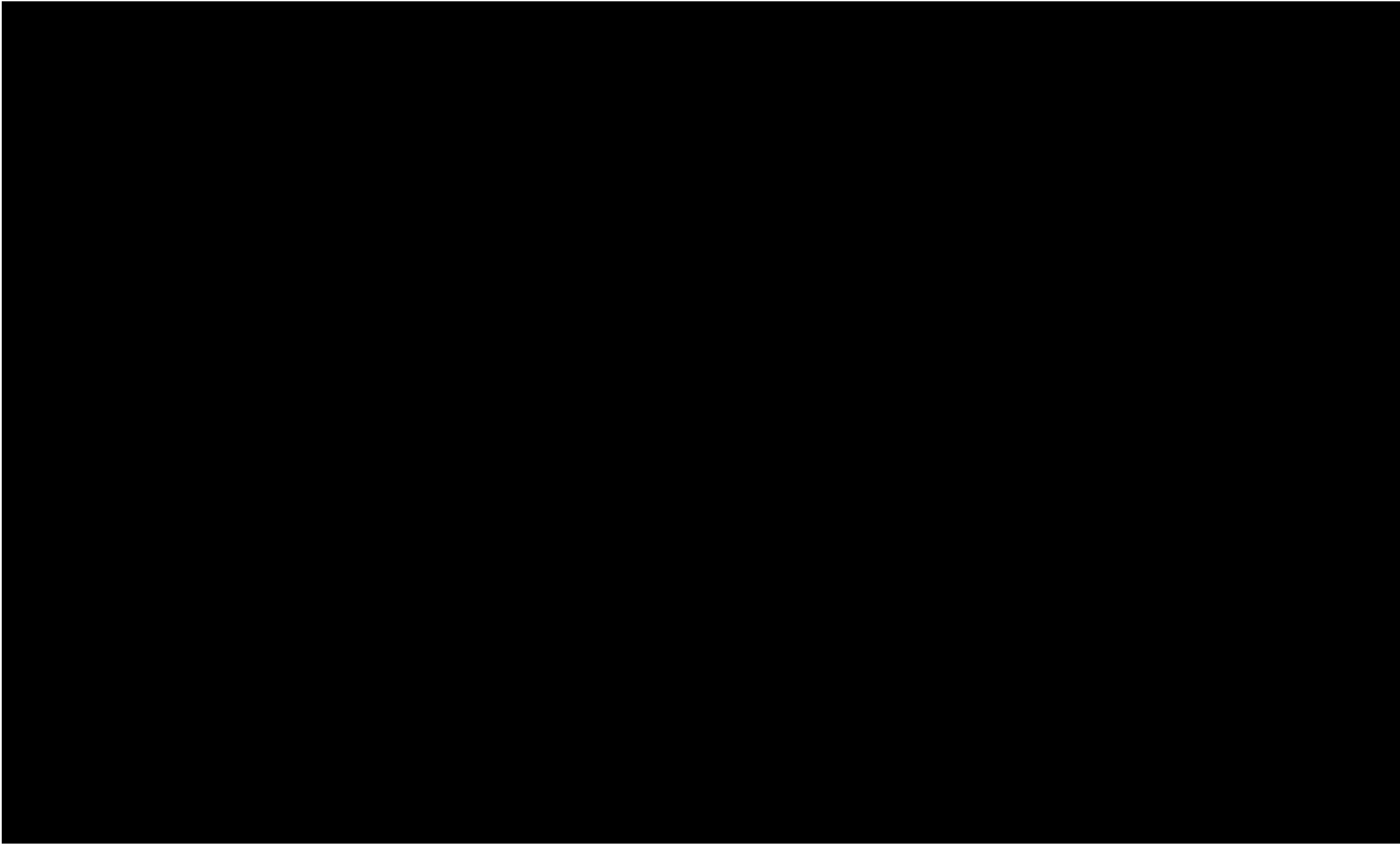
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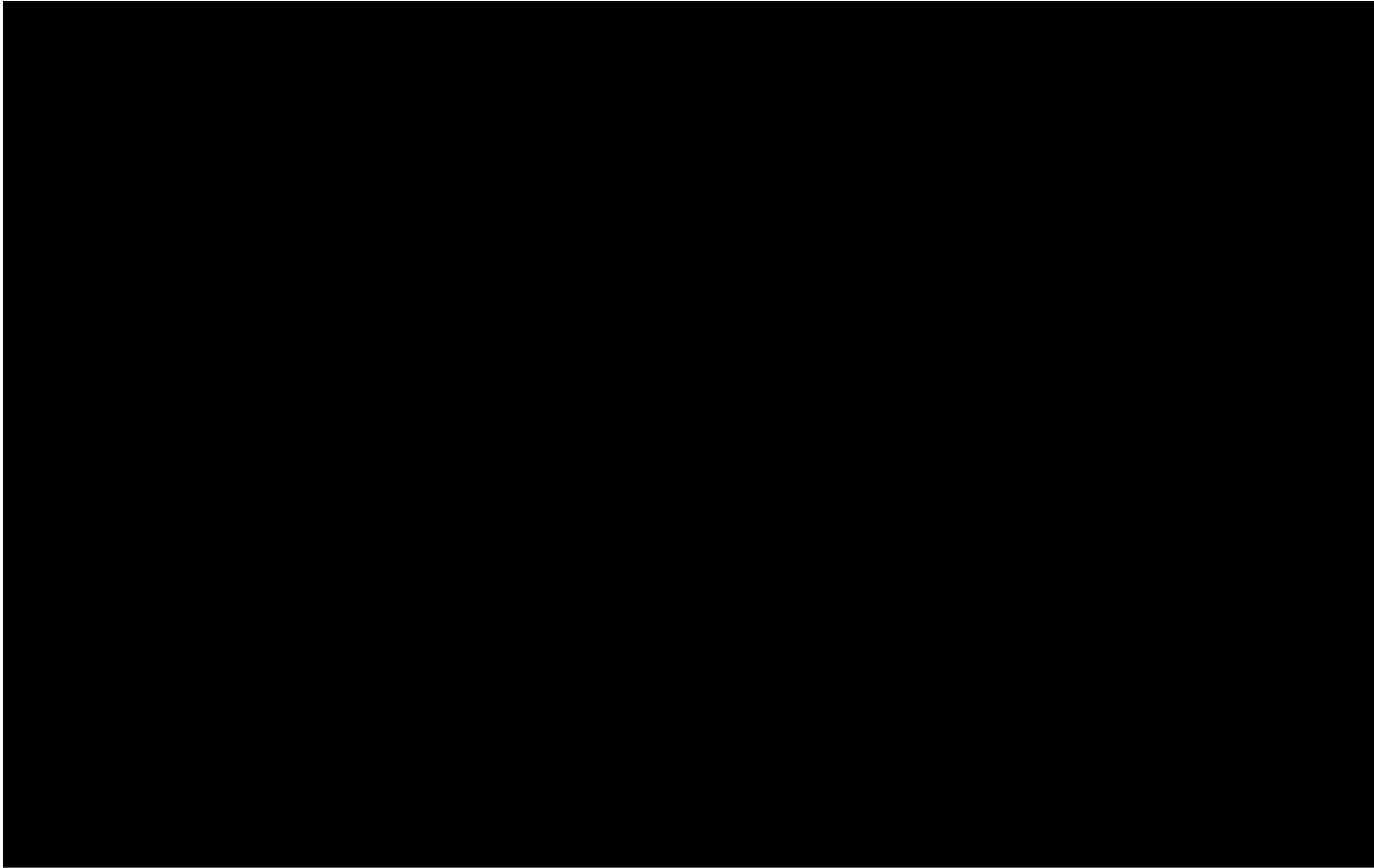
[REDACTED]

