



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application **INDIE GROW LLC** Application ID 170

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

Indie Grow LLC

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

Ürth's Apothecary

A-1.3 Business Street Address

2789 Robertson Ave

A-1.4 City

Cincinnati

A-1.5 State

OH

A-1.6 Zip Code

45029-1247

A-1.7 Phone

6198381281

A-1.8 Email

shawn.farrar@indiegrowdispensary.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

Eviana

A-2.3 Middle Name

Louise

A-2.4 Last Name

Farrar

A-2.5 Street Address

1768 E Mc Millian Ave

A-2.6 City

Cincinnati

A-2.7 State

OH

A-2.8 Zip Code

45206

A-2.9 Phone

6198381281

A-2.10 Email

eviana.farrar@indiegrowdispensary.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select One

Limited Liability Company

A-3.1A If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

OH

A-3.3 Date of Formation

05/12/2017

A-3.4 Business Name on Formation Documents

Indie Grow

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)

This response has been entirely redacted

A-3.8 Ohio Workers' Compensation Policy Number (if Applicant is currently doing business in Ohio)

This response has been entirely redacted

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](#)

YES

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 12

A-6.1 First Name

Eviana

A-6.2 Middle Name

Louise

A-6.3 Last Name

Farrar

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Lawyer

A-6.6 Title in the Applicant's business

President and CEO

A-6.7 Applicant's business related compensation

\$80,000

A-6.8 Number of shares owned

non-issued

A-6.9 Types of shares owned

non-issued

A-6.10 Percent interest in Applicant's business

70%

A-6.11 Voting percentage

70%

A-6.12 Proposed Role

OWNER

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

\$110,000.00

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

1768 E McMillian

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45206

A-6.20 Phone

6197299369

A-6.21 Email

eviana.farrar@indiegrowdispensary.com

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

Black or African American

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:

December 27, 2016

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 12

A-6.1 First Name

Shawn

A-6.2 Middle Name

Lea

A-6.3 Last Name

Williams-Farrar

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired- Director of Diversity and Inclusion

A-6.6 Title in the Applicant's business

Marketing and Community Relations Officer

A-6.7 Applicant's business related compensation

\$50,000

A-6.8 Number of shares owned

non- issued

A-6.9 Types of shares owned

non-issued

A-6.10 Percent interest in Applicant's business

30%

A-6.11 Voting percentage

30%

A-6.12 Proposed Role

OFFICER

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

\$600,000.00

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

5813 EMezzanine Way

A-6.17 City

Long Beach

A-6.18 State

CA

A-6.19 Zip Code

90808

A-6.20 Phone

6198381281

A-6.21 Email

shawn.farrar@indiegrowdispensary.com

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

Black or African American

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:

part-time resident since 2001

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 12

A-6.1 First Name

Jonathan

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Llavanés

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Financial Consultant

A-6.6 Title in the Applicant's business

Chief of Operations and Finance

A-6.7 Applicant's business related compensation

\$70,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

4432 Coldwater ave, Apt 202

A-6.17 City

Studio City

A-6.18 State

CA

A-6.19 Zip Code

91604

A-6.20 Phone

3232527458

A-6.21 Email

Jonllavanes24@gmail.com

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

Black or African American

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 4 of 12

A-6.1 First Name

Brianna

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Odom

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Corporate Recruiter

A-6.6 Title in the Applicant's business

Human Resources Director

A-6.7 Applicant's business related compensation

\$45,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

21021 Erwin st., Apt 512

A-6.17 City

Woodland Hills

A-6.18 State

CA

A-6.19 Zip Code

91367

A-6.20 Phone

6198507172

A-6.21 Email

No response provided by applicant

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

Black or African American

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 12

A-6.1 First Name

Linne

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Williams

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Project Manager

A-6.6 Title in the Applicant's business

Inventory Manager

A-6.7 Applicant's business related compensation

\$50,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

5813 E Mezzanine way

A-6.17 City

Long Beach

A-6.18 State

CA

A-6.19 Zip Code

90808

A-6.20 Phone

6195062088

A-6.21 Email

No response provided by applicant

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

Black or African American

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 12

A-6.1 First Name

Christian

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Henry

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

P.H.D. Student

A-6.6 Title in the Applicant's business

Director of Products and Services

A-6.7 Applicant's business related compensation

\$60,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

11000 Weyburn Ave, Apt 743

A-6.17 City

Los Angeles

A-6.18 State

CA

A-6.19 Zip Code

90024

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)

Black or African American

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 12

A-6.1 First Name

Ian

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Lelis

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

Advisor Marijuana Industry Expert

A-6.7 Applicant's business related compensation

0

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

4933 Brighton Ave

A-6.17 City

San Diego

A-6.18 State

CA

A-6.19 Zip Code

92107

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)

Non-Minority

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 12

A-6.1 First Name

Edward

A-6.2 Middle Name

Joseph

A-6.3 Last Name

Holmes

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Urban Planner

A-6.6 Title in the Applicant's business

Advisor

A-6.7 Applicant's business related compensation

0

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

0

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

\$25,000

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

333 West Vine Street

A-6.17 City

Lexington

A-6.18 State

KY

A-6.19 Zip Code

40507

A-6.20 Phone

8593215643

A-6.21 Email

holmes@ehiconsultants.com

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

Black or African American

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:

Has lived in Cincinnati Ohio for since 2001

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 12

A-6.1 First Name

Karen

A-6.2 Middle Name

JoAnn

A-6.3 Last Name

Pennington

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired

A-6.6 Title in the Applicant's business

Bookkeeper

A-6.7 Applicant's business related compensation

\$30,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

0

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

0

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

3407 Village Park LN SW

A-6.17 City

Atlanta

A-6.18 State

GA

A-6.19 Zip Code

30331-7951

A-6.20 Phone

4046291569

A-6.21 Email

bunny0354@aol.com

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

Black or African American

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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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 10 of 12

A-6.1 First Name

Marie

A-6.2 Middle Name

Bernadette

A-6.3 Last Name

Volcy

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Director of Patient Services - Nursing

A-6.6 Title in the Applicant's business

Patient Care Advisor

A-6.7 Applicant's business related compensation

0

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

0

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

0

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

28 Waterhouse Way

A-6.17 City

Richmond Hill

A-6.18 State

OUT OF COUNTRY

A-6.19 Zip Code

L4C9H7

A-6.20 Phone

4164346955

A-6.21 Email

No response provided by applicant

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

Black or African American

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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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 11 of 12

A-6.1 First Name

Jennifer

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Volcy

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant's business

Chief Compliance Officer

A-6.7 Applicant's business related compensation

\$50,000.00

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

none issued

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

470 Forest Park Blvd, Apt 224

A-6.17 City

Oxnard

A-6.18 State

CA

A-6.19 Zip Code

93036

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)

Black or African American

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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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 12

A-6.1 First Name

Garry

A-6.2 Middle Name

Lee

A-6.3 Last Name

Regier

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Optometric Physician

A-6.6 Title in the Applicant's business

Medical Advisor

A-6.7 Applicant's business related compensation

0

A-6.8 Number of shares owned

non issued

A-6.9 Types of shares owned

none issued

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

none

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

760 W 7th Street

A-6.17 City

Los Angeles

A-6.18 State

CA

A-6.19 Zip Code

90017

A-6.20 Phone

2136235196

A-6.21 Email

No response provided by applicant

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

Non-Minority

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 12

B-3.1 First Name

Eviana

B-3.2 Middle Name

Louise

B-3.3 Last Name

Farrar

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

President and CEO

B-3.6 Brief description of role

The Chief Executive Officer is responsible for the strategic leadership of the company and directing all staff efforts toward achieving company objectives. The CEO will also guide facial management plans, provide oversight for all branches of the company, and develop the company culture.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 12

B-3.1 First Name

Shawn

B-3.2 Middle Name

Lea

B-3.3 Last Name

Williams-Farrar

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Marketing and Community Relations Officer

B-3.6 Brief description of role

Marketing Officer is responsible for marketing and public relations through maintaining the company's public image, devising sales strategies, and creating marketing materials in compliance with advertising restrictions and regulations. Also responsible for connecting with community members, patients, patient advocacy organizations, industry groups, legislators, and regulators. Educating others about cannabis as medicine and representing the company in a professional manner are primary tenets of this role.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 12

B-3.1 First Name

Jonathan

B-3.2 Middle Name

W

B-3.3 Last Name

Llavanés

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief of Operations & Finance

B-3.6 Brief description of role

The Chief Operations Officer is responsible for overall management of operations, including development of standard operating procedures and staff training programs in compliance with applicable regulations. Leading management to achieve company goals and objectives is a primary tenet of this role.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 4 of 12

B-3.1 First Name

Brianna

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Odom

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Human Resources Director

B-3.6 Brief description of role

The Human Resources Director is responsible for recruitment, retention, staff training, and employment law compliance. Additionally, they will create and direct the company culture, manage events, and represent the company at job fairs, industry seminars, and in the community .

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 12

B-3.1 First Name

Linne

B-3.2 Middle Name

Ann

B-3.3 Last Name

Williams

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Inventory Manager

B-3.6 Brief description of role

The Inventory Manager is responsible for ensuring regulatory compliance and tracking of all regulated inventory items to prevent diversion and maximize operational efficiency. Staff training and developing standard operating procedures are primary tents of this role.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 12

B-3.1 First Name

Christian

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Henry

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Director of Products & Services

B-3.6 Brief description of role

The Director of Products & Services guides the company's product offerings by researching the products being formulated by the grows in the area. Reviewing the formula of products offered to achieve maximum therapeutic outcome while protecting the health and wellness of patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 12

B-3.1 First Name

Ian

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Lelis

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Marijuana Industry Expert - Advisor

B-3.6 Brief description of role

The Cannabis Industry Expert is responsible for performing patient advocacy, and advising the executive team on the best practices, regulatory updates, and research breakthroughs that may impact the company. They will also develop staff training programs and act as the liaison between the company and industry groups.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 12

B-3.1 First Name

Edward

B-3.2 Middle Name

J

B-3.3 Last Name

Holmes

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Business Advisor

B-3.6 Brief description of role

The Business Advisor is responsible for supporting the strategic direction and financial management of the company. They will also contribute to the business through expanding sales, creating business development opportunities, mentoring executives and staff.

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 12

B-3.1 First Name

Karen

B-3.2 Middle Name

JoAnn

B-3.3 Last Name

Pennington

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Bookkeeper

B-3.6 Brief description of role

The Bookkeeper is responsible for supporting the financial objectives of the company by managing all financial transactions. Adherence to Generally Accepted Accounting Principles (GAAP) are primary tenets of this role.

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 12

B-3.1 First Name

Marie

B-3.2 Middle Name

Bernadette

B-3.3 Last Name

Volcy

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Patient Care Advisor

B-3.6 Brief description of role

The Patient Care Advisor provides medical expertise to the company to aid in creation of patient educational materials, support staff training programs, and provide overall guidance specific to their medical expertise.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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 12

B-3.1 First Name

Jennifer

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Volcy

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Compliance Officer

B-3.6 Brief description of role

Chief Compliance Officer ensures daily operational compliance and the optimum performance of infrastructure, staff, equipment, and supplies. Maintaining existing licenses and permits.

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 12 of 12

B-3.1 First Name

Garry

B-3.2 Middle Name

Lee

B-3.3 Last Name

Regier

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Medical Director Advisor

B-3.6 Brief description of role

Medical expertise will aid in creation of patient educational materials, support staff training, and provide overall guidance specific to their medical expertise.

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

NO

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

No response provided by applicant

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

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No response provided by applicant

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NO

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

No response provided by applicant

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

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

No response provided by applicant

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No response provided by applicant

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

No response provided by applicant

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NO

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No response provided by applicant

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

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NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

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

C-1.1 Attach one of the following:

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

Uploaded Document Name: **C-1.1_ PropertyLease-Premission .pdf**

NOTE: This applicant uploaded document is the next 10 page(s) of this document.

Contingent Commercial Lease

TJBMG LAND GROUP IS IN RECEIPT OF A \$5000.00 NON REFUNDABLE PAYMENT FROM INDIE GROW, LLC TO HOLD THE PREMISES AT 2789 ROBERTSON, CINCINNATI, OHIO 45209 UNTIL FEBRUARY 28, 2018.

Lease Date: November 6, 2017

Parties to the Lease

Lessor: TJBMG Land Group

Lessor Address: 3665 Erie Avenue
Cincinnati, Ohio 45208

Lessee: Indie Grow, LLC

Lessee Contact: Eviana Farrar President

Lessee Address: 2789 Robertson
Cincinnati, Ohio 45209

Demised Premises

Address of Demised Premises: 2789 Robertson
Cincinnati, Ohio 45209

Lessee's Use: Medical Marijuana Dispensary

Lessee's Business Name: Indie Grow, LLC

Lease Term: Five Year

Beginning Date: To be determined based on Licensing Date but no Later than February 28, 2018.

Rent for the Demised Premises

Rent Commencement Date: To be determined based on Licensing Date and completion of Landlord Work per Article XXVII.

Initial Term Monthly Rental: \$3,750.00

Prepaid Rent: None

Security Deposit: \$3,750.00

Number of Options to Renew: One Five Year Option

Option Term Monthly Rent: \$3,750.00 plus any increase in the Consumer Price Index over the previous term.

Article I. Parties

This Lease is made between TJBMG Land Group, herein referred to as "Lessor" and Indie Grow, LLC. referred to as "Lessee."

Article II. Demised Premises

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

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

Article III. Possession

Section 3.01 To be determined based on Licensing Date and completion of Landlord Work per Article XXVII.

Article IV. Use

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

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

Article V. Term

Section 5.01 Five Years

Article VI. Rent

Section 6.01 Lessee covenants and agrees to pay Lessor the Monthly Rental (as set forth on page 1 of the Lease) in advance on the first day of each calendar month during the term of this Lease. Rent shall be deemed late if it is not received by the fifth day of each calendar month. If rent is received after the fifth day then there will be a late charge due in the amount of \$150.00.

Rent to be mailed or delivered to Lessor's address: 3665 Erie Ave. Cincinnati, OH 45208

Article VII. Utilities Services

Section 7.01 Lessee shall pay, as directly billed, as and when they shall be due and payable, all water bills, meter charges, sewer charges, and utility charges such as, but not limited to, electric, telephone services, or others, consumed within the Demised Premises.

Article VIII. Taxes

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

Article IX. Maintenance and Repairs

Section 9.01 Lessor shall deliver the premises in broom-clean condition subject to Lessor work to be performed per Article XXVII. Except as where noted elsewhere in this lease, Lessee shall, at Lessee's own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical, HVAC (including HVAC Filter replacement), wiring, plumbing (excepting underground sewer and drainage system) and shall surrender the same at termination hereof in as good condition as received, normal wear and tear excepted. Lessee's limit to such repairs to be capped at \$500.00 per occurrence. Lessee shall be responsible for all repairs required, excepting roof, exterior walls, underground sewage and drainage systems, and structural foundations, which shall be maintained by Lessor. Lessor warrants that the existing plate glass, electrical, roof, HVAC, and plumbing are in good working condition at the time of execution of this lease. Lessor represents and warrants that any and all repairs and maintenance made to or on the premises in the aforementioned areas were made in a good, workman-like manner. Lessee shall be responsible for its own snow removal, grass and weed cutting and Landscape maintenance.

Article X. Lessee's Right to Make Alterations

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

Article XI. Signs

Section 11.01 Lessee has the right to display, erect, paint, or affix to the interior or exterior of the premises, any signs, lettering, and/or advertisements, which do not violate any laws, regulations, and ordinances pertaining thereto, and Lessee does not need Lessor's prior consent for such purposes. Lessee shall have the sole right to utilize all existing signage areas on the Demised Premises. Lessee is responsible for all repair and maintenance to any signage it uses. Upon vacating the Demised Premises, Lessee, at its sole expense, shall remove all of its signage within thirty (30) days of vacation.

Article XII. Affirmative Covenants of Lessee

Lessee Agrees:

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

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

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

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

Article XIII. Negative Covenants of Lessee

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

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

Section 13.02 NA

Section 13.03 Enter any Sub-Lease without prior Lessor approval except if the subletting or assignment would be to or for the benefit of any a subsidiary, parent, or affiliated company of Lessee, then no prior written consent shall be required; and/or

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

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

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

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

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

Article XV. Mutual Indemnification, Public Liability and Other Insurance

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

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

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

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

Article XVI. Trade Fixtures and Personal Property

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

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

Article XVII. Estoppel Certificate

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

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

Article XVIII. Events of Lessee Default

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

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

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

Article XIX. Lessor's Rights Upon Lessee Default

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

Article XX. Custom and Usage

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

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

Article XXI. Condemnation

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

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

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

Article XXII. Notices

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

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

LESSOR

LESSEE:

Teko Land Group

Indie Grow, LLC

3665 Erie Avenue

Cincinnati, Ohio 45208

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

Article XXIII. Lessor's Liability

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

Article XXIV. Options

Section 24.01 Provided that Lessee is not in default in the performance of this lease, Lessee shall have one option to renew the lease for an additional five (5) year term. If the option is exercised, the renewal terms shall commence at the expiration of the previous term. Lessee must provide Lessor with at least sixty (60) days notice prior to the expiration of the current term in order to exercise its option contained herein. All of the terms and conditions of the lease shall apply during the renewal terms, except the monthly rental for the renewal term which is defined above under Option Term Monthly Rent.

Article XXV. Attorney's Fees

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

Article XXVI NA

Article XXVII. Landlord Work to be performed

Section 27.01 Refurbish the building to deliver a First floor "Vanilla Box" to Lessee to also include:

1. One first floor ADA accessible Bathroom
2. ADA accessible entrance area
3. Standard Commercial Lighting
4. Standard HVAC System
5. Floor Surface to be made ready for Lessee's Own Flooring Installation
6. Walls primed and painted
7. Exterior Work as needed
8. Roof Work as needed
9. Rear Yard to be cleaned up and seeded and strawed as needed

Article XXVIII. Miscellaneous

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

Section 28.02 (Severability) If any term or provision of this lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of the lease and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or

unenforceable shall not be affected thereby, and each term and provision of this lease shall be valid and enforceable to the fullest extent permitted by law.

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

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

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

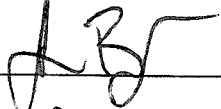
Section 28.07 – N/A

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

Signed this the 6 day of November, 2017.

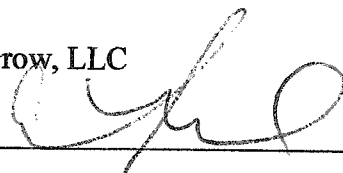
LESSOR:

TJBMG Land Group


By: Jarrod Byer

LESSEE:

Indie Grow, LLC


By: Eviana Farrar

Property Owner Letter of Permission

Property

Tenant Name: Indie Grow, LLC.
Street Address: 2789 Robertson Ave.
City: Cincinnati State: Ohio Zip: 45209

Property Owner Affidavit

As TJBMG Land Group the Manager/ Landlord/ Owner of the above-mentioned property, I (We) represent that I (We) have the authority to sign this Letter of Permission and hereby do authorize *Indie Grow, LLC.* to operate a Medical Marijuana Facility on the above-mentioned premises, for the term stated in lease (5 years plus option), should *Indie Grow, LLC* obtain a provisional license under Ohio Administrative Code Section 3796:6.

By signing this document TJBMG Land Group, certify that I (We) am (are) the legal owner or legally designated agent for the above referenced property.

Legal Property Owner: TJBMG LAND GROUP Date: 11/6/17
(Name please print)

3665 ERIE CINCINNATI, OHIO 45208
(Address)

[Signature]
(Signature)

Title: MEMBER

Notary Signature: [Signature] This Date: 11-6-2017
of November, 2017.

Print Name: [Signature]



[Seal] Cynthia A. Little
Notary Public, State of Ohio
My Commission Expires 10-20-2020

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

Indie Grow LLC

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

Ürth's Apothecary

C-1.4 Business Address

2789 Robertson Ave

C-1.5 City

Cincinnati

C-1.6 State

OH

C-1.7 Zip Code

45209

C-1.8 Phone

6198381281

C-1.9 Email

shawn.farrar@indiegrowdispensary.com

Business Plan(Site and Facility Plan)

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

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

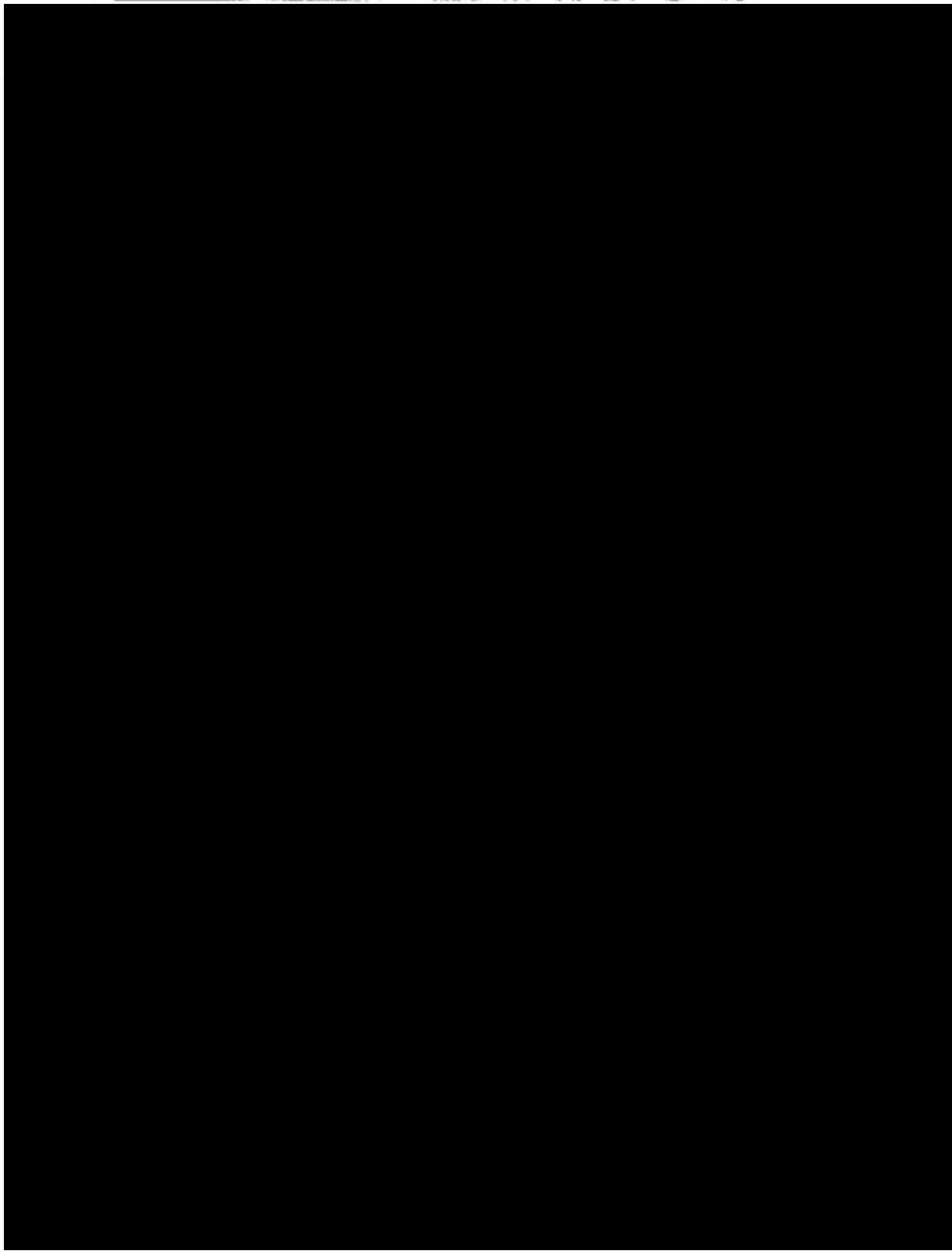
Uploaded Document Name: **C-2.1_Site Plan and Facility.pdf**

NOTE: This applicant uploaded document is the next 12 page(s) of this document.







