



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application CURALEAF OHIO, INC. Application ID 297

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

Curaleaf Ohio, Inc.

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

n/a

A-1.3 Business Street Address

2692 Madison Road, Suite 235

A-1.4 City

Cincinnati

A-1.5 State

OH

A-1.6 Zip Code

45208

A-1.7 Phone

7814510150

A-1.8 Email

jlusardi@palliatech.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

Joseph

A-2.3 Middle Name

F

A-2.4 Last Name

Lusardi

A-2.5 Street Address

301 Edgewater Place, Suite 405

A-2.6 City

Wakefield

A-2.7 State

MA

A-2.8 Zip Code

01880

A-2.9 Phone

7814510150

A-2.10 Email

jlusardi@palliatech.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select One

C-Corporation

A-3.1A If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

DE

A-3.3 Date of Formation

10/17/2017

A-3.4 Business Name on Formation Documents

Curaleaf Ohio, Inc.

A-3.5 Federal Employer ID number

This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number

This response has been entirely redacted

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 84

A-6.1 First Name

Boris

A-6.2 Middle Name

Alexis

A-6.3 Last Name

Jordan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

President, Renaissance Insurance Group Limited

A-6.6 Title in the Applicant's business

Indirect beneficial owner

A-6.7 Applicant's business related compensation

none

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

This individual has no direct interest in Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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

900/901 321 Ocean Drive

A-6.17 City

Miami Beach

A-6.18 State

FL

A-6.19 Zip Code

33139

A-6.20 Phone

5166372248

A-6.21 Email

bjordan@spkgroup.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 84

A-6.1 First Name

Andrey

A-6.2 Middle Name

S

A-6.3 Last Name

Blokh

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Businessman, Private Investor

A-6.6 Title in the Applicant's business

Indirect beneficial owner

A-6.7 Applicant's business related compensation

none

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

This individual has no direct interest in Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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

2, Ulitsa Radhuzhnaya, R.P. Zarechiye, Odintsovsky Rayon

A-6.17 City

Moskovskaya Oblast (Russia)

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

143085

A-6.20 Phone

No response provided by applicant

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 84

A-6.1 First Name

Thomas

A-6.2 Middle Name

Walter

A-6.3 Last Name

Murphy

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Civil Engineer

A-6.6 Title in the Applicant's business

Owner

A-6.7 Applicant's business related compensation

Beneficial owner of Applicant

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Common

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

Mr. Murphy's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and experience in working

with local and state municipalities in developing the medical cannabis program. He will also be instrumental in the buildout and oversight of our dispensary facilities.

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

1450 Cherry Drive

A-6.17 City

Bozeman

A-6.18 State

MT

A-6.19 Zip Code

59715

A-6.20 Phone

4065951495

A-6.21 Email

montanawind@hotmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 84

A-6.1 First Name

Joseph

A-6.2 Middle Name

F

A-6.3 Last Name

Lusardi

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

President, Officer and Director of the Board

A-6.6 Title in the Applicant's business

President and Director

A-6.7 Applicant's business related compensation

none

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

Mr. Lusardi's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and expertise in the

medical cannabis industry via his employment with PalliaTech, Inc.

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

26 Plummer Avenue

A-6.17 City

Newburyport

A-6.18 State

MA

A-6.19 Zip Code

01950

A-6.20 Phone

7814510148

A-6.21 Email

jlusardi@palliatech.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 84

A-6.1 First Name

Jonathan

A-6.2 Middle Name

David

A-6.3 Last Name

Faucher

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Treasurer and Officer

A-6.6 Title in the Applicant's business

Treasurer

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OFFICER

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

Mr. Faucher's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and expertise in the

medical cannabis industry via his employment with PalliaTech, Inc.

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

10 Charles Street

A-6.17 City

Salem

A-6.18 State

NH

A-6.19 Zip Code

03079

A-6.20 Phone

7814510139

A-6.21 Email

jfaucher@palliatech.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 84

A-6.1 First Name

Christine

A-6.2 Middle Name

A

A-6.3 Last Name

Rigby

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

SVP Investor Relations, Board Member & Officer

A-6.6 Title in the Applicant's business

Secretary

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

0%

A-6.12 Proposed Role

OFFICER

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

Ms. Rigby's contribution to Curaleaf Ohio, Inc. is specific to her knowledge and expertise in the medical

cannabis industry via her employment with PalliaTech, Inc.

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

21 Freedom Way

A-6.17 City

Shelton

A-6.18 State

CT

A-6.19 Zip Code

06484

A-6.20 Phone

7814510145

A-6.21 Email

crigby@palliatech.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 7 of 84

A-6.1 First Name

Stuart

A-6.2 Middle Name

Anthony

A-6.3 Last Name

Wilcox

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Chief Operating Officer

A-6.6 Title in the Applicant's business

Chief Operating Officer and Director

A-6.7 Applicant's business related compensation

none

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

Mr. Wilcox's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and expertise in the

medical cannabis industry via his employment with PalliaTech, Inc.

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

185 Ridgewood Drive

A-6.17 City

Fayetteville

A-6.18 State

GA

A-6.19 Zip Code

30215

A-6.20 Phone

7814510147

A-6.21 Email

swilcox@palliatech.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 8 of 84

A-6.1 First Name

Gretchen

A-6.2 Middle Name

M

A-6.3 Last Name

McCarthy

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

VP, Dispensary Operations

A-6.6 Title in the Applicant's business

Advisor to Curaleaf Ohio, Inc.; Interim Dispensary Director

A-6.7 Applicant's business related compensation

Advisor compensated by Parent

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

OTHER

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

Ms. McCarthy's contribution to Curaleaf Ohio, Inc. is specific to her knowledge and expertise in the

medical cannabis industry via her employment with PalliaTech, Inc.

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

1 Devonshire Road

A-6.17 City

Amesbury

A-6.18 State

MA

A-6.19 Zip Code

01913

A-6.20 Phone

7814510144

A-6.21 Email

gmccarthy@palliatech.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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 84

A-6.1 First Name

Carolyn

A-6.2 Middle Name

T

A-6.3 Last Name

Fedigan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

SVP, Human Resources

A-6.6 Title in the Applicant's business

Advisor to Curaleaf Ohio, Inc.

A-6.7 Applicant's business related compensation

Advisor compensated by Parent

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

OTHER

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

Ms. Fedigan's contribution to Curaleaf Ohio, Inc. is specific to her knowledge and expertise in the

medical cannabis industry via her employment with PalliaTech, Inc.

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

15 Carleton Road

A-6.17 City

Belmont

A-6.18 State

MA

A-6.19 Zip Code

02478

A-6.20 Phone

7814510138

A-6.21 Email

cfedigan@palliatech.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

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 10 of 84

A-6.1 First Name

John

A-6.2 Middle Name

Higgins

A-6.3 Last Name

O'Brien

A-6.4 Suffix

JR

A-6.5 Occupation

Consultant

A-6.6 Title in the Applicant's business

Security and Compliance Advisor

A-6.7 Applicant's business related compensation

Advisor compensated by Parent

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

OTHER

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

Mr. O'Brien's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and expertise in the

medical cannabis industry via his consultancy agreement with PalliaTech, Inc.

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

12053 Mockingbird Lane

A-6.17 City

Painter

A-6.18 State

VA

A-6.19 Zip Code

23420

A-6.20 Phone

7574424506

A-6.21 Email

jonhig60@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 11 of 84

A-6.1 First Name

Steven

A-6.2 Middle Name

R

A-6.3 Last Name

Patierno

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Professor

A-6.6 Title in the Applicant's business

Advisor

A-6.7 Applicant's business related compensation

Advisor compensated by Parent

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

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

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

Dr. Patierno's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and expertise in the

research and benefits of medical cannabis. This individual has made no monetary contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

206 Alta ct

A-6.17 City

Chapel Hill

A-6.18 State

NC

A-6.19 Zip Code

27514

A-6.20 Phone

9192570395

A-6.21 Email

steve.patierno@duke.edu

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

No response provided by applicant

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

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 12 of 84

A-6.1 First Name

Edward

A-6.2 Middle Name

Craig

A-6.3 Last Name

Asche

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

36 Laurel Hill Drive

A-6.17 City

Leverett

A-6.18 State

MA

A-6.19 Zip Code

01054

A-6.20 Phone

4132307590

A-6.21 Email

craigasche@cs.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 13 of 84

A-6.1 First Name

Jeffery

A-6.2 Middle Name

T

A-6.3 Last Name

Beaver

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

224 Warren Street

A-6.17 City

Brooklyn

A-6.18 State

NY

A-6.19 Zip Code

11201

A-6.20 Phone

7188522086

A-6.21 Email

jbeaver852@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 14 of 84

A-6.1 First Name

Gary

A-6.2 Middle Name

J

A-6.3 Last Name

Bronheim

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc

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

12 Brookbridge Road

A-6.17 City

Great Neck

A-6.18 State

NY

A-6.19 Zip Code

11021

A-6.20 Phone

5165269812

A-6.21 Email

gary.bronheim@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 15 of 84

A-6.1 First Name

John

A-6.2 Middle Name

J

A-6.3 Last Name

Burkholder

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

738 South Lima Street

A-6.17 City

Aurora

A-6.18 State

CO

A-6.19 Zip Code

80012

A-6.20 Phone

3033644449

A-6.21 Email

Jack@burkllc.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 16 of 84

A-6.1 First Name

Karen

A-6.2 Middle Name

A

A-6.3 Last Name

Bitar

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

865 Lake Avenue

A-6.17 City

Greenwich

A-6.18 State

CT

A-6.19 Zip Code

06831

A-6.20 Phone

2036224660

A-6.21 Email

kbitar@seyfarth.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 17 of 84

A-6.1 First Name

Patricia

A-6.2 Middle Name

Henderson

A-6.3 Last Name

Burkholder

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

738 South Lima Street

A-6.17 City

Aurora

A-6.18 State

CO

A-6.19 Zip Code

80012

A-6.20 Phone

3033644449

A-6.21 Email

patteburk@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:

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 18 of 84

A-6.1 First Name

Arthur

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Caruso

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

17 W 71st Street, Apt 3D

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10023

A-6.20 Phone

9293666510

A-6.21 Email

arthur911@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 19 of 84

A-6.1 First Name

Susan

A-6.2 Middle Name

E

A-6.3 Last Name

Denmark

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

7 Twin Hills Drive

A-6.17 City

Longmeadow

A-6.18 State

MA

A-6.19 Zip Code

01106

A-6.20 Phone

4133482223

A-6.21 Email

sdenmark3@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 20 of 84

A-6.1 First Name

William

A-6.2 Middle Name

Seth

A-6.3 Last Name

Gould

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

14 Meadowwood Drive

A-6.17 City

Jericho

A-6.18 State

NY

A-6.19 Zip Code

11753

A-6.20 Phone

5167734097

A-6.21 Email

billgould6@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 21 of 84

A-6.1 First Name

Kirill

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Gromov

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

Arbat, 49, Flat 19

A-6.17 City

Moscow (Russia)

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

119002

A-6.20 Phone

No response provided by applicant

A-6.21 Email

kgromov@icloud.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 22 of 84

A-6.1 First Name

Sharon

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Horowitz

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

25 Murray Street, Apt 6B

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10007

A-6.20 Phone

3106669428

A-6.21 Email

fbhorowitz@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 23 of 84

A-6.1 First Name

Alexander

A-6.2 Middle Name

W

A-6.3 Last Name

Liebers

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

865 Lake Avenue

A-6.17 City

Greenwich

A-6.18 State

CT

A-6.19 Zip Code

06831

A-6.20 Phone

2036224660

A-6.21 Email

aliebers@optonline.net

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 24 of 84

A-6.1 First Name

Andrew

A-6.2 Middle Name

H

A-6.3 Last Name

Liebers

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

865 Lake Avenue

A-6.17 City

Greenwich

A-6.18 State

CT

A-6.19 Zip Code

06831

A-6.20 Phone

2036224660

A-6.21 Email

andrew.liebers@greenwichschools.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 25 of 84

A-6.1 First Name

Robert

A-6.2 Middle Name

S

A-6.3 Last Name

Matthews

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

18 E 94th Street

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10128

A-6.20 Phone

2126516511

A-6.21 Email

rmatthews@mathewesco.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 26 of 84

A-6.1 First Name

Bernard

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Meldrum

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1112 Park Avenue, Apt 2A

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10128

A-6.20 Phone

9172545027

A-6.21 Email

bernardmeldrum@mac.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 27 of 84

A-6.1 First Name

Timur

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Nasardinov

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

b. Ovchinnikovsky pereulok, h.20, apt 6

A-6.17 City

Moscow (Russia)

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

115184

A-6.20 Phone

No response provided by applicant

A-6.21 Email

timur_nasardinov@mac.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 28 of 84

A-6.1 First Name

Michael

A-6.2 Middle Name

L

A-6.3 Last Name

Nimaroff

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1385 York Avenue, Apt 28B

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

5162418243

A-6.21 Email

lfdoa@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:

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 29 of 84

A-6.1 First Name

Anthony

A-6.2 Middle Name

A

A-6.3 Last Name

Savino

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

340 E 52nd Street, Apt 9E

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10022

A-6.20 Phone

9176912524

A-6.21 Email

asavino922@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:

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 30 of 84

A-6.1 First Name

George

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schidlovsky

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

86 Lafayette Avenue

A-6.17 City

Sea Cliff

A-6.18 State

NY

A-6.19 Zip Code

11579

A-6.20 Phone

5167546787

A-6.21 Email

gschidlovsky@csatc.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 31 of 84

A-6.1 First Name

Michael

A-6.2 Middle Name

G

A-6.3 Last Name

Schidlovsky

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

100 Newmarket Road

A-6.17 City

Durham

A-6.18 State

NH

A-6.19 Zip Code

03824

A-6.20 Phone

6033977987

A-6.21 Email

mschidlovsky@comcast.net

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 32 of 84

A-6.1 First Name

Scott

A-6.2 Middle Name

H

A-6.3 Last Name

Sheldon

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

7 Twin Hills Drive

A-6.17 City

Longmeadow

A-6.18 State

MA

A-6.19 Zip Code

01106

A-6.20 Phone

4135677555

A-6.21 Email

scotts624@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:

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 33 of 84

A-6.1 First Name

Frances

A-6.2 Middle Name

H

A-6.3 Last Name

Taney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

344 Lakeshore Road

A-6.17 City

Putnam Valley

A-6.18 State

NY

A-6.19 Zip Code

10579

A-6.20 Phone

5168518844

A-6.21 Email

fran.taney@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 34 of 84

A-6.1 First Name

Juliana

A-6.2 Middle Name

B

A-6.3 Last Name

Taney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

344 Lakeshore Road

A-6.17 City

No response provided by applicant

A-6.18 State

NY

A-6.19 Zip Code

10579

A-6.20 Phone

5168518844

A-6.21 Email

juliana.taney@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 35 of 84

A-6.1 First Name

Richard

A-6.2 Middle Name

L

A-6.3 Last Name

Taney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

344 Lakeshore Road

A-6.17 City

Putnam Valley

A-6.18 State

NY

A-6.19 Zip Code

10579

A-6.20 Phone

5162200030

A-6.21 Email

rtaney@t2capital.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 36 of 84

A-6.1 First Name

Elizabeth

A-6.2 Middle Name

B

A-6.3 Last Name

Todd

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

355 Prospect Avenue

A-6.17 City

Sea Cliff

A-6.18 State

NY

A-6.19 Zip Code

11579

A-6.20 Phone

8166591823

A-6.21 Email

ebt1@mac.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 37 of 84

A-6.1 First Name

Judson

A-6.2 Middle Name

B

A-6.3 Last Name

Traphagen

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

270 Lafayette Street, Suite 1301

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10012

A-6.20 Phone

2123241747

A-6.21 Email

jtraphagen@ploughpenny.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 38 of 84

A-6.1 First Name

John

A-6.2 Middle Name

P

A-6.3 Last Name

Shuhda

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

3801 Jackson Street

A-6.17 City

San Francisco

A-6.18 State

CA

A-6.19 Zip Code

94118

A-6.20 Phone

4152883269

A-6.21 Email

jshuhda@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 39 of 84

A-6.1 First Name

Elizabeth

A-6.2 Middle Name

A

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

251 E. 27th Place

A-6.17 City

Tulsa

A-6.18 State

OK

A-6.19 Zip Code

74114

A-6.20 Phone

3109482831

A-6.21 Email

ceabbate@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 40 of 84

A-6.1 First Name

Alicia

A-6.2 Middle Name

O

A-6.3 Last Name

Grace

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

6723 Park Lane East

A-6.17 City

Lake Worth

A-6.18 State

FL

A-6.19 Zip Code

33449

A-6.20 Phone

5166506555

A-6.21 Email

aliciaograce@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 41 of 84

A-6.1 First Name

Virginia

A-6.2 Middle Name

G

A-6.3 Last Name

Galligan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

201 E 69th Street, Apt 7A

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

6464991114

A-6.21 Email

virginia.elizabeth.grace@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 42 of 84

A-6.1 First Name

Anna

A-6.2 Middle Name

I

A-6.3 Last Name

Manice

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

77 Exeter Street #1501

A-6.17 City

Boston

A-6.18 State

MA

A-6.19 Zip Code

02116

A-6.20 Phone

2032533975

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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

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 43 of 84

A-6.1 First Name

Jeanet

A-6.2 Middle Name

H

A-6.3 Last Name

Irwin

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

58 Cliffdale Road

A-6.17 City

Greenwich

A-6.18 State

CT

A-6.19 Zip Code

06831

A-6.20 Phone

2036228616

A-6.21 Email

jeanetirwin@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 44 of 84

A-6.1 First Name

Carolyn

A-6.2 Middle Name

G

A-6.3 Last Name

Baring

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

248 Via Marila

A-6.17 City

Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33480

A-6.20 Phone

5614592917

A-6.21 Email

carolyn.baring@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 45 of 84

A-6.1 First Name

Charles

A-6.2 Middle Name

M

A-6.3 Last Name

Witt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1200 Union Sugar Avenue

A-6.17 City

Lompoc

A-6.18 State

CA

A-6.19 Zip Code

93436

A-6.20 Phone

8056800712

A-6.21 Email

charley@santabarbarafarms.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 46 of 84

A-6.1 First Name

Kelley

A-6.2 Middle Name

E

A-6.3 Last Name

Witt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1200 Union Sugar Avenue

A-6.17 City

Lompoc

A-6.18 State

CA

A-6.19 Zip Code

93436

A-6.20 Phone

8055882020

A-6.21 Email

kelleywitt@mac.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 47 of 84

A-6.1 First Name

Robert

A-6.2 Middle Name

M

A-6.3 Last Name

Witt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1200 Union Sugar Avenue

A-6.17 City

Lompoc

A-6.18 State

CA

A-6.19 Zip Code

93436

A-6.20 Phone

8057171000

A-6.21 Email

rwitt@santabarbarafarms.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 48 of 84

A-6.1 First Name

Thomas

A-6.2 Middle Name

K

A-6.3 Last Name

Witt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

2779 Alta Street

A-6.17 City

Los Olivos

A-6.18 State

CA

A-6.19 Zip Code

93441

A-6.20 Phone

8056802080

A-6.21 Email

thomas.k.witt@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 49 of 84

A-6.1 First Name

Scott

A-6.2 Middle Name

P

A-6.3 Last Name

Nussbaum

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

7 Woodgreen Lane

A-6.17 City

East Hills

A-6.18 State

NY

A-6.19 Zip Code

11577

A-6.20 Phone

6463265746

A-6.21 Email

scott.nussbaum@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 50 of 84

A-6.1 First Name

Jon

A-6.2 Middle Name

K

A-6.3 Last Name

Bloom

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

536 East Shore Road

A-6.17 City

Great Neck

A-6.18 State

NY

A-6.19 Zip Code

11024

A-6.20 Phone

5164661912

A-6.21 Email

jbloom@broadlawncapital.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 51 of 84

A-6.1 First Name

Andrei

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Bogolubov

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

103 Roslyn Avenue

A-6.17 City

Sea Cliff

A-6.18 State

NY

A-6.19 Zip Code

11579

A-6.20 Phone

9178499300

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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

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 52 of 84

A-6.1 First Name

Diana

A-6.2 Middle Name

Grace

A-6.3 Last Name

Beard

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

201 E 69th Street, Apt 9E

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

5163826950

A-6.21 Email

dianabeard7@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 53 of 84

A-6.1 First Name

Carolyn

A-6.2 Middle Name

J

A-6.3 Last Name

Shank

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

1710 Yarmouth Circle

A-6.17 City

Lake Oswego

A-6.18 State

OR

A-6.19 Zip Code

97034

A-6.20 Phone

5034519514

A-6.21 Email

carolynshank@yahoo.com

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

No response provided by applicant

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

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 54 of 84

A-6.1 First Name

William

A-6.2 Middle Name

W

A-6.3 Last Name

Todd

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

335 Prospect Avenue

A-6.17 City

Sea Cliff

A-6.18 State

NY

A-6.19 Zip Code

11579

A-6.20 Phone

4062230382

A-6.21 Email

tteneagles@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:

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 55 of 84

A-6.1 First Name

Andrew

A-6.2 Middle Name

E

A-6.3 Last Name

Witt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

303 18th Street

A-6.17 City

Santa Monica

A-6.18 State

CA

A-6.19 Zip Code

90402

A-6.20 Phone

8052600907

A-6.21 Email

andrew.e.witt@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 56 of 84

A-6.1 First Name

Amy

A-6.2 Middle Name

B

A-6.3 Last Name

Taney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

7066 Ayrshire Lane

A-6.17 City

Boca Raton

A-6.18 State

FL

A-6.19 Zip Code

33496

A-6.20 Phone

5615040997

A-6.21 Email

ataney@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 57 of 84

A-6.1 First Name

Christopher

A-6.2 Middle Name

J

A-6.3 Last Name

Denmark

A-6.4 Suffix

JR

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

483 Inverness Lane

A-6.17 City

Longmeadow

A-6.18 State

MA

A-6.19 Zip Code

02135

A-6.20 Phone

4135758323

A-6.21 Email

cdenmark4@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 58 of 84

A-6.1 First Name

Paula

A-6.2 Middle Name

B

A-6.3 Last Name

Rimer

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

29 South River Road

A-6.17 City

Stuart

A-6.18 State

FL

A-6.19 Zip Code

34996

A-6.20 Phone

7722156973

A-6.21 Email

pbird52@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:

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 59 of 84

A-6.1 First Name

Richard

A-6.2 Middle Name

T

A-6.3 Last Name

Scanlon

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

No response provided by applicant

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10022

A-6.20 Phone

5168130831

A-6.21 Email

rs@marker-llc.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 60 of 84

A-6.1 First Name

Forrest

A-6.2 Middle Name

Clayton

A-6.3 Last Name

Hunt

A-6.4 Suffix

JR

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

4 Pound Hollow Court

A-6.17 City

Old Brookville

A-6.18 State

NY

A-6.19 Zip Code

11545

A-6.20 Phone

5166695554

A-6.21 Email

huntckcchk@optonline.net

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 61 of 84

A-6.1 First Name

Karen

A-6.2 Middle Name

A

A-6.3 Last Name

Hunt

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

4 Pound Hollow Court

A-6.17 City

Old Brookville

A-6.18 State

NY

A-6.19 Zip Code

11545

A-6.20 Phone

5166713650

A-6.21 Email

huntckcchk@optonline.net

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 62 of 84

A-6.1 First Name

Joseph

A-6.2 Middle Name

I

A-6.3 Last Name

Mishkin

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

Calle A4 Quinta la campanoloa Laguinta

A-6.17 City

Caracas (Venezuela)

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

1083-A

A-6.20 Phone

No response provided by applicant

A-6.21 Email

president@mishkinlaw.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 63 of 84

A-6.1 First Name

Frederick

A-6.2 Middle Name

A

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

251 E. 27th Place

A-6.17 City

Tulsa

A-6.18 State

OK

A-6.19 Zip Code

74114

A-6.20 Phone

8057967526

A-6.21 Email

ewarren61@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 64 of 84

A-6.1 First Name

Alison

A-6.2 Middle Name

J

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

9103 Lincolnshire Court

A-6.17 City

Parkville

A-6.18 State

MD

A-6.19 Zip Code

21234

A-6.20 Phone

8058079229

A-6.21 Email

alisonjanewarren@yahoo.com

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

No response provided by applicant

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

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 65 of 84

A-6.1 First Name

Amanda

A-6.2 Middle Name

G

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

222 Pennsylvania Avenue, Suite 200

A-6.17 City

Winter Park

A-6.18 State

FL

A-6.19 Zip Code

32789

A-6.20 Phone

8054537761

A-6.21 Email

agmwarren@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 66 of 84

A-6.1 First Name

Frederick

A-6.2 Middle Name

J

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

222 S. Pennsylvania Avenue, Suite 200

A-6.17 City

Winter Park

A-6.18 State

FL

A-6.19 Zip Code

32798

A-6.20 Phone

8056884433

A-6.21 Email

fwarren@sagevp.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 67 of 84

A-6.1 First Name

Robin

A-6.2 Middle Name

G

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

341 Northlake Way

A-6.17 City

Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33480

A-6.20 Phone

5616292263

A-6.21 Email

rgw@sagecrest.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 68 of 84

A-6.1 First Name

Thomas

A-6.2 Middle Name

L

A-6.3 Last Name

Pulling

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

34 Yellow Cote Road

A-6.17 City

Oyster Bay

A-6.18 State

NY

A-6.19 Zip Code

11771

A-6.20 Phone

5169226267

A-6.21 Email

thomas.pulling@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 69 of 84

A-6.1 First Name

Christopher

A-6.2 Middle Name

B

A-6.3 Last Name

Todd

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

121 Liberty Corner Road

A-6.17 City

Far Hills

A-6.18 State

NJ

A-6.19 Zip Code

07931

A-6.20 Phone

5169825595

A-6.21 Email

ctodd1@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 70 of 84

A-6.1 First Name

Steven

A-6.2 Middle Name

I

A-6.3 Last Name

Mishkin

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

Calle A-7 #156 Quinta La Escondida, La Lagunita

A-6.17 City

Caracas (Venezuela)

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

1083-A

A-6.20 Phone

No response provided by applicant

A-6.21 Email

stevenmishkin@yahoo.com

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

No response provided by applicant

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

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)

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A-6.1 First Name

Carmen

A-6.2 Middle Name

E

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

156 Santa Dominga Avenue

A-6.17 City

San Bruno

A-6.18 State

CA

A-6.19 Zip Code

94066

A-6.20 Phone

8056307129

A-6.21 Email

cewarren90@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

John

A-6.2 Middle Name

R

A-6.3 Last Name

Prufeta

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

335 Old Mill Road

A-6.17 City

Nissequoge

A-6.18 State

NY

A-6.19 Zip Code

11780

A-6.20 Phone

5164481979

A-6.21 Email

john.prufeta@medexcel.net

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)

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A-6.1 First Name

Frederick

A-6.2 Middle Name

S

A-6.3 Last Name

Grace

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

3314 W End Avenue #703

A-6.17 City

Nashville

A-6.18 State

TN

A-6.19 Zip Code

37203

A-6.20 Phone

5614595300

A-6.21 Email

fgrace@graceny.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)

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A-6.1 First Name

Oliver

A-6.2 Middle Name

R

A-6.3 Last Name

Grace

A-6.4 Suffix

III

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

19 India Head Road

A-6.17 City

Riverside

A-6.18 State

CT

A-6.19 Zip Code

06878

A-6.20 Phone

5612340850

A-6.21 Email

ograce3@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

Oliver

A-6.2 Middle Name

R

A-6.3 Last Name

Grace

A-6.4 Suffix

JR

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest of less than 5% in Curaleaf Ohio, Inc.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

241 Bradley Place

A-6.17 City

Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33480

A-6.20 Phone

5614592946

A-6.21 Email

ograce@graceny.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 76 of 84

A-6.1 First Name

Nicholas

A-6.2 Middle Name

M

A-6.3 Last Name

Grace

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

201 E 69th Street, Apt 14V

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

5163531349

A-6.21 Email

nmg2117@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

Hallie

A-6.2 Middle Name

M

A-6.3 Last Name

Friedman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

35 E 75th Street, Apt 9E

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

9176787993

A-6.21 Email

hallie54@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

John

A-6.2 Middle Name

Abraham

A-6.3 Last Name

Friedman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

35 E 7th Street, Apt 9E

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

9172395024

A-6.21 Email

johnafriedman@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

Mark

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Friedman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

35 E 75th Street, Apartment 9E

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10021

A-6.20 Phone

2122499508

A-6.21 Email

mf92542@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 80 of 84

A-6.1 First Name

Michele

A-6.2 Middle Name

S

A-6.3 Last Name

Blair

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

72 Buckfield Lane

A-6.17 City

Greenwich

A-6.18 State

CT

A-6.19 Zip Code

06831

A-6.20 Phone

2039121815

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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

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 81 of 84

A-6.1 First Name

Lillian

A-6.2 Middle Name

S

A-6.3 Last Name

Scott

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

73 Laurel Avenue

A-6.17 City

Sea Cliff

A-6.18 State

NY

A-6.19 Zip Code

11579

A-6.20 Phone

5167592232

A-6.21 Email

lsscott73@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:

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 82 of 84

A-6.1 First Name

Webster

A-6.2 Middle Name

B

A-6.3 Last Name

Todd

A-6.4 Suffix

JR

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

40 King Street

A-6.17 City

Oldwick

A-6.18 State

NJ

A-6.19 Zip Code

08858

A-6.20 Phone

4062200398

A-6.21 Email

19dan38@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 83 of 84

A-6.1 First Name

Christina

A-6.2 Middle Name

E

A-6.3 Last Name

Warren

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

6631 Bubbling Well Place

A-6.17 City

San Jose

A-6.18 State

CA

A-6.19 Zip Code

95120

A-6.20 Phone

4086564555

A-6.21 Email

s0me0ne@mac.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 84 of 84

A-6.1 First Name

Kelly

A-6.2 Middle Name

A

A-6.3 Last Name

Boner

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

A-6.7 Applicant's business related compensation

none

A-6.8 Number of shares owned

n/a

A-6.9 Types of shares owned

n/a

A-6.10 Percent interest in Applicant's business

This individual has an indirect interest in Curaleaf Ohio, Inc. that is less than 1%.

A-6.11 Voting percentage

n/a

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

This individual has made no contribution to Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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

3801 Jackson Street

A-6.17 City

San Francisco

A-6.18 State

CA

A-6.19 Zip Code

94118

A-6.20 Phone

4157221311

A-6.21 Email

kshuhda@mac.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

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 84

B-3.1 First Name

Boris

B-3.2 Middle Name

Alexis

B-3.3 Last Name

Jordan

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Indirect beneficial owner

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

PalliaTech Mass, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

PT Florida Holdco LLC; c/o Waldman, Hirsch & Company, LLP
One Penn Plaza, Suite 2620
New York, NY 10119

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Maine, Inc

301 Edgewater Place
Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc

301 Edgewater Place
Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

PalliaTech Florida LLC
301 Edgewater Place, Suite 405
Wakefield, MA 01880
(Indirect ownership through PT Florida Holdco LLC)

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 84

B-3.1 First Name

Andrey

B-3.2 Middle Name

S

B-3.3 Last Name

Blokh

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Indirect beneficial owner

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of greater than 10% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

Las Vegas Natural Caregivers LLC
6455 Dean Martin Drive, G
Las Vegas, NV 89188

Naturex II, LLC
1860 Western Avenue
Las Vegas, NV 89102

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc

301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

Las Vegas Natural Caregivers LLC
6455 Dean Martin Drive, G
Las Vegas, NV 89188

Naturex II, LLC
1860 Western Avenue
Las Vegas, NV 89102

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 84

B-3.1 First Name

Thomas

B-3.2 Middle Name

Walter

B-3.3 Last Name

Murphy

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Owner

B-3.6 Brief description of role

Mr. Murphy's contribution to Curaleaf Ohio, Inc. is specific to his knowledge and experience in working with local and state municipalities in developing the medical cannabis program. He will also be instrumental in the buildout and oversight of our dispensary facilities.

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.

PalliaTech Ohio, LLC
2692 Madison Road, Suite 235
Cincinnati, OH 45208

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.

PalliaTech Ohio, LLC
2692 Madison Road, Suite 235
Cincinnati, OH 45208

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 84

B-3.1 First Name

Joseph

B-3.2 Middle Name

F

B-3.3 Last Name

Lusardi

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

President and Director

B-3.6 Brief description of role

Mr. Lusardi will run the President and Director function for the company.

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

YES

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

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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 84

B-3.1 First Name

Jonathan

B-3.2 Middle Name

David

B-3.3 Last Name

Faucher

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Treasurer

B-3.6 Brief description of role

Mr. Faucher will run the Treasurer function for the company.

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

YES

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

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

PalliaTech Ohio LLC
2692 Madison Road, Suite 235
Cincinnati, OH 45208

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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.

PalliaTech Ohio LLC
2692 Madison Road, Suite 235
Cincinnati, OH 45208

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other

authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 84

B-3.1 First Name

Christine

B-3.2 Middle Name

A

B-3.3 Last Name

Rigby

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Secretary

B-3.6 Brief description of role

Ms. Rigby will run the Secretary function for the company.

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

YES

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

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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 84

B-3.1 First Name

Stuart

B-3.2 Middle Name

Anthony

B-3.3 Last Name

Wilcox

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Chief Operating Officer and Director

B-3.6 Brief description of role

Mr. Wilcox will run the Chief Operating Officer and Director function for the company.

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

YES

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

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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 84

B-3.1 First Name

Gretchen

B-3.2 Middle Name

M

B-3.3 Last Name

McCarthy

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Advisor to Curaleaf Ohio, Inc.; Interim Dispensary Director

B-3.6 Brief description of role

Ms. McCarthy will advise on dispensary operations and buildout. Ms. McCarthy will also serve as Interim Dispensary Director.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 84

B-3.1 First Name

Carolyn

B-3.2 Middle Name

T

B-3.3 Last Name

Fedigan

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Advisor to Curaleaf Ohio, Inc.

B-3.6 Brief description of role

Ms. Fedigan will advise on matters relating to human resources, to include recruiting, hiring, and training.

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

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 10 of 84

B-3.1 First Name

John

B-3.2 Middle Name

Higgins

B-3.3 Last Name

O'Brien

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Security and Compliance Advisor

B-3.6 Brief description of role

Mr. O'Brien will advise and oversee the security and compliance of the dispensary.

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

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 11 of 84

B-3.1 First Name

Steven

B-3.2 Middle Name

R

B-3.3 Last Name

Patierno

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Advisor

B-3.6 Brief description of role

Dr. Patierno will advise on the outreach program implementation for physicians and patients regarding the benefits of medical cannabis.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place

Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 12 of 84

B-3.1 First Name

Edward

B-3.2 Middle Name

Craig

B-3.3 Last Name

Asche

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 13 of 84

B-3.1 First Name

Jeffery

B-3.2 Middle Name

T

B-3.3 Last Name

Beaver

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Wakefield, MA 01880

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Wakefield, MA 01880

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Lutherville, MD 21093

Pharmaculture, Inc.
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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place, Suite 405
Wakefield, MA 01880

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part,

on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

Jurisdictions)

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 14 of 84

B-3.1 First Name

Gary

B-3.2 Middle Name

J

B-3.3 Last Name

Bronheim

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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Wakefield, MA 01880

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Groen Investment Group, Inc
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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 15 of 84

B-3.1 First Name

John

B-3.2 Middle Name

J

B-3.3 Last Name

Burkholder

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place

Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 16 of 84

B-3.1 First Name

Karen

B-3.2 Middle Name

A

B-3.3 Last Name

Bitar

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 17 of 84

B-3.1 First Name

Patricia

B-3.2 Middle Name

Henderson

B-3.3 Last Name

Burkholder

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
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Wakefield, MA 01880

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100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 18 of 84

B-3.1 First Name

Arthur

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Caruso

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 19 of 84

B-3.1 First Name

Susan

B-3.2 Middle Name

E

B-3.3 Last Name

Denmark

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Wakefield, MA 01880

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140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 20 of 84

B-3.1 First Name

William

B-3.2 Middle Name

Seth

B-3.3 Last Name

Gould

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

Pharmaculture, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 21 of 84

B-3.1 First Name

Kirill

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Gromov

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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301 Edgewater Place
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Groen Investment Group, Inc
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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 22 of 84

B-3.1 First Name

Sharon

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Horowitz

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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140 Spa Drive
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 23 of 84

B-3.1 First Name

Alexander

B-3.2 Middle Name

W

B-3.3 Last Name

Liebers

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 24 of 84

B-3.1 First Name

Andrew

B-3.2 Middle Name

H

B-3.3 Last Name

Liebers

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Simsbury, CT 06830

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Wakefield, MA 01880

PalliaTech RI, LLC
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 25 of 84

B-3.1 First Name

Robert

B-3.2 Middle Name

S

B-3.3 Last Name

Matthews

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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Groen Investment Group, Inc
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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 26 of 84

B-3.1 First Name

Bernard

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Meldrum

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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6208 Eight Mile Road
The Dalles, OR 97058

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.

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Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 27 of 84

B-3.1 First Name

Timur

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Nasardinov

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 28 of 84

B-3.1 First Name

Michael

B-3.2 Middle Name

L

B-3.3 Last Name

Nimaroff

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
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Wakefield, MA 01880

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Miami, FL 33187

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Wakefield, MA 01880

PalliaTech Maine, Inc
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Wakefield, MA 01880

Curaleaf, LLC
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Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

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140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 29 of 84

B-3.1 First Name

Anthony

B-3.2 Middle Name

A

B-3.3 Last Name

Savino

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 30 of 84

B-3.1 First Name

George

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schidlovsky

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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19000 SW 192 ST
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Pharmaculture, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 31 of 84

B-3.1 First Name

Michael

B-3.2 Middle Name

G

B-3.3 Last Name

Schidlovsky

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 32 of 84

B-3.1 First Name

Scott

B-3.2 Middle Name

H

B-3.3 Last Name

Sheldon

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 33 of 84

B-3.1 First Name

Frances

B-3.2 Middle Name

H

B-3.3 Last Name

Taney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 34 of 84

B-3.1 First Name

Juliana

B-3.2 Middle Name

B

B-3.3 Last Name

Taney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 35 of 84

B-3.1 First Name

Richard

B-3.2 Middle Name

L

B-3.3 Last Name

Taney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Suite 405

Wakefield, MA 01880

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100 Grist Mill Rd
Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 36 of 84

B-3.1 First Name

Elizabeth

B-3.2 Middle Name

B

B-3.3 Last Name

Todd

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Pharmaculture, Inc.
140 Spa Drive
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Groen Investment Group, Inc
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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?

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 37 of 84

B-3.1 First Name

Judson

B-3.2 Middle Name

B

B-3.3 Last Name

Traphagen

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 38 of 84

B-3.1 First Name

John

B-3.2 Middle Name

P

B-3.3 Last Name

Shuhda

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 39 of 84

B-3.1 First Name

Elizabeth

B-3.2 Middle Name

A

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Miami, FL 33187

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Wakefield, MA 01880

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301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 40 of 84

B-3.1 First Name

Alicia

B-3.2 Middle Name

O

B-3.3 Last Name

Grace

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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140 Spa Drive
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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?

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 41 of 84

B-3.1 First Name

Virginia

B-3.2 Middle Name

G

B-3.3 Last Name

Galligan

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place

Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
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1519 York Rd
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140 Spa Drive
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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?

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 42 of 84

B-3.1 First Name

Anna

B-3.2 Middle Name

I

B-3.3 Last Name

Manice

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 43 of 84

B-3.1 First Name

Jeanet

B-3.2 Middle Name

H

B-3.3 Last Name

Irwin

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

PalliaTech Mass, Inc
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Simsbury, CT 06830

PalliaTech NY, LLC
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Suite 405
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PalliaTech RI, LLC
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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 44 of 84

B-3.1 First Name

Carolyn

B-3.2 Middle Name

G

B-3.3 Last Name

Baring

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 45 of 84

B-3.1 First Name

Charles

B-3.2 Middle Name

M

B-3.3 Last Name

Witt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 46 of 84

B-3.1 First Name

Kelley

B-3.2 Middle Name

E

B-3.3 Last Name

Witt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Wakefield, MA 01880

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Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 47 of 84

B-3.1 First Name

Robert

B-3.2 Middle Name

M

B-3.3 Last Name

Witt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
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Groen Investment Group, Inc
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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?

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 48 of 84

B-3.1 First Name

Thomas

B-3.2 Middle Name

K

B-3.3 Last Name

Witt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 49 of 84

B-3.1 First Name

Scott

B-3.2 Middle Name

P

B-3.3 Last Name

Nussbaum

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Pharmaculture, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 50 of 84

B-3.1 First Name

Jon

B-3.2 Middle Name

K

B-3.3 Last Name

Bloom

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 51 of 84

B-3.1 First Name

Andrei

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Bogolubov

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Wakefield, MA 01880

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Miami, FL 33187

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Wakefield, MA 01880

PalliaTech Maine, Inc
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Suite 405

Wakefield, MA 01880

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PalliaTech RI, LLC
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 52 of 84

B-3.1 First Name

Diana

B-3.2 Middle Name

Grace

B-3.3 Last Name

Beard

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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6208 Eight Mile Road
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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.

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Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 53 of 84

B-3.1 First Name

Carolyn

B-3.2 Middle Name

J

B-3.3 Last Name

Shank

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Miami, FL 33187

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Wakefield, MA 01880

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301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 54 of 84

B-3.1 First Name

William

B-3.2 Middle Name

W

B-3.3 Last Name

Todd

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Miami, FL 33187

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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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Groen Investment Group, Inc
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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?

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 55 of 84

B-3.1 First Name

Andrew

B-3.2 Middle Name

E

B-3.3 Last Name

Witt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Wakefield, MA 01880

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Simsbury, CT 06830

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PalliaTech RI, LLC
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Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 56 of 84

B-3.1 First Name

Amy

B-3.2 Middle Name

B

B-3.3 Last Name

Taney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

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Pharmaculture, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 57 of 84

B-3.1 First Name

Christopher

B-3.2 Middle Name

J

B-3.3 Last Name

Denmark

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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1519 York Rd
Lutherville, MD 21093

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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301 Edgewater Place
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 58 of 84

B-3.1 First Name

Paula

B-3.2 Middle Name

B

B-3.3 Last Name

Rimer

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

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100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Lutherville, MD 21093

Pharmaculture, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 59 of 84

B-3.1 First Name

Richard

B-3.2 Middle Name

T

B-3.3 Last Name

Scanlon

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 60 of 84

B-3.1 First Name

Forrest

B-3.2 Middle Name

Clayton

B-3.3 Last Name

Hunt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
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Wakefield, MA 01880

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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
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PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 61 of 84

B-3.1 First Name

Karen

B-3.2 Middle Name

A

B-3.3 Last Name

Hunt

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Wakefield, MA 01880

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Wakefield, MA 01880

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Wakefield, MA 01880

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Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 62 of 84

B-3.1 First Name

Joseph

B-3.2 Middle Name

I

B-3.3 Last Name

Mishkin

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
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Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 63 of 84

B-3.1 First Name

Frederick

B-3.2 Middle Name

A

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Suite 405
Wakefield, MA 01880

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301 Edgewater Place
Suite 405

Wakefield, MA 01880

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100 Grist Mill Rd
Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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PalliaTech RI, LLC
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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?