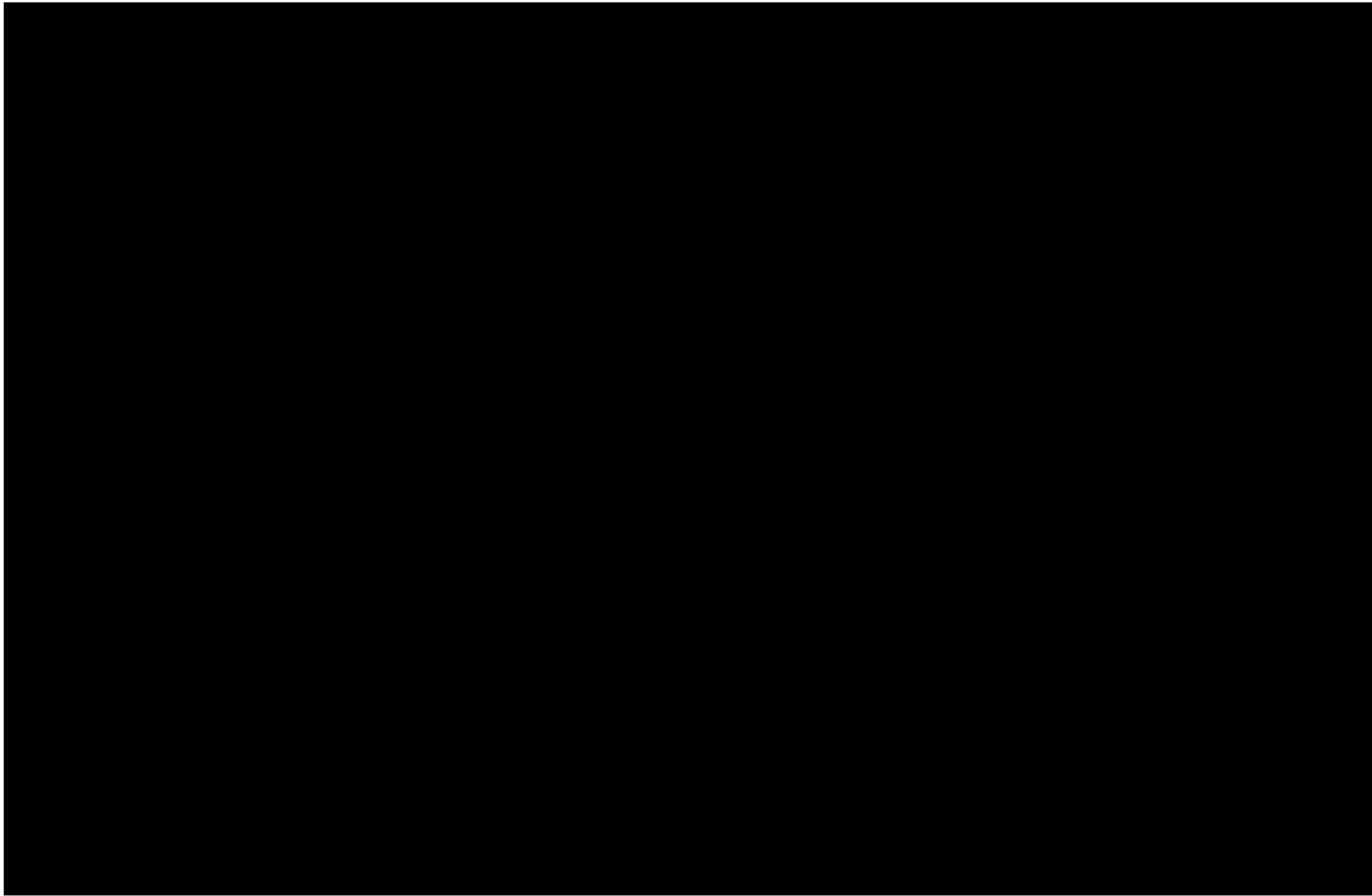


D-3.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-3.3.1_Redacted Facility Plan.pdf**
NOTE: This applicant uploaded document is the next 11 page(s) of this document.









Exterior Perspective: 1







Waiting Area Perspective: 1







Patient Flow and Associated Staffing Model

Total Patient Count	961		Time Alloted with patients	10	15	20	30
<i>Number of visits per patient per month</i>	2		<i>Intervals based on hours</i>	Number of interval allotments based on time alloted during store hours			
			14	84	56	42	28
<i>Multiple TPC by number of visits per month for total number of interactions with patients</i>			10	60	40	30	20
Total number of interactions	1922		8	48	32	24	16
<i>Divide number of interactions with number of days store will be open</i>			<i>Daily visits</i>	Number of staff needed based on time with patient			
<i>Days of operations</i>	7		275	3	5	7	10
				5	7	9	14
<i>Average Daily Visits</i>	275			6	9	11	17
Staffing and patient work flow depends on a number of assumptions							
1. Number of patient visits per year 2. The amount of time spent per patient (which depends on whether or not its a 1st time visit, recurring visit, or there is a need for consultation). The time spent per interaction will range between 15 minutes up to 45 minutes on average. This gives PCEs enough time for initiatl consultation and for educating the patient and Care Techs sufficient time to check in with returning patients to make sure they are getting the care they need.							

Operations Plan(Storage of Product)