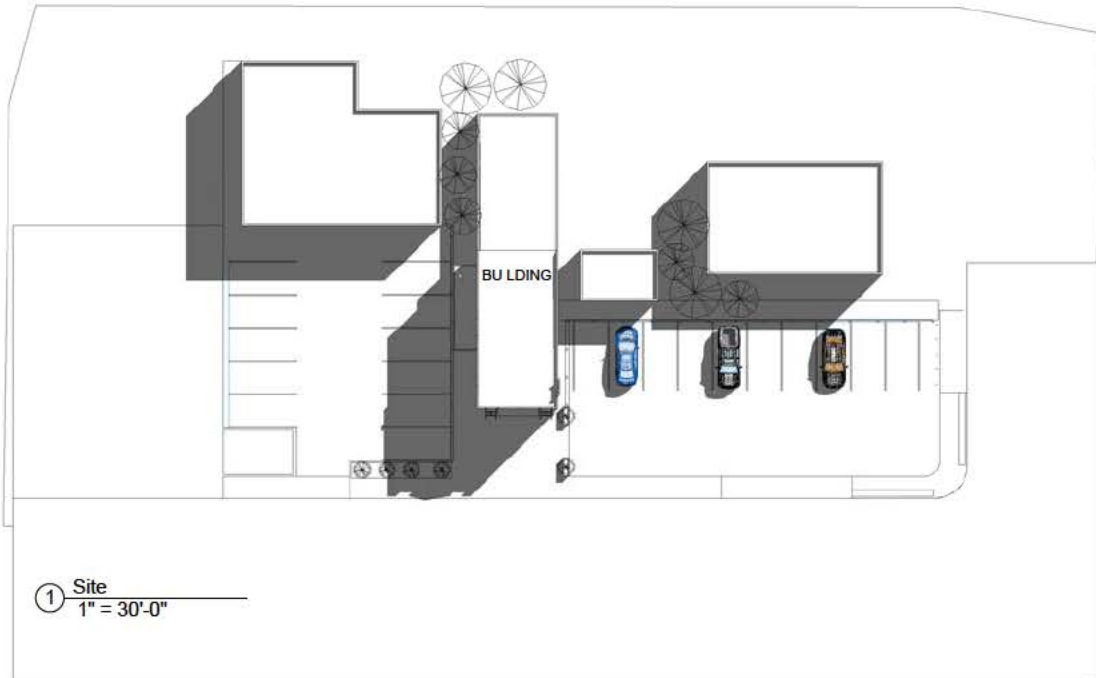


[The following text is a dense, handwritten manuscript, likely a letter or a page from a book. It is written in a cursive script and covers the majority of the page. Due to the image quality and the nature of the handwriting, the specific words and sentences are largely illegible. The text appears to be organized into several paragraphs, with some lines indented. There are some markings that could be interpreted as punctuation or section dividers, but they are not clear enough to transcribe accurately. The overall appearance is that of a historical document or a personal correspondence.]



EXTERIOR RENDERS

2789 Robertson Ave,
Cincinnati, OH



SCOTTMORE DESIGN

SITE PLAN

2789 Robertson Ave,
Cincinnati, OH

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

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'communication' field is defined as:

...the study of the processes of communication production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information science' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information studies' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information technology' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information systems' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information management' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information policy' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information law' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information ethics' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

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

Uploaded Document Name: **C-2.2_ Zoning Verification.pdf**

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

November 09, 2017

SHAWN FARRAR
1768 E MCMILLIAN
CINCINNATI OH 45206

SUBJECT: Record Number: ZV17000181
..... Parcel: 004900040002
 Address: 2789 ROBERTSON AV
 Zoning District: CN-P Commercial Neighborhood
 Request: Zoning Verification

Dear SHAWN FARRAR

I have received and reviewed your request for zoning verification of the property at 2789 Robertson Avenue (049-0004-0002-00). The subject property is located in a CN-P Commercial Neighborhood - Pedestrian Zoning District (§ 1409-03 (a)). This subdistrict is intended to identify, create, maintain and enhance mixed-use neighborhood commercial centers that reflect smaller-scale, pedestrian-oriented development with continuous street frontage and a mix of commercial and residential uses. Typical uses include retail, services, housing, office, open space, eating and drinking establishments and smaller-scale public and recreation and entertainment uses. Future development must be of a pedestrian-oriented commercial or mixed-use nature, serving the immediate neighborhood.

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 CN-P 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.

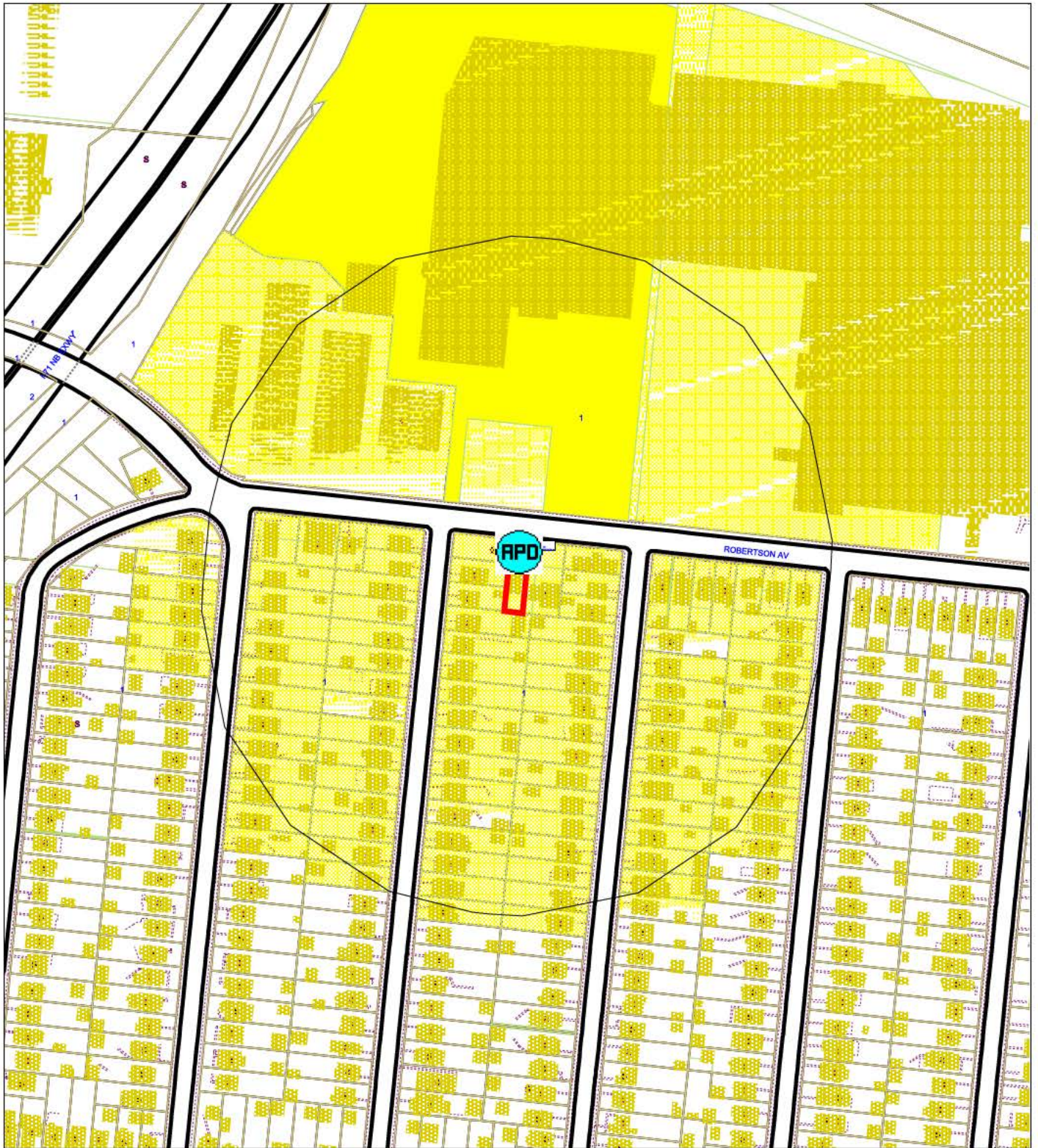
November 09, 2017

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.

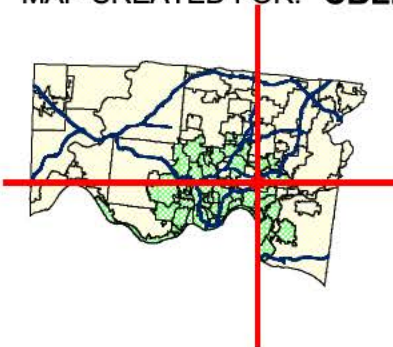
Sincerely,

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 02:56:04**



*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



Ohio Medical Marijuana Control Program Dispensary Application



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

This form must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to locate its dispensary. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question C-2.2 of the online Application.

To be Completed by Applicant		
Business Name of Applicant: <u>INDIE GROW LLC</u>		
Physical Address and Name of Proposed Medical Marijuana Dispensary: <u>2789 ROBERTSON AVE</u>		
City: <u>CINCINNATI</u>	County: <u>HAMILTON</u>	
State: Ohio	Zip Code: <u>45209</u>	Phone Number: <u>619 838-1281</u>
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

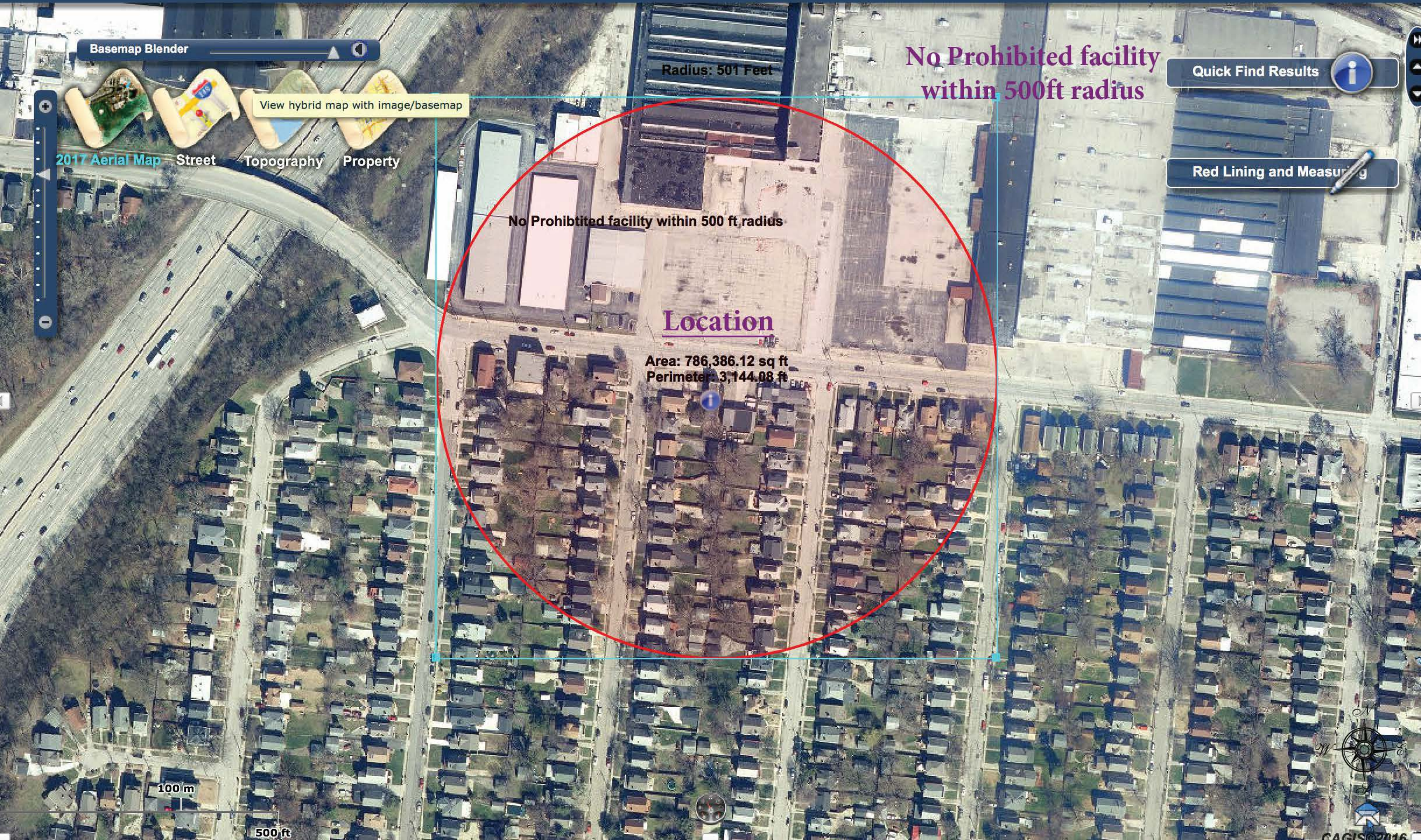
HENRY E. SHELDON, III Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration
date, Section 147.03 B. C.



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_Maps .pdf**

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



Basemap Blender

Aerials

Street

Topography

Property

Radius: 501 Feet

Quick Find Results

Red Lining and Measuring

No Prohibited facility within 500 ft radius

Location

Area: 786,386.12 sq ft
Perimeter: 3,144.08 ft

28th St

Alberts Ct

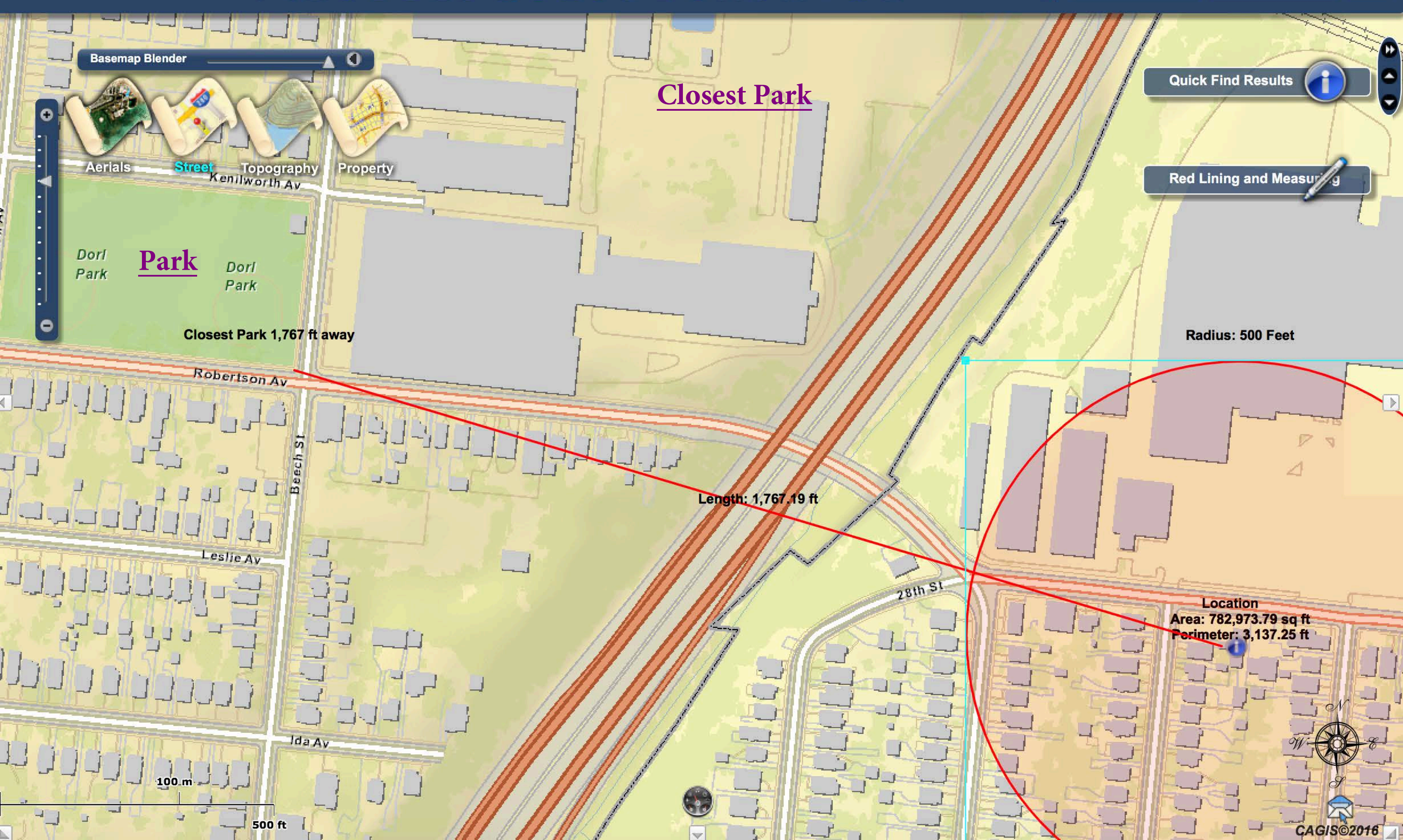
100 m

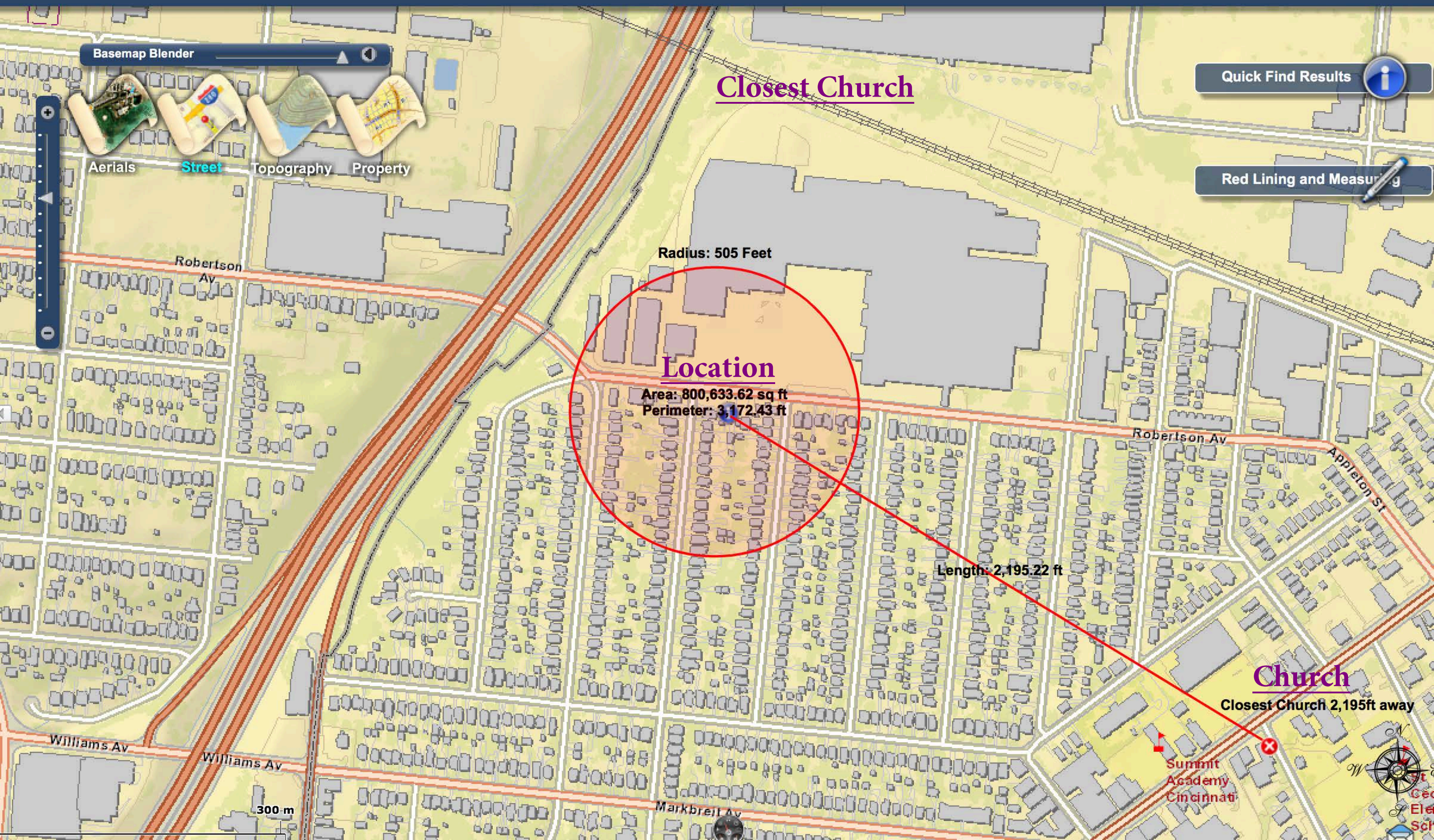
31st Av

32nd Av

33rd Av

34th Av





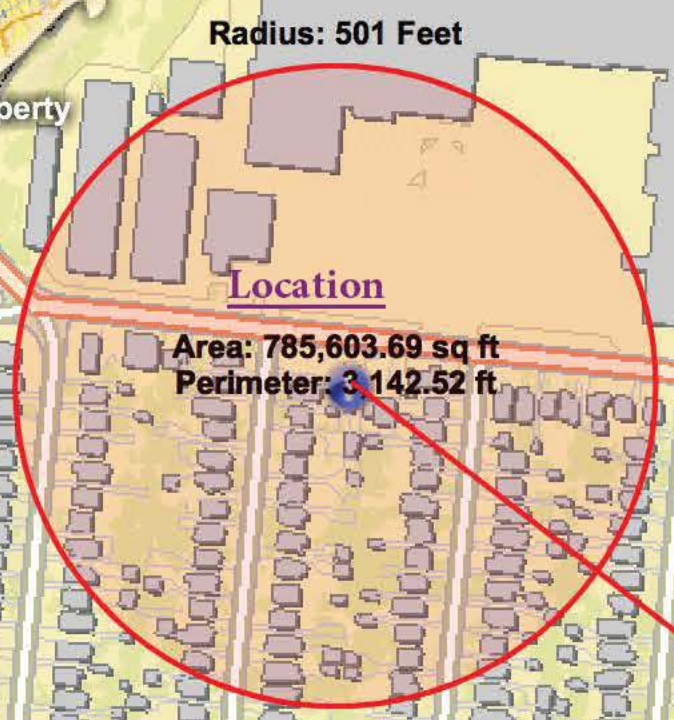
Basemap Blender



Closest School

Quick Find Results

Red Lining and Measuring



Length: 1,830.14 ft

Closest School 1,830 ft away

Summit Academy Cincinnati

St Cecilia Elementary School

Robertson Av

Robertson Av

Appleton St

Oakley

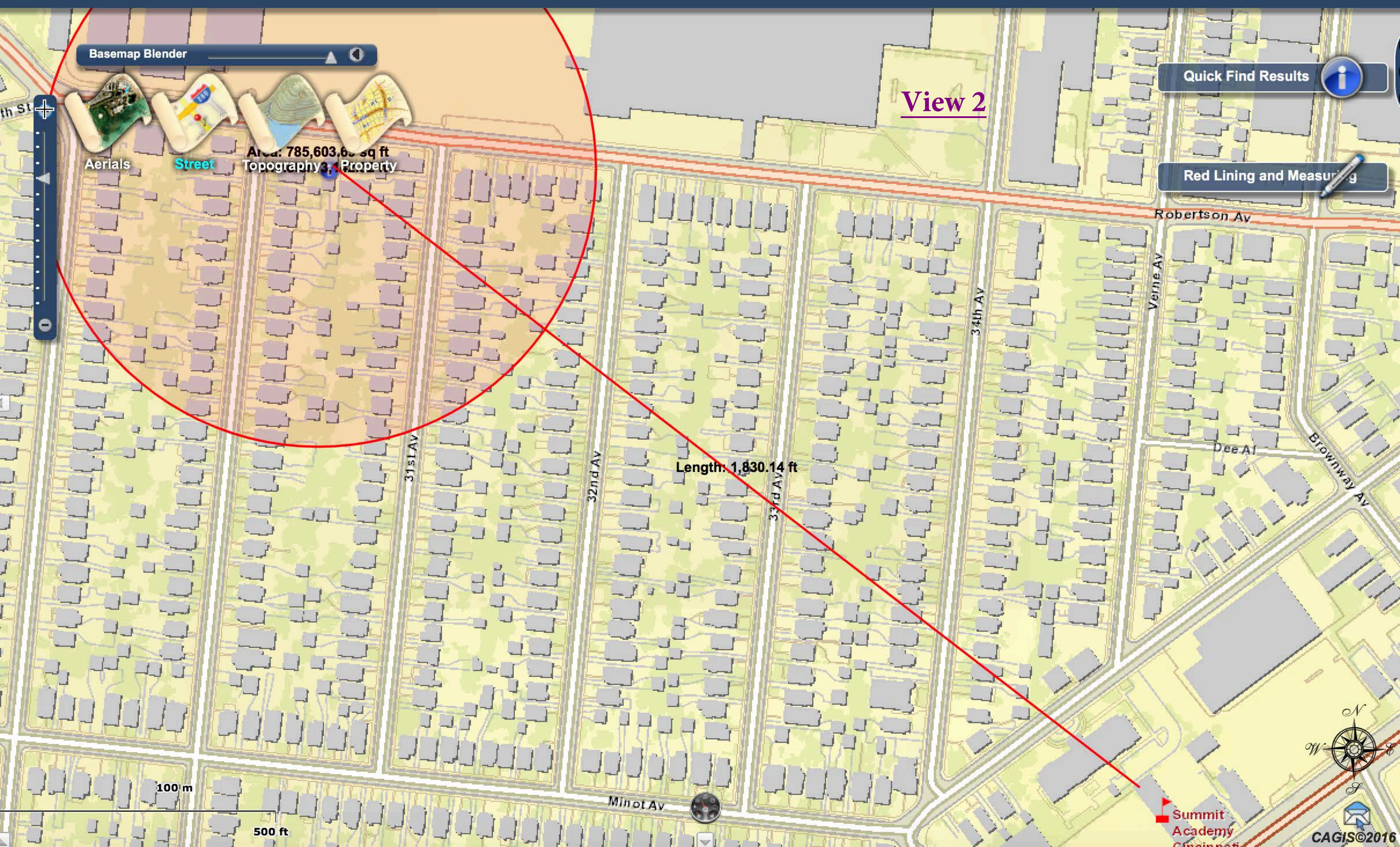
Williams Av

Markbreit Av

300 m

1000 ft





Basemap Blender

Quick Find Results

Red Lining and Measuring

View 2

Area: 785,603.6 sq ft
Topography: Property

Length: 1,830.14 ft

100 m

500 ft

Summit
Academy
Cincinnati

CAGIS©2016

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

If awarded a provisional license by the Department, Applicant will initiate its compliant dispensary operations in phases, starting with: facility design and construction; training an assembled executive team comprised of architects, security personnel, and human resources; and, hiring and training dispensary staff. Finally, Applicant will conduct a third-party audit and soft opening prior to beginning operations. This will allow Applicant the ability to develop and implement an adequate and compliant business startup plan. For reference, attached please find a copy of Applicant's Dispensary Startup Timeline. (Exhibit C-3.1).