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 64 of 84

B-3.1 First Name

Alison

B-3.2 Middle Name

J

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Pharmaculture, Inc.
140 Spa Drive
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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 65 of 84

B-3.1 First Name

Amanda

B-3.2 Middle Name

G

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Miami, FL 33187

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Wakefield, MA 01880

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Suite 405

Wakefield, MA 01880

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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 66 of 84

B-3.1 First Name

Frederick

B-3.2 Middle Name

J

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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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?

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 67 of 84

B-3.1 First Name

Robin

B-3.2 Middle Name

G

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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301 Edgewater Place
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Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place

Suite 405
Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 68 of 84

B-3.1 First Name

Thomas

B-3.2 Middle Name

L

B-3.3 Last Name

Pulling

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 69 of 84

B-3.1 First Name

Christopher

B-3.2 Middle Name

B

B-3.3 Last Name

Todd

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
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Wakefield, MA 01880

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Simsbury, CT 06830

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Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 70 of 84

B-3.1 First Name

Steven

B-3.2 Middle Name

I

B-3.3 Last Name

Mishkin

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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)

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B-3.1 First Name

Carmen

B-3.2 Middle Name

E

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
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Suite 405
Wakefield, MA 01880

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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

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PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 72 of 84

B-3.1 First Name

John

B-3.2 Middle Name

R

B-3.3 Last Name

Prufeta

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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 73 of 84

B-3.1 First Name

Frederick

B-3.2 Middle Name

S

B-3.3 Last Name

Grace

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

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Suite 405
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Wakefield, MA 01880

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Simsbury, CT 06830

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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
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Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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)

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B-3.1 First Name

Oliver

B-3.2 Middle Name

R

B-3.3 Last Name

Grace III

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
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Wakefield, MA 01880

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PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
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Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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PalliaTech RI, LLC
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Groen Investment Group, Inc
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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?

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 75 of 84

B-3.1 First Name

Oliver

B-3.2 Middle Name

R

B-3.3 Last Name

Grace JR

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
301 Edgewater Place
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 76 of 84

B-3.1 First Name

Nicholas

B-3.2 Middle Name

M

B-3.3 Last Name

Grace

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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Lutherville, MD 21093

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Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 77 of 84

B-3.1 First Name

Hallie

B-3.2 Middle Name

M

B-3.3 Last Name

Friedman

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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Miami, FL 33187

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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 78 of 84

B-3.1 First Name

John

B-3.2 Middle Name

Abraham

B-3.3 Last Name

Friedman

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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6208 Eight Mile Road
The Dalles, OR 97058

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.

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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)

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B-3.1 First Name

Mark

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Friedman

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
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CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 80 of 84

B-3.1 First Name

Michele

B-3.2 Middle Name

S

B-3.3 Last Name

Blair

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
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Wakefield, MA 01880

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Miami, FL 33187

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Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

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301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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Wakefield, MA 01880

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Lutherville, MD 21093

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140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
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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?

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 81 of 84

B-3.1 First Name

Lillian

B-3.2 Middle Name

S

B-3.3 Last Name

Scott

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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301 Edgewater Place
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Wakefield, MA 01880

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100 Grist Mill Rd
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PalliaTech RI, LLC
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Suite 405
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1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

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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?

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 82 of 84

B-3.1 First Name

Webster

B-3.2 Middle Name

B

B-3.3 Last Name

Todd

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

PalliaTech, Inc.
301 Edgewater Place
Suite 405
Wakefield, MA 01880

CuraLeaf Florida, LLC
19000 SW 192 ST
Miami, FL 33187

PalliaTech Mass, Inc
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maine, Inc
301 Edgewater Place
Suite 405

Wakefield, MA 01880

Curaleaf, LLC
100 Grist Mill Rd
Simsbury, CT 06830

PalliaTech NY, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech RI, LLC
301 Edgewater Place
Suite 405
Wakefield, MA 01880

PalliaTech Maryland, LLC
1519 York Rd
Lutherville, MD 21093

Pharmaculture, Inc.
140 Spa Drive
Annapolis, MD 21403

Groen Investment Group, Inc
6208 Eight Mile Road
The Dalles, OR 97058

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.

PalliaTech, Inc.
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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?

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 83 of 84

B-3.1 First Name

Christina

B-3.2 Middle Name

E

B-3.3 Last Name

Warren

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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The Dalles, OR 97058

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.

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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?

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 84 of 84

B-3.1 First Name

Kelly

B-3.2 Middle Name

A

B-3.3 Last Name

Boner

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

This individual has no title or role in Curaleaf Ohio, Inc. beyond a financial interest of less than 2.5% in PalliaTech, Inc.

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.

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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.

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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?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

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

C-1.1 Attach one of the following:

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

Uploaded Document Name: **C-1.1b_Executed Lease and Affidavit_2953 Colerain Ave, Cincinnati OH 45225 Hamilton.pdf**

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

TRADE SECRET

November 6, 2017

Zahneis R & R

Re: 2953 Colerain Ave, Cincinnati, OH 45225

Dear Mr. Zahneis:

I am pleased to present you with this short form lease for the premises located at 2953 Colerain Ave, Cincinnati, OH 45225 (the "Premises"). It is acknowledged and understood that this short form lease outlines the terms in which Zahneis R & R ("Landlord or owner") will lease the Premises to Curaleaf Ohio, Inc. ("Tenant") in the event they are awarded a Certificate of Operation ("License") for a medical marijuana dispensary. This short form lease is intended to provide the basis for the Landlord and Tenant to negotiate a more detailed lease, but shall serve as a binding lease agreement unless and until the parties conclude such further agreement. The terms are as follows:

Premises:	Landlord leases to Tenant that portion of the building located at 2953 Colerain Avenue, Cincinnati, Ohio consisting of 3,400 square feet, which is presently occupied by the Daycare Center; together with all parking spaces directly behind the premises and the common parking areas across Colerain Avenue owned by the Landlord.
Landlord:	Zahneis R & R
Tenant:	Curaleaf Ohio, Inc. or its assignee
Use:	Landlord will provide a statement that it is aware of the Tenant's use for a medical marijuana dispensary facility that is fully licensed by the State of Ohio. Tenant shall conform to all state regulations outlined in the Ohio Medical Marijuana Control Program and all other state government regulations. Landlord to approve all uses that are approved under the Ohio Medical Marijuana Control Program and any other marijuana laws and regulations in the State of Ohio.
Lease Term:	5 Years from Possession/Closing Date
Possession/Closing Date:	Immediately upon Tenant receiving certificates of occupancy and any other approvals from the regulators necessary to operate.
Base Rental Rate:	\$10.00 per Sq. ft with rent escalations of 2% per year
Financing:	N/A
Renewal:	2 options of 5 years each. Base Rent will continue to escalate 2% per year for each subsequent year.
Operating Expenses:	This lease will be a triple net lease meaning the Tenant is required to pay it's portion of property taxes, insurance and maintenance based on the percentage of usable square footage assigned to the Tenant's unit. Tenant shall pay all utility charges serving the premises that are separately metered.

TRADE SECRET

Assignment & Subletting:

Assignment and Subletting will only be allowed with Landlord's prior written approval, which shall not be unreasonably withheld.

Tenant Improvements:

It is understood the Tenant will make renovations to the property, which shall be subject to prior approval by Landlord. The Landlord shall not unreasonably withhold or delay such approval.

Landlord's Work:

Landlord to provide property in broom swept condition.

Condition of Premises:

The structural elements, floor and building systems of the property shall be in sound condition and shall meet all applicable federal, state, and local codes including but not limited to handicapped accessibility standards. Landlord shall disclose any known conditions that would adversely affect design, construction and use as contemplated by this letter.

Lease Contingencies:

- 1) On or before November 17, 2017, the Tenant shall file an application with the Ohio Department of Commerce, in connection with the Medical Marijuana Control Program being administered by the State Board of Pharmacy, for the license to dispense medical marijuana (a "License") at the Premises. Landlord acknowledges that it has been advised by the Tenant that, in addition to the application for a License in connection with the Premises, Tenant will also file multiple applications to for Licenses to dispense medical marijuana at other properties.
- 2) Unless the only License awarded to the Tenant is for operating a dispensary at the Premises, Tenant shall have 30 days from the date of award of the License in connection with the Property to terminate this Lease without any further rights or obligations on the part of Tenant or Landlord.
- 3) In the event the Tenant cannot obtain or retain any permit required for operating a medical marijuana dispensary the Premises, including without limitation loss of local zoning approval or the License, Tenant may terminate this lease on 90 days' notice.
- 4) In the event the Landlord wishes to sell the Premises, Landlord shall provide Tenant with the right of first refusal with to such sale or lease.
- 5) It is understood and acknowledged that the current tenant is a daycare facility, which does not have a binding lease (month to month arrangement). In an effort to assist the Landlord in their effort to relocate the current tenant to another facility, Tenant will donate \$5,000 dollars to the daycare upon taking possession of the Premises.
- 6) In the event the Landlord receives notice by any governmental agency that the Landlord must discontinue leasing premises to Tenant because of the use of the premises Landlord shall have the right to terminate the lease upon 30 (Thirty) days notice.

Architectural and Construction Management Documentation:

Landlord shall provide all architectural, construction and mechanical documentation he has in his possession (e.g. site planning, floor plan,

TRADE SECRET

building façade, historic attributes, and building construction and improvements per approved construction documents).

This letter is intended to be a binding contract.

If these terms are acceptable please sign below and return a copy to my office.

Best regards,

Benjamin Tabar

Agreed and accepted:

Landlord:

Tenant

The image shows two handwritten signatures in blue ink. The first signature, corresponding to the 'Landlord' label, is a large, stylized cursive signature. The second signature, corresponding to the 'Tenant' label, is a smaller, more compact cursive signature. Both signatures are written over horizontal lines.

TRADE SECRET

AFFIDAVIT

State of Ohio)

) ss:

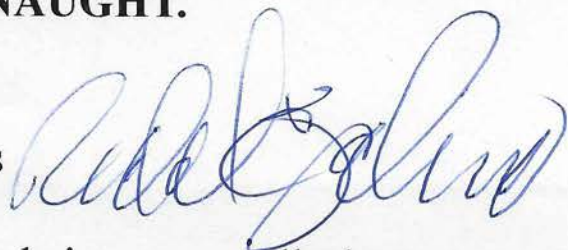
Hamilton County)

The undersigned Richard Zahneis affirms the following to be true to the best of his knowledge and belief:

1. I am over 18 years of age and have personal knowledge of all matters described within this affidavit.
2. I am the owner of Zahneis R and R, LLC ("Zahneis").
3. Zahneis owns the real estate located 2953 Colerain Ave., Cincinnati, Ohio 45225 (the "Property").
4. Zahneis has entered into a lease agreement at the Property with Curaleaf Ohio, Inc. ("Curaleaf"), with the understanding and consent that Curaleaf will operate a medical marijuana dispensary at the Property if a provisional license ("License") is awarded from the Ohio Board of Pharmacy.
5. Zahneis has agreed to lease the Property to Curaleaf for an initial period of 5 years, with two additional 5-year renewal terms exercisable at Curaleaf's option.

FURTHER AFFIANT SAYETH NAUGHT.

Richard Zahneis



The above named Ricahrd Zahneis, being personally known

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to me, appeared before me and affirmed that the foregoing statements are true to the best of his knowledge and belief this 13th day of November, 2017.



Notary Public

Cheyenne Zorn

My commission expires: Nov. 21, 2021

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

Curaleaf Ohio, Inc.

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

No response provided by applicant

C-1.4 Business Address

2953 Colerain Avenue

C-1.5 City

Cincinnati

C-1.6 State

OH

C-1.7 Zip Code

45225

C-1.8 Phone

7814510150

C-1.9 Email

jlusardi@palliatech.com

Business Plan(Site and Facility Plan)

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

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

Uploaded Document Name: **C-2.1b_Facility Plans and Specifications_2953 Colerain Avenue, Cincinnati OH 45225 Hamilton.pdf**

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

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

Uploaded Document Name: **C-2.2_Notice of Proper Zoning Form_2953 Colerain Avenue, Cincinnati OH 45225 Hamilton.pdf**

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



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: Curaleaf Ohio, Inc.		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 2953 Colerain Ave - Curaleaf Ohio, Inc.		
City: Cincinnati		County: Hamilton
State: Ohio	Zip Code: 45225	Phone Number: 781-451-0150
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of <u>CITY OF CINCINNATI</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.</i>		
<input checked="" type="checkbox"/> The area of <u>CITY OF CINCINNATI</u> HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Permit (Required to check one box)

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

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

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

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

Printed Name of Local Government Representative:

MATTHEW SHAD

Title:

ZONING ADMINISTRATOR

Signature:

Date:

11/9/17

HENRY E. SHELDON, III Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration
date, Section 147.03 R. C.



November 08, 2017

TOM MURPHY
3576 ST CHARLES PL
CINCINNATI OH 45208

SUBJECT: Record Number: ZV17000177
..... Parcel: 018800130089
 Address: 2953 COLERAIN AV
 Zoning District: CC-A Commercial Community
 Request: zoning verification

Dear TOM MURPHY

I have received and reviewed your request for zoning verification of the parcel 188-0013-0089-00 at 2953-2959 Colerain Avenue. The subject property is located in the CC- A (Commercial Community Automobile-oriented District (§ 1409-03 (b))).

The purpose of a CC-A District is to identify, create, maintain and enhance areas suitable for a wide variety of commercial and institutional uses along major transportation corridors and in shopping districts or centers. Although these centers may reflect elements of both pedestrian- and auto-oriented development, they typically accommodate larger-scale retail and commercial service uses, such as auto-related businesses and recreation and entertainment, as well as a variety of public and semi-public uses. Future development must reflect a complementary and compatible mix of uses, and may include residential uses.

The use as described in the memo that was attached to the application is known as a Dispensary.

- Medical Marijuana Dispensary has been determined to be equivalent to being a pharmacy, within the Zoning Definitions of a Retail Sales. Retail Sales per §§ 1401-01-R13. - Retail Sales means an establishment engaged in sales of goods, including, but not limited to: alcoholic beverage sales, furniture and home furnishings, electronics and appliances, clothing and shoes, jewelry, luggage and leather goods, sporting goods and hobbies, books, periodicals and music, tobacco sales, department stores, florists, office supplies and stationary, gifts and novelties, pets, hardware, pawn shops, video stores and auto parts. This classification includes the retail sale or rental of merchandise not specifically listed under another use classification.
- Retail Sales are a permitted use within the CC-A Zoning District.
- Per O.R.C. 3796.30(A), the Zoning Administrator has determined that the proposed site currently meets all siting requirements and no named land uses are within 500 feet of the parcel the proposed use intends to occupy.

No known outstanding zoning violations currently exist at the subject property.

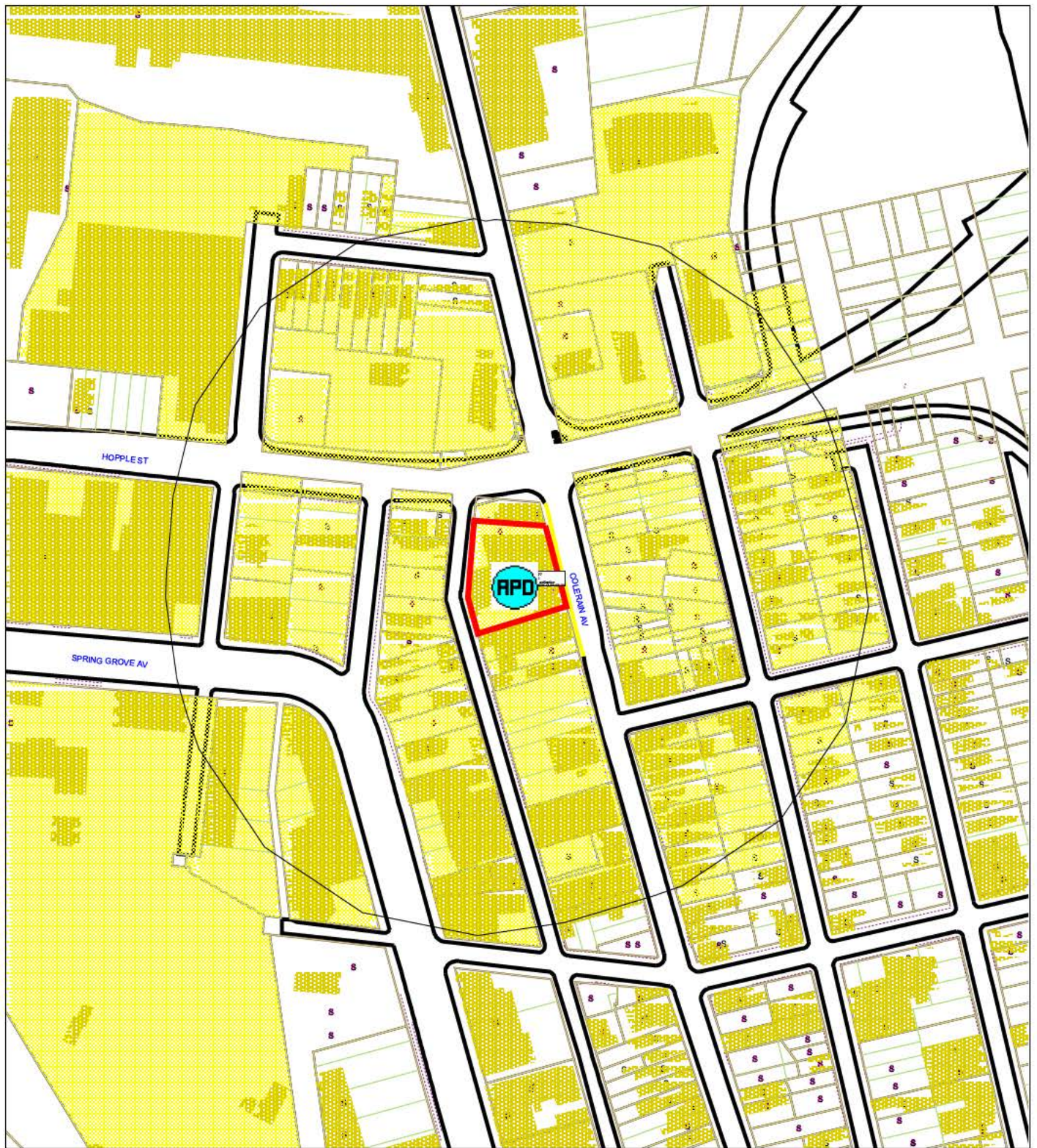
November 08, 2017

Please note: The Zoning Code and zoning maps are subject to change. All projects are subject to the zoning requirements at the time of the building permit application or when the use is established on the premises. The purpose of this letter is to verify the zoning district as it pertains to the subject property and the current use of that property. It does not address other zoning issues, specific building code issues or requirements from other agencies that may be applicable.

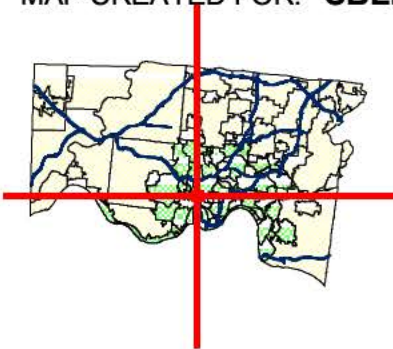
Sincerely,

A handwritten signature in black ink, appearing to read "D. Owen". The signature is fluid and cursive, with a large initial "D" and a stylized "Owen".

Doug Owen
Zoning Plans Examiner



MAP CREATED FOR: **CBLDADMIN AT COCA** DATE: **11/08/2017 02:10:39**



*This map was created using the CAGIS System.
The City of Cincinnati, Hamilton County or the
Cincinnati Area Geographic Information System
do not assume any legal responsibilities for the information
contained in this map. Users noting errors or omissions
are encouraged to contact the CAGIS.*



CAGIS
138 E COURT ST, ROOM 1003
CINCINNATI, OH 45202
(513) 352-1656

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

Uploaded Document Name: **C-2.3_Location Area Map_2953 Colerain Ave, Cincinnati OH 45225 Hamilton.pdf**

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

McGill Smith Punshon, Inc.