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

YES

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

YES

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

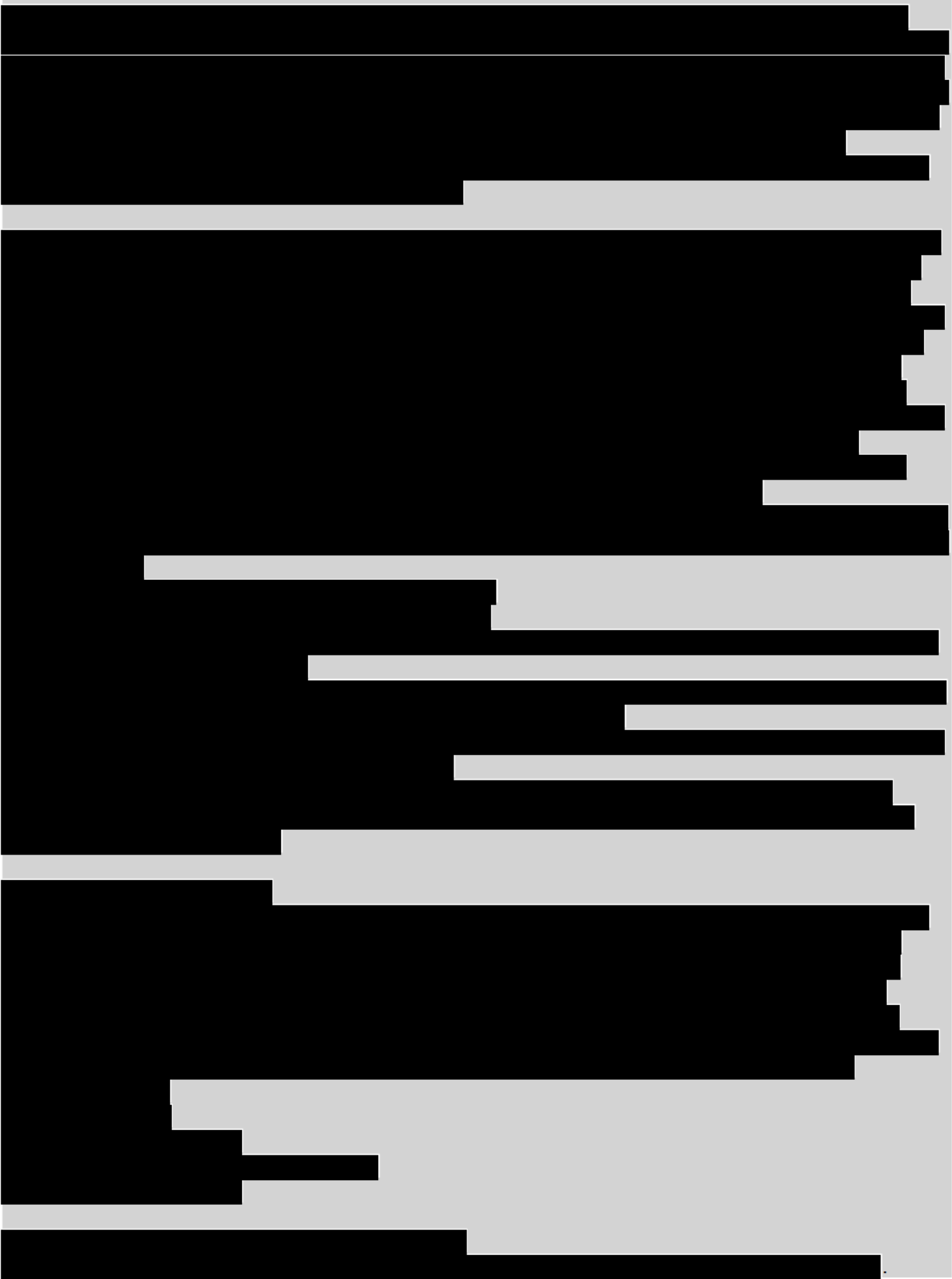
YES

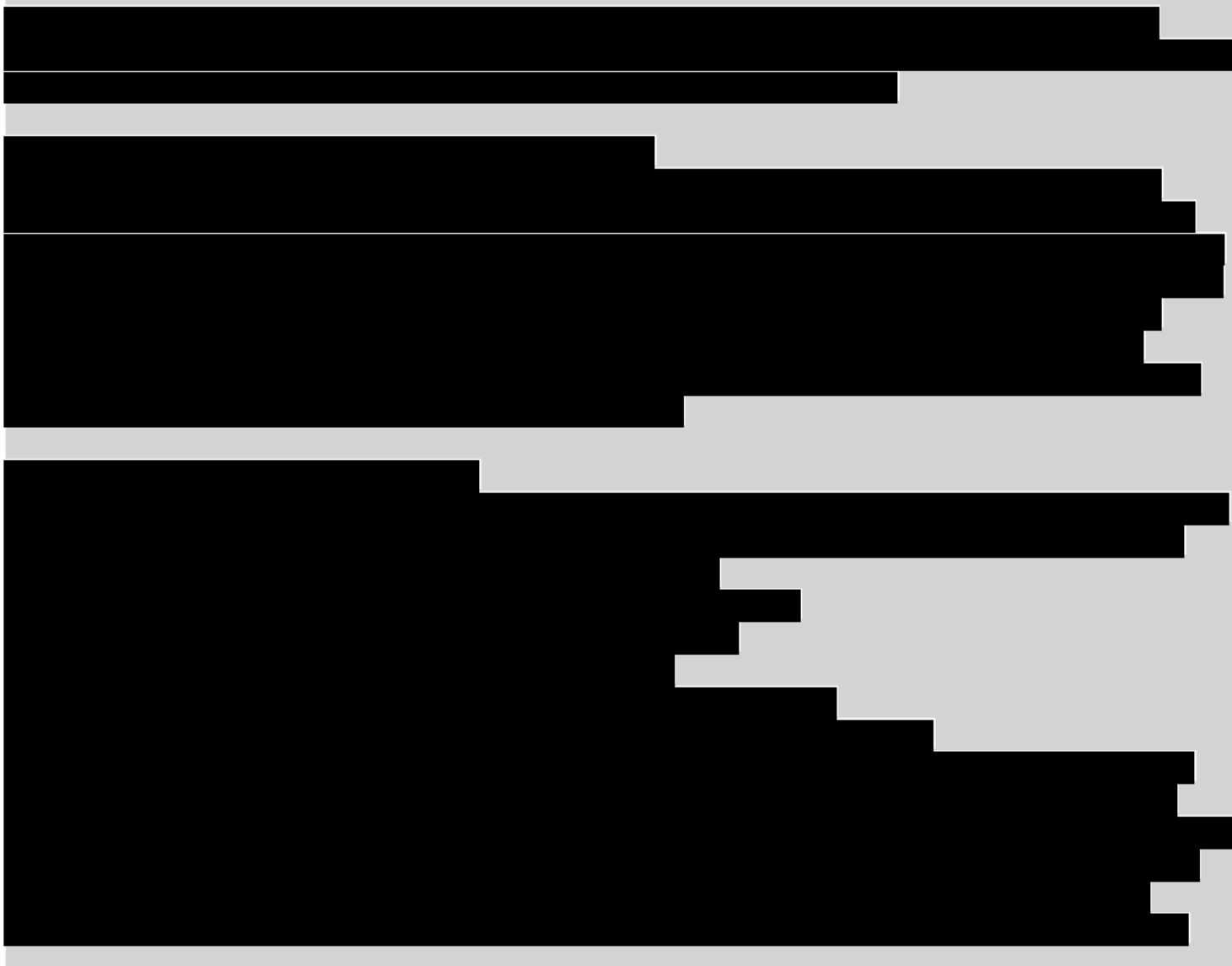
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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

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

[Redacted content]





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

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).

4

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

YES

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

[REDACTED]

[illegible]



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

Uploaded Document Name: **D-5.5.1_sample label.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

Lot# :1234
Date of Harvest : 8.28.17
UBI: 123 456 789 001 001



Generic Dispensary
Blueberry Haze

16.7% THC // 16.45 THCA // 1.5% CBD // 0.3% CBDA

This product is for medical use and not for resale or transfer

The contents may be lawfully consumed only by the qualifying patient named on the attached label;

It is illegal for any person to possess or consume the contents of the package other than the qualifying patient; and

It is illegal to transfer the package or contents to any person other than for a caregiver to transfer it to a qualifying patient;

KEEP AWAY FROM CHILDREN

National Poison Control Center emergency telephone number: 800-222-1222

The label will bear the telephone number of the licensee to call to report an adverse patient event;

WARNING: MAY CONTAIN ALLERGENS
NON-MEDICAL CANNABIS INGREDIENTS (IF EDIBLE)

The label will bear a conspicuous itemization, including weight of all
cannabinoid and terpene ingredients specified for the product

Bear a personalized label for the qualifying patient.

The amount of product and form;

- The genetic lineage of the product (including medicinal variety);
 - Weight (for medical cannabis);
- Date the product was packaged and expiration date (if applicable);
 - Laboratory testing results;
 - Legal disclosures;
 - Medical disclosures (if applicable);

Operations Plan(Inventory Management of Product)

D-6.1 By selecting "**Yes**" the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. [OAC 3796:6-3-20](#)

YES

D-6.2 By selecting "**Yes**" the Applicant attests that its written or electronic weekly and annual inventory records described in D-6.1 will include:

1. The date of the inventory
2. A summary of the inventory findings
3. The employee identification numbers, and titles or positions, of the individuals who conducted the inventory

Please reference [OAC 3796:6-3-20](#) for more information.

YES

D-6.3 By selecting "**Yes**", the Applicant attests that it will use the state inventory tracking system. [ORC 3796.07](#); [OAC 3796:1-1-01](#); [OAC 3796:6-3-06](#)

YES

D-6.4 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana received from a cultivator or processor in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

D-6.5 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana dispensed to a patient or a caregiver in its internal inventory control system. [OAC 3796:6-3-08](#)

YES

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

YES

D-6.7 Please provide an explanation for selecting "**No**" in response to questions D-6.1 through D-6.6

No response provided by applicant

D-6.8 Please describe the Applicant's approach regarding the implementation of an inventory management process. This approach must also include a process that provides for the recall of medical marijuana and the management of medical marijuana product returns from the proposed dispensary to the originating cultivator and/or processor. [OAC 3796:6-3-20](#)

[REDACTED]

[REDACTED]

[REDACTED]



[illegible]

[REDACTED]

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

[REDACTED]

[REDACTED]