Facility security is of crucial importance to Applicant and invoking and enforcing policies and procedures related to security will allow Applicant the ability to operate a fully compliant business within six months. Applicant will implement these policies and procedures in the following order: design of facility security and surveillance systems (weeks 1-2), procurement of facility security and surveillance systems (weeks 3-4), and finally installation of facility security and surveillance systems (weeks 5-6). By installing its security systems early in the process of starting operations, Applicant will be able to evaluate any potential issues with security and surveillance equipment well before its intended opening date.

While Applicant is in the process of ordering and installing its security systems and equipment, Applicant's human resources department will determine employee qualifications to be reviewed during the hiring process. Applicant will also begin the facility staffing process by developing its staffing plan (weeks 5-6). Appropriate mid-level management candidates will be interviewed then hired—provided they successfully meet company qualifications and pass a background check (weeks 7-8). Entry-level personnel will be interviewed then hired—provided they also successfully meet company qualifications and pass a background check (weeks 8-9). Applicant's staff must submit the necessary information to the Department to obtain their registration card (weeks 9-10). Applicant will train its staff in person and will also provide staff with a centralized electronic repository of training materials and information based on applicable company policies, rules, and regulations (weeks 10-22). This training will include information on facility security systems (weeks 10-12), proper storage procedures (weeks 12-14), inventory tracking and management (weeks 14-18), diversion prevention (weeks 18-20), recordkeeping and waste disposal (weeks 20-22), and finally facility operation and patient education (weeks 22-24). Staff must receive requisite employee identification badges and satisfactorily complete the company's training program prior to beginning work in Applicant's facility (week 24).

Inventory storage and management are vital to successful and continuous compliant operations of Applicant's facility. Storage equipment, including designation of restricted access areas, will be installed after facility security and surveillance system installation (weeks 7-10). Storage will take place in a secured room, accessible only to designated facility personnel, and under appropriate surveillance. Staff will be trained on proper storage of medical marijuana and medical marijuana products (weeks 12-14). This includes procedures to ensure security of products during business hours as well as storage and security of products after business hours, including proper transportation of inventory within the facility and any particular storage requirements for any product available at the facility. Staff

will also be trained on proper procedures for transfer/handoff of product within the facility, as well as verification of product weight as it is transferred between areas within the facility. Lastly, staff will receive education on inventory and spot checks, which will be conducted to ensure proper inventory management and tracking throughout the entire dispensing process.

Applicant will choose its inventory tracking system in weeks 6-10. The system will be chosen based on compliance with Ohio rules and regulations, its ability to generate and provide required reports to the state, and data security. The system will be installed after selection (weeks 10-12). This system will work in conjunction with the state's mandated inventory tracking system and will serve as an additional way for Applicant to audit and manage its inventory. After it has selected its inventory tracking system, Applicant will begin training prospective staff on system use (weeks 14-18).

Staff will be trained on internal and external inventory management. This includes training on intake and documentation procedures from cultivation and processing facilities, product inspection, verification of proper product labeling, manifest tracking, and product rejection (weeks 14-15). Staff will undergo mock inventory management procedures as part of their initial training. Prior to beginning employment staff will have to demonstrate ability to understand and adhere to company policy in the form of interactive training modules, mock sales, and inspections (weeks 16-18).

Applicant will install its recordkeeping system to monitor inventory amounts, sales volume, manifest tracking, and other aspects of its day-to-day operations (weeks 12-14). After the system has been properly installed and implemented, staff will begin hands-on training (week 20-22). Training on the recordkeeping system will include reinforcement of training conducted during the inventory management segment, and it will also include training on proper cash handling procedures, accounting principles, and expense reimbursement. Applicant recognizes the importance of proper recordkeeping to maintain a compliant business, and it will also train staff on proper reporting procedures to relevant state and local authorities (weeks 20-22).

During weeks 20-22, staff will also learn the proper procedures for waste disposal. This training will include the appropriate way of documenting waste in the facility's inventory tracking system, communicating the information to the relevant state and local authorities, and waiting for approval to destroy and dispose of any waste.

Staff will conclude their training by learning to understand day-to-day operations of running the dispensary. During this time (weeks 22-24), they will review standard operating procedures for dispensary operations, cash handling techniques, and patient education. Patient education will include proper dispensing methods, as well as instruction on how to recognize signs of patient abuse of medical marijuana and medical marijuana products and other adverse events. Prior to dispensing any medical marijuana or medical marijuana products, Applicant will publish and market educational materials for patients, caregivers, and the public (weeks 20-24); these materials will also be available to patients and designated caregivers during each transaction.

Prior to opening, Applicant will have a third party complete a comprehensive inspection of the entire facility (weeks 21-23). This inspection will ensure compliance with applicable rules and regulations including, but not limited to: security, proper use and placement of security and surveillance equipment, product storage, inventory management, product labeling, recordkeeping, and reporting. In addition to ensuring compliance, the inspection will also allow Applicant the ability to correct any deficiencies in its standard operating procedures, security plan, and business operations. Applicant's Chief Compliance Officer will work with the independent third party to review any policies and procedures that are not in compliance with applicable rules and regulations. The Officer will work with the facility's designated representative to make sure all corrections are made prior to facility opening. Any updates to company policy will be communicated to staff via company email and in-person manager instruction prior to opening the facility. Additionally, updates will be made available to staff through Applicant's repository of information, which is accessible to staff at all times.

Lastly, Applicant will host a "soft-opening" prior to opening (week 24). This will allow Applicant the opportunity to implement all facility systems and procedures prior to being open to the public. No cash, medical marijuana, or medical marijuana products will be on site during the "soft-opening," but it will

provide Applicant an opportunity to review its operations. During the “soft-opening” Applicant will review the entire operation for compliance in real-time by tracking the entire dispensing process, including monitoring the chain of custody throughout the entire process, from intake to sale. During this review, all security systems will be evaluated to make sure cameras provide adequate coverage throughout the entire dispensing process. Staff will be evaluated based on their adherence to standard operating procedures. This “soft-opening” will give Applicant a final chance to correct any issues with its operations before opening, 6 months after being awarded a provisional license by the Department. The dispensary plans to open for business 24 weeks after being awarded a provisional license by the Department.

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

Uploaded Document Name: **C-3.1.1_Timeline_financial-pdf.pdf**

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

Event	Time (post-license)
Facility design and construction	1 - 18 weeks
Vault installation	3-6 weeks
Surveillance installation	3-8 weeks
Staffing Plan finalized	6 weeks
Point of Sale System/ IT installation	6-12 weeks
Signage and equipment installation	7-10 weeks
Hire local employees	8-20 weeks
Train Staff	20-24 weeks
Soft Open	24 weeks
Grand Opening	25 weeks

New Table to Address Liquid Assets in Excess of ALL planned costs and expenses, absent revenue

Demonstration of Sufficient Liquid Assets

Demonstrated Liquid Assets **\$ 710,000**

	Pre-Operations	First 12 Months of Operations	Total
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New Fixed Assets Purchases

Tenant Leasehold Improvements	\$	\$	\$
Walls	\$ 9,875	\$	\$ 9,875
Paint	\$ 7,900	\$	\$ 7,900
Floors	\$ 11,850	\$	\$ 11,850
FFE	\$	\$	\$
Display Cases	\$ 11,000	\$	\$ 11,000
POS System & Terminals	\$ 10,000	\$	\$ 10,000
Office FFE	\$ 7,500	\$	\$ 7,500
Security System	\$ 57,000	\$	\$ 57,000
Product Safe	\$ 15,000	\$	\$ 15,000
Total Fixed Assets	\$ 130,125	\$	\$ 130,125

First Year of Operating Expenses and Costs

Salaries & Wages	\$	\$ 213,000	\$ 213,000
Payroll Taxes and Employee Benefits	\$	\$ 38,766	\$ 38,766
Advertising / Marketing & Ad Review Fees	\$	\$ 8,200	\$ 8,200
Auto Expense	\$	\$ 900	\$ 900
Bank & Merchant Fees	\$	\$ 3,000	\$ 3,000
Bonding Expense	\$ 5,000	\$	\$ 5,000
Community Charitable Giving	\$	\$ 3,000	\$ 3,000
Dues and Subscriptions	\$ 100	\$ 1,200	\$ 1,300
Employee Training & Continuing Ed	\$ 2,000	\$ 2,400	\$ 4,400
Environmental Initiatives	\$	\$ 2,400	\$ 2,400
Facilities	\$	\$ 47,400	\$ 47,400
Insurance (Liability and Property)	\$	\$ 10,800	\$ 10,800
Legal and Professional Fees	\$ 3,000	\$ 3,000	\$ 6,000
Licenses/Fees/Permits	\$ 100,725	\$ 400	\$ 101,125
Manufacturing Expense	\$	\$	\$
Miscellaneous	\$	\$ 3,000	\$ 3,000
Office Expenses & Supplies	\$	\$ 3,000	\$ 3,000
Postage and Delivery	\$	\$ 600	\$ 600
Product Testing and Vendor Qualification	\$	\$ 2,400	\$ 2,400
Public Safety & Educ. Programs, Substance Abuse I	\$	\$ 10,500	\$ 10,500
Royalties	\$	\$	\$
Security	\$	\$ 91,800	\$ 91,800
Telephone & IT/IS	\$	\$ 13,080	\$ 13,080
Travel & Meals	\$	\$ 1,800	\$ 1,800
Utilities	\$	\$ 4,200	\$ 4,200
[Additional Expense Category]	\$	\$	\$
Total First Year of Operating Expenses and Costs	\$ 110,825	\$ 464,846	\$ 575,671

Total Fixed Assets, Capital Expenditures, Costs and First Year Operating Expenses **\$ 705,796**

Surplus* Demonstrated Liquid Assets **\$ 4,204**

Indie Grow Dispensary Model

Projected Income Statement

	Pre-License Totals	Year 1 Totals	Year 2 Totals	Year 3 Totals
Gross Sales				
Dry Flower		\$ 832,524	\$ 1,805,907	\$ 2,496,947
Oil, sold as oil (grams)		\$ 312,196	\$ 677,215	\$ 936,355
Oil Cartridges		\$ 520,327	\$ 1,128,692	\$ 1,560,592
Patches		\$ 83,252	\$ 180,591	\$ 249,695
Tinctures (units)		\$ 62,439	\$ 135,443	\$ 187,271
Edibles (units)		\$ 270,570	\$ 586,920	\$ 811,508
Additional Product 1		\$ -	\$ -	\$ -
Additional Product 2		\$ -	\$ -	\$ -
Total Gross Sales		\$ 2,081,310	\$ 4,514,769	\$ 6,242,367
Sales Discounts				
Compassionate Care Program: Indigent & Veterans	\$ -	\$ 104,065	\$ 225,738	\$ 312,118
Total Sales Discounts		\$ 104,065	\$ 225,738	\$ 312,118
Total Net Sales		\$ 1,977,244	\$ 4,289,030	\$ 5,930,249
Cost of Sales				
Dry Flower	\$ -	\$ 378,420	\$ 820,867	\$ 1,134,976
Oil, sold as oil (grams)	\$ -	\$ 144,091	\$ 312,561	\$ 432,164
Oil Cartridges	\$ -	\$ 240,151	\$ 520,935	\$ 720,273
Patches	\$ -	\$ 38,424	\$ 83,350	\$ 115,244
Tinctures (units)	\$ -	\$ 28,381	\$ 61,565	\$ 85,123
Edibles (units)	\$ -	\$ 120,253	\$ 260,853	\$ 360,670
Additional Product 1	\$ -	\$ -	\$ -	\$ -
Additional Product 2	\$ -	\$ -	\$ -	\$ -
Excise Taxes	\$ -	\$ -	\$ -	\$ -
Inventory Shrinkage	\$ -	\$ 11,899	\$ 25,811	\$ 35,687
Adjustment for COGS listed as Salaries & OpEx, b	\$ -	\$ 46,485	\$ 128,131	\$ 136,162
Total Cost of Sales	\$ -	\$ 1,008,104	\$ 2,214,072	\$ 3,020,299
Gross Profit	\$ -	\$ 969,140	\$ 2,074,958	\$ 2,909,950
Salaries and Wages				
Salaries and Wages	\$ -	\$ 213,000	\$ 793,100	\$ 906,009
Payroll Taxes & Benefits	\$ -	\$ 38,766	\$ 144,344	\$ 164,894
Total Salary and Wages	\$ -	\$ 251,766	\$ 937,444	\$ 1,070,902
Fixed Operating Expenses				
Advertising / Marketing & Ad Review Fees	\$ -	\$ 8,200	\$ 17,748	\$ 18,103
Auto Expense	\$ -	\$ 900	\$ 918	\$ 936
Bank & Merchant Fees	\$ -	\$ 3,000	\$ 3,060	\$ 3,121
Bonding Expense	\$ 5,000	\$ -	\$ -	\$ -
Community Charitable Giving	\$ -	\$ 3,000	\$ 12,240	\$ 24,970
Dues and Subscriptions	\$ 100	\$ 1,200	\$ 1,224	\$ 1,248
Employee Training & Continuing Ed	\$ 2,000	\$ 2,400	\$ 2,448	\$ 2,497
Environmental Initiatives	\$ -	\$ 2,400	\$ 2,448	\$ 2,497
Facilities	\$ -	\$ 47,400	\$ 47,448	\$ 47,497
Insurance (Liability and Property)	\$ -	\$ 10,800	\$ 11,016	\$ 11,236
Legal and Professional Fees	\$ 3,000	\$ 3,000	\$ 3,060	\$ 3,121
Licenses/Fees/Permits	\$ 100,725	\$ 400	\$ 95,500	\$ 25,800
Manufacturing Expense	\$ -	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ 3,000	\$ 3,060	\$ 3,121
Office Expenses & Supplies	\$ -	\$ 3,000	\$ 3,060	\$ 3,121
Postage and Delivery	\$ -	\$ 600	\$ 612	\$ 624
Product Testing and Vendor Qualification	\$ -	\$ 2,400	\$ 2,448	\$ 2,497
Public Safety & Educ. Programs, Substance Abuse	\$ -	\$ 10,500	\$ 24,480	\$ 24,970
Royalties	\$ -	\$ -	\$ -	\$ -
Security	\$ -	\$ 91,800	\$ 93,636	\$ 95,509
Telephone & IT/IS	\$ -	\$ 13,080	\$ 13,342	\$ 13,608
Travel & Meals	\$ -	\$ 1,800	\$ 1,836	\$ 1,873
Utilities	\$ -	\$ 4,200	\$ 4,284	\$ 4,370
[Additional Expense Category]	\$ -	\$ -	\$ -	\$ -
Total Fixed Operating Expenses	\$ 110,825	\$ 213,080	\$ 343,868	\$ 290,720
Adjustment for COGS listed as Salaries & OpEx	\$ -	\$ (46,485)	\$ (128,131)	\$ (136,162)
Total Operating Expenses	\$ 110,825	\$ 166,595	\$ 215,737	\$ 154,558
EBITDA	\$ (110,825)	\$ 550,779	\$ 921,777	\$ 1,684,490
Other Expenses				
Amortized Start-up Expenses	\$ -	\$ -	\$ -	\$ -
Depreciation	\$ -	\$ 24,332	\$ 24,332	\$ 24,332
Interest	\$ -	\$ -	\$ -	\$ -
Loan #1	\$ 353	\$ 732	\$ 564	\$ 390
Loan #2	\$ -	\$ -	\$ -	\$ -
Other Debt Financing	\$ -	\$ -	\$ -	\$ -
Other Bank Debt	\$ -	\$ -	\$ -	\$ -
Line of Credit	\$ -	\$ -	\$ -	\$ -
Ohio Commercial Activity Tax	\$ -	\$ 2,961	\$ 9,288	\$ 13,780
Regular Income Taxes	\$ -	\$ 154,622	\$ 334,536	\$ 619,093
Total Interest, Regular Taxes, Deprec., Amort.	\$ 353	\$ 182,648	\$ 368,721	\$ 657,596
Net Income, under Regular Income Taxes	\$ (111,178)	\$ 368,131	\$ 553,056	\$ 1,026,894
Additional Income Tax under Section 280E	\$ -	\$ 197,792	\$ 430,347	\$ 457,242
Net Income after Additional Tax, Section 280E	\$ (111,178)	\$ 170,339	\$ 122,709	\$ 569,652

Indie Grow Dispensary Model

Projected Cash Flow Statement

	Pre- Operatio n Totals	Year 1 Totals	Year 2 Totals	Year 3 Totals
Beginning Cash Balance	710,000	471,776	616,722	698,870
Cash Inflows				
Income from Sales	-	1,977,244	4,289,030	5,930,249
Accounts Receivable	-	-	-	-
Financing	25,000	-	-	-
Total Cash Inflows	25,000	1,977,244	4,289,030	5,930,249
Cash Outflows				
Investing Activities				
Real Estate	-	-	-	-
Buildings	-	-	-	-
Leashold Improvements	29,625	-	-	-
Furniture, Fixtures & Equipment	100,500	-	-	-
Vehicles	-	-	-	-
Phase 2 Building	-	-	-	-
Phase 2 FFE	-	-	-	-
Other Fixed Assets Purchases	-	-	-	-
Inventory Addition to Bal.Sheet	20,000	45,000	60,000	60,000
COGS (incl. Adjust. to classify OpEx as C	-	1,008,104	2,214,072	3,020,299
Operating Activities				
Salaries and Wages	-	251,766	937,444	1,070,902
Fixed Operating Expenses	110,825	213,080	343,868	290,720
(less Adjust. to classify OpEx as COGS)	-	(46,485)	(128,131)	(136,162)
Ohio Commercial Activity Tax	-	2,961	9,288	13,780
Income Taxes	-	154,622	334,536	619,093
Additional Income Tax, 280E	-	197,792	430,347	457,242
Financing Activities				
Loan Payments	2,274	5,458	5,458	5,458
Line of Credit Interest	-	-	-	-
Line of Credit Repayments	-	-	-	-
Dividends Paid	-	-	-	-
Total Cash Outflows	263,224	1,832,298	4,206,882	5,401,332
Cash Flow	(238,224)	144,946	82,148	528,917
Operating Cash Balance				
Line of Credit Drawdowns	-	-	-	-
Ending Cash Balance	471,776	616,722	698,870	1,227,787

Indie Grow Dispensary Model

Balance Sheet

	Base Period	End of Pre- Operation Period	End of Year One	End of Year Two	End of Year Three
Assets					
Current Assets					
Cash	\$ 710 000	\$ 471 776	\$ 637 722	\$ 730 370	\$ 1 268 737
Accounts Receivable	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory	\$ -	\$ 20 000	\$ 65 000	\$ 125 000	\$ 185 000
Prepaid Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Other Current	\$ -	\$ -	\$ -	\$ -	\$ -
Total Current Assets	\$ 710 000	\$ 491 776	\$ 702 722	\$ 855 370	\$ 1 453 737
Fixed Assets					
Real Estate-Land	\$ -	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -	\$ -
Leasehold Improvements	\$ -	\$ 29 625	\$ 29 625	\$ 29 625	\$ 29 625
Furniture, Fixtures and Equipn	\$ -	\$ 100 500	\$ 100 500	\$ 100 500	\$ 100 500
Vehicles	\$ -	\$ -	\$ -	\$ -	\$ -
Other Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total Fixed Assets	\$ -	\$ 130 125	\$ 130 125	\$ 130 125	\$ 130 125
Less: Accumulated Depreciation	\$ -	\$ -	\$ 24 332	\$ 48 664	\$ 72 996
Total Assets	\$ 710 000	\$ 621 901	\$ 808 515	\$ 936 831	\$ 1 510 866
Liabilities and Owner's Equity					
Liabilities					
Accounts Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Sales Tax Liability	\$ -	\$ -	\$ 21 000	\$ 31 500	\$ 40 950
Loan #1	\$ -	\$ 23 079	\$ 18 354	\$ 13 461	\$ 8 394
Loan #2	\$ -	\$ -	\$ -	\$ -	\$ -
Other Debt Financing	\$ -	\$ -	\$ -	\$ -	\$ -
Other Bank Debt	\$ -	\$ -	\$ -	\$ -	\$ -
Line of Credit Balance	\$ -	\$ -	\$ -	\$ -	\$ -
Total Liabilities	\$ -	\$ 23 079	\$ 39 354	\$ 44 961	\$ 49 344
Owner's Equity					
Common Stock	\$ 710 000	\$ 710 000	\$ 710 000	\$ 710 000	\$ 710 000
Retained Earnings	\$ -	\$ (111 178)	\$ 59 161	\$ 181 870	\$ 751 522
Dividends Dispersed	\$ -	\$ -	\$ -	\$ -	\$ -
Total Owner's Equity	\$ 710 000	\$ 598 822	\$ 769 161	\$ 891 870	\$ 1 461 522
Total Liabilities and Owner's Equity	\$ 710 000	\$ 621 901	\$ 808 515	\$ 936 831	\$ 1 510 866

Statement Balances	Statement Balances	Statement Balances	Statement Balances	Statement Balances
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-	(0 02)	(0 04)	0 01
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C-3.2 The Business Startup Plan also must describe how the Applicant's proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to:

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

Prior to beginning dispensary operations, the Facility will have a complete audit by a third-party to ensure compliance with applicable rules and regulations. Applicant will also use this audit to review all operations and standard operating procedures (SOPs) to maximize efficiency. The same third-party will conduct bi-annual audits and random inspections to confirm all operations are compliant with any developing regulations. Inspections will include all aspects of the dispensary's operation including security, proper use and placement of surveillance equipment, product storage, inventory management, product labeling, recordkeeping, and reporting. Ongoing audits and facility inspections will allow Applicant to update and correct any deficiencies in its SOPs, security plan, and business operations. Notifications via company email and in-person manager instruction will alert staff of any update to Applicant's SOPs. Training information and updates will also be available through Applicant's repository of information, accessible to staff at all times.