November 8, 2017

Mr. Tom Murphy
Curaleaf Ohio, Inc.
c/o PalliaTech
301 Edgewater Place, Suite 405
Wakefield, MA 01880

Via email to montanawind@hotmail.com

RE: 2953 Colerain Avenue
Cincinnati, Ohio

Dear Mr. Murphy:

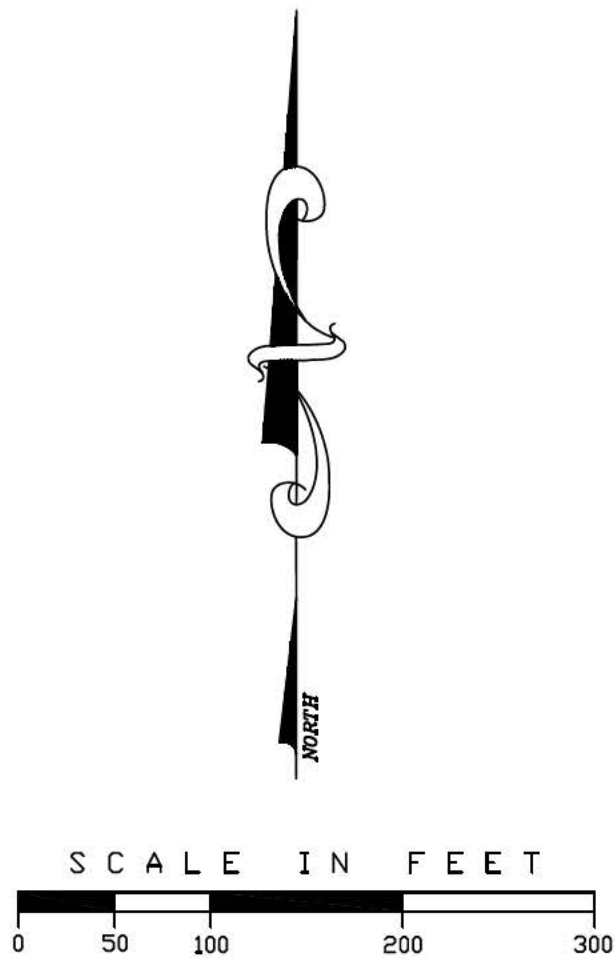
Utilizing Google Street View, we saw no evidence of prohibited sites (schools, churches, libraries, playgrounds, parks, and community addiction service providers) within 500 feet of the subject property.

Sincerely,

McGill Smith Punshon, Inc.

James H. Watson, PE
Senior Vice President

N:\land projects\17000\17501\dwg\17501004-GIS-2959 Colerain.dwg, BASE, 11/8/2017 10:46:50 AM, btranc, 1:1



Project Manager JW
Drawn By BC
DWG 17501004-GIS-2959 Colerain
X-Ref(s) ---

Issue/Revision	No.	Date
		11/08/17

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2953 COLERAIN AVENUE

CITY OF CINCINNATI
HAMILTON COUNTY, OHIO

Sheet Title

LOCATION MAP

Project Number 17501.00
Drawing Scale 1" = 100'
Sheet Number 1 / 1
File Number 17501

N:\land projects\17000\17501\dwg\17501004-GIS-2959 Colerain.dwg, BASE, 11/8/2017 10:46:12 AM, btranc, 1:1



MSP

DESIGN

McGill Smith Punshon

■ Architecture

■ Engineering

■ Landscape Architecture

■ Planning

■ Surveying

3700 Park 42 Drive

Suite 190B

Cincinnati OH 45241

Phone 513.759.0004

www.mspsdesign.com

Project Manager

Drawn By

DWG

X-Ref(s)

JW

BC

17501004-GIS-2959 Colerain

Issue/Revision	No.	Date
		11/08/17

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2953 COLERAIN AVENUE

CITY OF CINCINNATI
HAMILTON COUNTY, OHIO

Sheet Title

LOCATION MAP

Project Number

Drawing Scale

Sheet Number

File Number

17501.00

1" = 100'

1 / 1

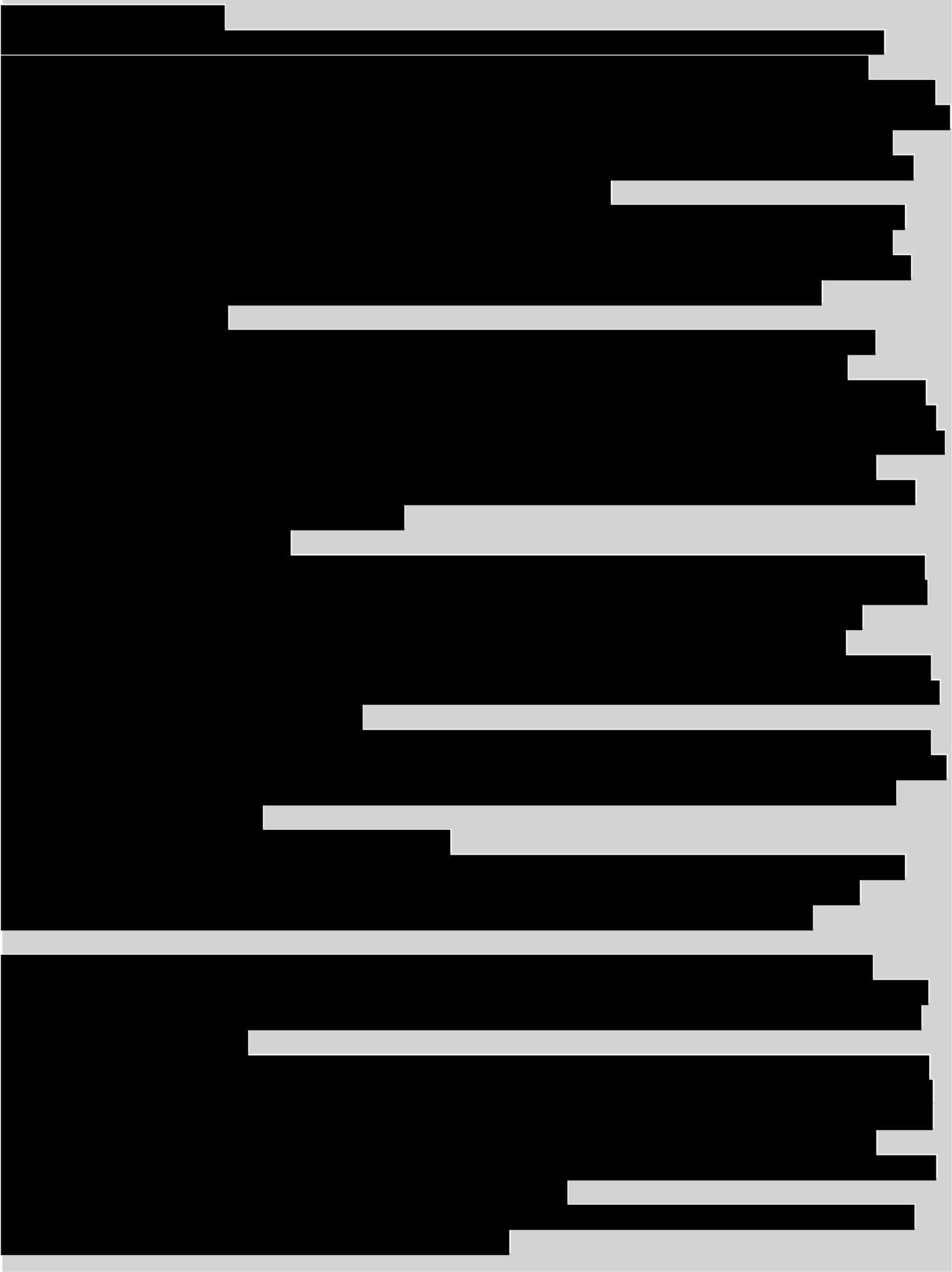
17501

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.

Uploaded Document Name: **C-3.1_Timeline and Budget_A2.pdf**

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

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

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





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.

Dispensary Prospective Associated Key Employee

All owners and investors in PalliaTech, Inc. have been identified as Prospective Associated Key Employees in the Applicant, Curaleaf Ohio, Inc in Section A-6 as required. Except for the majority stockholders Andrey Blokh and Boris Jordan, none of these owners/investors are actively employed by or directly involved in the day to day management of the enterprise. Instead, Curaleaf Ohio, Inc. will be managed by a group of Ohio-based professionals who will be actively recruited, advised and trained by the members of the PalliaTech, Inc. management team which includes:

Joseph Lusardi, CEO, PalliaTech, Inc.; President and Director, Curaleaf Ohio

Thomas Murphy, Curaleaf Ohio, Inc. 10% Owner and Director

Stuart Wilcox, COO, PalliaTech, Inc.; COO and Director, Curaleaf Ohio, Inc.

Jonathan Faucher, Treasurer, PalliaTech Inc.; Treasurer, Curaleaf Ohio, Inc

Christine Rigby, Secretary, PalliaTech Inc.; Secretary, Curaleaf Ohio, Inc.

PalliaTech, Inc. Management Team and Curaleaf Ohio, Inc. Advisors including:

Gretchen McCarthy, VP Dispensaries

Carolyn Fedigan, VP Human Resources

John O'Brien, Security and Compliance Expert

Steven Patierno, PhD., Deputy Director, Duke Cancer Institute

Refer to Narrative C-6.9 for the management team's relevant experience, which will be actively leveraged to ensure the success of all Dispensary Key and Support Employees.

Dispensary Key Employees

Dispensary Director: The primary designated representative of the dispensary operation responsible for the oversight, supervision, and control of daily dispensary operations per OAC 3796:6. Oversees day-to-day processes and alignment with state regulations, including hiring and training dispensary staff, inventory management, reconciling daily sales transactions, patient and physician outreach, and performance management. This person will be physically present at the dispensary at least 20 hours a week and will be able to be contacted by dispensary employees or state officials during all hours of operation per OAC 3796:6-3-05. When there is a change in the designated representative, we will notify the state board of pharmacy within 10 business days of appointment per OAC 3796:6-3-05(F). The Dispensary Director is also responsible for oversight of the delivery and receipt of medical marijuana to the dispensary; the supervision and control of medical marijuana under the custody of the dispensary; adequately ensuring that the sale or other distribution of medical marijuana occurs only by dispensary employees licensed by the state board of pharmacy; and all other requirements in OAC 3796:6-3-05(D).

Assistant Manager: Supports the Dispensary Director to ensure that patient care and customer service consistently meet or exceed expectations. Assists the Dispensary Director in managing dispensary staff members including schedules and payroll; maintaining stock levels within the dispensary and reordering; performing monthly, quarterly, and annual sales reviews and providing suggestions for improvement to leadership; and ensuring ongoing compliance with the Ohio MMCP and Curaleaf's SOP's.

Compliance Officer: Manages compliance and mitigation activities related to local codes and state laws. The Compliance Officer's duties include drafting and signing off on SOPs, assisting in and responding to critical incidents, and determining when events are reportable to authorities (except those reportable incidents for which employees have direct reporting responsibility by law) in coordination with the Dispensary Director. The Compliance Officer is also responsible for creating and directing regulatory compliance initiatives, and serves as a liaison to Ohio MMCP regulators. Curaleaf

Ohio, Inc. will have one full time Compliance Officer who will be supported by PalliaTech, Inc.'s Director of Compliance.

Only the above Dispensary Key Employees will have authority to deactivate the alarm system per OAC 3796:6-3-04(A)(2). These Dispensary Key Employees will support and assist the Dispensary Director in fulfilling all designated representative activities.

Dispensary Support Employees

Patient/Physician Outreach Director: Plans and implements outreach efforts to physicians, patients, community groups, and other appropriate dispensary stakeholders. This position also develops and implements education and support initiatives to serve patients, caregivers, and staff.

Patient Consultants: Work one-on-one with patients and caregivers under the direct supervision and guidance of the Dispensary Director. Responsible for all aspects of the sale of products to patients and caregivers. Provide the most up-to-date information and education on the types, applications, and accepted uses of available cannabis products, and respond to patients' questions and concerns. Identify the potential for negative health or safety consequences to the patient or the public, recognize signs of potential abuse or diversion, and exercise judgement to determine whether or not to dispense medical marijuana to the patient or caregiver. Any such determination will be reported to the state board of pharmacy within 24 hours per OAC 3796:6-3-08(B).

Admissions Clerks: Greets patients, caregivers, and others upon arrival, determines the reason for the visit, and verifies identities and registration per OAC 3796:6-3-08. Ensure secure access and direct patients to the appropriate point-of-sale location and/or personnel to best suit patient needs.

Security Officer: Implements security policies and procedures, oversees onsite Security Guards, and works with local law enforcement as needed. Responsible for ensuring patient, staff, and product security throughout the facility.

Security Guards: Discreetly monitor the entire premises and all visitors and personnel, always complying with dispensary rules of conduct and local regulations. Escort patients to their vehicles if requested or required.

General Employee Duties

The dispensary will have at least two employees on site during business hours, and at least one of these employees will be a Dispensary Key Employee per OAC 3796:6-3-03(E).

Each dispensary employee will be trained in the standard operating procedures related to the receipt, storage, dispensing, and disposal of medical marijuana as per OAC 3796:6-3 through OAC 3796:6-8, including inspecting each delivery to ensure every product meets relevant packaging and labeling requirements [OAC 3796:6-3-05(B)] and not accepting any expired, damaged, deteriorated, misbranded, or adulterated medical marijuana, per OAC 3796:6-3-05(C). Trainings also teach the correct and timely steps to take to alert the appropriate parties upon discovering any theft, loss, or fraudulent recommendation, per OAC 3796:6-3-11(B) through (D).

All dispensary employees will wear their employee identification cards issued by the state board of pharmacy. These cards will be worn above the waist at all times employees are on the dispensary premises per OAC 3796:6-3-01(J).

Each dispensary employee will examine recommendations thoroughly each time a patient visits, and will be trained to monitor for suspicious recommendations, unusual usage, or questionable disposition of medical marijuana per OAC 3796:6-3-11.

While the integrated inventory tracking systems, internal SOPs, and even the layout of the dispensary work together to prevent errors, we recognize that humans do make mistakes. Any dispensing error will be relayed immediately to the Dispensary Director who will follow our internal SOP for capturing incidents and deviations. This SOP will be assessed and implemented in our Ohio dispensary to ensure compliance with OAC 3796:6-3-13.

In addition to the responsibilities of their individual positions, all staff are responsible for maintaining a clean, orderly, safe workplace, and for representing our company in a professional manner in the community at all times. Employees must always demonstrate ethical conduct and maintain confidentiality of patient information.

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

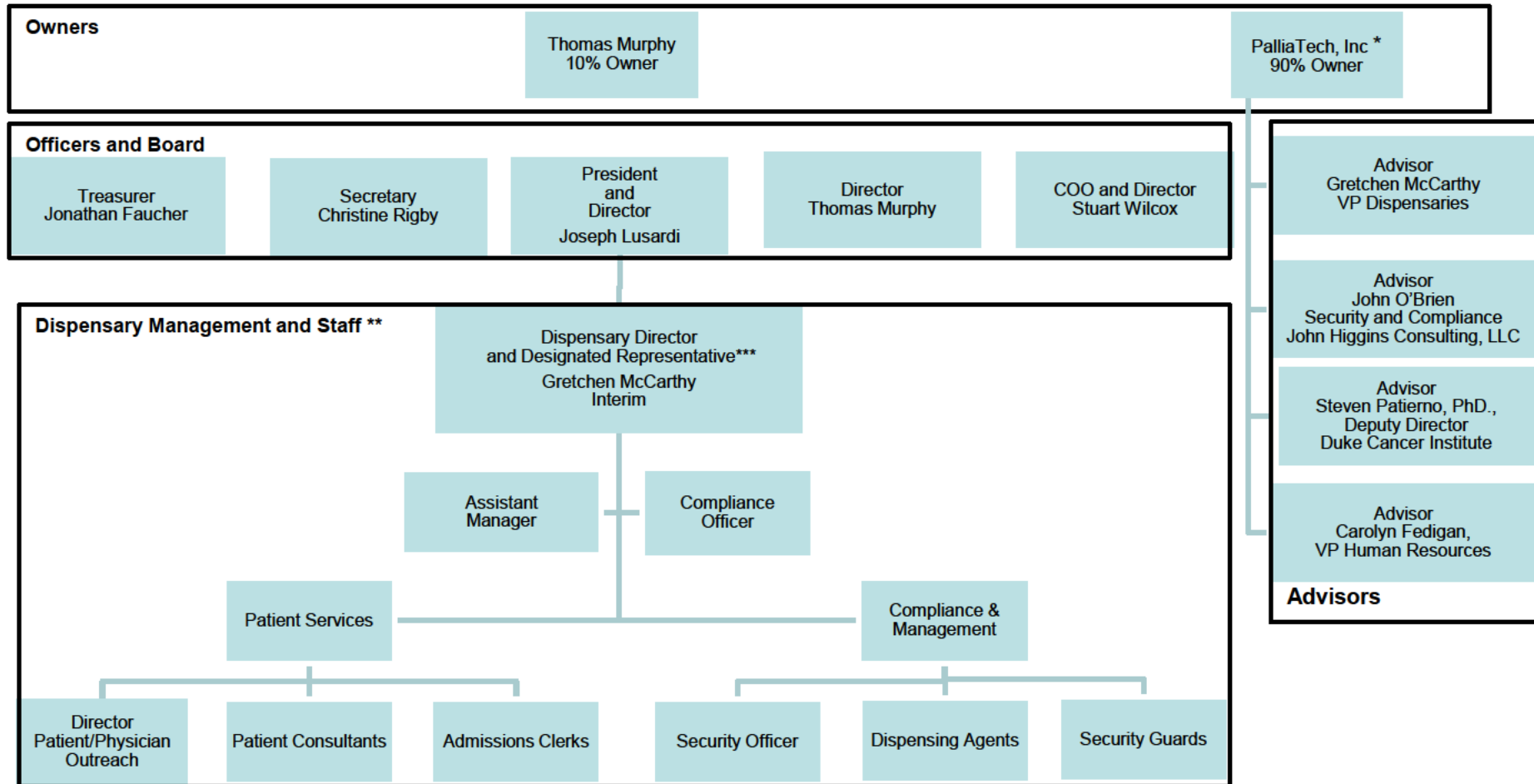
Uploaded Document Name: **C-4.1_Table of Organization and Control.pdf**

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

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Curaleaf Ohio, Inc.

Table of Organization and Control



*A full listing of owners/shareholders and their respective interest in PalliaTech, Inc. and Curaleaf Ohio, Inc. is provided on the following pages for completeness.

** Dispensary Management and Staff have not yet been identified, all will be registered as Dispensary Key Employees or Dispensary Support Employees and licensed as required by Ohio Code. The organizational structure is provide here for completeness.

*** The Dispensary Director is the principal Designated Representative for the Dispensary

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Curaleaf Ohio, Inc. and PalliaTech, Inc. Owners/Shareholders Listing

The following owners/investors have been identified as Prospective Associated Key Employees by the Applicant, Curaleaf Ohio, Inc. as is required by the code. Complete PAKE information is being provided with the application for Boris Jordan and Andrey Blokh whose ownership percentage of PalliaTech, Inc. and consequently Curaleaf Ohio, Inc. exceeds the 10% threshold indicated in the code. Additionally, full PAKE information is provided for Mr. Murphy as a 10% owner and board member of Curaleaf Ohio, Inc. While Mr. Jordan is Chairman of the Board of PalliaTech, Inc., none of the owners listed here, including Mr. Jordan and Mr. Blokh, are employed by or directly involved in the day to day management of either PalliaTech, Inc. or Curaleaf Ohio, Inc.