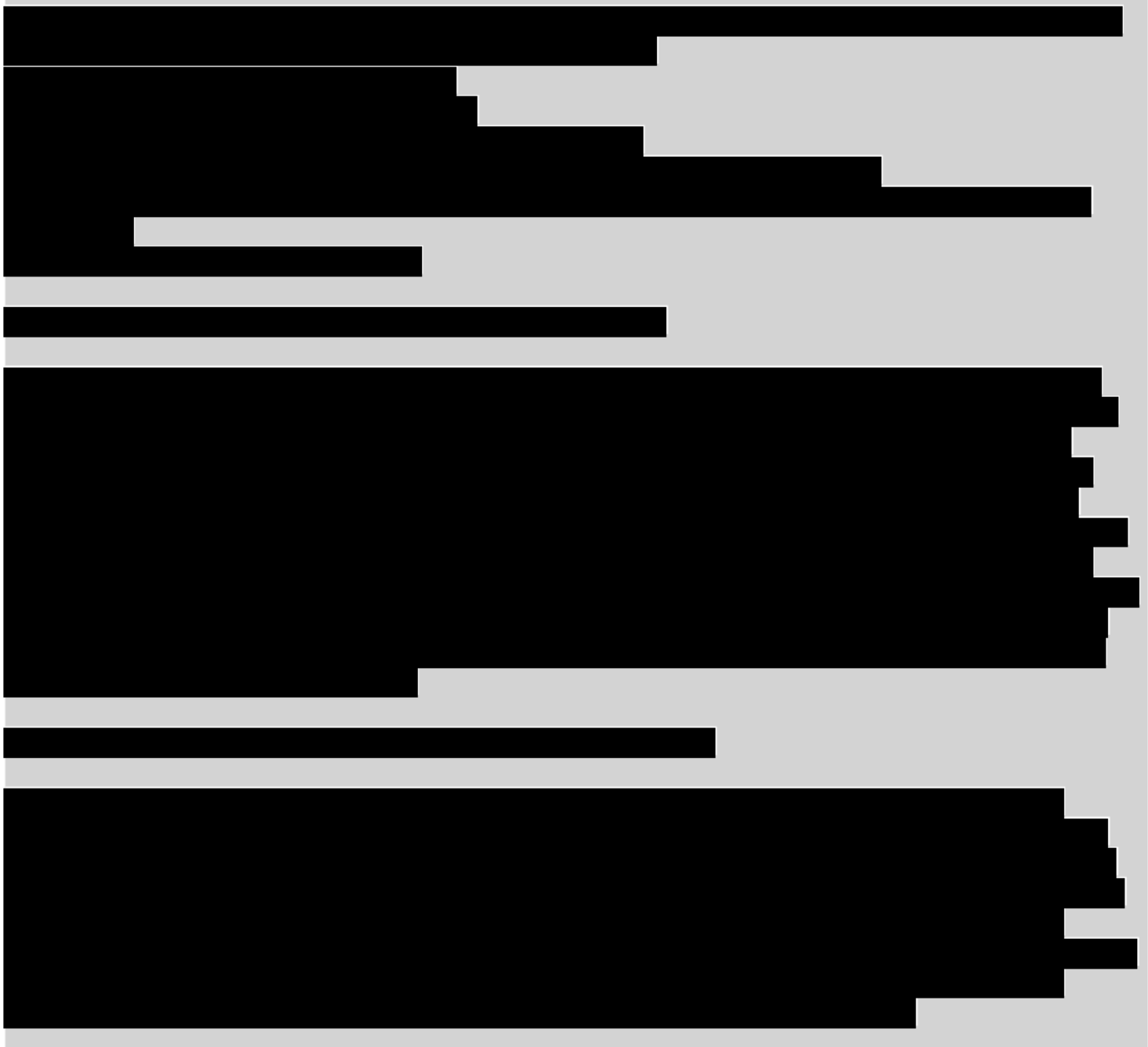
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D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-6.9.1_ returned products log sheet.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

OPTIONAL ATTACHMENT

RETURNED MARIJUANA PRODUCTS LOG SHEET

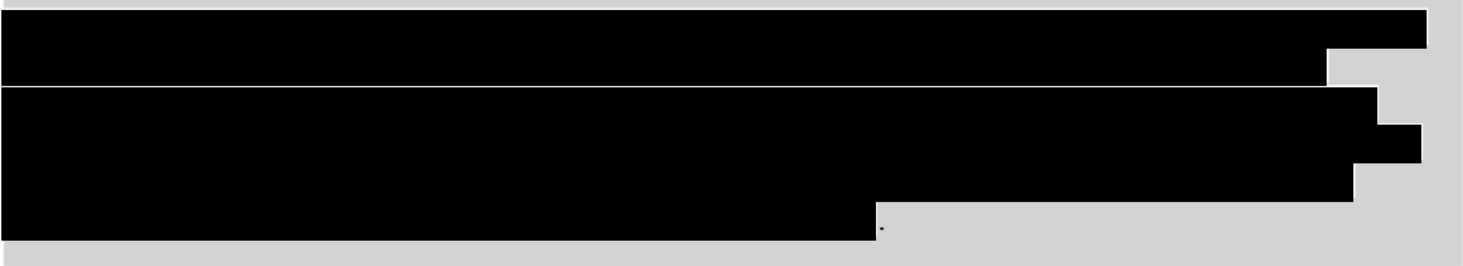
Date	Receiving Employee	Patient/Caregiver Name/ID Number	Marijuana Product Returned (Barcode or other label	Quantity/Weight	Reason for Product Return

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](#)

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Operations Plan(Sanitation and Safety)

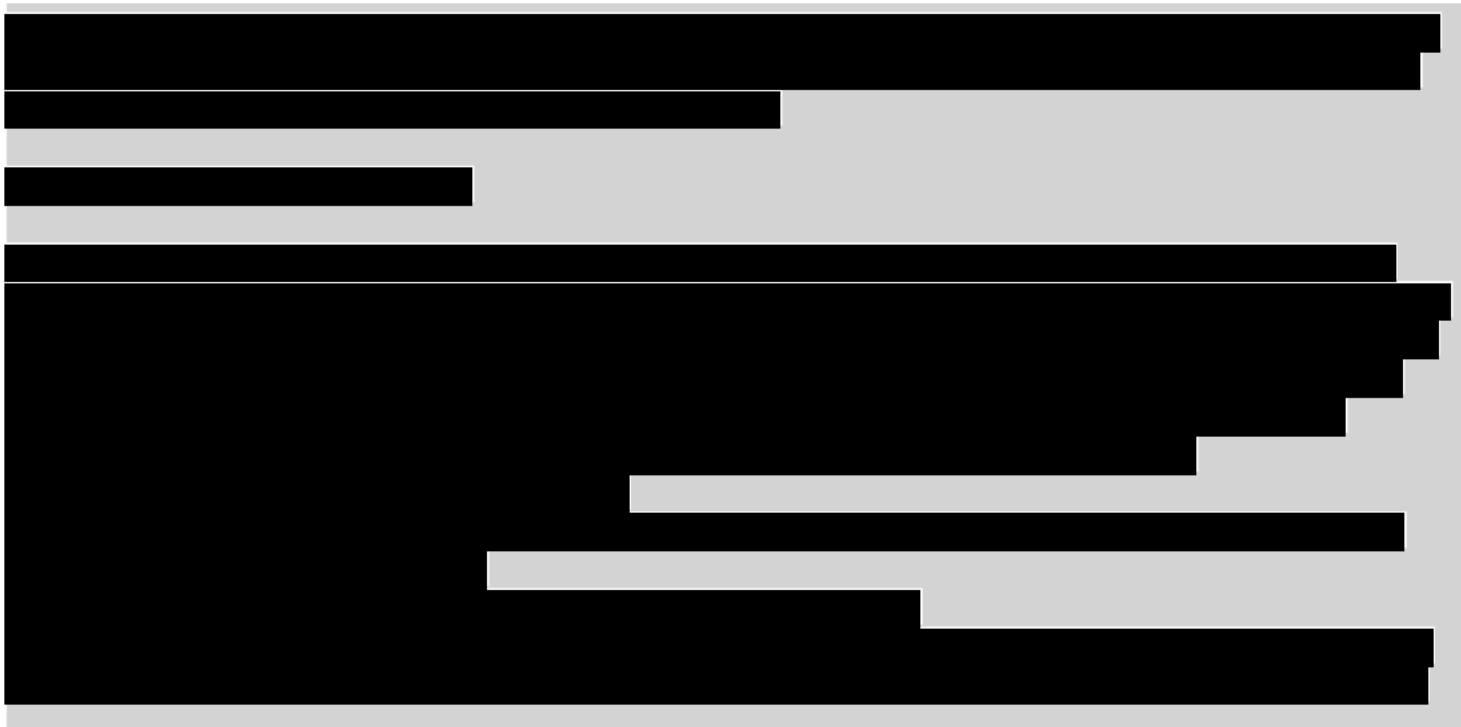
D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

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

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

[Redacted content]





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.