During facility design, Applicant created its facility security plan, which incorporates all state-mandated security and surveillance features. The security plan will include a list of all equipment used to secure the facility, associated procedures, and any relevant operations materials for facility equipment. Staff will receive initial and ongoing training on security equipment and all staff must demonstrate the ability to operate all systems within the facility prior to beginning work. Applicant's security plan will be updated and revised in light of any new regulations or deficiencies in operations. Staff will be notified of any updates to the security plan through in-person training and staff will also be able to access any updates on Applicant's online repository of SOPs.

The hiring process will include review of candidates for credentials, experience, and qualifications. Applicant will continue to hire local, educated applicants experienced working in regulated retail environments. All staff must satisfy employee identification card requirements with the Department of Commerce (the "Department"), as defined in OAC 3796:5-2-01 and must maintain ongoing registration status with the Department. After hiring, staff will receive initial training on standard operating procedures, industry best practices, surveillance equipment, and proper storage techniques. Applicant will select its inventory management system within 10 weeks of being awarded a provisional license and staff will learn the system as well as reporting requirements and diversion prevention techniques during this time and prior to opening. After this initial training, but prior to opening (weeks 22-24) staff will receive training on dispensing, patient education, and signs of abuse. In addition to initial training, an online repository of information and training materials will be available to all staff. To constantly inform staff of the most current information, Applicant will update the repository every 6 months with any new training modules, regulations or SOPs. Staff training logs will document all instruction received as well as staff member completion of trainings. As an opportunity for career advancement, Applicant will encourage staff to complete additional training modules.

All product storage will take place in the facility's designated restricted access area. This area will be accessible only by licensed personnel and registered visitors under supervision of licensed personnel. Electronic verification and subsequent documentation will automatically detail any access to restricted access areas. This area will be under constant video surveillance, and all overnight product storage will take place in a safe securely bolted to the floor within the facility's vault. Proper storage in restricted

access areas limits the possibility of diversion, and proper storage in areas under surveillance further diminishes the possibility of product diversion. Staff will receive specialized education for specific storage needs of each product available at the dispensary.

Electronic records of all dispensary and dispensary-related activities will be kept on site and also backed up remotely. These records are confidential and only accessible by designated personnel. Whether accessed on site or remotely, security features will record and document any access to dispensary records including date, time, and name of person who accessed the records. All dispensary staff will have knowledge of operating the record keeping systems in place at the dispensary including inventory management, security, diversion prevention, and surveillance equipment. Lastly, staff will be trained to provide required reporting documentation to the relevant authorities regarding any and all dispensary operations.

Deterring and detecting any attempted or actual diversion of product will be the main focus of Applicant's inventory management principles. Staff will receive training on proper inventory management during their initial training and throughout employment. Staff will learn all inventory management principles, including tracking from intake to sale, product inspection, product rejection, diversion prevention, labeling, reporting requirements and daily inventory reconciliation with the state-mandated inventory tracking system. Proper record keeping and reporting of any potential or actual incidents will also be part of staff training. Staff training on record keeping and reporting SOPs will help ensure the start of a successful and compliant operation for Applicant.

Applicant will attempt to minimize the possibility of internal diversion by creating a positive workplace environment. Internal diversion commonly takes the form of employee theft and sales manipulations. Applicant intends to hire a Human Resources Manager to develop an employee handbook, training programs, and to address any employee concerns. Studies have indicated staff is less likely to steal from their employer if they are invested in the overall success in the business. Applicant will provide its staff with personal and professional development opportunities throughout the company and staff will be encouraged to take advantage of these opportunities through potential pay increases, bonuses, and career advancement.

As part of its final preparation before opening, Applicant will host a "soft opening" at its dispensary (week 24). No cash, medical marijuana, or medical marijuana products will be on site during the "soft-opening," but it will provide Applicant an opportunity to review all SOPs and facility operations to ensure compliance with applicable rules and regulations. This will also give Applicant the ability to revise any SOPs for efficiency and updates to new regulations. During the "soft opening" all aspects of the dispensing process will be carefully reviewed and scrutinized for adherence to SOPs, including tracking the entire chain of custody of product throughout the dispensing process. This "soft opening" will allow Applicant to change any systems or processes prior to opening exactly 6 months after being awarded a provisional license.

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.

ADVISORY COUNCIL

Dr. Gerry Regier – Medical Advisor

The Medical Advisor will work closely with the Medical Director to enhance operations based upon recent medical advancements, their medical expertise specific to their area of practice and to guide the company's focus on the health and wellbeing of patients, also will apply medical expertise provide best practices to develop patient care policies and procedures.

Marie Volcy- Patient Care Advisor

The Patient Care Advisor provides medical expertise to the company to aid in creation of patient educational materials, support staff training programs, and provide overall guidance specific to their medical expertise. The Medical Advisor will work closely with the Medical Director to enhance operations based upon recent medical advancements, their medical expertise specific to addiction treatment, nursing, long-term and palliative care, or any other medical specialty with which they have specialized training.

Ian Lelis- Cannabis Industry Expert/Research and Development Specialist

Cannabis Industry Expert

The Cannabis Industry Expert performs patient advocacy, and advises the executive team on best practices, regulatory updates, and research breakthroughs that may impact the company. This person will also develop staff training programs and act as a liaison between the company and industry groups. They will work closely with the Director of Products & Services.

Ed Holmes- Senior Business Advisor

Senior Advisor

The Senior Advisor supports the strategic direction and financial management of the company. This person will also contribute to the business through expanding sales, creating business development opportunities, mentoring, and leading executives and staff.

EXECUTIVE TEAM

Eviana Farrar- Chief Executive Officer

Chief Executive Officer

Hierarchy - Top of the Chart

The Chief Executive Officer provides the strategic leadership of the company and directs all staff efforts toward achieving company objectives. The CEO will also guide financial management plans, provide oversight for all branches of the company, and develop the company culture.

Karen Pennington- Bookkeeper

Bookkeeper

Hierarchy - Reports to Chief Financial Officer

The Bookkeeper supports the financial objectives of the company by managing all financial transactions. Adherence to Generally Accepted Accounting Principles (GAAP) or other professional

bookkeeping standards are primary duties of this role.

Brianna Odom- HR Director

Human Resources Director

Hierarchy - Reports to Chief Operations Officer

The Human Resources Director oversees recruitment, retention, staff training, and employment law compliance.

Jonathan Llavanos- Chief of Operations/Chief Financial Officer

Chief Operations Officer

Hierarchy – Reports to Chief Executive Officer

The Chief Operations Officer manages operations, including development of standard operating procedures and staff training programs in compliance with applicable regulations. Leading management to achieve company goals and objectives is a primary tenet of this role. Also manages company financial assets and oversees bookkeeper and third-party accounting services.

Shawn Farrar- Marketing & Community Relations Officer (Content Marketing Manager/Community Outreach Coordinator)

Hierarchy - Reports to Chief Executive Officer

The Content Marketing Manager oversees marketing and public relations through maintaining the company's public image, devising sales strategies, and creating marketing materials in compliance with advertising restrictions and regulations. Brand management, content creation, and advertising approval are primary duties of this role. Community Outreach.

Linne Williams- Inventory Manager

Inventory Manager

Hierarchy - Reports to Chief Operations Officer

The Inventory Manager ensures regulatory compliance and tracking of all regulated inventory items to prevent diversion and maximize operational efficiency.

Jennifer Volcy- Chief Compliance Officer

Chief Compliance Officer

Hierarchy - Reports to Chief Operations Officer

The Chief Compliance Officer ensures daily operational compliance and the optimum performance of infrastructure, staff, equipment, and supplies. Maintaining existing licenses and permits, as well as avoiding sanctions to those licenses and permits are primary duties of this role.

Christian Henry- Director of Products and Services (Research and Development Specialist and General Manager)

The Director of Products and Services guides the company's product offerings by reviewing the latest research efforts in cultivation, manufacturing, and dispensary settings. The Director will determine which products to purchase that will achieve maximum therapeutic outcomes while protecting the health and wellness of patients and caregivers, is the primary duties of this role.

FACILITIES STAFF

Aegis Security Service- Security Director

Security Director

The Security Director protects assets, ensures facility security, and oversees staff security training to create a safe working environment and protect the community. Achieving zero losses from diversion or

criminal activity is the primary duty of this role. The role will also hire and supervise all security officers.

Local Hire- Sanitation Officer

Sanitation Officer

Hierarchy - Reports to Director of Cultivation Operations, Director of Extractions and Formulations or the General Manager (Dispensary)

Responsible for cleaning and sanitizing facility and equipment. Maintains equipment and performs regular service to equipment. Stores supplies and equipment in designated areas and restocks supplies, as needed.

DISPENSARY STAFF

Local Hire-Medical Director

Medical Director

The Medical Director provides medical expertise to the company to guide research and development of products, aid in creation of patient educational materials, and support staff training programs. The Medical Director will advise the advisory board, executives, and company leadership of significant medical and industry advancements relevant to operations.

Local Hire- Store Manager

Store Manager

Hierarchy - Reports to General Manager

The Store Manager manages daily operations of the dispensary, including staff management, regulatory compliance, sales, and marketing support. Meeting sales and marketing goals while maintaining inventory within a secure, fully-compliant facility are the primary duties of this role.

Local Hire- Assistant Store Manager

Assistant Store Manager

Reports to: Store Manager

The Assistant Store Manager supports the daily operations of the dispensary, including staff management, regulatory compliance, and sales support. Meeting sales and marketing goals while maintaining inventory within a secure, fully-compliant facility are the primary duties of this role.

Local Hire- Administrative Support/Patient Intake Coordinator

Administrative Support Staff/Patient Intake Coordinator

Hierarchy - Reports to Store Manager

The Patient Intake Coordinator maintains the security of the facility by greeting patients, caregivers, visitors, and the public in person and by phone to ensure only approved persons gain access to the facility. Determining patient access eligibility, providing customer service, and acting as a primary point of contact for public inquiry are the primary duties of this role.

Local Hire- Sales Associate(s)

Sales Associates

Hierarchy - Reports to Store Manager

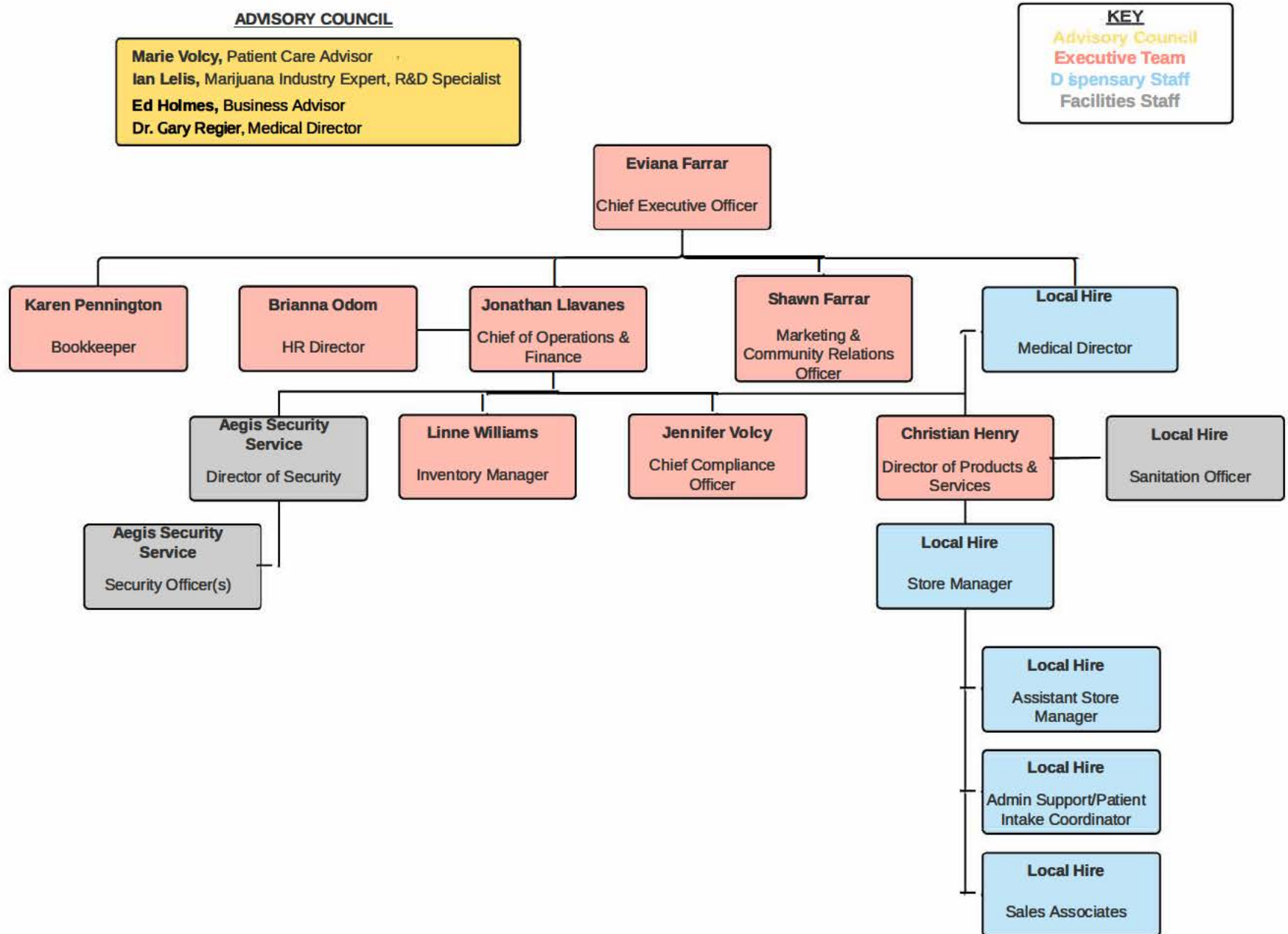
Sales Associates support the daily operations of the dispensary, through providing information, customer service, and sales to patients and caregivers. Sales Associates also perform a variety of cleaning and maintenance tasks to ensure the consistent and compliant operation of the facility. Meeting sales and marketing goals while securely maintaining inventory and dispensing in accordance with all applicable laws and regulations are the primary duties of this role.

C-4.2 Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Uploaded Document Name: **C-4.2_Table of Ogranization.pdf**

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

INDIE GROW ESSENTIAL ROLES ORG CHART



Business Plan(Capital Requirements)

Item 1 of 3

C-5.1 Type of Capital

cash

C-5.2 Source of Capital

sale of stocks

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_Redacted Financials.pdf**

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



E*TRADE Financial Corporation
PO Box 484
Jersey City, NJ 07303

tel 1-800-ETRADE-1
www.etrade.com

October 24, 2017

Ohio Board of Pharmacy
Attn: MMMCP
77 S. High St.
Columbus, OH 43215

Re: Verification of Deposits
FBO: [REDACTED]

To Whom It May Concern,

This letter is in response to a request for verification of the balance and deposits held at E*TRADE Securities for accounts [REDACTED] registered to [REDACTED]

The table below contains information pertaining to the current balances held in the E*TRADE Securities accounts [REDACTED] and [REDACTED] registered to Shawn Farrar.

Account Number	Account Type	Account Owner	Date Opened	Status	Current Balance*
[REDACTED]	Brokerage-Traditional IRA Rollover	[REDACTED]	September 18, 2014	Active	\$2,081,084.75
[REDACTED]	Brokerage-Individual Stock Plan	[REDACTED]	January 27, 2010	Active	\$5,287.46

*Due to intra-day market fluctuation, this value is subject to change.

We are committed to providing quality customer service. We hope that this information satisfies your request. Should you have any further questions, please feel free to contact a Financial Services Representative at 1-800-ETRADE-1, 24 hours a day, 7 days a week.

Sincerely,

Shawn Astin
Correspondence Department

PLEASE READ THE IMPORTANT DISCLOSURES BELOW.

The E*TRADE Financial family of companies provides financial services including trading, investing and banking products and services to retail customers.

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC.

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DOW 23,568.46 ▲ 11.23 (0.05%) NASDAQ 6,786.21 ▲ 18.43 (0.27%) S&P500 2,593.96 ▲ 3.32 (0.13%) as of 02:23PM EST Customer Service Log Off

E*TRADE

AccountsTradingResearchPlan & InvestStock Plan

71 Alerts

Symbol

Keywords

Complete View Portfolios Watch Lists Balances Transaction History Transfers ▾ Bill Pay My Profile Tax Center Documents ▾

Last login: November 06, 09:34 AM ET

Last refresh: November 06, 02:22 PM ET

Welcome, [REDACTED]
Account PreferencesNet Assets **\$2,222,213.77**
Day's Gain **-\$555.72**

Individual Brokerage XXXX [REDACTED]

Net Account Value **\$32,007.70**
Day's Gain **\$9.31 (0.03%)**

Quick Links ▾

Show more...

Stock Plan (SRE) XXXX [REDACTED]

Current Account Value **\$43,187.42**
Day's Gain **\$13.57 (0.03%)**

Quick Links ▾

Show more...

Rollover IRA XXXX [REDACTED]

Net Account Value **\$2,130,302.57**
Day's Gain **-\$578.60 (-0.03%)**

Quick Links ▾

Show more...

Max-Rate Checking XXXXXX [REDACTED]

Available Balance **\$16,509.89**
Total Balance **\$16,609.88**

Quick Links ▾

Complete Savings XXXXXX [REDACTED]

Available Balance **\$206.19**
Total Balance **\$206.19**

Quick Links ▾

- Add a new brokerage or retirement account

Your Financial Consultant

Juan Fernandez 858-333-8456

Customer Service 24/7:
1-800-387-2331

Launch Pad

E*TRADE Pro Learn More Launch

MarketCaster Learn More Launch

CNBC Live TV Launch

Alerts

Message Center (4)

All Account Stock

Sell Order for 300 SRE Executed

11/08/17 | 09:44 AM ET

Bank Statement Available

11/05/17 | 02:34 AM ET

Bank Statement Available

11/05/17 | 02:34 AM ET

OUTGOING WIRE REFERENCE NUMBER

11/03/17 | 12:27 PM ET

Wire Transfer Complete

11/03/17 | 11:53 AM ET

View All Alerts Set Alerts

Snapshot

Portfolios

Watch Lists

News

Rollover IRA -6163 ▾

View Full Portfolio

Symbol ▲	Last Trade	Change \$	Change %	Day's Gain \$
AAPL	\$175.96	\$1.15	0.66%	\$192.05
AMZN	\$1,133.50	\$10.33	0.92%	\$661.12
AQB	\$5.05	-\$0.09	-1.75%	-\$0.99
BAC	\$26.71	-\$0.48	-1.75%	-\$686.38
BBY	\$56.52	\$1.39	2.52%	\$278.02
BMJ	\$62.67	\$0.76	1.23%	\$256.88
CAT	\$137.60	-\$1.21	-0.87%	-\$363.00
CHDEX	\$19.38	\$0.00	0.00%	\$0.00

Transfer Money

Transfer From

Select From Account ▾

Transfer To

Select To Account ▾

Schedule Date

11/08/17

Amount(\$)

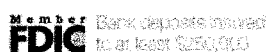
DAL	\$50.12	\$0.21	0.42%	\$63.00
FB	\$179.80	-\$0.45	-0.25%	-\$25.20
FND	\$41.20	\$1.17	2.92%	\$1,099.80
HCAIX	\$73.82	-\$0.13	-0.18%	-\$269.49
HD	\$164.42	\$0.76	0.46%	\$114.00
HIINX	\$69.22	-\$0.25	-0.36%	-\$312.64
LOW	\$78.42	\$0.79	1.02%	\$281.24
LSBRX	\$14.11	-\$0.02	-0.14%	-\$330.83
NBGAX	\$24.55	-\$0.18	-0.73%	-\$603.44
NFLX	\$195.54	-\$0.35	-0.18%	-\$91.00
OAKMX	\$84.95	-\$0.47	-0.55%	-\$1,006.25
PG	\$87.51	\$0.53	0.61%	\$112.89
SCSAX	\$24.50	-\$0.15	-0.61%	-\$491.70
SRE	\$120.75	\$0.23	0.19%	\$1,037.99
SWOIX	\$26.97	-\$0.16	-0.59%	-\$600.20
WTIBX	\$10.75	\$0.00	0.00%	\$0.00
XON	\$15.70	\$0.13	0.83%	\$100.49

Repeat

None

Manage External Accounts Transfer Activity

Real-time quote as of 02:22 pm ET 11/08/17



Investment Products • Not FDIC Insured • No Bank Guarantee • May Lose Value

Check the background of E*TRADE Securities LLC and any of its registered representatives on FINRA's BrokerCheck.

PLEASE READ THE IMPORTANT DISCLOSURES BELOW

As your agreement for the receipt and use of market data provides, the securities markets (1) reserve all rights to the market data that they make available; (2) do not guarantee that data; and (3) shall not be liable for any loss due either to their negligence or to any cause beyond their control.

Portfolios and Watchlists are not official tax records. They should be used only as a tool to assist you with your financial management. E*TRADE makes no warranties with respect to, and specifically disclaims any liability arising out of, your use of or any tax position taken in reliance upon such information. E*TRADE-provided cost basis, gains or losses and holding periods are estimates and may not reflect all adjustments necessary for your own tax reporting purposes. You should verify such information against your own records when calculating a reportable gain or loss resulting from a sale, redemption or exchange. Consult your tax advisor for further information.

1. Some of this information was provided to E*TRADE Securities LLC ("E*TRADE") by your company. E*TRADE does not guarantee the accuracy or completeness of the information provided by your company. The values for certain Stock Plan assets displayed here do not represent assets held in your brokerage account and are not protected by the Securities Investor Protection Corporation ("SIPC"). For more information about which assets are held in your Stock Plan account and are protected by SIPC, click here.



E*TRADE Securities
Individual Retirement Account

E*TRADE

October 1, 2017 - October 31, 2017
Account Number: [REDACTED]
Account Type: IRA - ROLLOVER

Customer Update:

Consider making a charitable contribution. To find out more, visit etrade.com/donations.

E*TRADE Securities LLC
P.O. Box 484
Jersey City, NJ 07303-0484
1-800-ETRADE-1 (1-800-387-2331)
etrade.com Member FINRA/SIPC

As year-end approaches, take a step toward investing in your future. Consider opening an E*TRADE IRA and making your annual contribution early—up to \$5,500, or \$6,500 if over age 50. Visit etrade.com/irafund.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Account At A Glance

\$2,055,853.77

\$2,107,392.35



As of 09/30/17



As of 10/31/17

Net Change: \$51,538.58

DETACH HERE

[REDACTED]
[REDACTED]
[REDACTED]

Make checks payable to E*TRADE Securities LLC

Mail deposits to:

E*TRADE SECURITIES LLC
P.O. Box 484
Jersey City, NJ 07303-0484

DETACH HERE

Use This Deposit Slip

Acct: [REDACTED]

To contribute to your IRA, please use our online Transfer Money service at www.etrade.com/transfermoney or use this deposit slip.

Check Amount \$

Year of Contribution:

2017

Rollover

[REDACTED]

Please refer to the E*TRADE Securities LLC ("ETS") Brokerage Customer Agreement (the "Customer Agreement") for a complete discussion of the terms and conditions governing your account. If you have questions regarding the Customer Agreement or your account, please e-mail us through etrade.com or call 1-800-ETRADE1. THE INFORMATION CONTAINED IN YOUR ACCOUNT STATEMENT SHALL BE BINDING UPON YOU IF YOU DO NOT OBJECT, EITHER IN WRITING OR VIA ELECTRONIC MAIL, WITHIN FIVE (5) DAYS AFTER THE ACCOUNT STATEMENT IS FIRST RECEIVED BY YOU. In case of errors or questions about your electronic transfers please telephone us at 1-800-ETRADE-1 immediately or write us at E*TRADE Securities LLC, P.O. Box 484, Jersey City, NJ 07303-0484, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or the problem appeared. When you contact us, you must:

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

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

Securities products and services are offered by ETS, Member FINRA/SIPC. Your account is carried by ETS, Member FINRA/SIPC, which maintains your funds and securities deposited with ETS directly by you. Inquiries concerning the positions and balances in your account may be directed to ETS at 1-800-503-9260. All other inquiries regarding your account or the activity therein should be directed to ETS. Please promptly report any inaccuracy or discrepancy in your account to ETS at 1-800-503-9260. You should re-confirm any oral communication in writing to further protect your rights, including rights under the Securities Investor Protection Act.