Investor	Total Ownership in PalliaTech, Inc. % Ownership	Total Ownership in Curaleaf Ohio, Inc. % Indirect Ownership
Blokh, Andrey	36.32%	32.69%
Medtech	29.17%	26.25%
Jordan, Boris - Sole managing member		
Lafayette, LLC	15.98%	14.38%
Jordan, Boris - Sole managing member		
Bellmawr Investors	3.21%	2.89%
Jordan, Boris - 50% (Ownership in Bellmawr Investors)		
Grace, Oliver Jr. - 50% (Ownership in Bellmawr Investors)		
Grace, Oliver Jr.	2.61%	2.35%
Todd, William W.	1.84%	1.66%
Taney, Richard	1.40%	1.26%
Progeny Plus LLC	1.29%	1.16%
Warren, Frederick J. - 23% (Ownership in Progeny Plus LLC)		
Warren, Robin - 23% (Ownership in Progeny Plus LLC)		
Warren, Christina - 15% (Ownership in Progeny Plus LLC)		
Warren, Frederick A. - 7.5% (Ownership in Progeny Plus LLC)		
Warren, Elizabeth - 7.5% (Ownership in Progeny Plus LLC)		
Warren, Amanda - 15% (Ownership in Progeny Plus LLC)		
Warren, Carmen - 1% (Ownership in Progeny Plus LLC)		
Warren, Alison - 1% (Ownership in Progeny Plus LLC)		
Shank, Carolyn - 7% (Ownership in Progeny Plus LLC)		

TRADE SECRET

Investor	Total Ownership in PalliaTech, Inc. % Ownership	Total Ownership in Curaleaf Ohio, Inc. % Indirect Ownership
Assured Asset Investors LLC	0.59%	0.53%
Grace, Alicia - 14.285% (Ownership in Assured Asset Investors LLC)		
Baring, Carolyn Grace - 14.285% (Ownership in Assured Asset Investors LLC)		
Beard, Diana Grace - 14.285% (Ownership in Assured Asset Investors LLC)		
Grace, Frederick - 14.285% (Ownership in Assured Asset Investors LLC)		
Grace, Nicholas - 14.285% (Ownership in Assured Asset Investors LLC)		
Grace, Oliver III - 14.285% (Ownership in Assured Asset Investors LLC)		
Galligan, Virginia Grace - 14.285% (Ownership in Assured Asset Investors LLC)		
Floradale Partners LLC - Series L	0.55%	0.50%
Witt, Andrew - 16.667% (Ownership in Floradale Partners LLC)		
Witt, Charles - 16.667% (Ownership in Floradale Partners LLC)		
Witt, Robert - 16.667% (Ownership in Floradale Partners LLC)		
Witt, Thomas - 16.667% (Ownership in Floradale Partners LLC)		
Witt, Kelley - 33.333% (Ownership in Floradale Partners LLC)		
The JJJ Charitable Foundation	0.49%	0.44%
Irwin, Jeanet - Officer of Foundation		
Manice, Anna - Officer of Foundation		
Gromov, Kirill	0.45%	0.41%
WorldWide Fabrics LP	0.43%	0.39%
Grace, Oliver Jr. - General Partner		
Taney, Juliana	0.37%	0.34%
Taney, Frances	0.37%	0.34%
Bitar, Karen	0.31%	0.28%
Schidlovsky, George	0.30%	0.27%
Todd, Elizabeth	0.26%	0.23%
Nasardinov, Timur	0.23%	0.20%
Patierno, Steven	0.19%	0.17%
Asche, Craig E.	0.14%	0.13%
Friedman, Mark	0.13%	0.12%
Burkholder, John	0.13%	0.12%
Blair, Michele	0.12%	0.11%

TRADE SECRET

Investor	Total Ownership in PalliaTech, Inc. % Ownership	Total Ownership in Curaleaf Ohio, Inc. % Indirect Ownership
Taney, Amy	0.11%	0.10%
Todd, Christopher	0.10%	0.09%
NussBloom Partners	0.10%	0.09%
Nussbaum, Scott - 50% (Ownership of NussBloom Partners)		
Bloom, Jon - 50% (Ownership of NussBloom Partners)		
Todd, Webster Jr.	0.09%	0.08%
Bronheim, Gary	0.09%	0.08%
Denmark, Christopher J.	0.09%	0.08%
Denmark, Susan E.	0.09%	0.08%
Hunt, Karen A. & Forrest C. Jr.	0.09%	0.08%
Matthews, Robert S.	0.09%	0.08%
Mishkin, Joseph	0.09%	0.08%
Mishkin, Steven	0.09%	0.08%
Rimer, Paula	0.09%	0.08%
Horowitz, Sharon	0.09%	0.08%
Startop I LLC	0.09%	0.08%
Scanlon, Richard - Sole managing member		
Gould, William	0.09%	0.08%
Pensco Trust Company LLC Custodian FBO Scott Sheldon IRA	0.09%	0.08%
Burkholder, Patricia	0.09%	0.08%
John and Kelly Shuda trust (John Shuhda and Kelly Boner trustees)	0.09%	0.08%
Millenium Trust Co LLC Cust. FBO Michael Nimaroff IRA #265899955	0.08%	0.07%
Bogolubov, Andrei	0.08%	0.07%
Pulling, Thomas L.	0.07%	0.06%
Caruso, Arthur	0.05%	0.04%
Meldrum, Bernard	0.05%	0.04%
Savino, Anthony A.	0.05%	0.04%
Liebers, Alexander	0.04%	0.04%
Liebers, Andrew	0.04%	0.04%
Scott, Lillian	0.03%	0.03%
Schidlovsky, Michael	0.03%	0.03%

TRADE SECRET

Investor	Total Ownership in PalliaTech, Inc. % Ownership	Total Ownership in Curaleaf Ohio, Inc. % Indirect Ownership
Prufeta, John	0.02%	0.02%
Beaver, Jeffery	0.02%	0.02%
Friedman, Hallie	0.01%	0.01%
Friedman, John	0.01%	0.01%
Traphagen, Judson	0.01%	0.01%
Treasury Shares (PalliaTech, Inc. Treasury Shares)	0.79%	0.71%
Thomas Murphy (Direct owner of Curaleaf Ohio, Inc.)	0.00%	10.00%
Total	100%	100%

Business Plan(Capital Requirements)

Item 1 of 2

C-5.1 Type of Capital

Line of Credit

C-5.2 Source of Capital

Century Bank

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_Financial Documentation_Line of Credit_REDACTED.pdf**

NOTE: This applicant uploaded document is the next 9 page(s) of this document.

THIS LOAN AGREEMENT AND PROMISSORY NOTE HAS NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED "SECURITIES ACT"), OR ANY STATE SECURITIES LAWS OR "BLUE SKY" LAWS (COLLECTIVELY, THE "ACTS"), AND MAY NOT BE OFFERED, SOLD OR OTHERWISE TRANSFERRED, ASSIGNED, PLEDGED OR OTHERWISE DISPOSED OF UNLESS IN COMPLIANCE WITH RULE 144 UNDER THE SECURITIES ACT OR AN EFFECTIVE REGISTRATION STATEMENT RELATED THERETO OR AN OPINION OF COUNSEL FOR THE LENDER SATISFACTORY TO PAYOR THAT SUCH REGISTRATION IS NOT REQUIRED UNDER THE ACTS OR RECEIPT OF A NO-ACTION LETTER FROM THE U.S. SECURITIES AND EXCHANGE COMMISSION.

LOAN AGREEMENT AND PROMISSORY NOTE

\$5,000,000

Dated November 15, 2017

THIS LOAN AGREEMENT AND PROMISSORY NOTE ("Note") is entered into as of November 15, 2017 (the "Effective Date") by and between **REDACTED**, a Delaware corporation ("Payor"), and **REDACTED** a corporation organized under the laws of Delaware ("Lender"). Payor and Lender are hereafter sometimes referred to individually as "Party" or collectively as "Parties."

Both Parties agree that there are significant advantages to the Parties entering into this Note and providing the Advances (as defined below) in order to provide financing for the working capital needs of Payor as soon as possible, and funds advanced under this Note will be used for this purpose as provided herein.

AGREEMENT

FOR VALUE RECEIVED and subject to receipt of the Advances (defined below), Payor hereby promises to pay to the order of Lender the total dollar amount of up to FIVE MILLION and NO/100 DOLLARS (\$5,000,000.00), as may be increased pursuant to the terms hereof (such amount, the "Principal Amount"), together with interest on the then outstanding Principal Amount calculated from the date hereof in accordance with the provisions of this Note. Advances shall be funded by Lender in accordance with Section 2 hereof.

1. Use of Proceeds. Payor will use the Principal Amount primarily for working capital needs.

2. Advances. Upon satisfaction of the conditions to funding hereunder, the Lender shall make up to three advances under this Note to Payor in such amounts and on such dates as shall be requested by Payor (collectively, the "Advances"), provided that

Payor shall provide Lender no less than ten (10) Business Days' advance notice of a request for an Advance. Advances shall be available during the period commencing on the date Payor receives one or more licenses (each a "License") from the State of Ohio to dispense medical marijuana the ("Commencement Date") and ending on the date two years after the Commencement Date (such period, the "Availability Period"). As used herein, "Business Day" means any day except a Saturday, a Sunday or any other day on which commercial banks are required or authorized to close in Cleveland, Ohio or in New York, New York.

3. Interest. Interest on the then outstanding unpaid and outstanding Principal Amount shall accrue at a per annum rate of 15.0%, compounded quarterly, beginning on the date of the first Advance ("Interest") and shall be due on the last Business Day of each March, June, September and December. Upon an Event of Default and as long as such Event of Default continues, the Interest on this Note for the then outstanding unpaid Principal Amount from Advances shall bear interest until paid at a per annum rate of 18.0%, compounded quarterly. Interest due for periods ending prior to January 1, 2020 may be paid in cash or added to the Principal Amount, at the election of the Payor. Thereafter, Interest shall be payable in cash only.

4. Payments.

(a) General. All payments of Interest and the outstanding unpaid Principal Amount will be in lawful money of the United States of America. The then outstanding Principal Amount of Advances made by Lender to Payor and all accrued and unpaid Interest thereon shall be payable on July 1, 2020 (the "Maturity Date"). Upon such payment on the Maturity Date, the obligations of Payor under this Note shall be fully satisfied and the Note cancelled as contemplated by Section IO hereof.

(b) Voluntary Prepayment. This Note may be prepaid at any time at the option of Payor; provided, however, that any prepayment of Principal Amount prior to the fifth anniversary of the Effective Date, whether voluntary or mandatory, shall include, in addition to the then outstanding Principal Amount and accrued and unpaid interest, a prepayment premium equal to 3% of the Principal Amount then outstanding.

(c) Mandatory Prepayments.

(a) Payor shall prepay the Principal Amount of this Note, or such portion as can be prepaid, in an amount equal to (i) the net proceeds received in connection with the incurrence of any indebtedness by the Payor or (ii) the net proceeds received by Payor in connection with any equity issuance, in each case after the commencement of the Availability Period.

5. Conditions. The Lender's obligation to make any Advance requested by Payor shall be subject to satisfaction or waiver of the following conditions, in each case to the Lender's satisfaction:

(a) No Event of Default is then ongoing or caused thereby;

(b) The representations and warranties of Payor deemed made under Section 8 on the day such Advance is made shall be true and correct in all respects;

(c) December 31, 2017 (the "Cannabis License"), and the Cannabis License is in full force and effect without any limitations, restrictions or modifications adverse to the interests of the Payor or the Lender;

(d) Lender having received all information, financial and otherwise, it has requested from Payor, Lender having sufficient time and opportunity to perform its due diligence into the condition (financial and otherwise) of the Payor, and Lender having received approval from a majority of the members of its board of directors to make such Advance.

6. Covenants.

(a) Financial Records. Payor shall keep proper books of record and account in which full, true and correct entries shall be made in accordance with GAAP (subject to the absence of footnotes and year-end adjustments) throughout the periods involved, and Payor shall furnish to the Lender:

(i) as soon as available and in any event within 120 days of the end of each calendar year, a copy of the consolidated balance sheets of Payor and its consolidated subsidiaries as of the last day of such year, and related consolidated statements of income and cash flows for such fiscal year, setting forth in each case in comparative form the figures for the previous fiscal year, and related consolidated statements of income and cash flows, all accompanied by an audit from a nationally-recognized accounting firm (without a 'going concern' or like qualification or exception and without any qualification or exception as to the scope of such audit) to the effect that such financial statements present fairly in all material respects the financial condition and results of operations of Payor and its consolidated subsidiaries in accordance with GAAP consistently applied;

(ii) as soon as available and in any event within 45 days of the end of each fiscal quarter ending after the Effective Date, a copy of the consolidated balance sheets of the Payor and its subsidiaries as of the end of such fiscal quarter, and the related consolidated statements of income and cash flows for such fiscal quarter and the then elapsed portion of the fiscal year, setting forth in each case in comparative form the figures for the corresponding fiscal period of the previous fiscal year, all in reasonable detail and certified by the chief financial officer of the Payor as presenting fairly in all material respects the financial condition and results of operations of the Payor and its consolidated subsidiaries on a consolidated basis in accordance with GAAP consistently applied, subject to normal year-end adjustments.

(iii) concurrently with each delivery of financial statements under Section 6(a)(i) and Section 6(a)(ii), a certificate of the chief financial officer of the Payor (i) certifying as to whether an Event of Default has occurred and, if an Event of Default has occurred, specifying the details thereof and any action taken or proposed to be taken with respect thereto, and (ii) stating whether any change in GAAP or in the application thereof has occurred since the date of the most recent financial statements delivered under Section 6(a)(ii) and, if any such change has occurred, specifying the effect of such change on the financial statements accompanying such certificate.

(b) Maintenance of Assets. Payor shall, and shall cause each of its subsidiaries to, keep and maintain all property material to the conduct of its business in good working order and condition, ordinary wear and tear. Without limiting the foregoing, Payor

shall maintain the Cannabis License in full force and effect at all times and shall not permit nor suffer to exist any limitation, restrictions, amendment or modification adverse to the interests of the Payor or the Lender without the prior written consent of the Lender.

7. Events of Default.

(a) Definition. For the purpose of this Note, an "Event of Default" will be deemed to have occurred if:

(i) Payor fails to pay all amounts due hereunder, including without limitation the Principal Amount, on the Maturity Date;

(ii) Payor fails in any respect to perform or observe any other material provision contained in this Note and such failure continues for a period of five (5) days after the initial occurrence of such failure;

(iii) (A) Payor (1) makes an assignment for the benefit of creditors; or (2) files a petition or makes an application to any tribunal for the appointment of a custodian, trustee, receiver or liquidator, or commences any proceeding relating to Payor under any bankruptcy, reorganization, arrangement, insolvency, readjustment of debt, dissolution or liquidation law of any jurisdiction; or (B) an involuntary petition or application is filed, or any such proceeding is commenced, against Payor and either (A) Payor by any act indicates Payor's approval thereof, consents thereto or acquiesces therein or (8) such petition, application or proceeding is not dismissed within sixty (60) days; or

(iii) Any circumstance or event shall occur or a condition shall exist which has, or could reasonably be expected to have, a material adverse effect upon the business or prospects (financial or otherwise) of the Payor.

(b) Consequences of Events of Default.

(i) If an Event of Default (other than the type described in Section 7(a)(iii) hereof) occurs, Lender may terminate the Availability Period and may declare, by written notice of an Event of Default given to Payor, the entire outstanding Principal Amount of this Note, together with all accrued, unpaid Interest thereon and any other amounts due hereunder, immediately due and payable, and Lender may otherwise exercise any and all rights as set forth in this Note.

(ii) If an Event of Default of the type described in Section 7(a)(iii) hereof occurs, then (x) the Availability Period shall automatically terminate and (y) all of the outstanding Principal Amount of this Note, together with all accrued, unpaid interest thereon and any other amounts due hereunder, shall automatically be immediately due and payable, in each case without any further action on the part of Lender, and Lender otherwise may exercise any and all rights as set forth in this Note.

8. Representations and Warranties of Payor. Payor hereby represents and warrants to Lender on the Effective Date and on the date of each Advance that:

(a) Payor is a validly existing corporation under the laws of the State of Delaware and has the power and authority to execute and deliver this Note.

(b) All action on the part of Payor necessary for the authorization of Payor to execute and deliver this Note and to perform its obligations hereunder has been taken. No consent, approval, authorization, order, filing, registration or qualification of or with any court, governmental authority or third person is required to be obtained by Payor in connection with the execution and delivery of this Note by Payor.

(c) This Note has been duly executed by Payor and constitutes the legal, valid and binding obligation of Payor, enforceable against Payor in accordance with its terms, subject, as to enforcement of remedies, to the discretion of courts in awarding equitable relief and to applicable bankruptcy, reorganization, insolvency, moratorium and similar laws affecting the rights of creditors generally.

(d) The foregoing representations and warranties shall survive the execution and delivery of this Note.

9. Amendment and Waiver. Except as otherwise expressly provided herein, the provisions of this Note may be amended only by a written instrument signed by both Lender and Payor. Payor may take any action herein prohibited or omit to perform any act herein required to be performed by Payor, only if Payor has obtained the written consent of Lender.

10. Cancellation. After all obligations for the payment of money arising under this Note have been paid in full, this Note will be promptly surrendered to Payor for cancellation.

11. Costs of Enforcement. Payor agrees to pay, and to indemnify and hold harmless Lender and each of Lender's agents, representatives, officers, employees, directors and consultants from, against and for any and all liabilities, obligations, claims, damages, actions, penalties, causes of action, losses, judgments, suits, costs, expenses and disbursements, including without limitation, attorneys' fees, incurred or arising in connection with this Note.

12. Waiver of Presentment, Demand and Dishonor.

(a) Payor hereby waives presentment for payment, protest, demand, notice of protest, notice of nonpayment and diligence with respect to this Note.

(b) No failure on the part of Lender to exercise any right or remedy hereunder with respect to Payor, whether before or after the happening of an Event of Default, shall constitute waiver of any such Event of Default or of any other Event of Default by Lender. No failure to accelerate the debt of Payor evidenced hereby by reason of an Event of Default or indulgence granted from time to time shall be construed to be a waiver of the right to insist upon prompt payment thereafter; or shall be deemed to be a novation of this Note or a reinstatement of such debt evidenced hereby or a waiver of such right of acceleration or any other right, or be construed so as to preclude the exercise of any right Lender may have, whether by the laws of the state governing this Note, by agreement or otherwise; and Payor hereby expressly waives the benefit of any statute or rule of law or equity that would produce a result contrary to or in conflict with the foregoing.

13. Usury. Payor and Lender intend that the obligations evidenced by this Note conform strictly to the applicable usury laws from time to time in force. All agreements between Payor and Lender, whether now existing or hereafter arising and whether oral or written, hereby are expressly limited so that in no contingency or event whatsoever, whether

by acceleration of maturity hereof or otherwise, shall the amount paid or agreed to be paid to Lender, or collected by Lender, by or on behalf of Payor for the use, forbearance or detention of the money to be loaned to Payor hereunder or otherwise, or for the payment or performance of any covenant or obligation contained herein of Payor to Lender, or in any other document evidencing, securing or pertaining to such indebtedness evidenced hereby, exceed the maximum amount permissible under applicable usury law. If under any circumstances whatsoever, fulfillment of any provision thereof or any other document, at the time performance of such provisions shall be due, shall involve transcending the limit of validity prescribed by law, then *ipso facto*, the obligation to be fulfilled shall be reduced to the limit of such validity and if under any circumstances Lender ever shall receive from or on behalf of Payor an amount deemed interest, by applicable law, which would exceed the highest lawful rate such amount that would be excessive interest under applicable usury laws shall be applied to the reduction of Payor's principal amount owing hereunder and not to the payment of interest, or if such excessive interest exceeds the unpaid balance of principal and such other indebtedness, the excess shall be deemed to have been a payment made by mistake and shall be refunded to Payor or to any other person making such payment on Payor's behalf.

14. Governing Law. The validity, construction and interpretation of this Note will be governed by and construed in accordance with the internal laws of the State of Delaware.

15. Conflict of Terms. If and to the extent that there are any discrepancies between the provisions of this Note and any other document securing or pertaining to the indebtedness evidenced by this Note, the provisions of this Note shall control.

16. Assignment. This Note shall be assignable by Lender. This Note shall not be assignable by Payor without the written consent of Lender.

[Signature Page Follows]

IN WITNESS WHEREOF, Payor has executed and delivered this Promissory Note on the date first above written.

REDACTED.

By: _____
Name: REDACTED
Title:

Lender has agreed to the terms of this Note and its obligations hereunder on this 17th day of November 2017

REDACTED.

By: _____
Name: REDACTED
Title:

IN WITNESS WHEREOF, Payor has executed and delivered this Promissory Note on the date first above written.

REDACTED

By:
Name: **REDACTED**
Title:

Lender has agreed to the terms of this Note and its obligations hereunder on this 17th day of November 2017

REDACTED

By: _____
Name: **REDACTED**
Title:

Business Plan(Capital Requirements)

Item 2 of 2

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Parke Bank

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_Financial Documentation_Cash_Redacted.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.

REDACTED
LOGO

November 16, 2017

RE: Proof of Funds

To Whom It May Concern:

Please allow this letter to serve as proof of funds in REDACTED account#REDACTED The REDACTED account is currently active with an available and current balance of \$1,000,000.00. If you require any additional assistance please contact me at 8REDACTED0.

Thank You,

REDACTED SIGNATURE

Accounts

Cash Management

Service Center

RE [REDACTED]

CURRENT BALANCE
\$1,000,000.00AVAILABLE BALANCE
\$1,000,000.00Pending (0)
\$0.00

Print | Export

[Account Details](#)

Transaction Activity

Advanced Search

Display: All Transactions

Find: in Description Find

Transaction Date	Description	Ctr	Withdrawals	Deposits	Balance
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☐ Hide Pending

Add Transaction

Nov 15, 2017	Deposit/Internet Transfer RE [REDACTED] CK	Cleared		\$1,000,000.00	\$1,000,000.00
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Page 1 of 1 10 Per Page

Add Transaction

Print | Export

Business Plan(Business History and Experience)

Item 1 of 11

C-6.1 First Name

Boris

C-6.2 Middle Name

Alexis

C-6.3 Last Name

Jordan

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Officer

C-6.5 Business Name

Sputnik Group Ltd. (substantial indirect ownership through Accor Cyprus Limited)

C-6.6 Business Address

Suite 102, Saffrey Square, Bank Lane & Bay Street P.O. Box CB-13937, Nassau, New Providence, Bahamas

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1998 - Present

Business Plan(Business History and Experience)

Item 2 of 11

C-6.1 First Name

Andrey

C-6.2 Middle Name

S

C-6.3 Last Name

Blokh

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Owner, Board Member

C-6.5 Business Name

OJSC Unimilk Company

C-6.6 Business Address

27 Vyatskaya Ulitsa, Str. 13 14, Moscow, Russia

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2004-2011

Business Plan(Business History and Experience)

Item 3 of 11

C-6.1 First Name

Thomas

C-6.2 Middle Name

Walter

C-6.3 Last Name

Murphy

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

PalliaTech Ohio LLC

C-6.6 Business Address

2692 Madison Road, Suite 235 Cincinnati, OH 45208

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

January 2017 - Present

Business Plan(Business History and Experience)

Item 4 of 11

C-6.1 First Name

Joseph

C-6.2 Middle Name

F

C-6.3 Last Name

Lusardi

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Board Member

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

March 2016 - Present

Business Plan(Business History and Experience)

Item 5 of 11

C-6.1 First Name

Jonathan

C-6.2 Middle Name

David

C-6.3 Last Name

Faucher

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Officer

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

February 2017 - Present

Business Plan(Business History and Experience)

Item 6 of 11

C-6.1 First Name

Christine

C-6.2 Middle Name

A

C-6.3 Last Name

Rigby

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

SVP, Investor Relations

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

September 2016 - Present

Business Plan(Business History and Experience)

Item 7 of 11

C-6.1 First Name

Stuart

C-6.2 Middle Name

Anthony

C-6.3 Last Name

Wilcox

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Chief Operating Officer

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

July 2017 - Present

Business Plan(Business History and Experience)

Item 8 of 11

C-6.1 First Name

Gretchen

C-6.2 Middle Name

M

C-6.3 Last Name

McCarthy

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Support Employee

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

May 2015 - Present

Business Plan(Business History and Experience)

Item 9 of 11

C-6.1 First Name

Carolyn

C-6.2 Middle Name

T

C-6.3 Last Name

Fedigan

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Support Employee

C-6.5 Business Name

PalliaTech, Inc.