[illegible]

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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](#)

[Redacted content]



[REDACTED]

No response provided by applicant

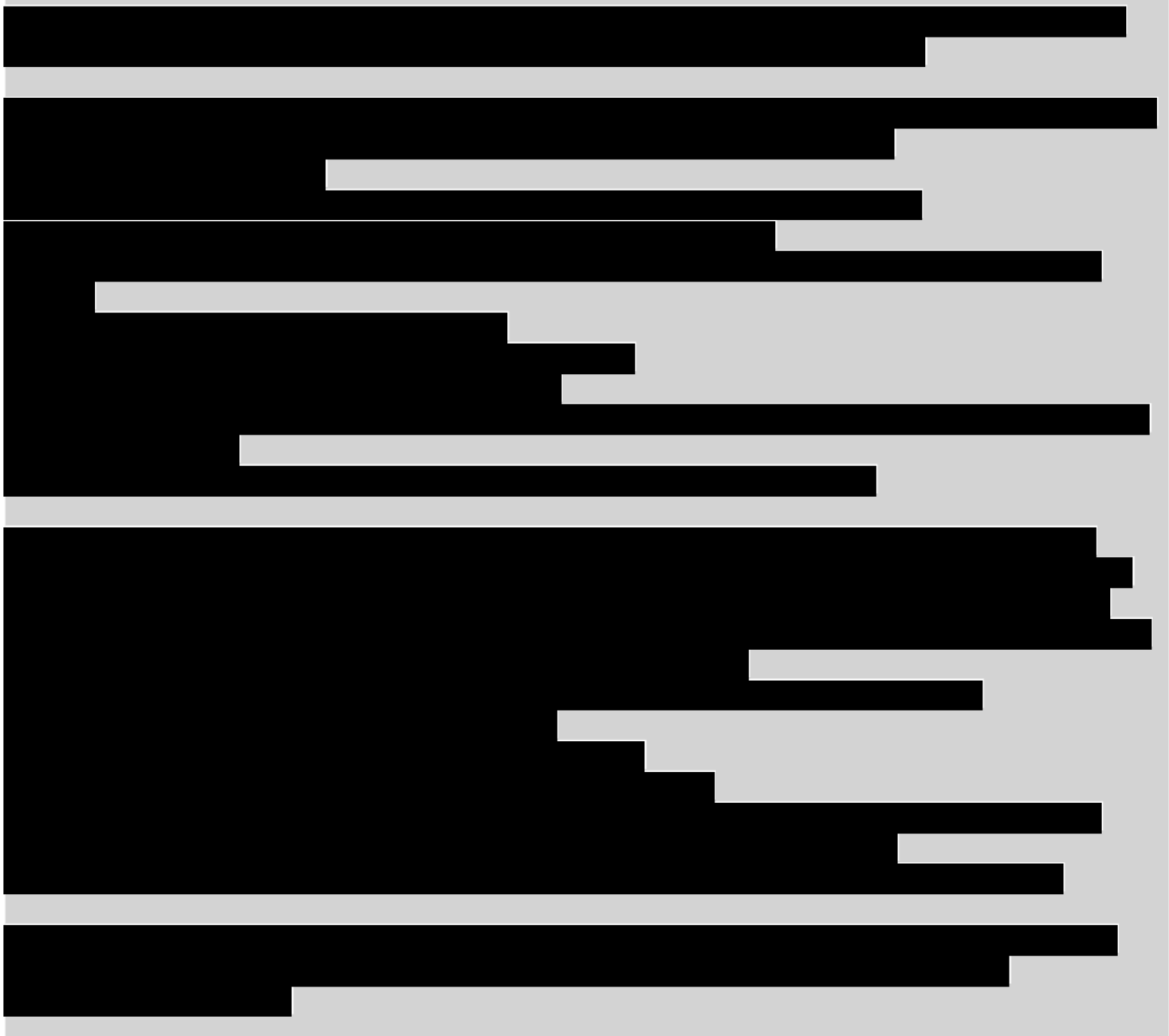
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[REDACTED]

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

[REDACTED]



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

No response provided by applicant

Operations Plan(Security & Infrastructure Records)

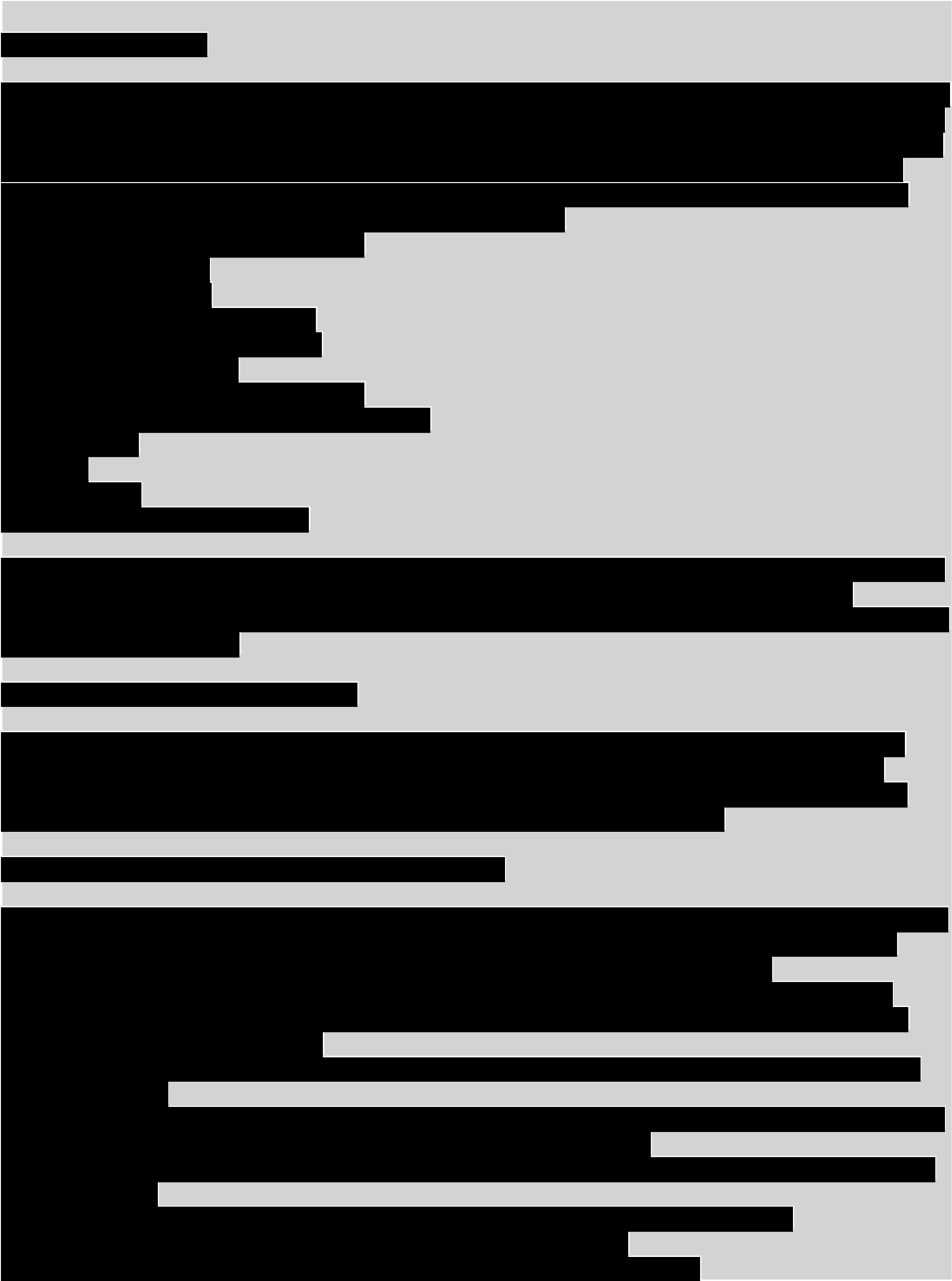
D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

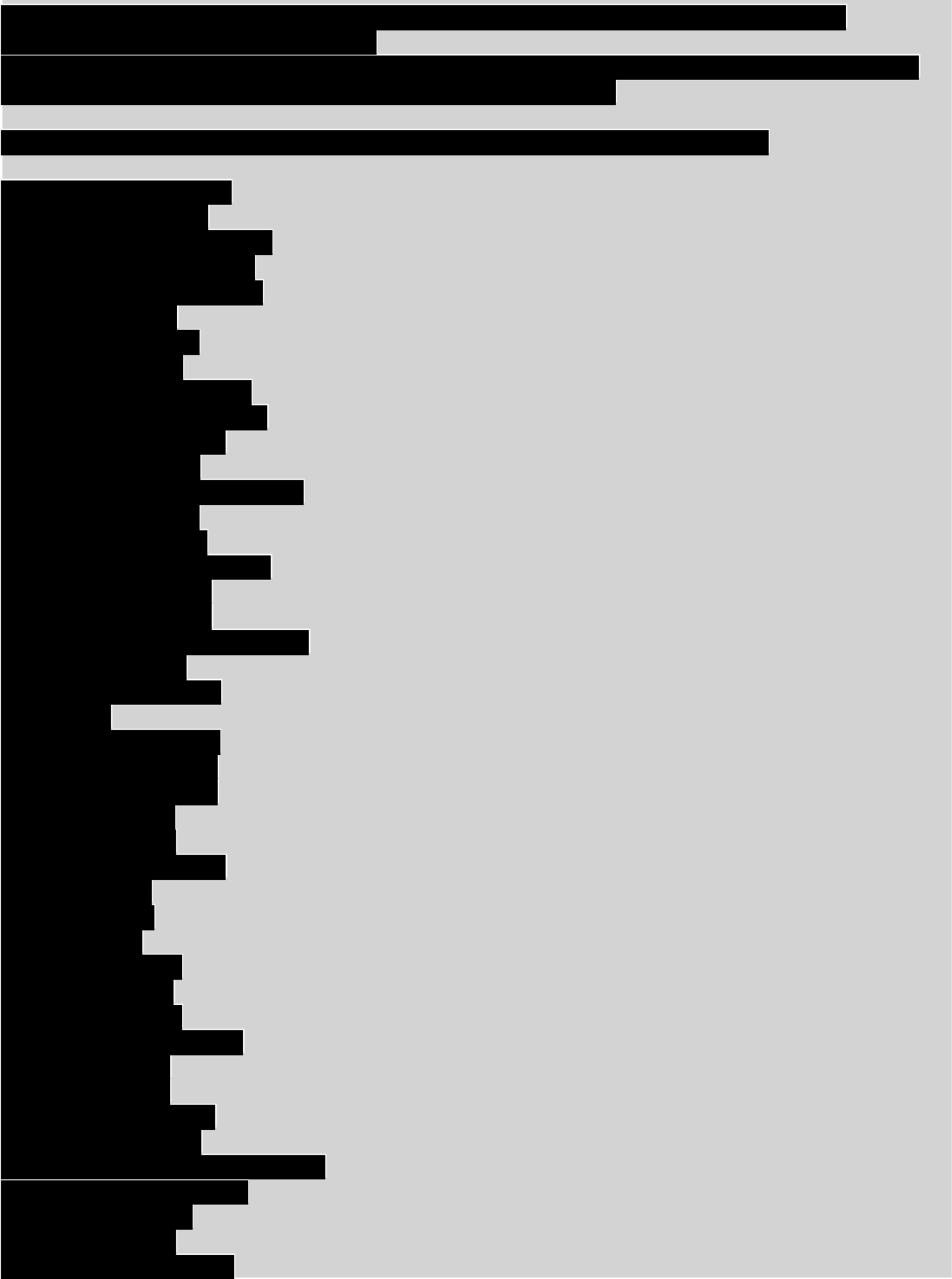
YES

Patient Care(Staff Education and Training)

E-1.1 Describe the Applicant's education and training plan and how it will meet the foundational and ongoing training required for dispensary employees to be authorized to dispense medical marijuana. Include a summary of the substantive training content, the number of hours each dispensary employee will receive for each mandatory training requirement, the number of training hours each dispensary employee will receive for any elective training, and the anticipated source of each type of training described. [OAC 3796:6-3-19](#)

[Redacted content]





[REDACTED]

[REDACTED]

[REDACTED]

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

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](#)

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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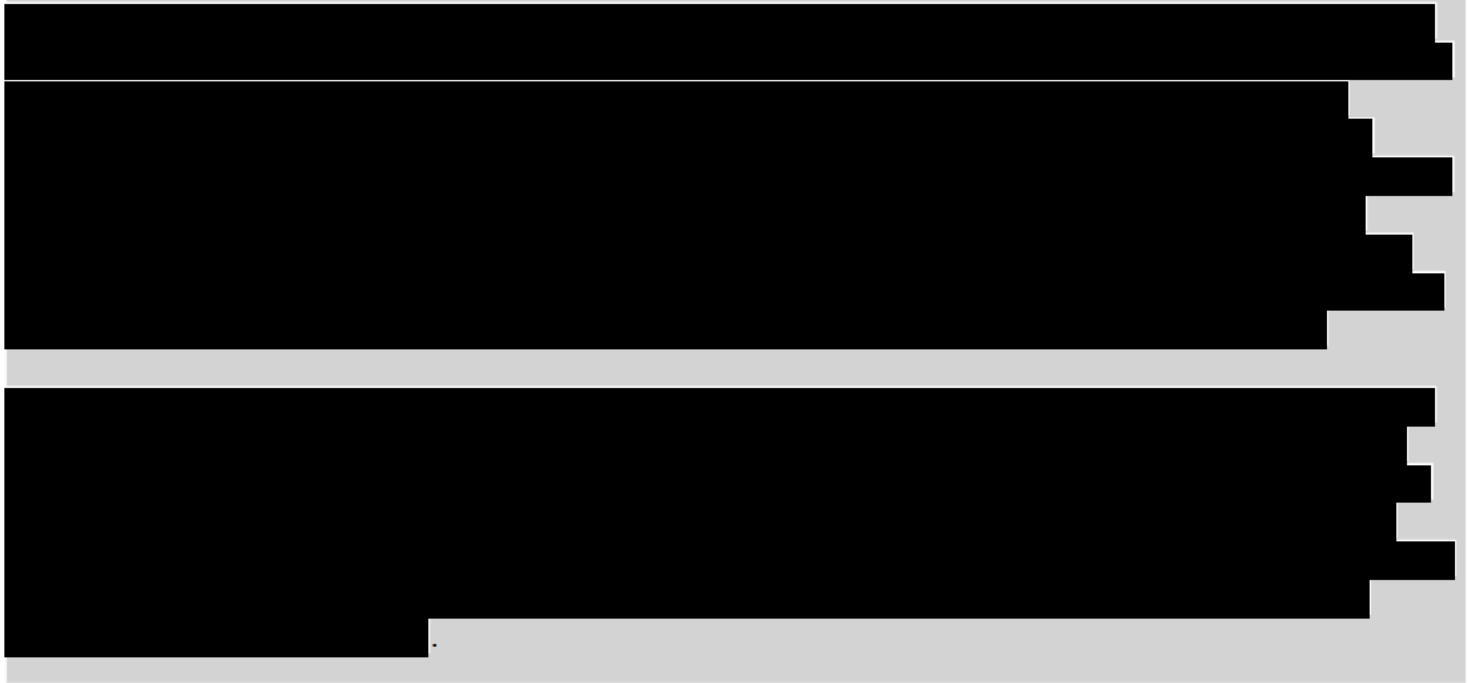
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E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Patient Care(Patient Care and Education)