Applicable Rules and Regulations. All transactions in your account shall be subject to the constitution, rules, regulations, customs, and usages of the exchange or market, and its clearing house, where the transactions are executed by ETS or its agents, including ETS affiliates. Also, where applicable, the transactions shall be subject to the provisions of the Securities Act of 1933, as amended, the Securities Exchange Act of 1934, as amended, and the rules and regulations of the Securities and Exchange Commission ("SEC"), the Board of Governors of the Federal Reserve System, and any applicable self-regulatory organization. For information about FINRA's Broker Check Program, including an investor brochure, please contact FINRA at 1-800-289-9999 or www.finra.org.

Securities Pricing. The amounts printed in the total market value column of the Account Holdings section, or any amounts derived therefrom, are based on U.S. month end prices and are provided to us by outside quotation services for the securities currently held by us in your account. Prices of municipal bonds, certain over-the-counter securities, and federal obligations are approximations and are only for guidance purposes. The prices used are based on the last reported transaction known to the quotation services or the yields or values that are calculated on the basis of these prices. The value of brokered CDs reflected on this statement is estimated by a third-party pricing service. Actual value may differ if you elect to sell your CD(s) in the secondary market.

Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.

SIPC and other Insurance Coverage. ETS is a member of the Securities Investor Protection Corporation ("SIPC"). SIPC currently protects the assets in each of your securities accounts at ETS up to \$500,000 (including \$250,000 for claims for cash). Visit www.sipc.org or call (202) 371-8300 for more information including a brochure on SIPC protection. (Please note that money market mutual fund balances are not considered cash; they are considered to be securities.) Additional protection for ETS has been secured through an independent insurer, more information about which can be found at <https://us.etrade.com/customer-service/faq>. The market risks associated with investing and any resulting losses are not covered by SIPC or the additional protection.

Payment for Order Flow. The SEC (as well as FINRA) requires that all broker-dealers inform their customers when a new account is opened, and on an annual basis thereafter, of payment for order flow practices (compensation received for placing orders through specialists on national securities exchanges, over-the-counter market makers, alternative trading systems, and ECNs (collectively, "market centers")). Consistent with the overriding principle of best execution, ETS routes orders to various market centers. ETS receives remuneration (generally in the form of per share cash payments or through profit sharing arrangements) for routing orders in securities to particular market centers for execution. Such remuneration is considered compensation to ETS, and the source and amount of any compensation received in connection with your transaction will be disclosed to you upon written request. ETS, absent instructions from you to the contrary, takes a number of factors into consideration in determining where to route customers' orders, including the speed of execution, price improvement opportunities (executions at prices superior to the then prevailing inside market), automatic execution guarantees, the availability of efficient and reliable order handling systems, the level of service provided, the cost of executing orders and whether it will receive cash or non-cash payments for routing order flow, and reciprocal business arrangements.

Margin Accounts. The amount of margin required will be the greater of (1) the amount required by applicable laws, regulations, the rules of applicable self-regulatory organizations and clearinghouses, or (2) the amount required by ETS in its sole discretion. You will be charged interest on a daily basis on all debit balances that you owe to ETS and on credit extended to you by ETS for the purpose of purchasing, carrying, or trading in securities or otherwise. Interest is calculated on a 360-day basis using settlement date balances. Except as otherwise agreed by you and ETS, the applicable interest rate for margin loans will be determined by adding the prevailing base rate and the applicable sliding scale percentage rate, which is in turn determined by your average daily debit balance. Your stated interest rate is subject to change without notice during each period in accordance with fluctuations in your average daily debit balance and changes to the base rate that are attributable to a change in the Federal Funds rate. ETS will provide you with at least 30 days' prior written notice before changing your stated interest rate for any other reason. Information about ETS's base rate is available upon written request to ETS. For more information on how ETS calculates interest, please see the Customer Agreement. If you have a margin account, this statement is a combined statement for both your margin account and special memorandum account. The permanent record of the separate account as required by Regulation T of the Federal Reserve Board is available for your inspection.

Free Credit Balances. Any cash balances in your securities account, which represent an obligation of ETS, is payable to you upon demand ("free credit balances"). Your cash balances: 1) can be maintained in the securities account and will earn interest through the "Cash Balance Program" as more fully described at: www.etrade.com/cashbalance, and 2) are held unsegregated and may be used by ETS in the conduct of its business, subject to the limitations of Rule 15c3-3 under the Securities Exchange Act of 1934.

Sweep Programs. You may have the option to have free credit balances in your securities account automatically transferred to either: 1) a money market mutual fund product protected by SIPC as described above, or 2) an account at a bank (or banks, collectively, "Program Banks") whose deposits are insured by the FDIC (collectively with the money market mutual fund products, "Sweep Program") but which are not obligations of ETS. For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. Additionally, you may at any time change your selection among the products available in the Sweep Program. You may elect, subject to any limitation set forth in any Sweep Program agreement or, with respect to an account at a bank, under federal banking laws (which includes, without limitation, program banks' potential requirement of seven days' notice before permitting a withdrawal or transfer of funds from such account) that the balance in the bank deposit account be returned, or shares of the money market mutual fund in which you have a beneficial interest be liquidated and the proceeds returned, as applicable, to the securities account or remitted to you. With respect to any such free credit balance in your securities account that you opt to have automatically transferred to an account at a bank, please remember you are responsible for monitoring the cash balance of your bank sweep accounts deposited with the Program Banks to determine whether you have total deposit balances held in the same capacity at any Program Bank in excess of the \$250,000 FDIC deposit insurance limit.

Options Trading. If you are approved for options trading, you are responsible for advising ETS of any material changes in your investment objectives or financial situation. Additionally, further information regarding commissions and other charges related to the execution of option transactions has been included in the confirmations of such transactions previously provided to you. Such information will also be made available promptly upon request.

Random Allocation of Options Assignment Notices. Assignment notices for short option contracts are allocated among customer short option positions in accordance with a random allocation method. A detailed description of ETS's random allocation method is available at etrade.com and a hard copy of the allocation procedures is available upon request.

Financial Statement. A financial statement of ETS is available for your inspection at its offices or at etrade.com or will be mailed to you upon your written request.

Valuation of Certain Alternative Investments (Including DPP and REIT securities). Account statements for Individual Retirement Accounts may include valuations for alternative investments. The values of such investments are estimated and reflect either the most recent valuation provided to ETS by the issuer of the investment, or a valuation provided by an independent third party, which ETS will obtain as part of its services, on an annual or more frequent basis. ETS does not provide a guarantee of the value or the appropriateness of the appraisal methodology applied by the independent third party in providing a value and ETS assumes no responsibility for verifying the accuracy of any valuation presented. Failure of the issuer to provide a timely valuation is your sole responsibility. The investment may reflect no value if a valuation was unavailable or is inaccurate. Investment in non-publicly traded securities, which includes alternative investments, often involves higher risk and less liquidity than other more traditional investments. Because there is generally no secondary market for alternative investments, the values reported to you should not be relied upon as any indication of market value. You may be able to sell your interests in the alternative investments held in your account, if at all, only for amounts that are substantially less than their purchase price or the estimated values showing on your account statements. If your statement reflects a distribution that included a return of capital on Direct Participation Programs and/or REITs, please note that said distributions are reported and a net investment per share estimated value is also reported. Pricing and distribution information has been provided by the sponsor, issuer or other external party responsible for reporting of the DPP or REIT and the classification of distributions as income or return of capital, in whole or in part, is subject to final accounting by such party(ies) and will be reported to you on a Form 1099 or K-1, as applicable.

ETS is an indirect subsidiary of E*TRADE Financial Corporation. If you have a complaint, please call 1-800-ETRADE1, or write to: E*TRADE Securities LLC, P.O. Box 484, Jersey City, NJ 07303-0484.

Definitions:

Activity/Trade Date. Trade date or transaction date of other entries.
Total Portfolio Percent. Percentage of your holding by issue of security.
DIV/CPN% Yield. Annual dividend or bond % yield.
Open Orders. Buy or sell orders for securities that have not yet been executed or canceled.
Symbol/CUSIP. The symbol or identification number for each security.
******* Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

Customer Update:

Visit the E*TRADE Security Center at us.etrade.com/security-center to learn more about how we work to secure your account and steps you can take to protect yourself.

ACCOUNT OVERVIEW

Last Statement Date: September 30, 2017

Beginning Account Value (On 09/30/17): \$ 2,055,853.77
Ending Account Value (On 10/31/17): \$ 2,107,392.35
Net Change: \$ 51,538.58

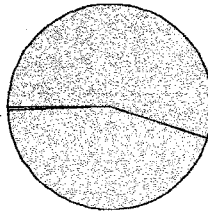
For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 10/31/17)

0.47% - Cash & Equivalents

44.49% - Stocks, Options & ETF (Long)

55.04% - Mutual Funds



RETIREMENT ACTIVITY SUMMARY

	THIS PERIOD	YEAR TO DATE
2017 Distributions	\$ 0.00	61,500.00
2016 Contribution	\$ 0.00	\$ 0.00
2017 Contribution	\$ 0.00	\$ 0.00

ACCOUNT VALUE SUMMARY

	AS OF 10/31/17	AS OF 09/30/17	% CHANGE
Cash & Equivalents	\$ 9,857.59	\$ 6,077.59	62.20%
Total Cash/Margin Debt	\$ 9,857.59	\$ 6,077.59	62.20%
Stocks, Options & ETF (Long)	\$ 937,630.36	\$ 904,222.79	3.69%
Mutual Funds	\$ 1,159,904.40	\$ 1,145,553.39	1.25%
Total Value of Securities	\$ 2,097,534.76	\$ 2,049,776.18	2.33%
Net Account Value	\$ 2,107,392.35	\$ 2,055,853.77	2.51%

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of \$250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

E*TRADE Securities LLC • PO Box 484, Jersey City, NJ 07303-0484

• www.etrade.com • 1-800-ETRADE-1 (1-800-387-2331) • Member FINRA/SIPC

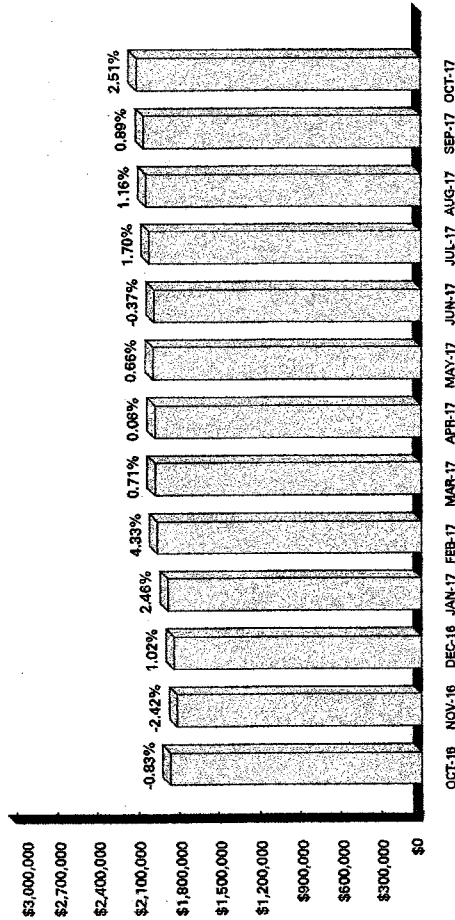


Account Number: [REDACTED]

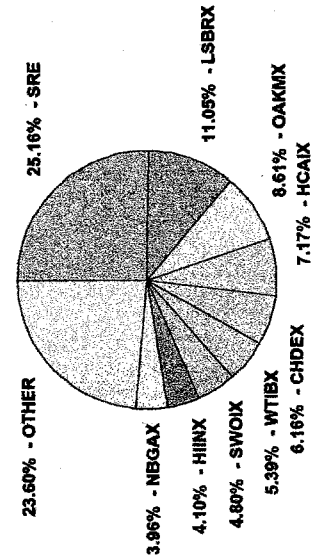
Statement Period: October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

NET ACCOUNT VALUE BY MONTH END



TOP 10 ACCOUNT HOLDINGS (AS OF 10/31/17)



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Securities Purchased	\$ 0.00	\$ -84,330.28
Securities Sold	\$ 0.00	\$ 146,091.47
<u>Interest Received</u>		
Tax Exempt	\$ 0.06	\$ 0.82
<u>Dividends Received</u>		
Tax Exempt	\$ 4,767.21	\$ 29,232.58

Refer to the Retirement Activity Summary section on page 3 for a summary of your retirement account transactions.



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

ACCOUNT HOLDINGS

CASH & CASH EQUIVALENTS (0.47% of Holdings)

DESCRIPTION	PORTFOLIO %	AMOUNT
Extended Insurance Sweep Deposit Account		
Opening Balance		6,077.59
Closing Balance	0.47	9,857.59
Average Balance		7,333.83
Extended Insurance Sweep Deposit Account Balance by Bank as of October 31, 2017		
ETRADE BANK		9,857.59

Under the Extended Insurance Sweep Deposit Account (ESDA) Program, cash balances from your brokerage account into the ESDA Program may shift from one program bank to another on a daily basis and a different combination or subset of the Program Banks may be used from day to day with dynamic deposit limits. Your ESDA Program cash balances will be FDIC-insured up to an aggregate of at least \$1,250,000. Uninvested cash balances in the ESDA program are not covered by SIPC. The balance in your bank deposit sweep account may be withdrawn on your order and proceeds returned to your securities account or remitted to you. To see a list of Program Banks please visit www.etrade.com/esdaagreement or call us at 1-800-ETRADE-1 (1-800-387-2331).

TOTAL CASH & CASH EQUIVALENTS

0.47% \$9,857.59

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (44.49% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
AMAZON.COM INC	AMZN	Cash	64	1,105.2800	70,737.92	3.36		
APPLE INC	AAPL	Cash	167	169.0400	28,229.68	1.34	421.00	1.49%
AQUABOUNTY TECHNOLOGIES INC COMMON STOCK	AQB	Cash	11	6.3000	69.30	0.00		
BANK OF AMERICA CORP	BAC	Cash	1,445	27.3900	39,578.55	1.88	694.00	1.75%
BEST BUY COMPANY INC	BBY	Cash	200	55.9800	11,196.00	0.53	272.00	2.43%
BRISTOL MYERS SQUIBB CO	BMJ	Cash	338	61.6600	20,841.08	0.99	527.00	2.53%
CATERPILLAR INC	CAT	Cash	300	135.8000	40,740.00	1.93	936.00	2.30%
DELTA AIR LINES INC DEL COM	DAL	Cash	300	50.0300	15,009.00	0.71	366.00	2.44%
FACEBOOK INC CL A	FB	Cash	56	180.0600	10,083.36	0.48		
FLOOR & DECOR HOLDINGS INC	FND	Cash	940	37.7000	35,438.00	1.68		
CLASS A COMMON STOCK								
HOME DEPOT INC	HD	Cash	150	165.7800	24,867.00	1.18	534.00	2.15%
INTREXON CORP COM	XON	Cash	773	16.3500	12,638.55	0.60		
LOWES COMPANIES INC	LOW	Cash	356	79.9500	28,462.20	1.35	584.00	2.05%



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (Continued)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
NETFLIX COM INC	NFLX	Cash	260	196.4300	51,071.80	2.42		
PROCTER & GAMBLE CO	PG	Cash	213	86.3400	18,390.42	0.87	587.00	3.19%
SEMPRA ENERGY	SRE	Cash	4,513	117.5000	530,277.50	25.16	14,848.00	2.80%
TOTAL STOCKS, OPTIONS & ETF					\$937,630.36	44.48%	\$19,769.00	2.11%

MUTUAL FUNDS (55.04% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME
**CULLEN HIGH DIVIDEND EQUITY FUND	CHDEX	Cash	6,724.673	19.2900	129,718.94	6.16	2,663.00
**HARBOR CAPITAL APPRECIATION FUND INVESTOR CLASS	HCAIX	Cash	2,073.006	72.8800	151,080.68	7.17	
**HARBOR INTERNATIONAL FUND INVESTOR CLASS	HIINX	Cash	1,250.541	69.1400	86,462.40	4.10	1,120.00
**LOOMIS SAYLES BOND FUND	LSBRX	Cash	16,541.502	14.0800	232,904.35	11.05	6,633.00
RETAIL CLASS **NEUBERGER BERMAN GENESIS FD ADVISOR CLASS	NBGAX	Cash	3,352.432	24.8700	83,374.98	3.96	245.00
**OAKMARK FUND	OAKMX	Cash	2,140.96	84.7100	181,360.72	8.61	1,644.00
**SCHWAB CAP TR LAUDUS INTL MARKET MASTERS FUND INV CLASS	SWOIX	Cash	3,751.256	26.9800	101,208.89	4.80	548.00
**WELLS FARGO COMMON STOCK FUND CLASS A	SCSAX	Cash	3,277.98	24.4700	80,212.17	3.81	
**WESTCORE PLUS BOND FUND	WTIBX	Cash	10,605.161	10.7100	113,581.27	5.39	3,966.00
INSTL SHS							
TOTAL MUTUAL FUNDS					\$1,159,904.40	55.04%	\$16,819.00
TOTAL PRICED PORTFOLIO HOLDINGS (ON 10/31/17)					\$2,107,392.35		



Account Number: **[REDACTED]**

Statement Period : October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME

\$36,588.00

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
10/10/17	Dividend	BEST BUY COMPANY INC CASH DIV ON 200 SHS REC 09/19/17 PAY 10/10/17	BBY		68.00
10/16/17	Dividend	SEMPRA ENERGY CASH DIV ON 4513 SHS REC 09/22/17 PAY 10/16/17	SRE		3,711.94
10/26/17	Dividend	**WESTCORE PLUS BOND FUND INSTL SHS RECORD 10/24/17 PAY 10/27/17 DIVIDEND RATE 0.028280000	WTBXX		299.12
10/26/17	Interest	EXTND INS SWEEP ACCT(FDIC-INS)			0.06
10/30/17	Dividend	**LOOMIS SAYLES BOND FUND RETAIL CLASS RECORD 10/26/17 PAY 10/30/17 DIVIDEND RATE 0.038300000	LSBRX		631.82
10/31/17	Dividend	**CULLEN HIGH DIVIDEND EQUITY FUND RECORD 10/27/17 PAY 10/30/17 DIVIDEND RATE 0.008380000	CHDEX		56.33

TOTAL DIVIDENDS & INTEREST ACTIVITY
NET DIVIDENDS & INTEREST ACTIVITY

\$4,767.27
\$4,767.27

OTHER ACTIVITY

DATE	DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT CREDITED
10/26/17	**WESTCORE PLUS BOND FUND INSTL SHS REINVEST PRICE \$ 10.67	WTBXX	Reinvest	28.034		299.12	
10/30/17	**LOOMIS SAYLES BOND FUND RETAIL CLASS REINVEST PRICE \$ 14.05	LSBRX	Reinvest	44.969		631.82	
10/31/17	**CULLEN HIGH DIVIDEND EQUITY FUND REINVEST PRICE \$ 19.26	CHDEX	Reinvest	2.925		56.33	



Account Number: **[REDACTED]**

Statement Period : October 1, 2017 - October 31, 2017

Account Type: IRA - ROLLOVER

OTHER ACTIVITY (Continued)

DATE	DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT CREDITED
	TOTAL OTHER ACTIVITY					\$987.27	
	NET OTHER ACTIVITY					\$987.27	

EXTENDED INSURANCE SWEEP DEPOSIT ACCOUNT (ESDA) ACTIVITY (0.0100% APY/0.0100%APY Earned as of 10/31/17)

Under the Extended Insurance Sweep Deposit Account (ESDA) Program, cash balances from your brokerage account into the ESDA Program may shift from one program bank to another on a daily basis and a different combination or subset of the Program Banks may be used from day to day with dynamic deposit limits. Your ESDA Program cash balances will be FDIC-insured up to an aggregate of at least \$1,250,000. Uninvested cash balances in the ESDA program are not covered by SIPC. The balance in your bank deposit sweep account may be withdrawn on your order and proceeds returned to your securities account or remitted to you. To see a list of Program Banks please visit www.etrade.com/esdaagreement or call us at 1-800-ETRADE-1 (1-800-387-2331).

DATE	TRANSACTION TYPE	DESCRIPTION	TRANSACTION AMOUNT
10/01/17		OPENING BALANCE	\$6,077.59
10/10/17	Deposit	EXTND INS SWEEP ACCT(FDIC-INS)	68.00
10/16/17	Deposit	EXTND INS SWEEP ACCT(FDIC-INS)	3,711.94
10/26/17	Deposit	EXTND INS SWEEP ACCT(FDIC-INS)	0.06
10/31/17		CLOSING BALANCE	\$9,857.59

Business Plan(Capital Requirements)

Item 2 of 3

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Stocks

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_Redacted Financials 1.pdf**

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



October 1, 2017 - October 31, 2017

Account Number: [REDACTED]

Account Type: BENEFICIARY IRA

Customer Update:

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] 2

E*TRADE Securities
Individual Retirement Account

Account At A Glance**\$128,615.48**

As of 09/30/17

\$110,665.64

As of 10/31/17

Net Change: \$-17,949.84

DETACH HERE ▲

[REDACTED]
[REDACTED]
[REDACTED]
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2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

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Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.

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Sweep Programs. You may have the option to have free credit balances in your securities account automatically transferred to either: 1) a money market mutual fund product protected by SIPC as described above, or 2) an account at a bank (or banks, collectively, "Program Banks") whose deposits are insured by the FDIC (collectively with the money market mutual fund products, "Sweep Program") but which are not obligations of ETS. For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. Additionally, you may at any time change your selection among the products available in the Sweep Program. You may elect, subject to any limitation set forth in any Sweep Program agreement or, with respect to an account at a bank, under federal banking laws (which includes, without limitation, program banks' potential requirement of seven days' notice before permitting a withdrawal or transfer of funds from such account) that the balance in the bank deposit account be returned, or shares of the money market mutual fund in which you have a beneficial interest be liquidated and the proceeds returned, as applicable, to the securities account or remitted to you. With respect to any such free credit balance in your securities account that you opt to have automatically transferred to an account at a bank, please remember you are responsible for monitoring the cash balance of your bank sweep accounts deposited with the Program Banks to determine whether you have total deposit balances held in the same capacity at any Program Bank in excess of the \$250,000 FDIC deposit insurance limit.

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Definitions:

Activity/Trade Date. Trade date or transaction date of other entries.

Total Portfolio Percent. Percentage of your holding by issue of security.

DIV/CPN% Yield. Annual dividend or bond % yield.

Open Orders. Buy or sell orders for securities that have not yet been executed or canceled.

Symbol/CUSIP. The symbol or identification number for each security.

******* Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.



Account Number: [REDACTED] Statement Period : October 1, 2017 - October 31, 2017 Account Type: BENEFICIARY IRA

Customer Update:

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ACCOUNT OVERVIEW

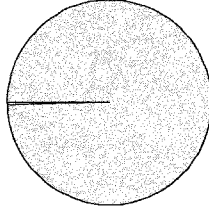
Last Statement Date: September 30, 2017

Beginning Account Value (On 09/30/17): \$ 128,615.48
Ending Account Value (On 10/31/17): \$ 110,665.64
Net Change: \$ -17,949.84

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 10/31/17)

0.38% - Cash & Equivalents



99.62% - Mutual Funds

RETIREMENT ACTIVITY SUMMARY

	THIS PERIOD	YEAR TO DATE
2017 Distributions	\$ 20,000.00	50,000.00

ACCOUNT VALUE SUMMARY

	AS OF 10/31/17	AS OF 09/30/17	% CHANGE
Cash & Equivalents	\$ 421.50	\$ 2,421.45	-82.59%
Total Cash/Margin Debt	\$ 421.50	\$ 2,421.45	-82.59%
Mutual Funds	\$ 110,244.14	\$ 126,194.03	-12.64%
Total Value of Securities	\$ 110,244.14	\$ 126,194.03	-12.64%
Net Account Value	\$ 110,665.64	\$ 128,615.48	-13.96%

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of \$250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

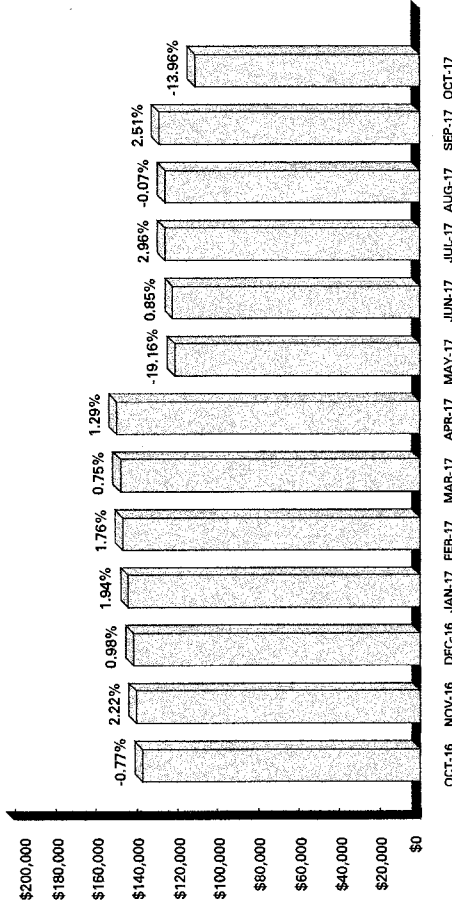


Account Number: [REDACTED]

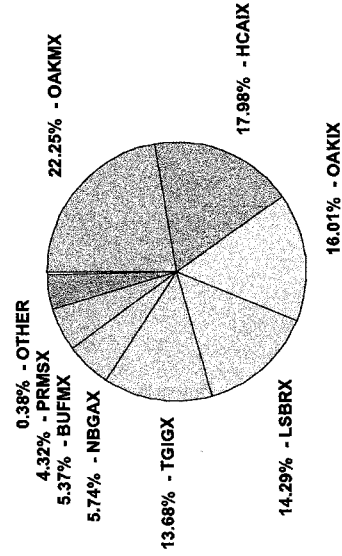
Statement Period : October 1, 2017 - October 31, 2017

Account Type: BENEFICIARY IRA

NET ACCOUNT VALUE BY MONTH END



TOP 10 ACCOUNT HOLDINGS (AS OF 10/31/17)



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Securities Sold	\$ 18,000.00	\$ 18,000.00
Interest Received		
Tax Exempt	\$ 0.05	\$ 1.40
Dividends Received		
Tax Exempt	\$ 193.29	\$ 673.27

Refer to the Retirement Activity Summary section on page 3 for a summary of your retirement account transactions.



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: BENEFICIARY IRA

ACCOUNT HOLDINGS

CASH & CASH EQUIVALENTS (0.38% of Holdings)

DESCRIPTION	PORTFOLIO %	AMOUNT
Extended Insurance Sweep Deposit Account		
Opening Balance		2,421.45
Closing Balance		421.50
Average Balance	0.38	6,488.12
Extended Insurance Sweep Deposit Account Balance by Bank as of October 31, 2017		
ETRADE BANK		421.50
Under the Extended Insurance Sweep Deposit Account (ESDA) Program, cash balances from your brokerage account into the ESDA Program may shift from one program bank to another on a daily basis and a different combination or subset of the Program Banks may be used from day to day with dynamic deposit limits. Your ESDA Program cash balances will be FDIC-insured up to an aggregate of at least \$1,250,000. Uninvested cash balances in the ESDA program are not covered by SIPC. The balance in your bank deposit sweep account may be withdrawn on your order and proceeds returned to your securities account or remitted to you. To see a list of Program Banks please visit www.etrade.com/esdaagreement or call us at 1-800-ETRADE-1 (1-800-387-2331).		
TOTAL CASH & CASH EQUIVALENTS	0.38%	\$421.50

MUTUAL FUNDS (99.62% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME
**BUFFALO FDS MID CAP FD	BUFMX	Cash	358.341	16.5700	5,937.71	5.37	
**HARBOR CAPITAL APPRECIATION FUND INVESTOR CLASS	HCAIX	Cash	272.992	72.8800	19,895.66	17.98	
**LOOMIS SAYLES BOND FUND	LSBRX	Cash	1,123.348	14.0800	15,816.74	14.29	450.00
RETAIL CLASS **NEUBERGER BERMAN GENESIS FD ADVISOR CLASS	NBGAX	Cash	255.262	24.8700	6,348.37	5.74	19.00
**OAKMARK FUND	OAKMX	Cash	290.611	84.7100	24,617.66	22.25	223.00
**OAKMARK INTERNATIONAL FUND	OAKIX	Cash	609.773	29.0500	17,713.91	16.01	205.00
**TCW FUNDS INC RELATIVE VALUE DVDND APPRECIATION FD CL N	TGIGX	Cash	777.722	19.4600	15,134.47	13.68	331.00
**T ROWE PRICE INTL FUNDS INC EMERGING MARKETS STOCK FUND	PRMSX	Cash	110.537	43.2400	4,779.62	4.32	18.00
TOTAL MUTUAL FUNDS					\$110,244.14	99.62%	\$1,246.00



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: BENEFICIARY IRA

TOTAL PRICED PORTFOLIO HOLDINGS (ON 10/31/17) \$110,665.64

TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME \$1,246.00

TRANSACTION HISTORY

MUTUAL FUNDS PURCHASED OR SOLD

TRADE DATE	SETTLEMENT DATE	DESCRIPTION	SYMBOL/CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT PURCHASED	AMOUNT SOLD
10/13/17	10/16/17	**BUFFALO FDS MID CAP FD VS CASH FUND LID #VSM000004563108898	BUFMX	Sold	-135.706	16.5800		2,250.00
10/13/17	10/16/17	**HARBOR CAPITAL APPRECIATION FUND INVESTOR CLASS VS CASH FUND LID #VSM000004563113898	HCAIX	Sold	-31.42	71.6100		2,250.00
10/13/17	10/16/17	**OAKMARK FUND VS CASH FUND LID #VSM000004563134898	OAKMX	Sold	-26.914	83.6000		2,250.00
10/13/17	10/16/17	**OAKMARK INTERNATIONAL FUND VS CASH FUND LID #VSM000004563129898	OAKIX	Sold	-77.32	29.1000		2,250.00
10/13/17	10/16/17	**LOOMIS SAYLES BOND FUND RETAIL CLASS VS CASH FUND LID #VSM000004563117898	LSBRX	Sold	-158.562	14.1900		2,250.00
10/13/17	10/16/17	**NEUBERGER BERMAN GENESIS FD ADVISOR CLASS VS CASH FUND LID #VSM000004563124898	NBGAX	Sold	-91.575	24.5700		2,250.00



Account Number: [REDACTED]

Statement Period : October 1, 2017 - October 31, 2017

Account Type: BENEFICIARY IRA

MUTUAL FUNDS PURCHASED OR SOLD (Continued)

TRADE DATE	SETTLEMENT DATE	DESCRIPTION	SYMBOL/CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT PURCHASED	AMOUNT SOLD
10/13/17	10/16/17	**T ROWE PRICE INTL FUNDS INC EMERGING MARKETS STOCK FUND	PRMSX	Sold	-51.487	43.7000		2,250.00
		VS CASH FUND LID #VSM000004563141898						
		FUND CONF #002176063						
10/13/17	10/16/17	**TCW FUNDS INC RELATIVE VALUE	TGIX	Sold	-114.562	19.6400		2,250.00
		DIVID APPRECIATION FD CL N VS CASH FUND LID #VSM000004563146898						
		FUND CONF #010002469						
TOTAL MUTUAL FUNDS ACTIVITY								\$18,000.00

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
10/02/17	Dividend	**TCW FUNDS INC RELATIVE VALUE DIVID APPRECIATION FD CL N RECORD 09/28/17 PAY 09/29/17 DIVIDEND RATE 0.170000000	TGIX		150.38
10/26/17	Interest	EXTND INS SWEEP ACCT(FDIC-INS)			0.05
10/30/17	Dividend	**LOOMIS SAYLES BOND FUND RETAIL CLASS RECORD 10/26/17 PAY 10/30/17 DIVIDEND RATE 0.038300000	LSBRX		42.91
TOTAL DIVIDENDS & INTEREST ACTIVITY					\$193.34
NET DIVIDENDS & INTEREST ACTIVITY					\$193.34

CONTRIBUTIONS & DISTRIBUTIONS ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	QUANTITY	DISTRIBUTIONS	CONTRIBUTIONS
10/23/17	2017 Dist	TFR TO ACCT 698-87625-1		20,000.00	
TOTAL CONTRIBUTIONS & DISTRIBUTIONS				\$20,000.00	
NET CONTRIBUTIONS & DISTRIBUTIONS				\$20,000.00	



Account Number: [REDACTED] Statement Period : October 1, 2017 - October 31, 2017 Account Type: BENEFICIARY IRA

OTHER ACTIVITY

DATE	DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT CREDITED
10/02/17	**TCW FUNDS INC RELATIVE VALUE DVDND APPRECIATION FD CL N REINVEST PRICE \$ 19.57	TGIGX	Reinvest	7.684		150.38	
10/30/17	**LOOMIS SAYLES BOND FUND RETAIL CLASS REINVEST PRICE \$ 14.05	LSBRX	Reinvest	3.054		42.91	
TOTAL OTHER ACTIVITY						\$193.29	
NET OTHER ACTIVITY						\$193.29	

EXTENDED INSURANCE SWEEP DEPOSIT ACCOUNT (ESDA) ACTIVITY (0.0100% APY/0.0100%APY Earned as of 10/31/17)

Under the Extended Insurance Sweep Deposit Account (ESDA) Program, cash balances from your brokerage account into the ESDA Program may shift from one program bank to another on a daily basis and a different combination or subset of the Program Banks may be used from day to day with dynamic deposit limits. Your ESDA Program cash balances will be FDIC-insured up to an aggregate of at least \$1,250,000. Uninvested cash balances in the ESDA program are not covered by SIPC. The balance in your bank deposit sweep account may be withdrawn on your order and proceeds returned to your securities account or remitted to you. To see a list of Program Banks please visit www.etrade.com/esdaagreement or call us at 1-800-ETRADE-1 (1-800-387-2331).

DATE	TRANSACTION TYPE	DESCRIPTION	TRANSACTION AMOUNT
10/01/17		OPENING BALANCE	\$2,421.45
10/17/17	Deposit	EXTND INS SWEEP ACCT(FDIC-INS)	18,000.00
10/24/17	Withdrawal	EXTND INS SWEEP ACCT(FDIC-INS)	-20,000.00
10/26/17	Deposit	EXTND INS SWEEP ACCT(FDIC-INS)	0.05
10/31/17		CLOSING BALANCE	\$421.50

DOW 23,569.99 ▲ 12.76 (0.05%)

NASDAQ 6,779.45 ▲ 11.66 (0.17%)

S&P500 2,593.17 ▲ 2.53 (0.10%)

as of 01:47 PM EST

Customer Service

Log Off

E*TRADE

Accounts Trading Research Plan & Invest

22 Alerts

Symbol

Keywords

Complete View

Portfolios

Watch Lists

Balances

Transaction History

Transfers ▾

Bill Pay

My Profile

Tax Center

Documents ▾

Last login: November 07, 03:03 PM ET

Welcome [REDACTED]

Account Preferences

Net Assets \$128,692.89

Day's Gain -468.73

Individual Brokerage [REDACTED]

Quick Links ▾

Net Account Value \$17,692.82

Day's Gain \$0.00 (0.00%)

Available for Withdrawal \$17,692.82

Cash Purchasing Power \$17,692.82

Show less

Beneficiary IRA [REDACTED]

Quick Links ▾

Net Account Value \$111,000.07

Day's Gain -468.73 (-0.42%)

Cash Purchasing Power \$421.50

2016 Contributions \$0.00

2017 Contributions \$0.00

Show less

- Add a new brokerage or retirement account

Snapshot

Portfolios

Watch Lists

News

Beneficiary IRA - [REDACTED]

View Full Portfolio

Symbol ▲	Last Trade	Change \$	Change %	Day's Gain \$
BUFMX	\$16.62	-\$0.10	-0.60%	-\$35.83
HCAIX	\$73.82	-\$0.13	-0.18%	-\$35.49
LSBRX	\$14.11	-\$0.02	-0.14%	-\$22.47
NBGAX	\$24.55	-\$0.18	-0.73%	-\$45.95
OAKIX	\$28.86	-\$0.23	-0.79%	-\$140.25
OAKMX	\$84.95	-\$0.47	-0.55%	-\$136.59
PRMSX	\$44.00	-\$0.12	-0.27%	-\$13.26
TGIGX	\$19.55	-\$0.05	-0.26%	-\$38.89

Delayed quote as of 01:30 pm ET 11/08/17

Your Financial Consultant

Juan Fernandez ☑ 858-333-8456

Customer Service 24/7

1-800-387-2331

Alerts

Message Center (4)

All

Account

Stock

Please Contact Customer Service

11/03/17 | 06:05 PM ET

Please Contact Customer Service

11/03/17 | 06:05 PM ET

Inbound Correspondence Request Cancelled

11/03/17 | 05:27 PM ET

Inbound Correspondence Request Cancelled

11/03/17 | 05:26 PM ET

You have a Secure Message

11/02/17 | 01:06 PM ET

View All Alerts

Set Alerts

Transfer Money

Transfer From

Select From Account ▾

Transfer To

Select To Account ▾

Schedule Date

Amount(\$)

11/08/17

Repeat

None ▾

Manage External Accounts Transfer Activity

E*TRADE COMPLETE™
PROTECTION GUARANTEEBank deposits insured
to at least \$250,000Securities in your accounts protected up to
\$500,000. For details please see www.sipc.org

Investment Products • Not FDIC Insured • No Bank Guarantee • May Lose Value

Check the background of E*TRADE Securities LLC and any of its registered representatives on FINRA's BrokerCheck.

Business Plan(Capital Requirements)

Item 3 of 3

C-5.1 Type of Capital

cash

C-5.2 Source of Capital

Loan

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_Redacted Financials 2.pdf**

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



11/13/2017

To Whom It May Concern:

This letter is to confirm that ~~Edward H. Jones~~ has a personal checking account (account [REDACTED]) with Fifth Third Bank in excess of \$25,000.00 as of today. If you have any questions please don't hesitate to call Kurt Simpson at 859-455-5227.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kurt Simpson', with a large, stylized loop at the end.

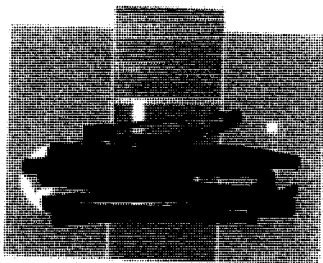
Kurt Simpson, Business Relationship Manager, VP

Fifth Third Bank

250 West Main St| MD735911| Lexington, KY 40507

859-455-5227 (Office) |859-455-5223(Fax)

kurt.simpson@53.com



CONSULTANTS

Urban Planning, Civil Engineering
Environmental Services

[Redacted]
[Redacted]
[Redacted]

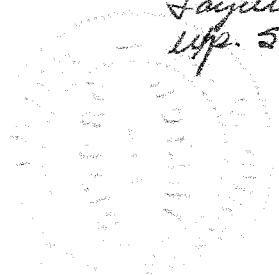
[Redacted]

I [Redacted] pledge to loan Indie Grow LLC the amount of \$25,000 for investment in an Ohio based Medical Marijuana enterprise. Terms of the loan shall be payable at a rate of 3.5% per year for 5 years.


Edward S. Holmes

Date: 11/14/2017

Notary: *L. Jan O. Carrero*
Jayette Co. Ky. 534445
Exp. 5/21/2019



Business Plan(Business History and Experience)

Item 1 of 2

C-6.1 First Name

Shawn

C-6.2 Middle Name

Lea

C-6.3 Last Name

Williams-Farrar

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

Director of Diversity and Inclusion

C-6.5 Business Name

Southern California Gas Company

C-6.6 Business Address

555 W 5th Street Los Angeles CA.

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

YES

C-6.8 Dates

January 2000 to August 2014

Business Plan(Business History and Experience)

Item 2 of 2

C-6.1 First Name

Eviana

C-6.2 Middle Name

Louise

C-6.3 Last Name

Farrar

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

Support Employee- legal intern

C-6.5 Business Name

Twentieth Century Fox Television

C-6.6 Business Address

Ave of the Stars

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

NO

C-6.8 Dates

2015 to 2016

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.

Indie Grow is family owned, and all the owners of the dispensary are African American, a disadvantaged group set forth in Division (c) of section 3796.09 of the Revised Code. Eviana Farrar, J.D., will serve as Indie Grow's Chief Executive Officer (CEO). Eviana has six years of business experience in various roles, including as a record keeper at Sempra Energy in San Diego, California, retail experience at both Forever XX1 and Victoria Secret's, as a Legal Intern for multiple law firms, a semester with Legal Aid and as a Legal Affair Intern at Fox Twentieth Television. Eviana specializes in contract law. Her legal expertise, sound organizational skills, and devotion to empowering the community will be key assets to running the dispensary as CEO. Eviana worked throughout law school and earned her J.D. in 2016 from Pepperdine University. Eviana is heavily involved in her community, and her business experience is focused around helping disenfranchised youth. She is an expert grassroots organizer and fundraiser. Eviana recently organized a Young Audiences Arts for Learning (YA) fundraising event. Eviana ran the entire event nearly singlehandedly. Her responsibilities included: raising money for the event, collecting donations from local businesses for a benefit auction, facilitating a fundraising auction, and registering all the event's participants. Shawn Farrar is Eviana's mother and will serve as Indie Grow's Marketing and Community Relations Officer. Shawn has 19 years of experience in the oil and gas industry. For four years Shawn worked with a team of 20 management employees to produce marketing materials and engineering documents for SoCalGas. Then, for three years, she served as a Regional Budget Manager for the company. Her responsibilities included building and managing a regional operating budget of \$30 million. Then for eight years, at Sempra Energy, the parent company of SoCalGas, she served as Director of Diverse Business Enterprises. Throughout serving in this position, Shawn diversified the contracting of Sempra's subsidiaries by sourcing more women-and minority-owned business contracts. Shawn created programs that bring local community leaders to the corporate table to solve problems, a skill she will proudly exercise as Indie Grow's Marketing and Community Relations Officer. Shawn was then Director of Diversity and Inclusion for Sempra Energy from 2005-2014 where she was responsible for leading and implementing diversity and inclusion initiatives for all Sempra Energy subsidiaries. During her time at the company, she developed 15 local Diversity and Inclusion Councils in the western U.S. and Mexico. The councils, which are still operational, create newsletters, host diversity events, recognize employers for their contributions to inclusivity, and give speakers an opportunity advocate for fair employment policies and increasing diversity in the workplace. Jonathan Llavanos will be Indie Grow's Chief Operating Officer. Jonathan is part of the National Association of Black Accountants (NABA) and is a Certified Information Security Auditor. Jonathan is experienced in regulatory compliance and is currently a Senior Associate at PriceWaterHouseCoopers, LLC (PWHC). There, he works with some of the world's largest financial services and entertainment organizations by quickly addressing complex matters related to business risks, controls, and technology. Jonathan has been with PWHC for three years. Jonathan works on a broad range of testing projects such as key reports, business process controls, automated controls, program development, and IT environments. Jonathan is also responsible for internal audit projects, sustainability projects, and financial service projects. Jonathan dedicates his life to community service. Jonathan volunteers with the Los Angeles Children's Hospital, Los Angeles Police Department, and the American Red Cross. His volunteer activities also include youth outreach for Big Brothers Big Sisters of America, the Men's Youth Program, tree-planting

initiatives, and bicycle-building programs.

Jennifer Volcy, ESQ, will serve as Chief Compliance Officer for Indie Grow. Jennifer worked in a nursing care facility for 7 years while putting herself through undergrad and law school. Since being licensed to practice law in California, Jennifer's law career has involved contract negotiation, supplier outsourcing, pricing negotiation, brand management, and strategic performance management. Her job relies on her skills navigating laws, producing documents, and managing records. Jennifer is currently a 2nd year associate at Slaughter, Regan & Cole, LLP. As such, Jennifer is exceptionally qualified to ensure the dispensary's compliance with the Medical Marijuana Control Program.

Linne Williams will serve as Inventory Manager for Indie Grow. Linne has 20 years of business experience managing project resources, generating financial analyses, providing technical support, and creating workforce deployment reports. Linne's skills are directly relevant to tracking medical marijuana inventory and completing compliance audit reports. Linne currently works as a Manager in the Project Management Office for Hyundai AutoEver America in California. In this role, Linne evaluates and implements technology solutions for Hyundai business units. Linne trains personnel to use project quality assurance tools and she monitors the budgets of all contact resources for the Office.

Brianna Odom will serve as Indie Grow's HR Director. Brianna has six years of experience with corporate talent acquisition for Aerotek Staffing Company. As a Diversity Recruiter, she was responsible for sourcing diverse candidates for internal opportunities. She created and identified online resources to target diverse candidates, partnered with universities to target diverse student bodies, created college diversity recruiting strategies, and scheduled phone screens and interviews with clients.. In this role she serves as the direct point of contact for diversity-related questions for the company's entire talent acquisition.

Dr. Garry L. Regier, Optometric Physician has been serving the eye care needs of downtown Los Angeles for generations, practicing over 40 years. He will be a Medical Advisor to Indie Grow. Dr. Regier has been awarded numerous industry recognitions for superior patient care, outstanding customer service, and #1 downtown optometry store and optician of the year. He has state of the art diagnostic tools for identifying ocular disease, delivering exceptional eye health care analytics. He has seen the positive impact of medical marijuana on his patients care and is looking forward to supporting Indie Grow in educating their customers.

Marie Volcy, Registered Nurse, will be a Patient Care Advisor for Indie Grow. Marie has 37 years of nursing experience. She is multilingual and has medical experience in Haiti, Canada, and the U.S. Among her specialties are caring for seniors with Alzheimer's disease and administering drugs to patients. She processes physician orders, supervises staff, monitors treatment plans for ill residents, ensures all policies are followed by staff, and responds to emergency situations. She is an expert in documenting medical events and communicating medical information between patients, families, and physicians. Marie works collaboratively with other health and service providers to assist patients with chronic addiction and/or persistent mental illness using psychosocial rehabilitation principles that promote respect, patient autonomy, health, and improved quality of life. Indie Grow will adopt Marie's medical best practices to create lasting patient relationships.

Edward (Ed) Holmes will be a Business Advisor to Indie Grow. Ed has over 35 years of experience focusing on incorporating sustainable planning strategies into redevelopment, master planning, environmental justice, and land use plans. Ed has direct experience with numerous public-sector and private-sector projects throughout the country. As an urban planner and Principal in EHI Consultants, Ed creates sustainable development frameworks that provide benchmark considerations for future environmentally responsible planning and sustainable neighborhoods.

Christian Henry will serve as Indie Grow's Director of Products and Services. Christian has six years of experience in biomedicine, is an expert Greenhouse Technician, and is an expert in good laboratory practices. At Medicago, a vaccination production company, Christian grew genetically modified tobacco plants for human influenza vaccines. The company produces over 120 million vaccines every year. Christian is studying plant eco-physiology as a Ph.D. at UCLA. His plant science expertise will help

Indie Grow source medical marijuana strains and products that target specific qualifying conditions and he will help train staff on quality assurance protocols.

Ian Lelis will serve as a Medical Marijuana Expert on the Advisory Council. Ian has 13 years of business experience, and one year of experience in the medical marijuana industry. He currently serves in simultaneous roles as Director of Operations and Flower Manager for Point Loma Patients Co-Op in San Diego, CA; and, as Director of Business Development at Wvapes, headquartered in Las Vegas. Point Loma is a legal producer and supplier of medical marijuana known for exceptionally knowledgeable staff, and Wvapes is a licensed producer of top-tier medical marijuana extractions in both California and Nevada. Ian will apply his expertise in advising Indie Grow operators on sales goals, product database creation, inventory control, and supplier outsourcing.