C-6.6 Business Address

301 Edgewater Place, Suite 405 Wakefield, MA 01880

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

April 2017 - Present

Business Plan(Business History and Experience)

Item 10 of 11

C-6.1 First Name

John

C-6.2 Middle Name

Higgins

C-6.3 Last Name

O'Brien

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Executive Director of New Jersey Medical Marijuana Program

C-6.5 Business Name

State of New Jersey Department of Public Health

C-6.6 Business Address

P.O. Box 360 Trenton, NJ 08625

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

December 2011 - April 2015

Business Plan(Business History and Experience)

Item 11 of 11

C-6.1 First Name

Steven

C-6.2 Middle Name

R

C-6.3 Last Name

Patierno

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Deputy Director, Duke Cancer Institute

C-6.5 Business Name

Duke University Medical Center

C-6.6 Business Address

10 Searle Center Dr, Durham NC

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

June 2012 - Present

Business Plan(Business History and Experience Narrative)

C-6.9 Provide a narrative description not to exceed 1500 words demonstrating any previous experience at operating other businesses or non-profit organizations and any demonstrated knowledge or expertise with regard to the medical use of marijuana to treat qualifying conditions (for all Prospective Associated Key Employees with an ownership interest of ten percent or more in the prospective dispensary). Include the number of years of experience, the type of business, and any administrative discipline history associated with each business.

PalliaTech, Inc. Overview

Curaleaf Ohio, Inc.'s Prospective Associated Key Employees (PAKEs) are involved, with one exception, as shareholders or managers of PalliaTech, Inc., the Applicant's parent entity and a multi-state medical cannabis company. PalliaTech's operations and experience cover all aspects of cultivation, processing, and dispensing medical cannabis. PalliaTech maintains its own internal research and development facilities as well as a Medical Advisory Board which ensures that the company's offering of medical cannabis products and services are fully informed by leading doctors with years of research and clinical experience.

PalliaTech maintains a centralized management structure that provides its operating companies with expertise in cultivating, processing, and dispensing medical cannabis as well as supporting them with compliance, finance, and HR.

In Maine, Massachusetts, and New Jersey, PalliaTech, Inc. acts as the exclusive management company for vertically integrated medical cannabis non-profits. In Maine, PalliaTech serves two of eight licensed non-profits; in Massachusetts it services one of fifteen operating non-profits; and in New Jersey, it services one of the State's six non-profits, which enjoys the largest market share of approximately 30%.

In Connecticut, PalliaTech controls and manages one of the State's four licensed medical cannabis cultivation and processing companies and wholesales to all dispensaries in the state, which are separately licensed.

In Florida, PalliaTech, Inc. controls and manages one of the first six vertically-integrated medical cannabis companies licensed and operating.

In New York and Maryland, PalliaTech, Inc.'s subsidiaries have been awarded medical cannabis licenses and facilities are currently being built.

In Pennsylvania, PalliaTech has partnered with University of Pennsylvania medical school to receive a license under State's Clinical Registrant Program, which promotes academic-business partnerships to support cannabis research.

Curaleaf Ohio, Inc. Shareholders

The PAKE's with an ownership interest of ten percent or more are Boris Jordan, Andrey Blokh, and Thomas Murphy. Boris Jordan and Andre Blokh are the primary investors in PalliaTech, Inc. Mr. Jordan serves as PalliaTech, Inc.'s chairman and has been an investor in PalliaTech Inc. since 2011. He has led the growth of PalliaTech, Inc. from a single-state medical cannabis company to one that owns or manages cannabis companies in eight states. While Mr. Jordan and Mr. Blokh will not be involved in the day-to-day management of Curaleaf Ohio, Inc., Mr. Jordan will provide overall strategic guidance in his role as chairman of PalliaTech, Inc. Both Mr. Jordan and Mr. Blokh will continue to support the Applicant to raise additional capital, if needed.

Mr. Murphy is the only PAKE not involved with PalliaTech, Inc. Mr. Murphy is a 10% owner and will serve as a director of Curaleaf Ohio, Inc. and his relevant experience is described below.

Curaleaf Ohio, Inc. Officers and Board

Joseph Lusardi (President and Director)

Mr. Lusardi has over 20 years of success in finance and private equity. Prior to joining PalliaTech as its CEO in 2016, Mr. Lusardi held executive positions at Affiliated Managers Group, Liberty Mutual Group, and Devonshire Investors, where he was responsible for complex merger and acquisition transactions

and providing technical expertise to a multi-billion-dollar portfolio with holdings across multiple industries. Mr. Lusardi is a pioneer in the US cannabis industry and is credited with opening the first vertically-integrated cannabis operation on the east coast. He has more than five years of experience developing and operating medical marijuana companies in highly regulated states. In 2010 and 2014, Mr. Lusardi developed Maine Organic Therapy and Alternative Therapies Group, the first medical marijuana companies in Maine and Massachusetts respectively. These experiences provide Mr. Lusardi extensive industry expertise in medical marijuana company management.

Mr. Lusardi has been instrumental in developing the company's strategy, one that brings PalliaTech's science to patients in need of medical marijuana. Since joining the company, he raised over \$100 million dollars that has been invested into infrastructure, research and development, and staff. Mr. Lusardi continues to guide our corporate strategy and with a view of best practices adopted by our managed entities and subsidiaries.

Stuart Wilcox (COO and Director)

Mr. Wilcox is a seasoned operational leader with expertise in global supply chain, operations start-up, acquisitions, and new product commercialization at market leaders. He comes to us from Hostess Brands where he was the SVP/COO of Operations for the past two years. Before Hostess, he held operational leadership positions at The Original Cakerie, a private Canadian company, and Fresh Express/Chiquita where he was the SVP Operations for nine years. Since joining the business in July 2017, he has immersed himself in the industry and enhancing best practices throughout our network. Mr. Wilcox has a Bachelor's degree in Mechanical Engineering Technologies from University of Toledo and a Master's of Science from Central Michigan University.

Thomas Murphy (Director)

Mr. Murphy was born and raised in Cincinnati, Ohio. He graduated from Montana State University with a BS in Civil Engineering. After starting his career as a marine navigator for a seismic geophysical oil exploration company, he developed his own business as a Cincinnati homebuilder and residential land developer. Mr. Murphy also served on the Board of Directors of the Cincinnati Home Builders Association. Mr. Murphy's involvement with the cannabis industry resulted from his experience as a sufferer of a painful and intractable condition of peripheral neuropathy. He experienced personally what medical marijuana can do to improve pain and well-being without the use of opiates, and became a strong advocate for the benefits of this plant-based medicine. As part of his patient-advocacy efforts, Mr. Murphy met with State of Ohio representatives in 2015 to assist in the writing of future medical marijuana legislation, and presented before various city councils and zoning officials to lift medical marijuana moratoriums.

Jonathan Faucher (Treasurer and Officer)

Mr. Faucher is an experienced finance and operations executive with an extensive startup and manufacturing background. Before joining PalliaTech, Jonathan was the Controller and Senior Director of Finance and Operations at a medical device company. In this role, Mr. Faucher designed the ERP and financial system, streamlined the supply chain process, and improved the cash conversion cycle of the business. Mr. Faucher holds a Bachelor of Science in Finance from the University of New Hampshire and an MBA from the F.W. Olin Graduate School of Business at Babson College.

Christine Rigby (Secretary and Officer)

Ms. Rigby has over 20 years of experience in capital markets, investment strategy, institutional sales, and private equity. She was previously Vice President and Head Trader at The Sputnik Group for over eight years, and SVP Middle Markets Institutional Sales at Citigroup Global Markets for over 14 years where she was responsible for overseeing two billion dollars of client assets. During her tenure at PalliaTech, Ms. Rigby has managed the investor relations function for the company. More specifically, her skills have been used to develop key relationships with regulators and industry experts throughout the United States and Europe. In addition, Ms. Rigby has led the license renewal efforts in multiple states with rigorous state regulations.

Advisors to Curaleaf Ohio, Inc.

Gretchen McCarthy, VP Dispensary Operations, PalliaTech, Inc.

Ms. McCarthy is an experienced medical marijuana operation executive. She serves as VP of PalliaTech Dispensaries across all states where PalliaTech operates, and is responsible for profitably growing dispensary revenue, developing dispensary objectives and ensuring our patients receive consistent and exceptional service every visit. In her three years with PalliaTech, Inc., she has opened three of PalliaTech's dispensaries in three states, including NJ, FL, and MA. Before joining PalliaTech, Ms. McCarthy was the Manager of Dispensary Operations and Human Resources Manager at one of the leading alternative treatment centers in Maine. Ms. McCarthy earned a Bachelor's of Science in Business, Human Resources Management from Capella University.

Carolyn Fedigan, VP Human Resources:

Ms. Fedigan is an experienced Human Resources Executive with more than 25 year's experience in corporate human resources, and has worked in a wide variety of industries. Since joining PalliaTech, Inc. in 2017, Ms. Fedigan has developed the centralized HR function, increased the company's access to leading talent, and grew the employee base from 65 to over 285 employees. She has assisted managed entities/subsidiaries in staff development by focusing on roles and responsibilities, performance management, and key metrics. Ms. Fedigan has held HR leadership roles at Audax Group, a Boston-based private equity firm with over \$10 billion in assets under management, Harvard University, and Advent International Corporation. Ms. Fedigan received her Bachelor of Arts degree in Psychology from Drew University and her Masters of Education from Harvard University with a focus on race and gender.

John O'Brien, Security and Compliance Officer, John Higgins Consulting, LLC

Mr. O'Brien is an experienced professional in the areas of regulatory compliance, program development, and law enforcement. Prior to joining the PalliaTech team, Mr. O'Brien was the first Executive Director of the NJ Medicinal Marijuana Program (NJMMP). Mr. O'Brien successfully developed and implemented a medically based program focusing of safe patient access and regulatory compliance of the state's registered organizations. Prior to his work with the NJ Department of Health, Mr. O'Brien served for 26 years as an enlisted member of the NJ State Police where he retired at the rank of Lieutenant. Mr. O'Brien has provided testimony before committees of the NJ Legislature as an expert on medical marijuana and regulatory compliance.

While working for PalliaTech Inc., Mr. O'Brien has focused on the development and implementation of the Company's Regulatory Compliance Program and Security Plan, encompassing internal evaluation, inspection, investigation, correction, and regulatory and administrative follow-up to ensure compliance with state programs.

Dr. Steven Patierno, Deputy Director, Duke Cancer Institute and PalliaTech, Inc. Advisory Board Chair
Dr. Patierno holds titles in the scientific community including Deputy Director, Duke Cancer Institute; Professor of Medicine, Professor of Pharmacology and Cancer Biology, and Professor of Community and Family Medicine, Duke University School of Medicine; and Chairman of the Medical Advisory Board, PalliaTech, Inc. As Deputy Director of the Duke Cancer Institute, Dr. Patierno helps lead a top-ranked NCI-designated Comprehensive Cancer Center dedicated to providing compassionate care from diagnosis to treatment to survivorship, advancing multi- and transdisciplinary cancer research and engaging in prevention and community health programming. One of the original eight NCI-designated comprehensive cancer centers, DCI is one of only 41 such centers in the U.S., with more than 65,000 patient visits and 6,500 new cancer diagnoses annually and nearly 1,000 active clinical trials. The DCI includes more than 360 investigators with more than \$225 million in annual cancer research funding. Prior to joining Duke, Dr. Patierno served as Executive Director of the George Washington University Cancer Center, Vivian Gill Distinguished Professor of Oncology, and Professor of Pharmacology and Physiology, Genetics and Urology in the GWU School of Medicine and Health Sciences.

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_Security and Surveillance_restricted zones and vss_A2.pdf**

NOTE: This applicant uploaded document is the next 1 page(s) of this document.

D-2.3 By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the Revised Code](#).

YES

Operations Plan(Receiving of Product)

D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

D-3.2 By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana. [OAC 3796:6-3-06](#); [OAC 3796:8](#)

YES

D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. [OAC 3796:6-3-06](#)

[Redacted content]



D-3.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Storage of Product)

D-4.1 There will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.

YES

D-4.2 All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.

YES

D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

YES

D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

Please reference [OAC 3796:6-3-07](#) for more information.

[Redacted content]



[REDACTED]

D-4.4.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Dispensing of Product)

D-5.1 By selecting "**Yes**", the Applicant attests that it is prepared and willing to join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). [American Society for Automation in Pharmacy](#); [OAC 3796:6-3-08](#); [OAC 3796:6-3-10](#)

YES

D-5.2 By selecting "**Yes**", the Applicant attests that it will use the patient registry to verify the registration of a patient or caregiver. [OAC 3796:6-3-08](#)

YES

D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

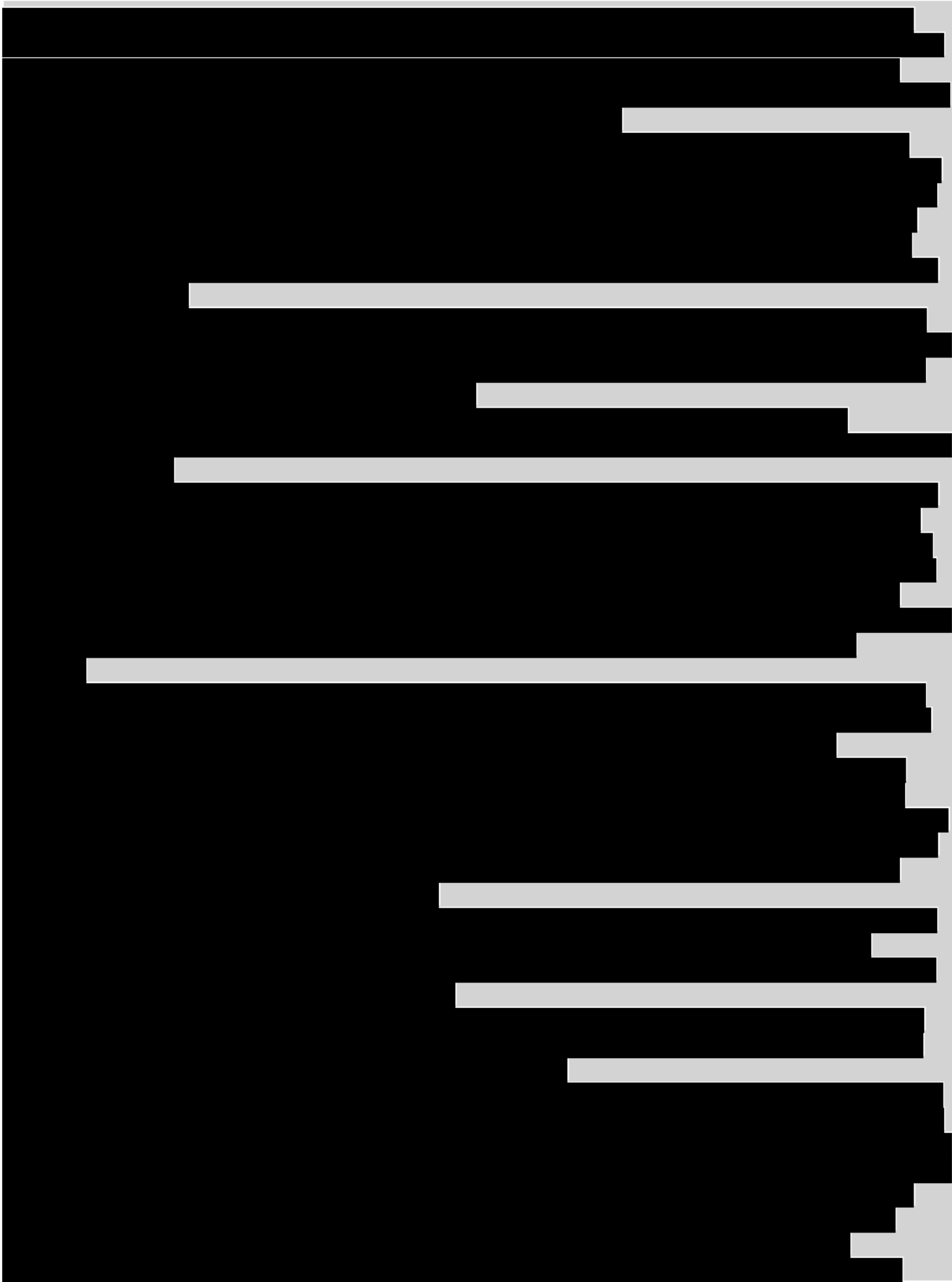
5

D-5.4 By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

YES

D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labeling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory tracking system and for reporting to OARRS using the current ASAP format. Please attach a sample product label, with any identifiable information redacted or anonymized. [OAC 3796:6-3-08](#); [OAC 3796:6-3-09](#); [OAC 3796:6-3-10](#)

[Redacted content]



[REDACTED]

D-5.5.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-5.5. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-5.5_Label and Package Insert Sample.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.

TRADE SECRET

DISPENSARY NAME

Package Insert



PESTICIDES: Shall meet requirements of OAS 3796:6-3-9(A)(10)(b)

WARNING: This product may cause impairment and may be habit forming. Smoking medical marijuana is not permitted in the State of Ohio.

CAUTION: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.

WARNING: Should not be used by women who are pregnant or breastfeeding.

WARNING: For use only by the person named on the label of the dispensed product. Keep out of reach of children.

WARNING: Marijuana can impair concentration, coordination and judgement. Do not operate a vehicle or machinery under the influence of this drug.

WARNING: There may be health risks associated with the consumption of this product.

For questions and concerns please call:
Toll-free number from State Board of
Pharmacy goes here

Web Address

Business Address

Business Phone

TRADE SECRET

Applicant Logo
Goes Here

DISPENSARY NAME
PERMIT # XXXXXXXX
123 MAIN ST, TOWN, ST 12345

PRODUCT NAME

Species Name Goes Here
Form/Type Goes Here

10
% of THC
10mg

01
% of CBD
1mg

XX% THCA	XX% THCV	XX% CBDA	XX% CBDV
XX% CBN	XX% CBG	XX% CBC	XX% TERPENOID

CULTIVATOR NAME GOES HERE
HARVESTED: MM/YY
PERMIT #XXXXXXXXXXXX
321 STREET, TOWN, ST 12345

WEIGHT: XX

DOSAGE: XX.XX
PACKAGED: MM/YY
USE BY: MM/YY
DISPENSED: MM/YY

PATIENT NAME: JOHN SMITH
REGISTRATION #: 123456
CAREGIVER NAME: JANE DOE

PROCESSOR NAME GOES HERE
LICENSE #: 123456
PROCESSED: MM/YY
TYPE OF EXTRACTION: XXXXX
CHEMICAL USED: XXXXXX
OTHER INFORMATION: Shall meet all requirements
of OAS 3796:6-3-9(A)(10)(d)

WARNING: This product may cause impairment and
may be habit forming.

CAUTION: When eaten or swallowed, the effects
and impairment caused by this drug may be delayed.