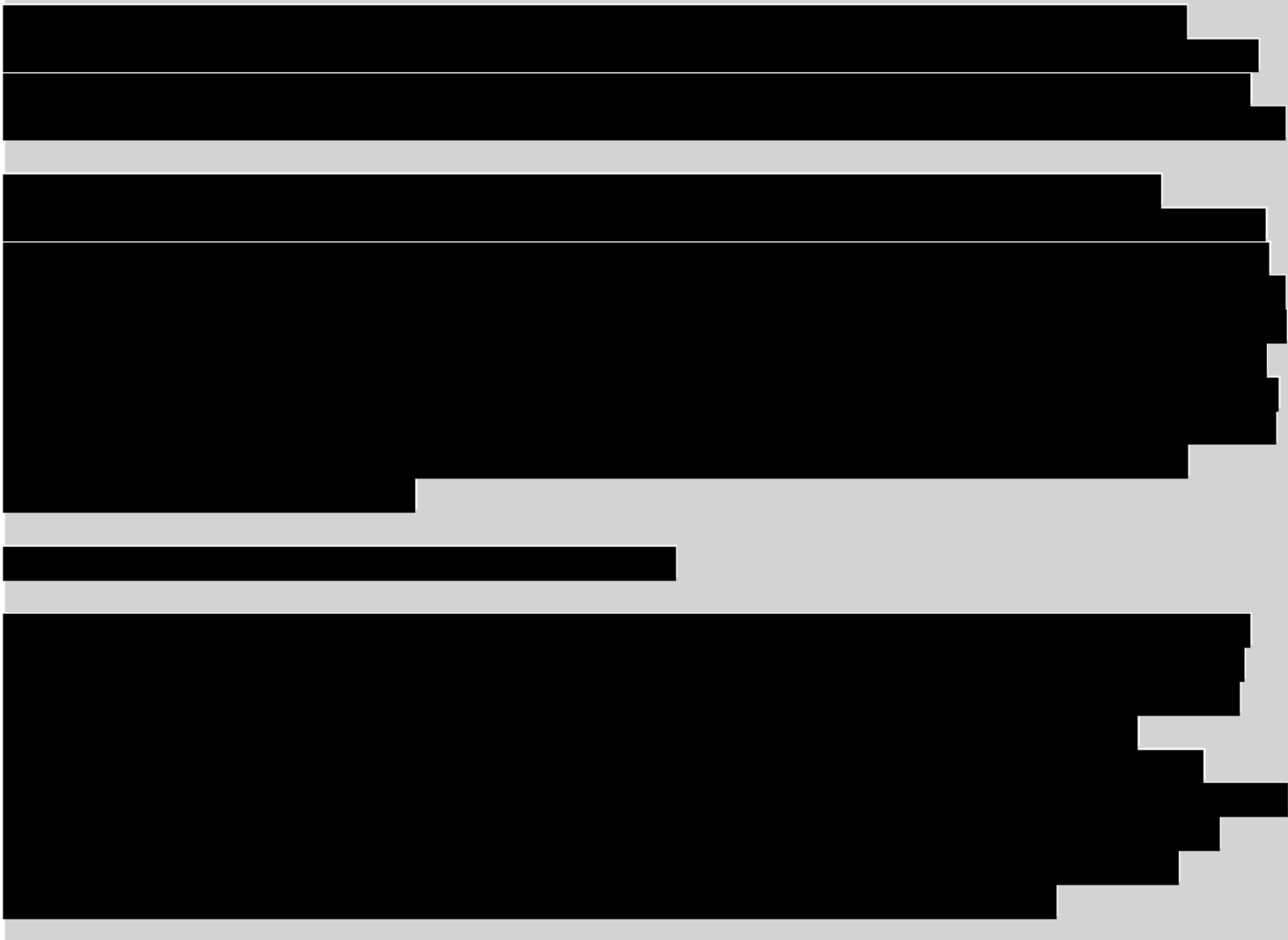
E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:

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.

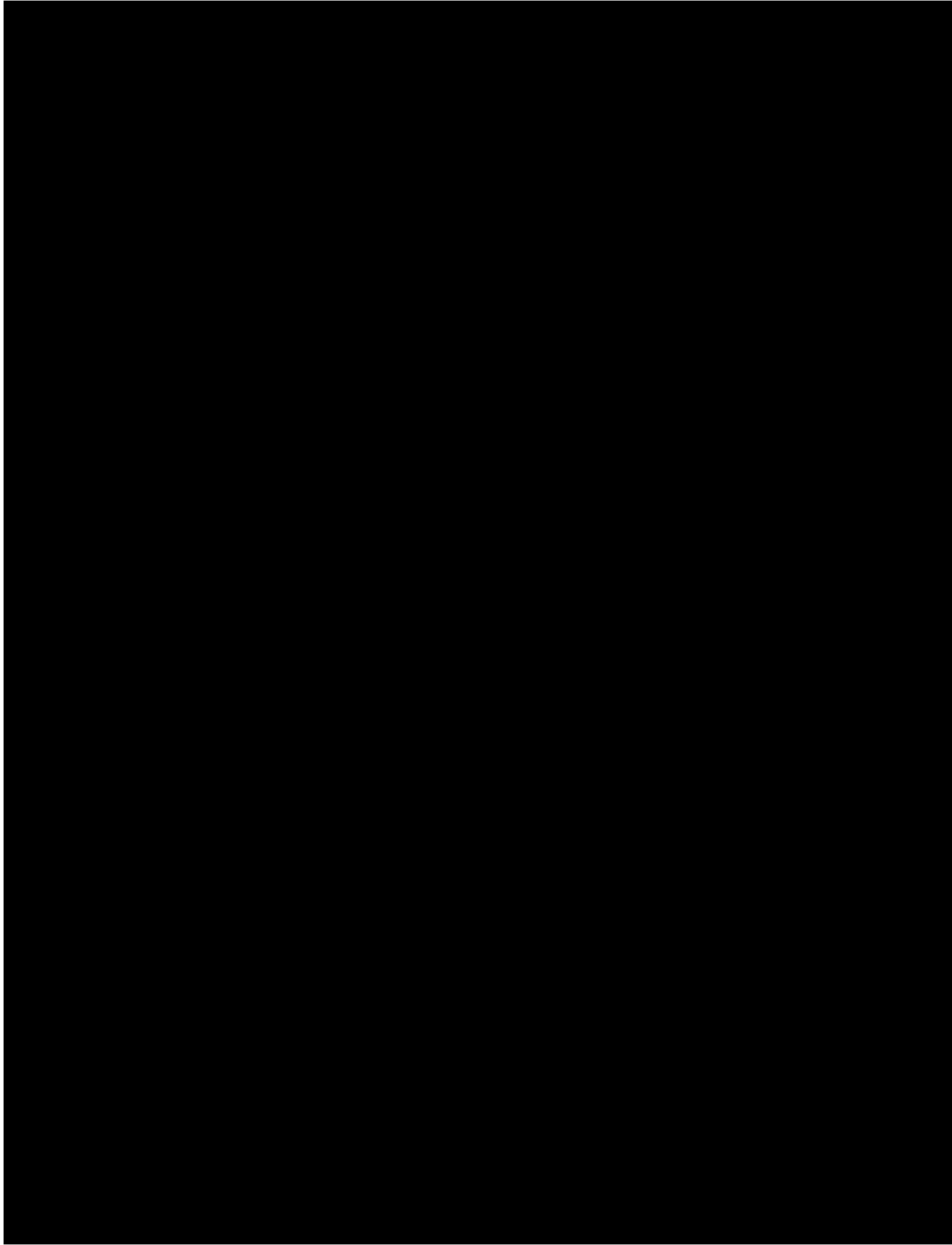
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E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-2.1.1_Recognizing-Reporting Adverse Events Flowchart.pdf**
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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]

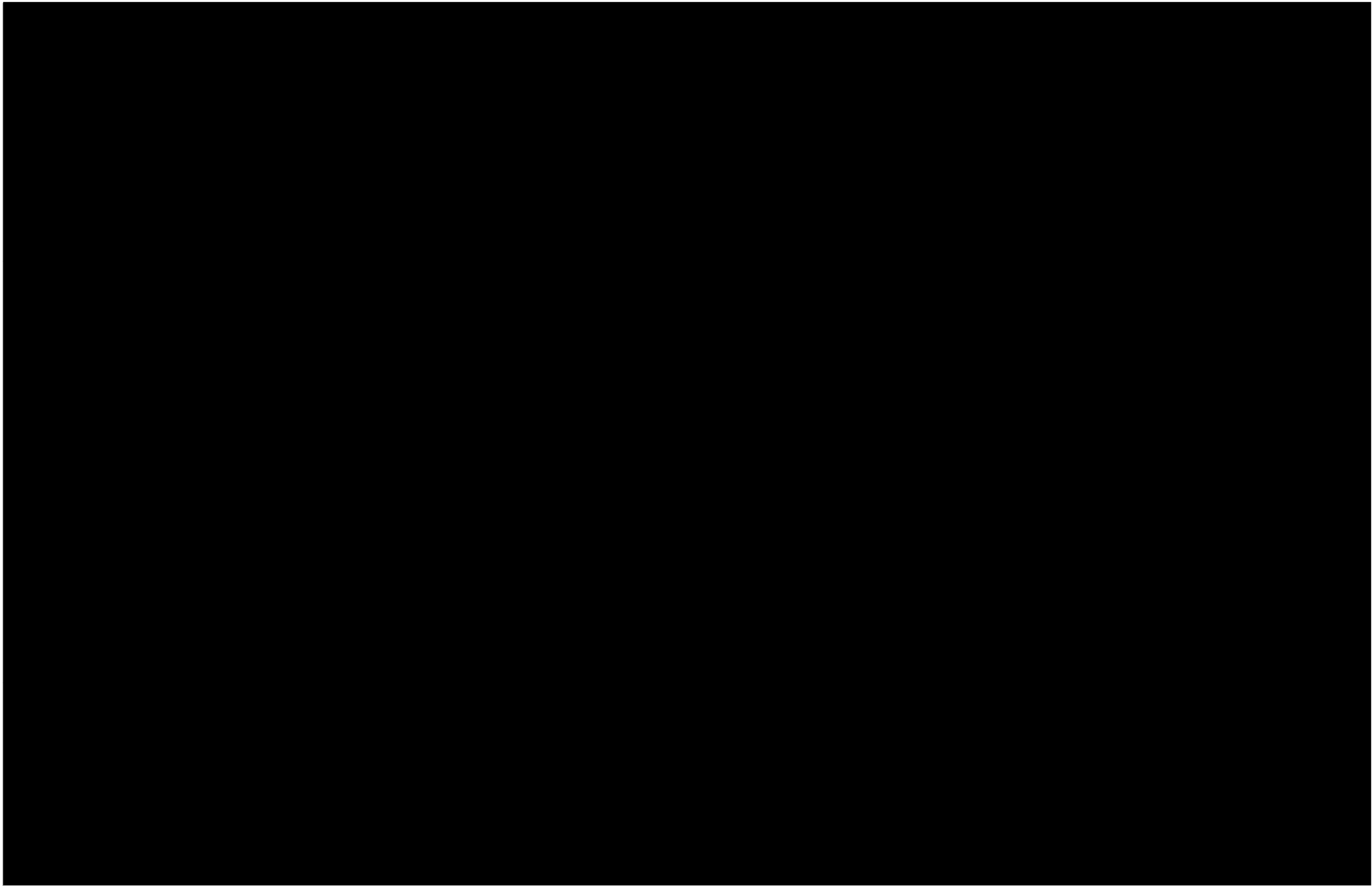


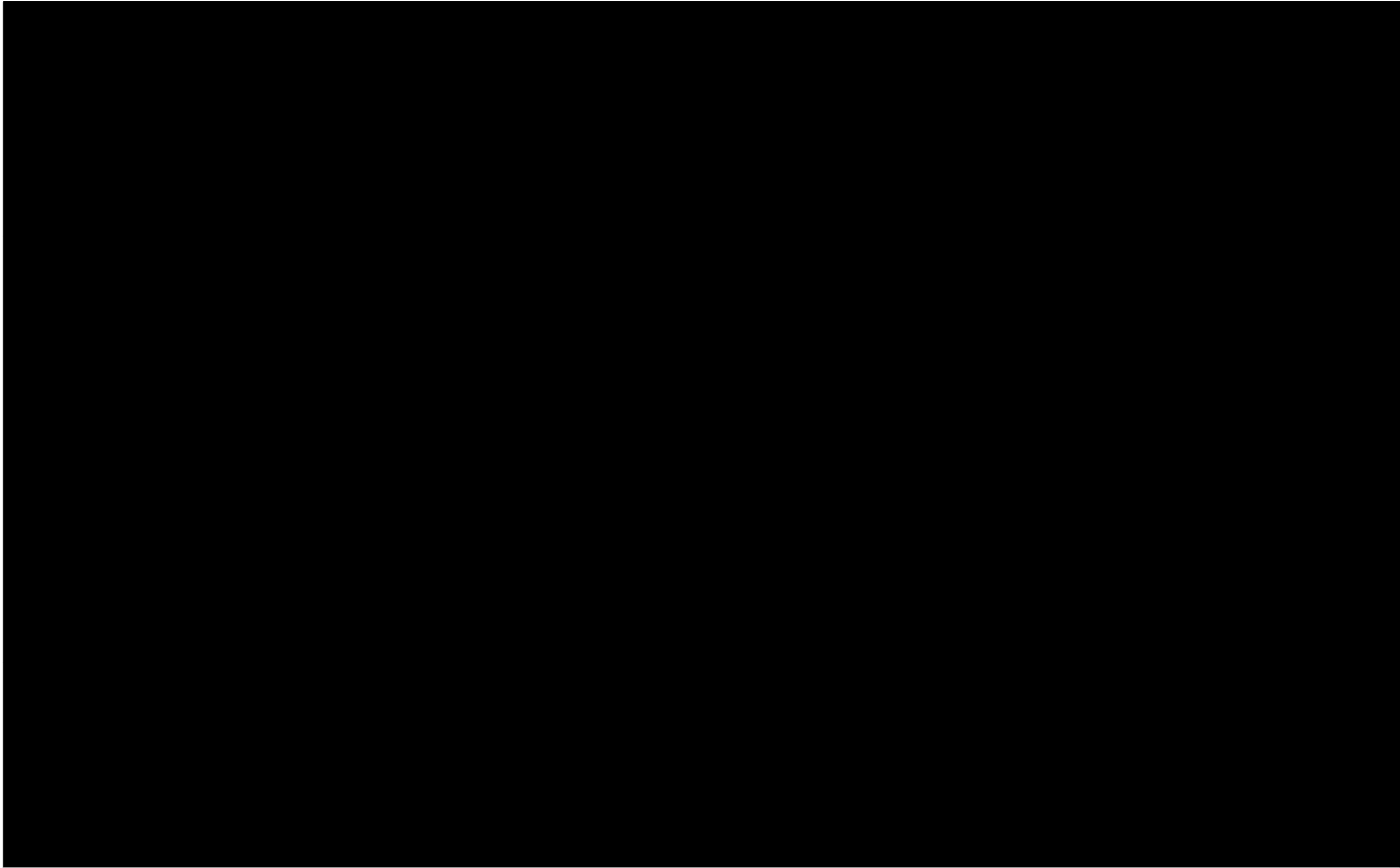
The top half of the page is completely redacted with black boxes. There are three distinct redacted areas: a short line at the top, a long block below it, and a large rectangular block at the bottom of the redacted section.

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_Redacted Facility Plan.pdf**

NOTE: This applicant uploaded document is the next 11 page(s) of this document.









Exterior Perspective: 1













Patient Flow and Associated Staffing Model

Total Patient Count	961		Time Alloted with patients	10	15	20	30
<i>Number of visits per patient per month</i>	2		<i>Intervals based on hours</i>	Number of interval allotments based on time alloted during store hours			
			14	84	56	42	28
Multiple TPC by number of visits per month for total number of interactions with patients			10	60	40	30	20
Total number of interactions	1922		8	48	32	24	16
Divide number of interactions with number of days store will be open			<i>Daily visits</i>	Number of staff needed based on time with patient			
<i>Days of operations</i>	7		275	3	5	7	10
				5	7	9	14
<i>Average Daily Visits</i>	275			6	9	11	17
Staffing and patient work flow depends on a number of assumptions							
1. Number of patient visits per year 2. The amount of time spent per patient (which depends on whether or not its a 1st time visit, recurring visit, or there is a need for consultation). The time spent per interaction will range between 15 minutes up to 45 minutes on average. This gives PCEs enough time for initiatl consultation and for educating the patient and Care Techs sufficient time to check in with returning patients to make sure they are getting the care they need.							

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](#)

9am-9pm Mon-Sat, 11am-6pm Sunday

Patient Care(Patient Information)

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

YES

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

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

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

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

NOTE: This applicant uploaded document is the next 4 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: Care Med Associates, LLC	
The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.	
While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.	
Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.	
Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.	
Printed Name of Authorized Representative Jean Russo Gould	Signature <i>Jean Russo Gould</i>
Date 11-16-17	



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-1.1	C.1.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-2.1	C-2.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
C-2.2	C-2.2.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-3.1	C-3.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-3.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-4.1	C-4.2	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-5.5	C-5.5.1	the extent to which the information is known outside the business
D-2.2	D-2.2.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
D-3.3		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-4.4		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-5.1	D-5.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-6.8		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-6.9	D-6.9.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-7.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-8.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-9.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-10.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-10.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-10.3		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-1.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-1.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-2.1	E-2.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-2.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-3.1.	E-3.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
D-9.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information
D-10.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-10.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.

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