INGREDIENTS: Shall meet the requirements of OAS
3796: 6-3-9 (A)(10)(b) and food allergies 21 USG 343

PESTICIDES: Shall meet all the requirements of OAS
3796:6-3-9(C)

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](#)

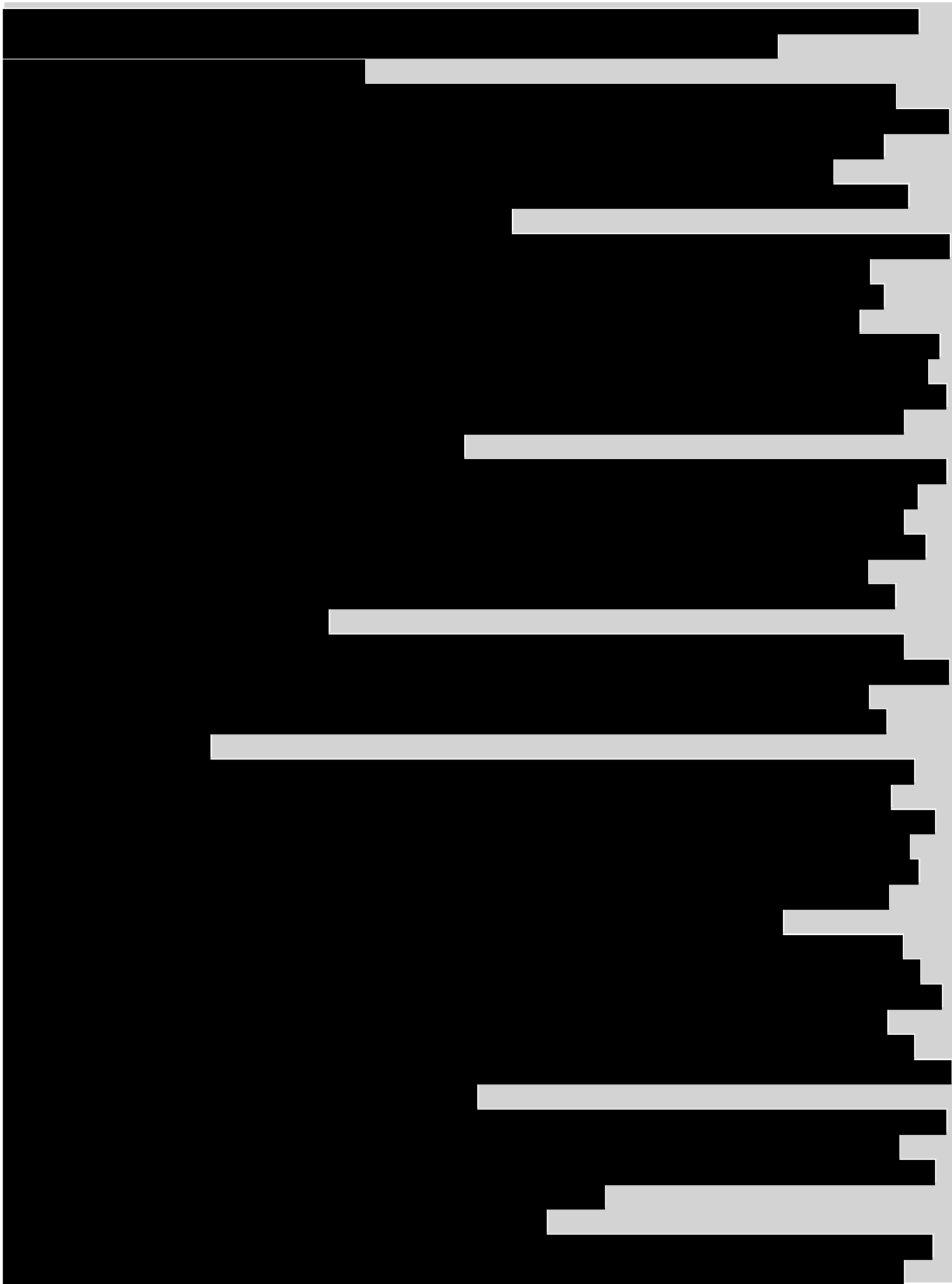
YES

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]

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]



D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

D-7.1 Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. [OAC 3796:6-3-01](#); [OAC 3796:6-3-05](#); [OAC 3796:6-3-16](#)

[Redacted content]

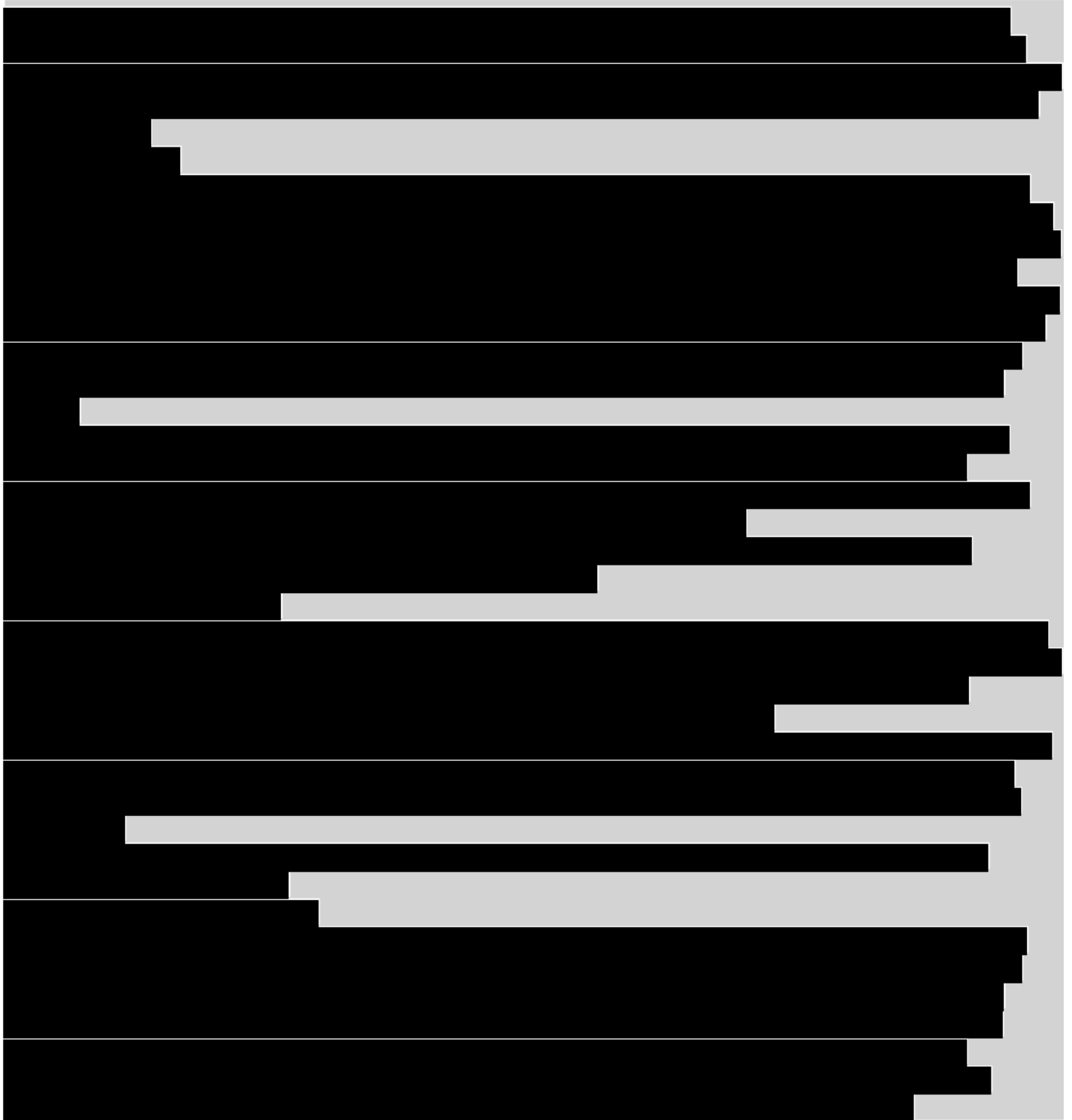


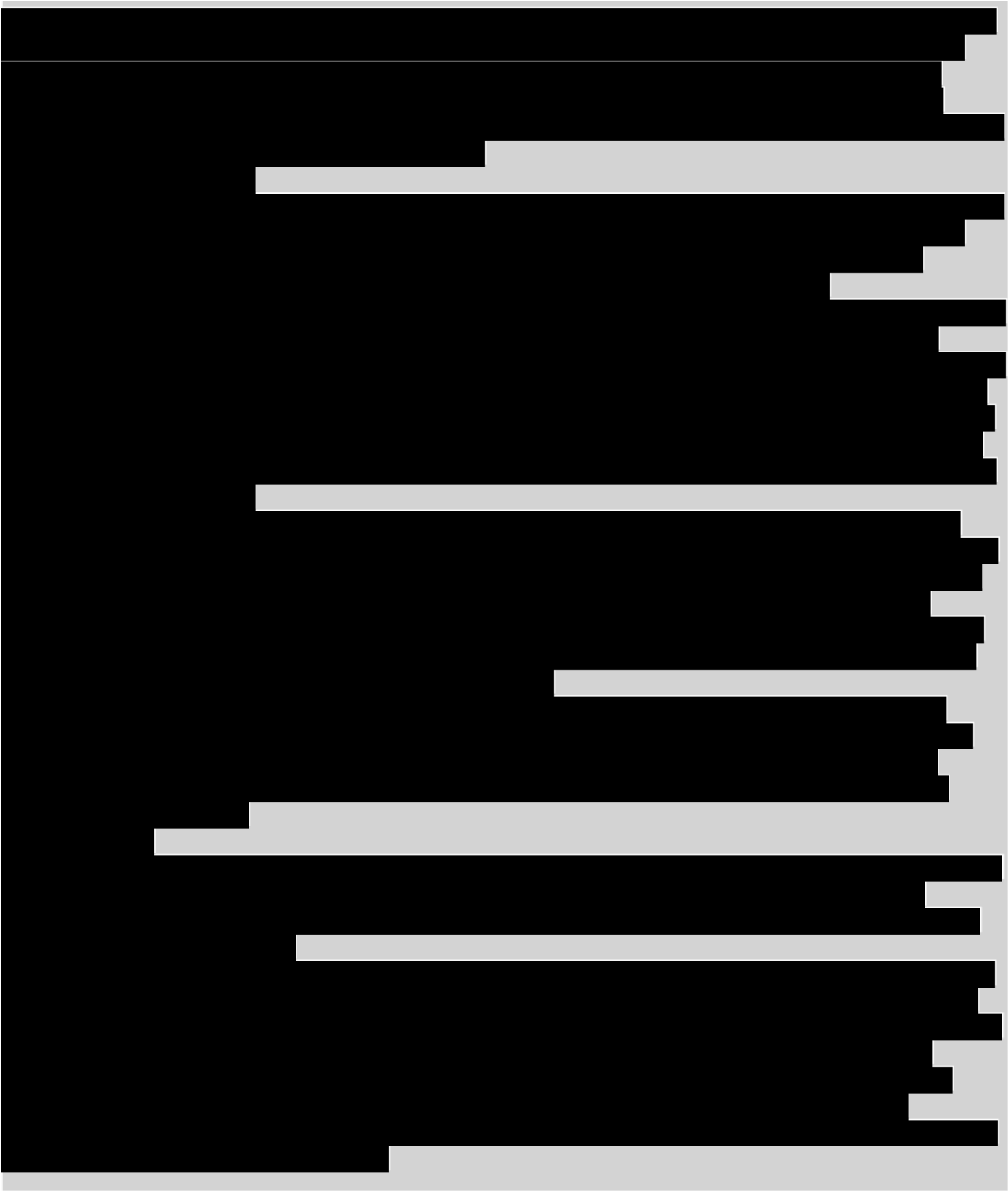
Operations Plan(Sanitation and Safety)

D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

1. Processes for contamination prevention
2. Pest protection procedures
3. Instruction to dispensary employees regarding the handling of medical marijuana
4. Hand-washing facilities

Please reference [OAC 3796:6-3-02](#) for more information.





Operations Plan(Record-Keeping)

D-9.1 By selecting “Yes,” the Applicant attests that it will notify State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. [OAC 3796:6-3-14](#)

YES

D-9.2 Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

1. Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary
2. Operating procedures and controls
3. Audit records
4. Staffing plans; Business records
5. Surveillance records
6. Attendance logs
7. Quality assurance review logs

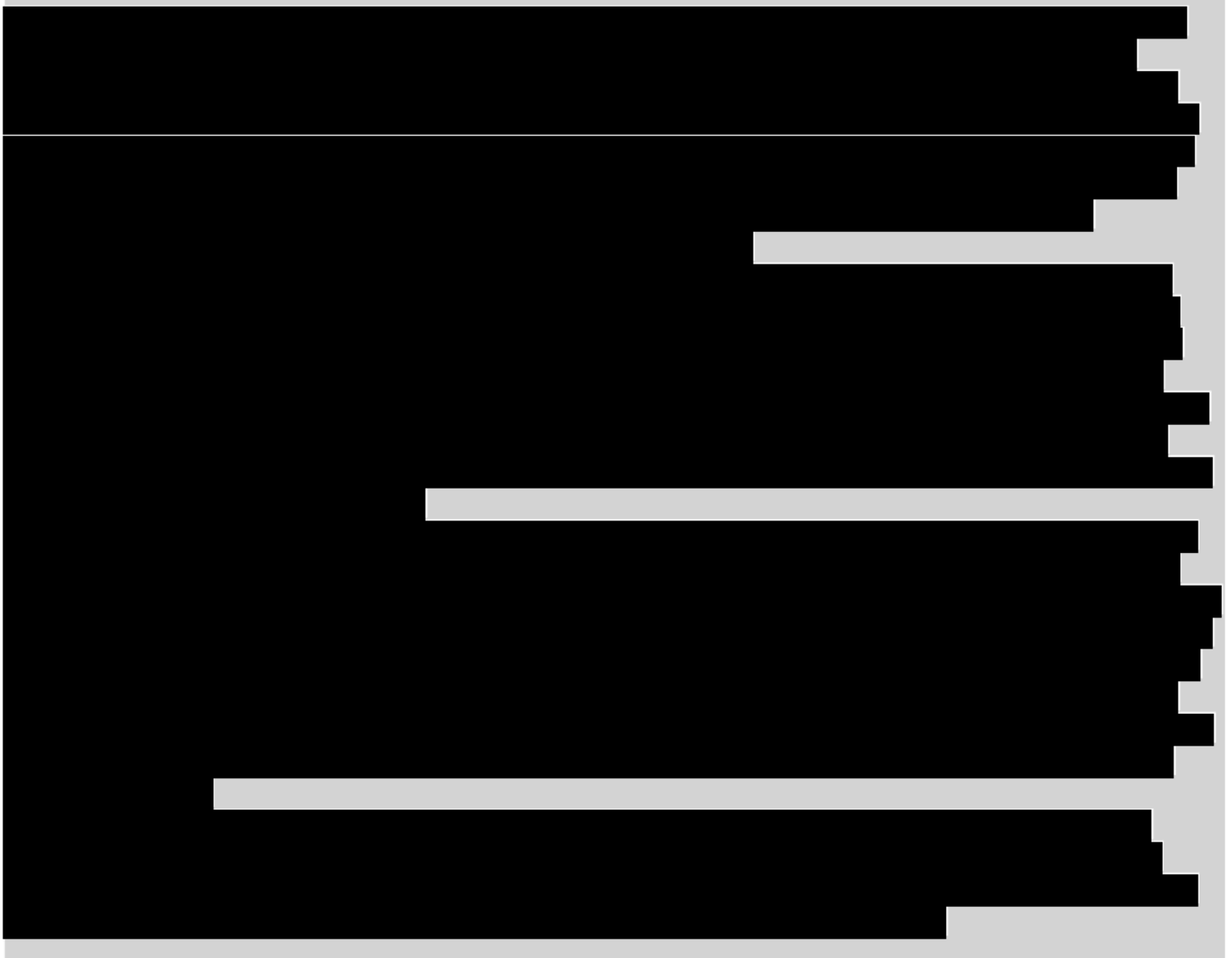
Please reference [OAC 3796:6-3-17](#) for more information.

[Redacted content]



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](#)

A large rectangular area of the form is completely redacted with a solid black fill. The redaction covers the entire response area for question D-10.1.

D-10.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

D-10.2 Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)

A large rectangular area of the form is completely redacted with a solid black fill. The redaction covers the entire response area for question D-10.2.

[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](#)

[illegible]



[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]



E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

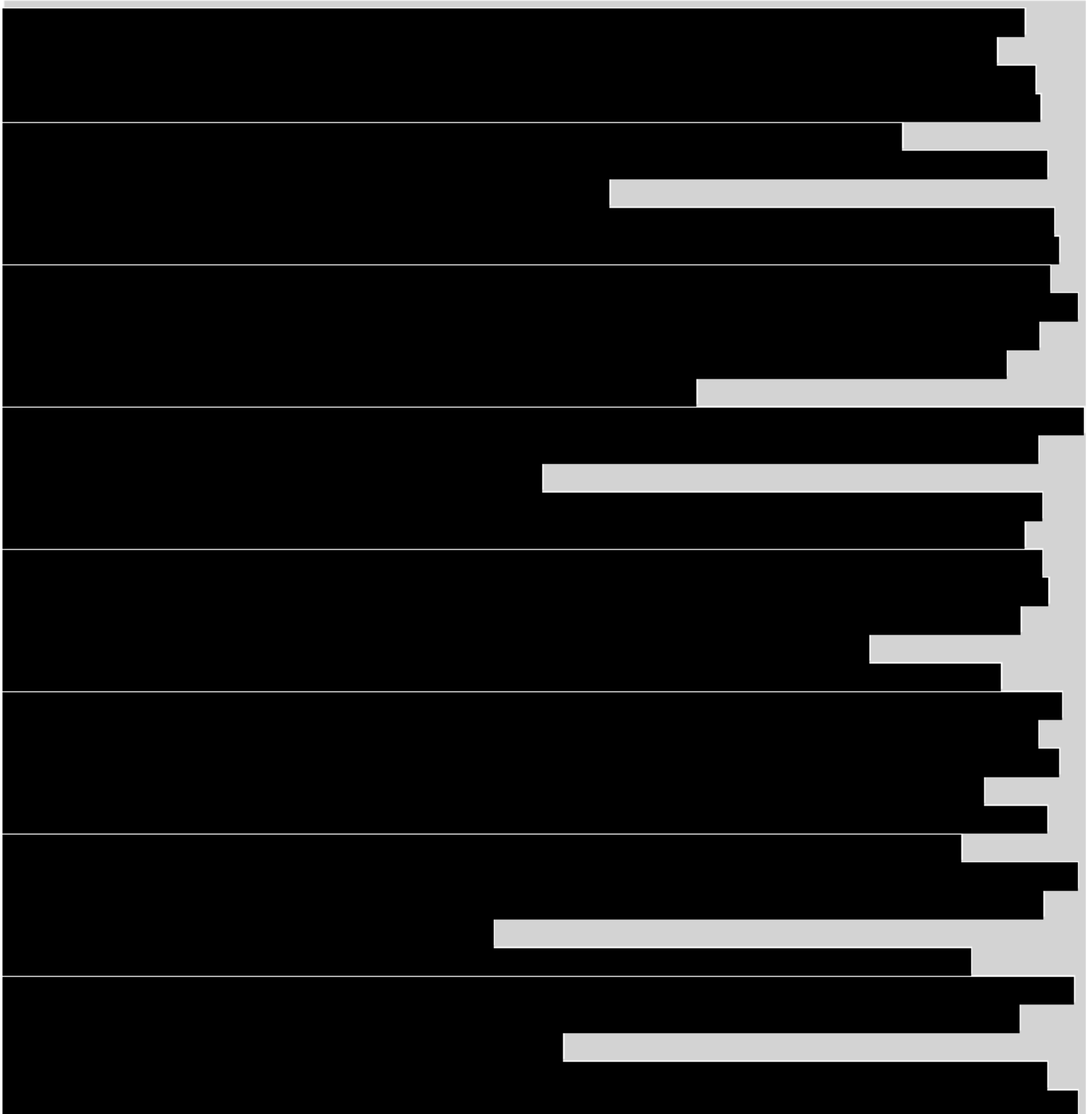
No response provided by applicant

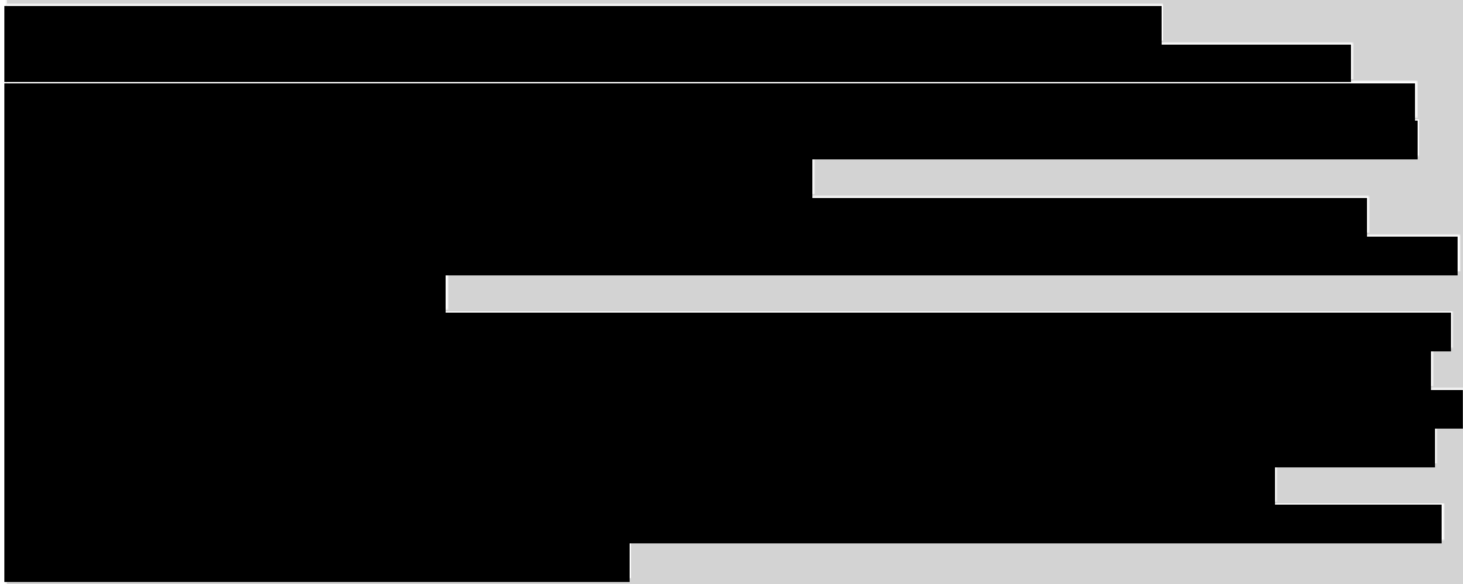
Patient Care(Patient Care and Education)

E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:

1. Recognizing the signs of abuse or adverse events in the medical use of marijuana
2. Instruction on use of medical marijuana to treat a qualifying condition
3. Risks associated with medical marijuana, including possible drug interactions
4. Guidelines for support to patients related to the patient's symptoms
5. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana. Include the sources of the training and the sources' qualifications to provide such training.

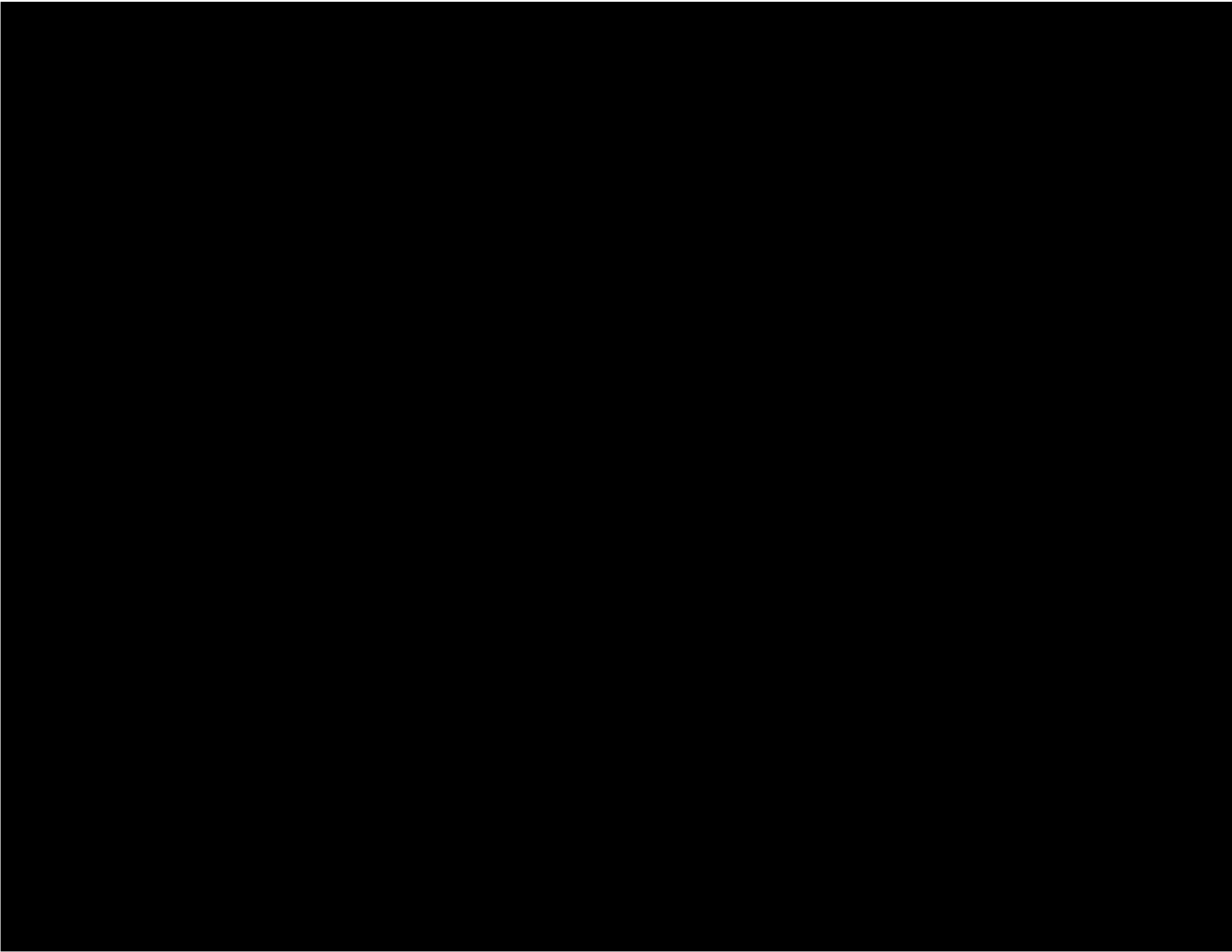
Please reference [OAC 3796:6-3-19](#) for more information.



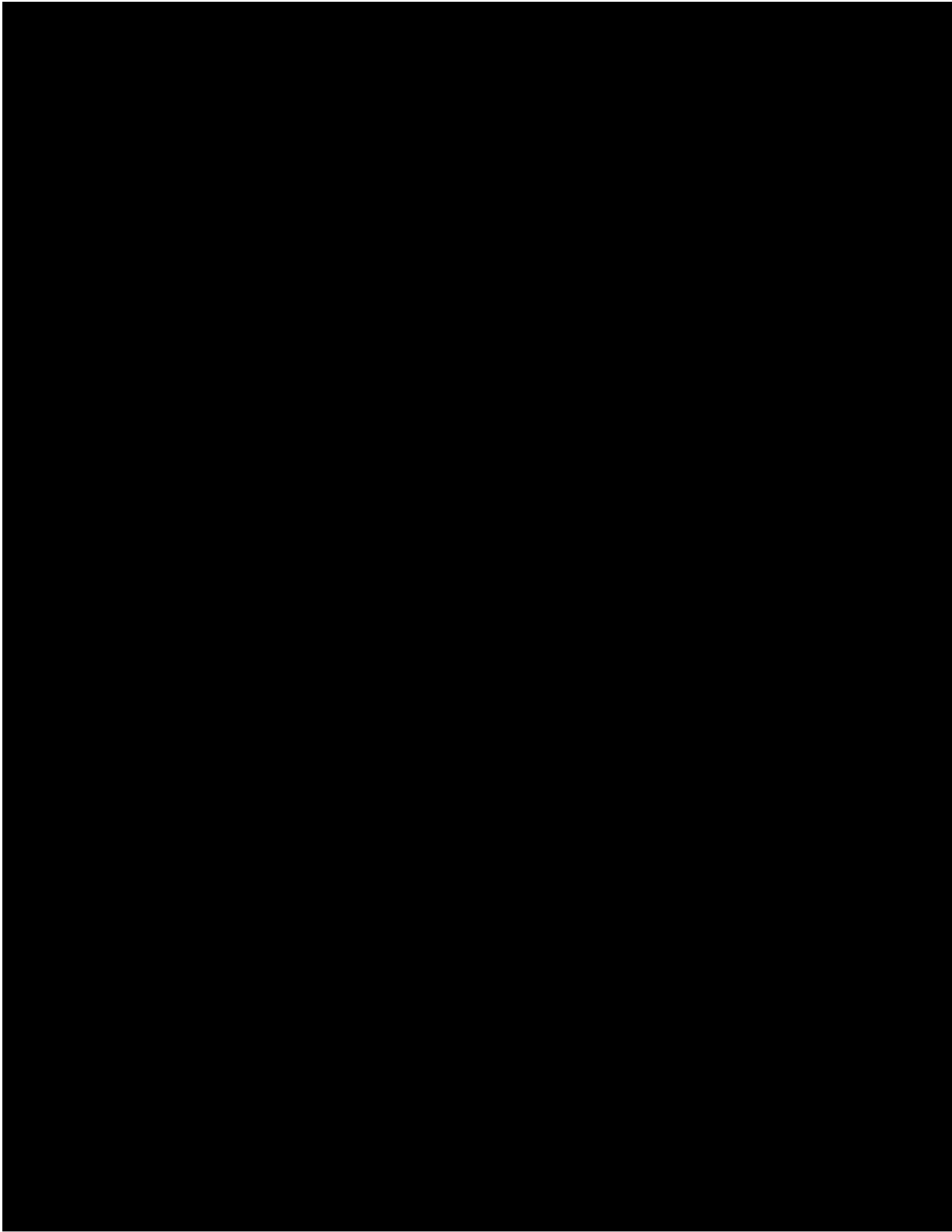


E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-2.1_sample initial consultation package.pdf**
NOTE: This applicant uploaded document is the next 7 page(s) of this document.



[REDACTED]



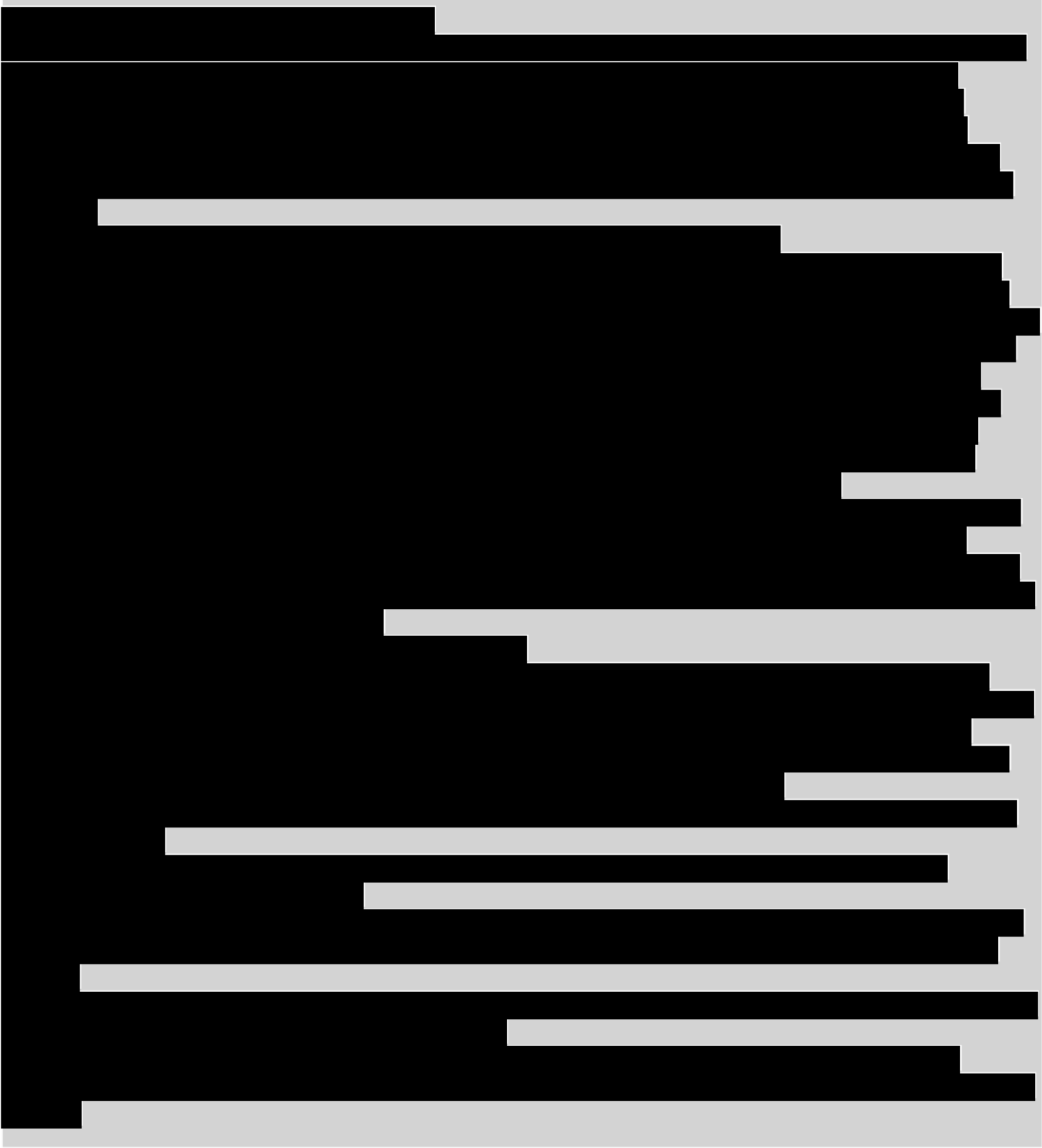
[REDACTED]

E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

1. How reports will be documented
2. The circumstances that will require reports of adverse events will be reported to a cultivator, processor, and / or the State Board of Pharmacy
3. The time frame for which to provide such reports

[Redacted text block]

[Redacted text block]




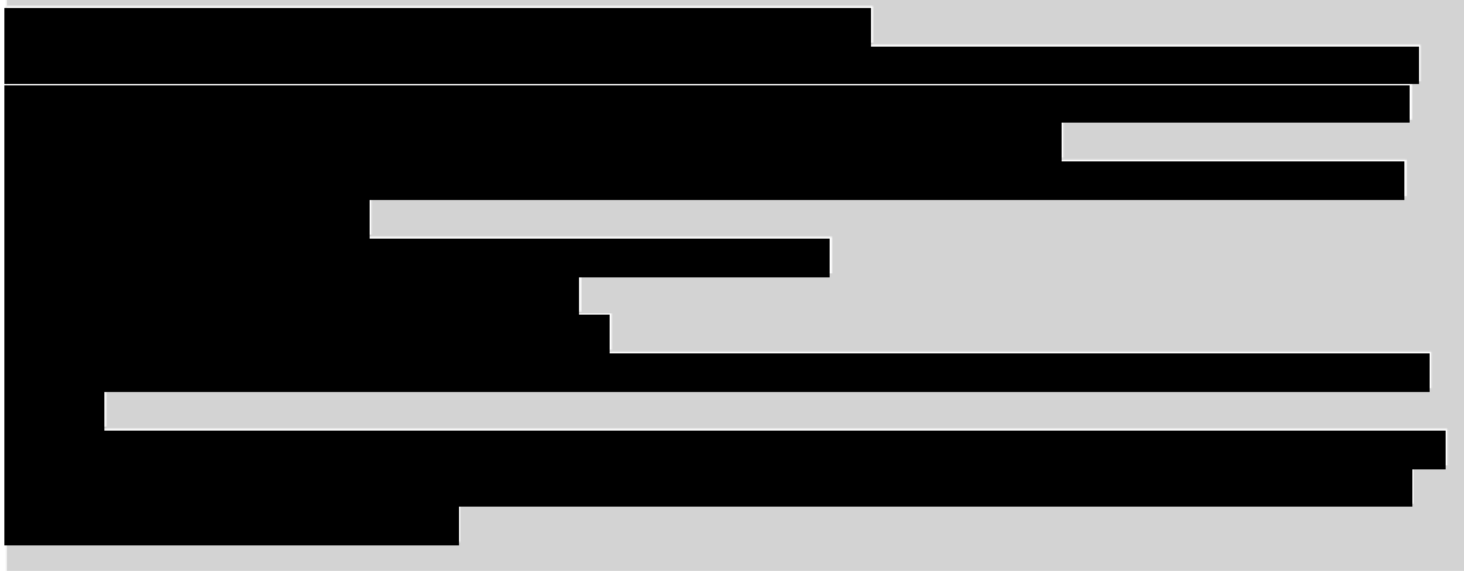
Patient Care(Patient Care Facilities)

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

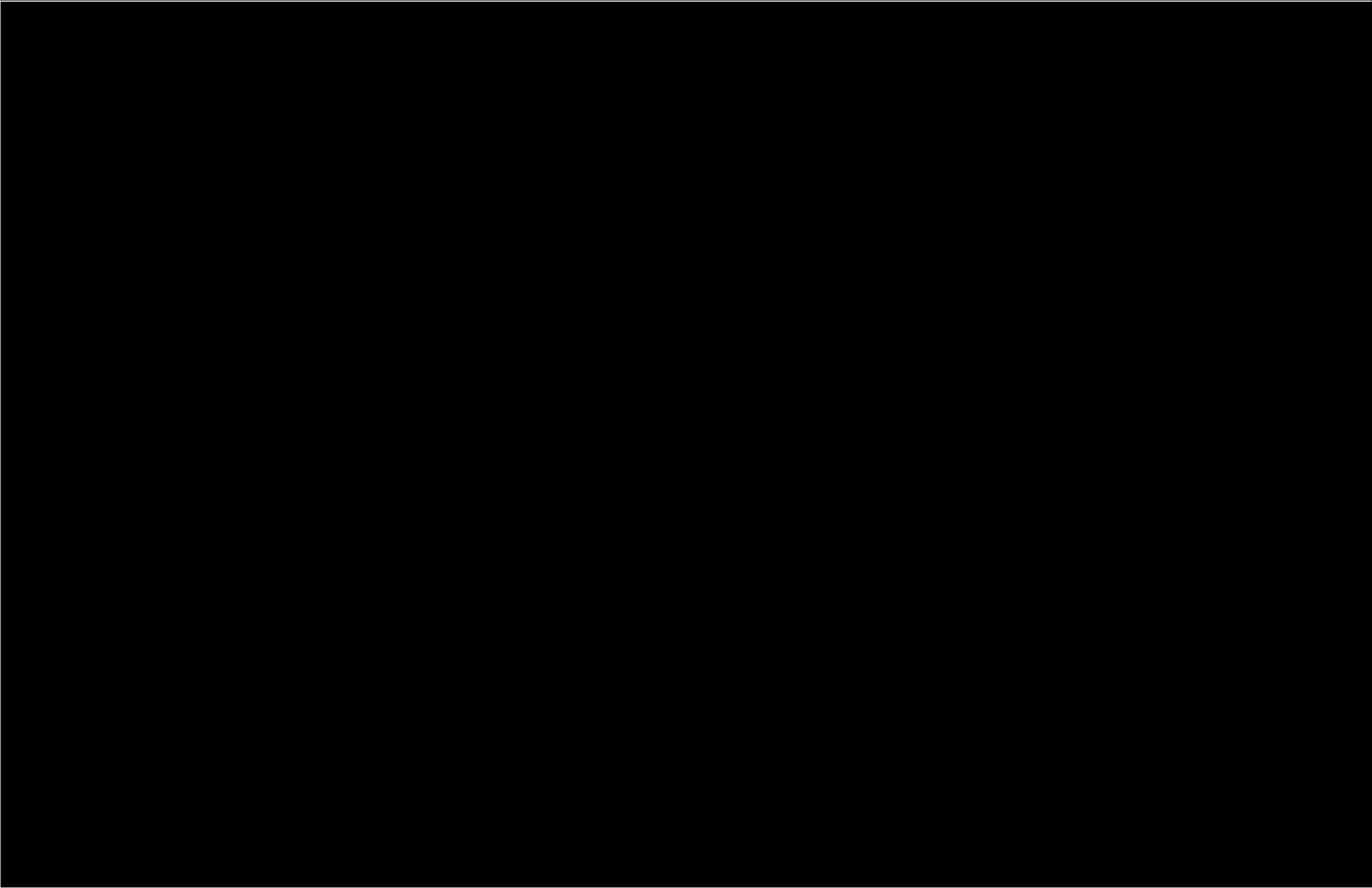
Please reference [OAC 3796:6-2-02](#) for more information.





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_Patient Care Facilities_schematic floorplan_A2.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.



Patient Care(Dispensary Operating Hours)

E-4.1 By selecting "Yes", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. [OAC 3796:6-3-03](#)

YES

E-4.2 Provide the proposed hours of operation during which the prospective dispensary will available to dispense medical marijuana to patients and caregivers. (Information only) [OAC 3796:6-3-03](#)

Monday thru Saturday 9am-7pm; Sunday 10am-2pm

Patient Care(Patient Information)

E-5.1 By selecting "Yes", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. [OAC 3796:6-3-15](#)

YES

E-5.2 By selecting "Yes", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. [OAC 3796:6-3-15](#)

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

F-1.1 Fill out and attach the "[Trade Secret Form](#)" to Question F-1.1, specifying the question and / or attachment references of the application submission that are exempt from disclosure under Ohio public records law and articulate how the information meets the definition of "trade secret" under [Ohio Revised Code section 1333.61\(D\)](#). If no material is designated as trade secret information, a statement of "None" should be listed on the form.

Uploaded Document Name: **F-1.1_Trade Secret Form-A2.pdf**

NOTE: This applicant uploaded document is the next 3 page(s) of this document.

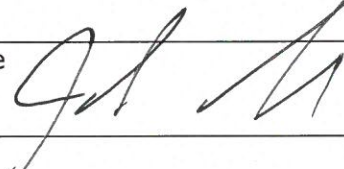


**STATE OF
OHIO**
BOARD OF PHARMACY



Trade Secret Form

(Attachment to Application Section F-2.1)

Business Name of Applicant: Curaleaf Ohio, Inc.	
<p>The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.</p> <p>While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.</p> <p>Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.</p> <p>Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.</p>	
Printed Name of Authorized Representative Joseph F. Lusardi President, Officer and Director of Board	
Signature 	Date 11/9/17



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
A-6.1 through A-6.25		Personal & confidential data
B-3.1 through B-3.20		Personal & confidential data
C-1.1	C-1.1b_Executed Lease and Affidavit_2953 Colerain Ave, Cincinnati OH 45225 Hamilton	Confidential financial information
C-2.1	C-2.1b_Facility Plans and Specifications_2953 Colerain Avenue, Cincinnati OH 45225 Hamilton	Infrastructure records; confidential information
C-3.1	C-3.1_Timeline and Budget_A2	Financial, IP, infrastructure records; confidential information
C-3.2		Financial, IP, infrastructure records; confidential information
C-4.1	C-4.1_Table of Organization and Control	Intellectual property
C-5.1 through C-5.5	C-5.5_Financial Documentation Line of Credit	Confidential financial information
C-5.1 through C-5.5	C-5.5_Financial Documentation_Line of Credit_REDACTED	Confidential financial information
C-5.1 through C-5.5	C-5.5_Financial Documentation_Cash	Confidential financial information
C-5.1 through C-5.5	C-5.5_Financial Documentation_Cash_REDACTED	Confidential financial information
C-6.1 through C-6.9		Personal & confidential data
D-2.2	D-2.2_Security and Surveillance_restricted zones and vss_A2	Infrastructure records
D-3.3		Infrastructure records



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-4.4		Intellectual property, infrastructure records
D-5.5	D-5.5_Label and Package Insert Sample	Intellectual property, infrastructure records
D-6.8		Intellectual property, infrastructure records
D-6.9		Intellectual property, infrastructure records
D-7.1		Intellectual property, infrastructure records
D-8.1		Intellectual property
D-9.2		Intellectual property, infrastructure records
E-1.1		Intellectual property
E-1.2		Intellectual property
E-2.1	E-2.1_sample initial consultation package	Intellectual property
E-2.2		Intellectual property
E-3.1	E-3.1_Patient Care Facilities _schematic floorplan_A2	Infrastructure records, intellectual property

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