Karen Pennington maintained bookkeeping in the L.A. Unified School District for 16 years. In her role, she maintained standardized bookkeeping system for financial transactions, received and disbursed funds, and compiled reports. She also planned, established and supervised the implementation of procedures in a school office to insure timely preparation and submission of reports.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

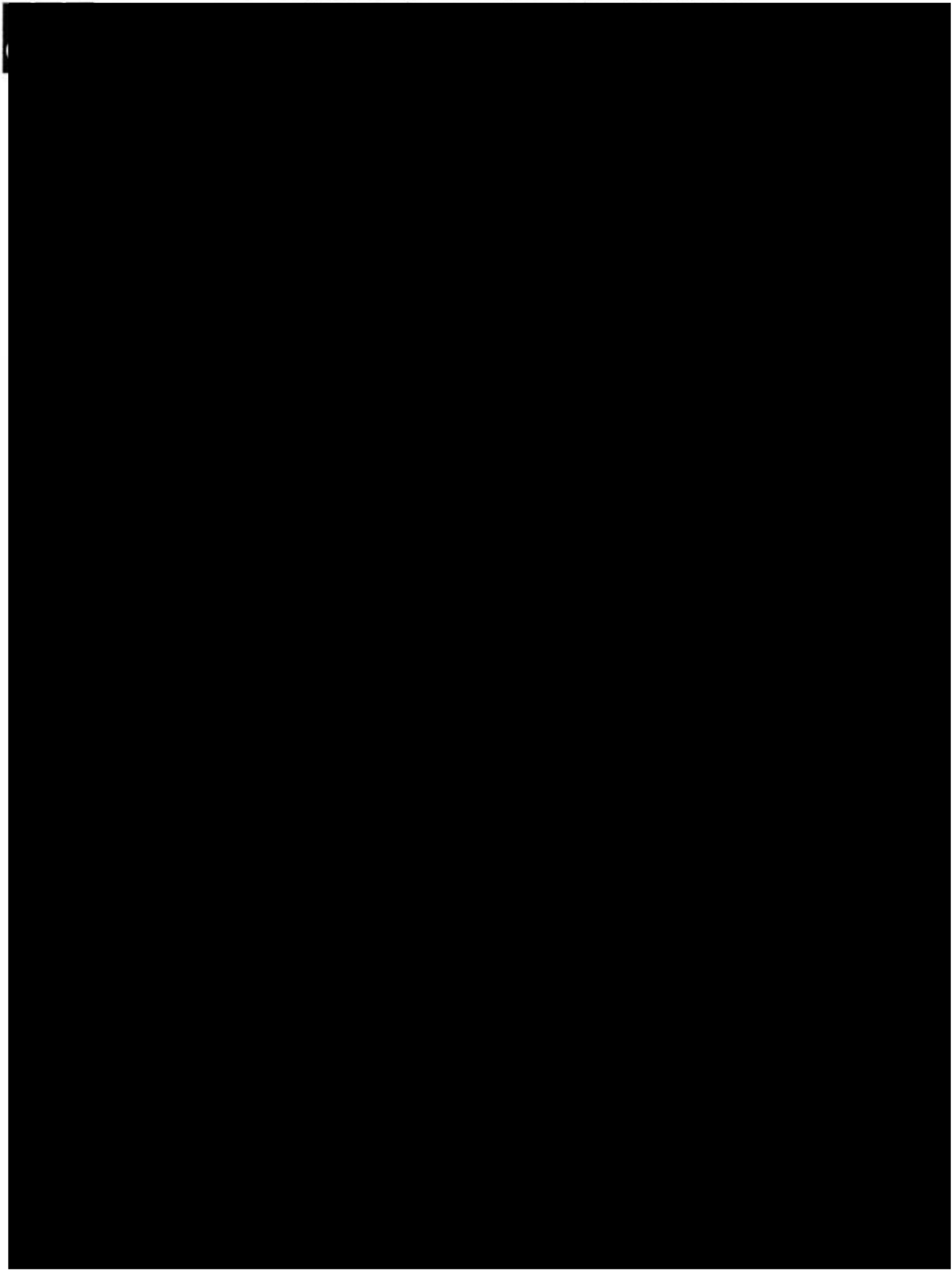
Please reference [OAC 3796:6-3-16](#) for more information.

This response has been entirely redacted

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

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

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



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

YES

Operations Plan(Receiving of Product)

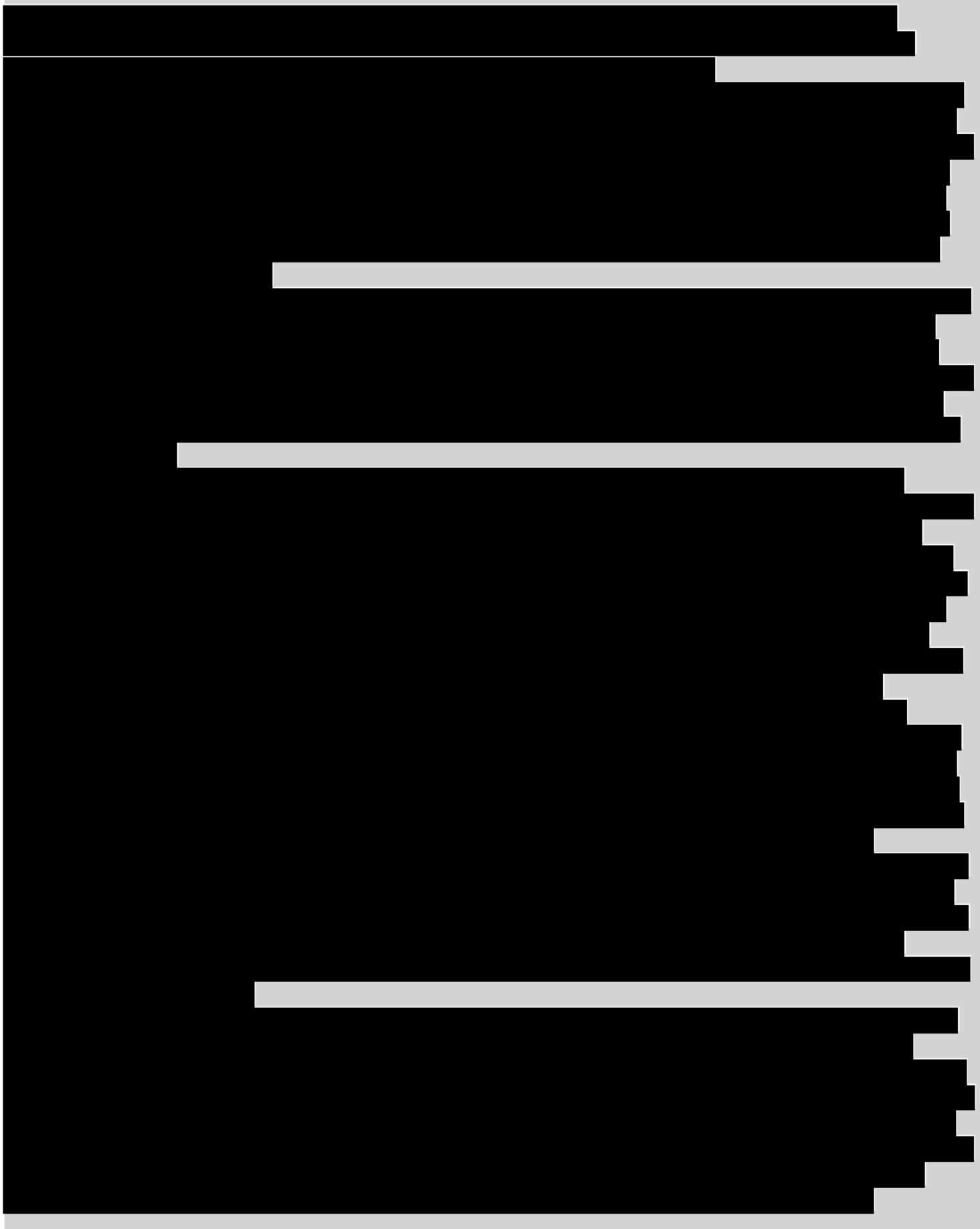
D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

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

YES

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



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

Uploaded Document Name: **D-3.3.1_Product Layout .pdf**

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

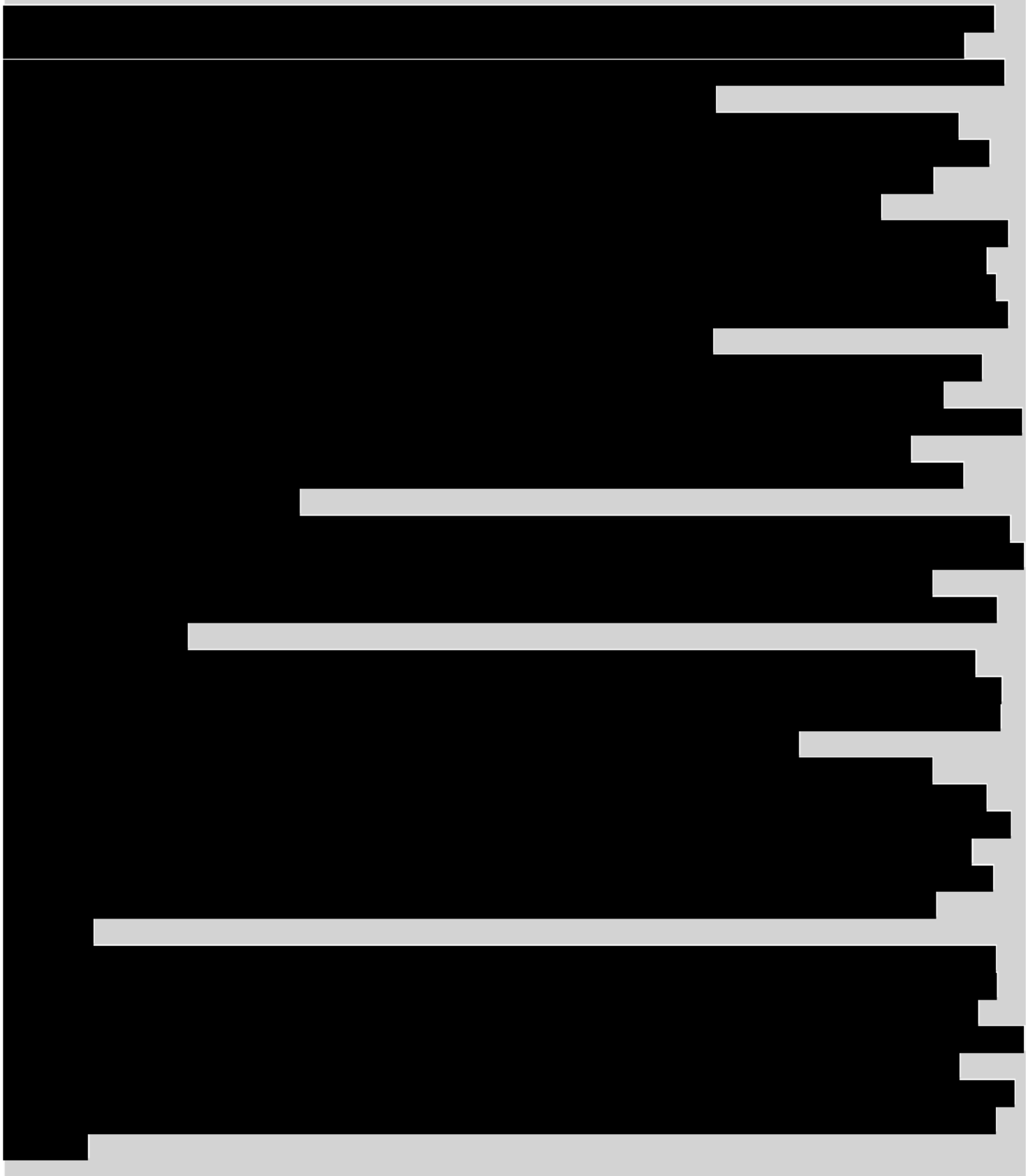
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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.

A





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

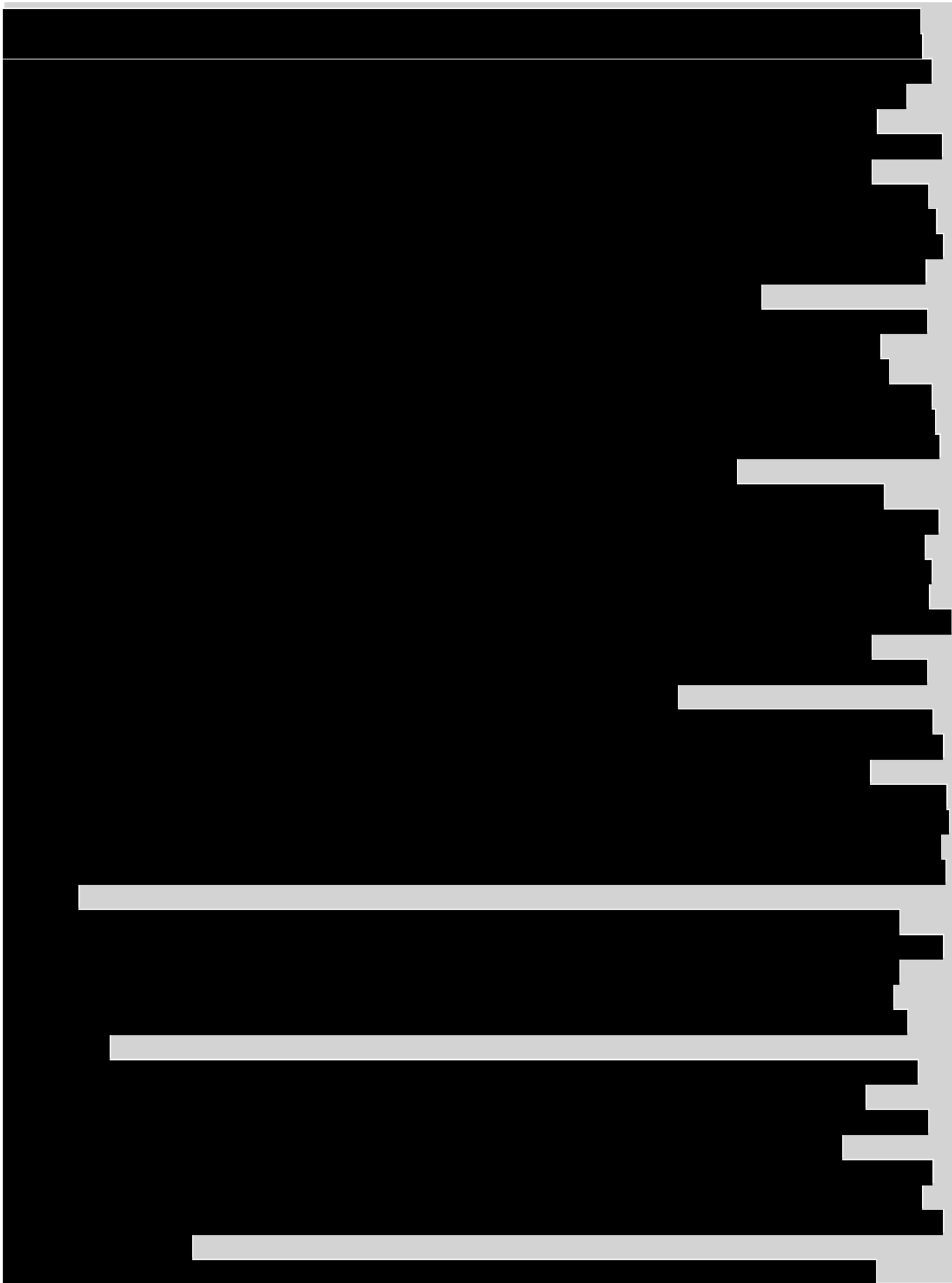
D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).


2

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

YES

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





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

Uploaded Document Name: **D-5.5.1_Packaging Label .pdf**

NOTE: This applicant uploaded document is the next 7 page(s) of this document.

Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

<p>A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654</p> <p>CAREGIVER NAME ROBERT SMITH</p> <p>B DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>C CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456</p> <p>D RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD</p>	<p>CANNABINOID PROFILE CONCENTRATION LEVELS</p> <p>J TESTING COMPLETED BY: INDEPENDENT TESTING LABORATORY NAME</p> <p><i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i></p> <p>K UIN #187 0101 490 EXTRACT (TEST BATCH) THC: 3.01% / 30.1mg THCA: 71.4% / 714mg CBD: 0.9% / 9mg CBDA: 1.3% / 13mg PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS</p>	<p>STATEMENTS OF COMPLIANCE</p> <p>L This product is for medical use and not for resale or transfer to another person. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Store in original package in a cool, dry place out of direct sunlight.</p>
<p>E QUANTITY DISPENSED: 3.5g (.125oz)</p> <p>F SUGGESTED DOSAGE: ≤ .01g (10mg)</p> <p>DISPENSED ON: 06/01/2019</p> <p>ACTIVATION TIME: Up to 5 Minutes</p> <p>G EXPIRES ON: 06/01/2020</p>		
<p>H UIN: 187 0101 491</p> <p>I PRODUCT IDENTIFIER: AB123-CD-1</p> <p>REGISTERED NAME: THC STRAIN #1</p> <p>HARVESTED ON: 01/01/2019</p> <p>PACKAGED ON: 01/02/2019</p>		<p>M PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).</p> <p>N INGREDIENTS: Medical Marijuana</p>

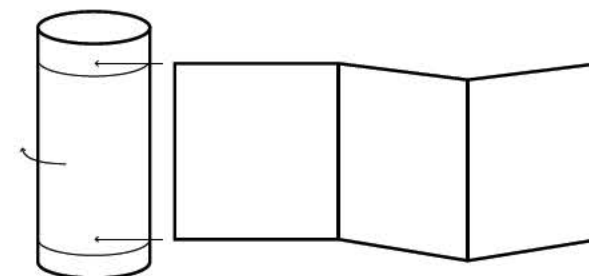
Legend

- | | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | I. Harvest Date and Packaged Date |
| B. Dispensary Name and License | J. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | K. Cannabinoid Profiles, Pesticide, Fertilizer Residue, Contaminates and Moisture Content Test Results |
| D. Recommending Physician | L. Statements of Compliance in 12-point font |
| E. Dispensing Date and Quantity | M. Pesticide Information |
| F. Recommended Dosage and Activation Time | N. Ingredients List |
| G. Expiration Date | |
| H. Unique Identification Number, Product Identifier, and Registered Name | |

Pop-Top Bottle (Various Sizes)



Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654 CAREGIVER NAME ROBERT SMITH	K CANNABINOID PROFILE CONCENTRATION LEVELS TESTING COMPLETED BY: INDEPENDENT TESTING LABORATORY NAME <i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i>	M STATEMENTS OF COMPLIANCE This product is for medical use and not for resale or transfer to another person. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Store in original package in a cool, dry place out of direct sunlight. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
B DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE	L THC #123-456 (TEST BATCH #234567) THC: 10% THCA: 13% CBD: 0.7% CBDA: 1.3% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
C CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456		
D PROCESSOR NAME & LICENSE: MMJ PROCESSOR #456-789		
E RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD	THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
F QUANTITY DISPENSED: 1.0g (.036oz)	G SUGGESTED DOSAGE: ≤ .01g (10mg)	
H DISPENSED ON: 06/01/2019	I ACTIVATION TIME: 30 Min to 2 Hrs	
H EXPIRES ON: 06/01/2020		
I UIN: 187 0101 492	N EXTRACTION METHOD: Extraction process information (CO2, BHO, etc)	
J PRODUCT IDENTIFIER: AB123-CD-2	O PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).	
J REGISTERED NAME: THC STRAIN #1 THC STRAIN #2	P INGREDIENTS: Medical Marijuana Oil, Water, Pectin, Natural Flavoring	
J HARVESTED ON: 01/01/2019 MANUFACTURED ON: 01/02/2019 PACKAGED ON: 01/02/2019	Q ALLERGEN: Allergen Contents, Information and Warnings.	

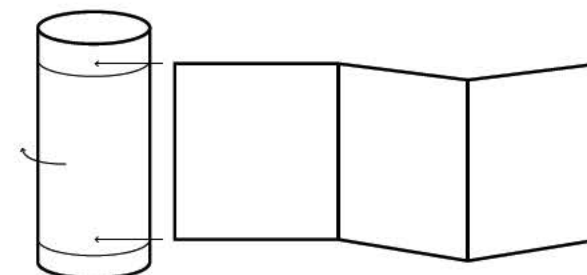
Legend

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | J. Harvest Date, Manufacturing Date and Packaged Date |
| B. Dispensary Name and License | K. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | L. Cannabinoid Profiles, Pesticide, Fertilizer Residue, |
| D. Processor Name and License | M. Contaminates and Moisture Content Test Results |
| E. Recommending Physician | N. Statements of Compliance in 12-point font |
| F. Dispensing Date and Quantity | O. Extraction Method |
| G. Recommended Dosage and Activation Time | P. Pesticide Information |
| H. Expiration Date | P. Ingredients List |
| I. Unique Identification Number, Product Identifier, and Registered Name | Q. Allergen Information |

Glass Tincture Bottle



Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

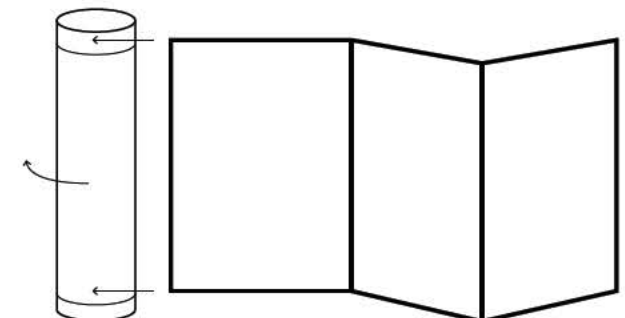
A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654 CAREGIVER NAME ROBERT SMITH	K CANNABINOID PROFILE CONCENTRATION LEVELS TESTING COMPLETED BY: INDEPENDENT TESTING LABORATORY NAME <i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i>	M STATEMENTS OF COMPLIANCE This product is for medical use and not for resale or transfer to another person. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Store in original package in a cool, dry place out of direct sunlight. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
B DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE	L THC #123-456 (TEST BATCH #234567) THC: 10% THCA: 13% CBD: 0.7% CBDA: 1.3% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
C CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456		
D PROCESSOR NAME & LICENSE: MMJ PROCESSOR #456-789		
E RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD	N THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
F QUANTITY DISPENSED: 1.0g (.036oz)	G SUGGESTED DOSAGE: ≤ .01g (10mg)	
H DISPENSED ON: 06/01/2019	I ACTIVATION TIME: 30 Min to 2 Hrs	
J EXPIRES ON: 06/01/2020	O UIN #187 0101 490 EXTRACT (TEST BATCH) THC: 3.01% / 30.1mg THCA: 71.4% / 714mg CBD: 0.9% / 9mg CBDA: 1.3% / 13mg PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	P EXTRACTION METHOD: Extraction process information (CO2, BHO, etc)
I UIN: 187 0101 492		Q PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).
J PRODUCT IDENTIFIER: AB123-CD-2		P INGREDIENTS: Medical Marijuana Oil, Water, Pectin, Natural Flavoring
K REGISTERED NAME: THC STRAIN #1 THC STRAIN #2		Q ALLERGEN: Allergen Contents, Information and Warnings.
L HARVESTED ON: 01/01/2019		
M MANUFACTURED ON: 01/02/2019		
N PACKAGED ON: 01/02/2019		



Legend

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | J. Harvest Date, Manufacturing Date and Packaged Date |
| B. Dispensary Name and License | K. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | L. Cannabinoid Profiles, Pesticide, Fertilizer Residue, |
| D. Processor Name and License | M. Contaminates and Moisture Content Test Results |
| E. Recommending Physician | N. Statements of Compliance in 12-point font |
| F. Dispensing Date and Quantity | O. Extraction Method |
| G. Recommended Dosage and Activation Time | P. Pesticide Information |
| H. Expiration Date | P. Ingredients List |
| I. Unique Identification Number, Product Identifier, and Registered Name | Q. Allergen Information |

Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

<p>A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654</p> <p>B CAREGIVER NAME ROBERT SMITH</p> <p>C DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>D CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456</p> <p>E PROCESSOR NAME & LICENSE: MMJ PROCESSOR #456-789</p> <p>F RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD</p>	<p>K CANNABINOID PROFILE CONCENTRATION LEVELS</p> <p>TESTING COMPLETED BY: K INDEPENDENT TESTING LABORATORY NAME</p> <p><i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i></p> <p>L THC #123-456 (TEST BATCH #234567) THC: 10% THCA: 13% CBD: 0.7% CBDA: 1.3% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS</p> <p>THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS</p> <p>THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS</p> <p>N UIN #187 0101 490 EXTRACT (TEST BATCH) THC: 3.01% / 30.1mg THCA: 71.4% / 714mg CBD: 0.9% / 9mg CBDA: 1.3% / 13mg PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS</p>	<p>M STATEMENTS OF COMPLIANCE</p> <p>This product is for medical use and not for resale or transfer to another person.</p> <p>This product may cause impairment and may be habit-forming.</p> <p>This product may be unlawful outside of the State of Ohio.</p> <p>Store in original package in a cool, dry place out of direct sunlight.</p> <p>Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.</p> <p>N EXTRACTION METHOD: Extraction process information (CO2, BHO, etc)</p> <p>O PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).</p> <p>P INGREDIENTS: Medical Marijuana Oil, Water, Pectin, Natural Flavoring</p> <p>Q ALLERGEN: Allergen Contents, Information and Warnings.</p>
<p>QUANTITY DISPENSED: 1.0g (.036oz)</p> <p>DISPENSED ON: 06/01/2019</p> <p>EXPIRES ON: 06/01/2020</p> <p>UIN: 187 0101 492</p> <p>PRODUCT IDENTIFIER: AB123-CD-2</p> <p>REGISTERED NAME: THC STRAIN #1 THC STRAIN #2</p> <p>HARVESTED ON: 01/01/2019</p> <p>MANUFACTURED ON: 01/02/2019</p> <p>PACKAGED ON: 01/02/2019</p>		

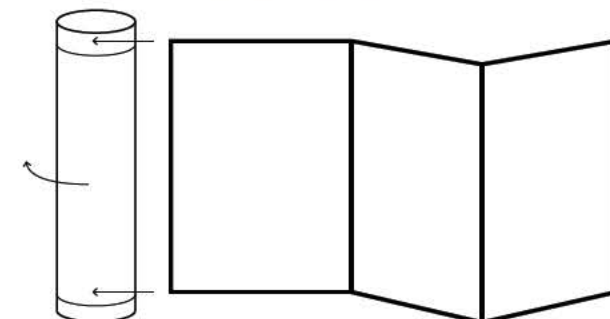
Legend

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | J. Harvest Date, Manufacturing Date and Packaged Date |
| B. Dispensary Name and License | K. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | L. Cannabinoid Profiles, Pesticide, Fertilizer Residue, |
| D. Processor Name and License | M. Contaminates and Moisture Content Test Results |
| E. Recommending Physician | N. Statements of Compliance in 12-point font |
| F. Dispensing Date and Quantity | O. Extraction Method |
| G. Recommended Dosage and Activation Time | P. Pesticide Information |
| H. Expiration Date | Q. Ingredients List |
| I. Unique Identification Number, Product Identifier, and Registered Name | R. Allergen Information |

Syringe Bottle



Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654 CAREGIVER NAME ROBERT SMITH	K CANNABINOID PROFILE CONCENTRATION LEVELS TESTING COMPLETED BY: INDEPENDENT TESTING LABORATORY NAME <i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i>	M STATEMENTS OF COMPLIANCE This product is for medical use and not for resale or transfer to another person. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Store in original package in a cool, dry place out of direct sunlight. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
B DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE	L THC #123-456 (TEST BATCH #234567) THC: 10% THCA: 13% CBD: 0.7% CBDA: 1.3% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
C CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456		
D PROCESSOR NAME & LICENSE: MMJ PROCESSOR #456-789		
E RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD	THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
F QUANTITY DISPENSED: 100mg (.0035oz) 1 Capsule (10mg) DISPENSED ON: 06/01/2019 EXPIRES ON: 06/01/2020	G SUGGESTED DOSAGE: 1 Capsule (10mg) ACTIVATION TIME: 30 Min to 2 Hrs	
H UIN: 187 0101 493 PRODUCT IDENTIFIER: AB123-CD-3 REGISTERED NAME: THC STRAIN #1 THC STRAIN #2 HARVESTED ON: 01/01/2019 MANUFACTURED ON: 01/02/2019 PACKAGED ON: 01/02/2019	THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
	UIN #187 0101 490 EXTRACT (TEST BATCH) THC: 3.01% / 30.1mg THCA: 71.4% / 714mg CBD: 0.9% / 9mg CBDA: 1.3% / 13mg PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	N EXTRACTION METHOD: Extraction process information (CO2, BHO, etc)
		O PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).
		P INGREDIENTS: Medical Marijuana Oil, Water, Pectin, Natural Flavoring
		Q ALLERGEN: Allergen Contents, Information and Warnings.

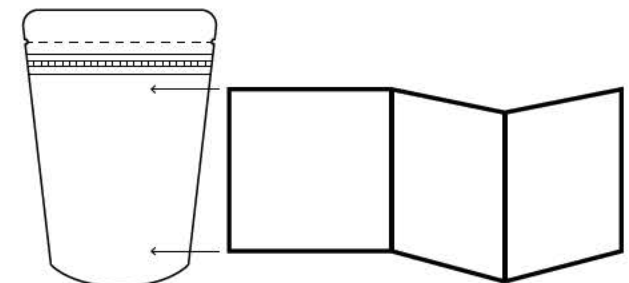
Legend

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | J. Harvest Date, Manufacturing Date and Packaged Date |
| B. Dispensary Name and License | K. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | Cannabinoid Profiles, Pesticide, Fertilizer Residue, |
| D. Processor Name and License | L. Contaminates and Moisture Content Test Results |
| E. Recommending Physician | M. Statements of Compliance in 12-point font |
| F. Dispensing Date and Quantity | N. Extraction Method |
| G. Recommended Dosage and Activation Time | O. Pesticide Information |
| H. Expiration Date | P. Ingredients List |
| I. Unique Identification Number, Product Identifier, and Registered Name | Q. Allergen Information |

Mylar Bag (Various Sizes)



Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Label Diagram

A PATIENT NAME & REGISTRY NUMBER: JANE MARIE SMITH #987-654 CAREGIVER NAME ROBERT SMITH	K CANNABINOID PROFILE CONCENTRATION LEVELS TESTING COMPLETED BY: INDEPENDENT TESTING LABORATORY NAME <i>This product has been tested for cannabinoid potency, foreign matter contamination, pesticide, fertilizer residue, and moisture content on (01/01/2019) the results are as follows:</i>	M STATEMENTS OF COMPLIANCE This product is for medical use and not for resale or transfer to another person. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Store in original package in a cool, dry place out of direct sunlight. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed.
B DISPENSARY NAME & LICENSE: OHIO MMJ DISPENSARY #054-321 1234 STREET ADDRESS, CITY, STATE, ZIP CODE	L THC #123-456 (TEST BATCH #234567) THC: 10% THCA: 13% CBD: 0.7% CBDA: 1.3% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
C CULTIVATOR NAME & LICENSE: MMJ CULTIVATOR #123-456		
D PROCESSOR NAME & LICENSE: MMJ PROCESSOR #456-789		
E RECOMMENDING PHYSICIAN: DR. JOHN DOE, MD	N THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	
F QUANTITY DISPENSED: 1.0g (.036oz)	G SUGGESTED DOSAGE: ≤ .01g (10mg)	
H DISPENSED ON: 06/01/2019	I ACTIVATION TIME: 30 Min to 2 Hrs	
J EXPIRES ON: 06/01/2020		
I UIN: 187 0101 494	O THC #147-867 (TEST BATCH #234560) THC: 18% THCA: 6% CBD: 0.1% CBDA: 0% PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	N EXTRACTION METHOD: Extraction process information (CO2, BHO, etc)
J PRODUCT IDENTIFIER: AB123-CD-4	P UIN #187 0101 490 EXTRACT (TEST BATCH) THC: 3.01% / 30.1mg THCA: 71.4% / 714mg CBD: 0.9% / 9mg CBDA: 1.3% / 13mg PESTICIDE: PASS FERTILIZER: PASS CONTAMINATION: PASS (<1000PPM) MOISTURE: PASS	O PESTICIDES: Pesticide information if applicable (See accompanying material for additional pesticide information).
I REGISTERED NAME: THC STRAIN #1 THC STRAIN #2		P INGREDIENTS: Medical Marijuana Oil, Water, Pectin, Natural Flavoring
J HARVESTED ON: 01/01/2019		Q ALLERGEN: Allergen Contents, Information and Warnings.
J MANUFACTURED ON: 01/02/2019		
J PACKAGED ON: 01/02/2019		

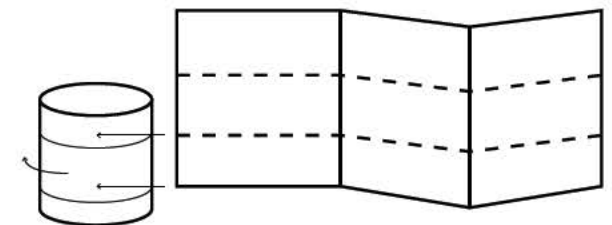
Legend

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| A. Patient Name, Registry Number and Caregiver Name | J. Harvest Date, Manufacturing Date and Packaged Date |
| B. Dispensary Name and License | K. Laboratory Name, Testing Date, and Batch Number |
| C. Cultivator Name and License | L. Cannabinoid Profiles, Pesticide, Fertilizer Residue, |
| D. Processor Name and License | M. Contaminates and Moisture Content Test Results |
| E. Recommending Physician | N. Statements of Compliance in 12-point font |
| F. Dispensing Date and Quantity | O. Extraction Method |
| G. Recommended Dosage and Activation Time | P. Pesticide Information |
| H. Expiration Date | P. Ingredients List |
| I. Unique Identification Number, Product Identifier, and Registered Name | Q. Allergen Information |

Glass Shatter Jar



Label Type: Fold-Out/Booklet



Packaging Requirements

All products will be packaged in compliance with Ohio State Law for the packaging and labeling of Medical Marijuana and will meet the following requirements:

- Child-Resistant (ASTM-Certified)
- Light-Resistant
- Tamper-Proof or Tamper-Evident
- Resealable

Receipt Diagram

ORDER: 00054	
1 Medical Marijuana Purchase	\$50.00
Subtotal:	\$50.00
Tax:	\$4.20
Total:	\$54.20
CASH SALE	\$54.20
Cash Tendered	\$54.20

Warning: This product may cause impairment and may be habit-forming. Smoking medical marijuana is not permitted in the State of Ohio.

There may be health risks associated with consumption of this product.

Should not be used by women who are pregnant or breastfeeding.

For use only by the person named on the label of this dispensed product. Keep out of reach of children.

Marijuana can impair concentration, coordination and judgment. Do not operate a vehicle or machinery under the influence of this drug.

If you have a concern that an error may have occurred in the dispensing of your medical marijuana, you may contact the ohio board of pharmacy, using the contact information found online at medicalmarijuana.ohio.gov or toll-free at 1-800-123-4567

TEL: 800-867-5309
FAX: 800-867-5310
EMAIL: sales@ohiommdispensary.com

Additional Requirements

Patient receipt information to be included in all bags or packaging.

Child-Proof Zippered Bag



Operations Plan(Inventory Management of Product)

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

YES

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

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

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

YES

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

YES

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

YES

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

YES

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

YES

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

No response provided by applicant

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

The Applicant has developed an inventory control system and SOPs around their POS-based ITS which encompass all aspects of inventory management including the recall and destruction of medical marijuana. The Inventory Manager (IM) will have primary oversight of the ITS, which will be a real-time, web-based POS system backed-up daily and accessible to the state immediately upon request. The ITS will also update the state tracking system with dispensing information and patient records, as

detailed in D-5.5 of this application. All sales counters will be connected to the ITS so that inventory numbers are updated automatically when a sale is made.

The IM will receive and inspect deliveries of medical marijuana, as detailed in D-3.3 of this application. Upon completing their inspection, the IM will receive the delivery in the state tracking system and enter packages into the dispensary's ITS, including data described in OAC 3796:6-3-20(C)(2). The IM will organize products, both physically and digitally, such that the oldest stock of medical marijuana is sold first. The IM will authorize deviation from this system only temporarily and only when deemed appropriate. The ITS will also record the sale or dispensing of medical marijuana and denials of such sales, including data described in OAC 3796:6-3-20(C)(3). A sale may be denied because the dispensary staff member determined that the customer is intoxicated at the time of sale, or that the customer may likely divert the product, or that the customer is abusing medical marijuana, or because the sale would not be in the interest of public health for some other reason. In any instance of denial, the reason for the denial will be entered into the ITS.

The Applicant's inventory control system and subsequent SOPs will also encompass mandatory and voluntary recalls of medical marijuana. This system includes a plan for contacting customers who have obtained the product from the dispensary that have been slated for voluntary or mandatory recall. Such communications to customers will include reasons for the recall, any necessary warnings against use or cautions as to use, and instructions for the return process. The processor or cultivator that manufactured the recalled product or products will also be contacted and notified of the reason for the voluntary or mandatory recall. Notification to the processor or cultivator will be made telephonically and also in writing, and copies of the written notice will be kept in the dispensary's records. The state Board of Pharmacy, state Department of Commerce, and state Medical Board will also be notified of the recall within 24 hours. If the IM determines it is necessary or appropriate to conduct outreach via media, the IM and other dispensary managers will devise a plan for media communications that includes a clear and direct message, any necessary warnings or cautions, and instructions for the recall. Once the recall has been fully communicated to affected parties, the Applicant will allow a 30-day period for the return of recalled product.

Applicant will provide any customers returning recalled product with a full refund, in cash or store credit, for the price of the recalled product. The Applicant will not accept the return of recalled products purchased from other dispensaries. The IM will use a list generated by the ITS to determine which of the dispensary's own patients/caregivers were affected by the recall and to also track returns as they are received. The IM will reenter all returned items into the ITS and state tracking system along with all relevant information. The Applicant will not return recalled medical marijuana to their originating cultivator or processor, but instead will destroy such product on-site, per OAC 3796:6-3-21(C) and OAC 3796:6-3-14. Dispensary staff will be trained in proper destruction and disposal of recalled marijuana, to ensure that the recalled product is rendered unrecognizable and unusable. For details regarding the return of non-recalled medical marijuana see D-6.9 of this application.

Once the 30-day return period has elapsed, the IM will notify the state board of pharmacy in writing of all returned medical marijuana and that they intend to destroy the recalled products at the earliest possible opportunity, and in no case in more than 7 days. The Applicant will notify the state board of pharmacy in writing at least 7 days prior to the date intended for destruction of medical marijuana, including the date and time the IM will render the medical marijuana unusable and dispose of it.

The IM will weigh and deduct all marijuana and marijuana products slated for destruction from the dispensary's ITS and state tracking system prior to mixing and disposal. The IM will render all medical marijuana unusable by grinding and incorporating it with other ground material, resulting in a mixture that is greater than or equal to 50% non-marijuana waste unless otherwise required by local, state, or federal waste management authorities. The IM will perform this process in a designated area with fully functioning video surveillance and with another key employee present as a witness. Non-marijuana waste that is either compostable or non-compostable, per OAC 3796:6-3-14(C)(1-2), will be sent to a solid waste facility for final disposition. Staff will place the marijuana waste mixture in locked refuse containers prior to pick-up by the waste disposal company. The Applicant will maintain records of all

marijuana destroyed by the dispensary for at least 3 years. Such records will include the date of disposal, full descriptions of the recalled product, the name and license number of the employee that destroyed the product, the name and license number of the key employee that verified the destruction, the method of disposal, and the contact information of the disposal company.

The IM will conduct and document an audit of the dispensary's inventory at least once per week. These audits will take place outside of regular business hours once the day's sales have been completed.

The IM will conduct this audit product by product and compare digital inventory amount to physical items on hand. Should the IM discover an increase or decrease in medical marijuana due to undocumented causes such as recall or as part of daily sales, they will determine where the change occurred and immediately take and document corrective action. Such corrective action may include the review of dispensary surveillance footage to determine if there was any criminal activity or attempts at diversion of product. If the decrease in medical marijuana is due to actual or suspected criminal activity the IM will immediately make a report identifying the circumstances surrounding the decrease to the state Board of Pharmacy and local law enforcement. If a staff member is found stealing or otherwise diverting medical marijuana products, that member will be immediately terminated and reported to local law enforcement. If staff discover a discrepancy during daily sales, they will halt the sale and notify the IM and dispensary management immediately to perform an audit. The Applicant will maintain records of all inventory audits on-site, per OAC 3796:6-3-17(E)(4), and as described in D-9.2.

If the audit detects an increase in medical marijuana inventory not due to documented causes, the IM will attempt to determine how the increase occurred and will take and document corrective action.

Such corrective action may include return to a processor or manufacturer.

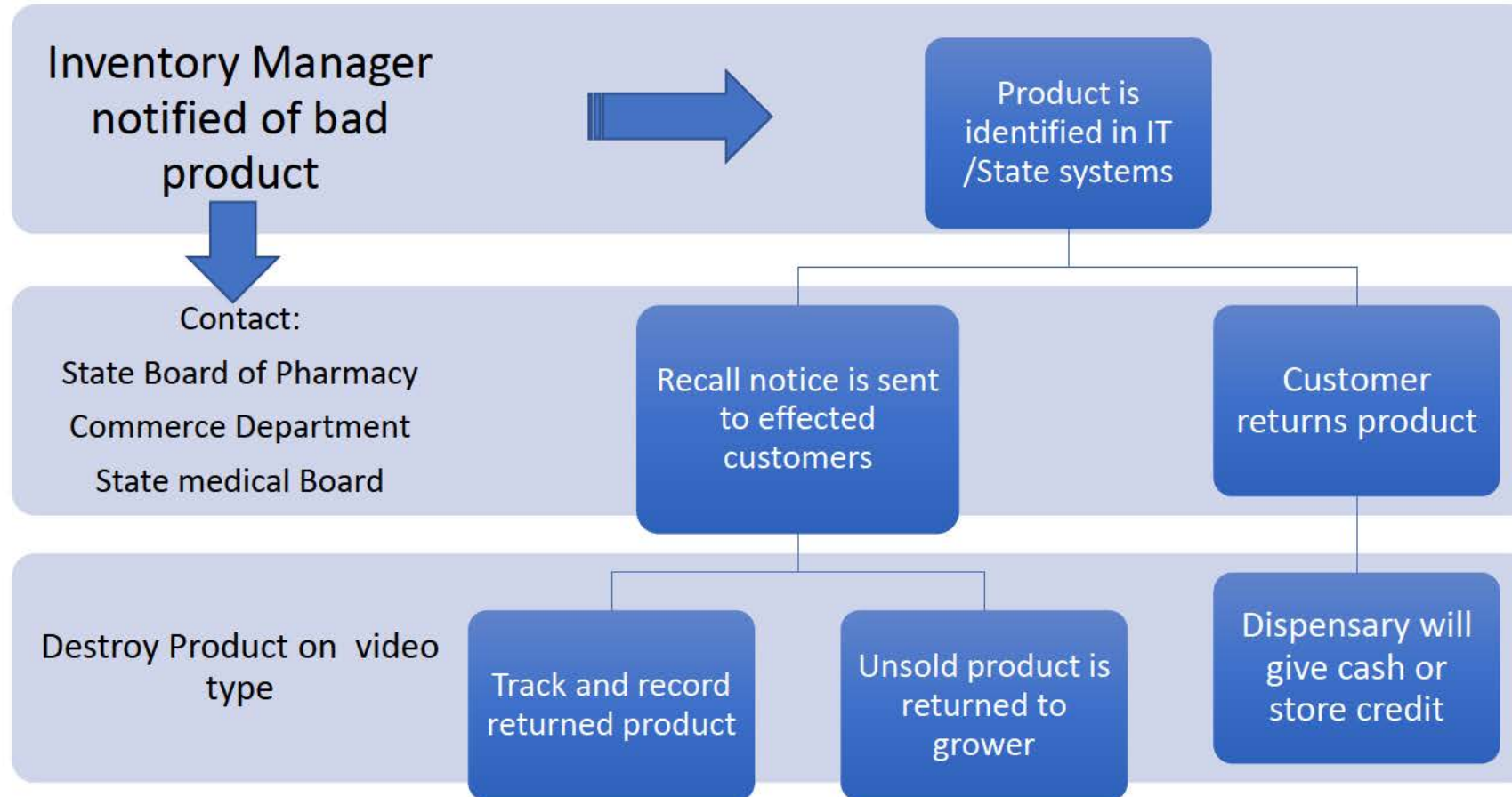
Applicant will have clear SOPs to manage returns to a processor or cultivator, which will include contacting the Board. The products to be returned will be placed in a secure container and include a return notice. Applicant's IM will contact the processor or cultivator and schedule a time for pick up of the returned product. Returns may be due to defective packaging or labeling, or because a shipment does not meet Applicants quality standards.

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.

Uploaded Document Name: **D-6.8_Inventory Control Recall.pdf**

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

Inventory Control Recall and Destruction(D6.8)



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

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

The Applicant intends to accept medical marijuana product returns for dispossession or destruction, as part of the Applicant's overall diversion prevention plans. Ensuring that unauthorized persons cannot access unused, recalled, or improperly dispensed medical marijuana and that it does not enter into the black market or the hands of criminals is important to protecting the integrity of the state medical marijuana program. By accepting medical marijuana returns, the Applicant will provide a valuable public and patient service. As a steward to responsible dispensing, the Applicant's dispensary SOPs will detail the process by which patients and caregivers (P/Cs) may return unused medical marijuana to the dispensary for dispossession and destruction per the company's "Return Program," due to a recall, or due to a dispensing error. This process includes charges for the service, tracking returned medical marijuana, security of returned medical marijuana, and the maximum amount of time allowed for the storage of returned medical marijuana. The Applicant understands that accepting returns is a voluntary service, per OAC 3796:6-3-14(D) and will do so with the intent of preventing diversion by reducing the amount of medical marijuana available outside of the state's inventory tracking system. The Applicant also understands that it must accept returns of recalled medical marijuana or medical marijuana that was the consequence of an error in dispensing, such as mislabeled, expired, or improperly packaged medical marijuana. In the event of a dispensing error, management will investigate the incident and may refer it to local law enforcement or the Board of Pharmacy for further investigation and/or administrative action against the dispensary staff member responsible for the error. The Applicant takes patient care seriously and understands that returns due to dispensing errors are not acceptable. The Applicant will make every effort possible to avoid dispensing errors following a product return due to a dispensing error, including staff training and re-training, updating SOPs, and taking disciplinary action towards the responsible staff member.

The Applicant will accept returns at their dispensary during normal operating hours and staff will not accept returns outside of normal operating hours. The Applicant will not permit P/Cs to abandon returns at the dispensary after normal operating hours, however, if any P/Cs do leave medical marijuana on the property outside of normal operating hours, staff will inform the Board, process it as abandoned medical marijuana, will treat it as waste, and will dispose of it per OAC 3796:6-3-14. Only active P/Cs of Ohio's medical marijuana program presenting valid registry cards and photo identification may return medical marijuana for dispossession and destruction. The Applicant will not require a prior or subsequent relationship with P/Cs for them to return medical marijuana or medical marijuana products to the dispensary. However, the Applicant will only accept returned medical marijuana in an approved container per OAC 3796:7-2-05, OAC 3796:6-3-01 (G), 3796:8-1-01 (A), and 16 CFR 1700.15. The Applicant will post signage by the check-in area to make P/Cs aware of the return policy. As part of the check-in process, the Receptionist will ask each P/C what the purpose of their visit is and identify if they are making a return at that time. P/Cs wishing to return unused medical marijuana must immediately notify the Receptionist they are making a return. The Receptionist will then notify a dispensary key employee to assist them. Only dispensary key staff will process returns. The dispensary key staff will process returns using a point-of-sale (POS) station in the limited access area/sales area, and will do so separately from P/C sales. The Applicant will not charge P/Cs for this service as part of their diversion prevention program and will make this stance publicly known. Upon receiving returned medical marijuana, the dispensary key employee will weigh/count the product and enter the product details into the state inventory tracking system identified as "returned waste" or a similar identifier (based on the requirements/selection options provided in the inventory tracking

system). The dispensary key employee will then place the returned medical marijuana in the secure inventory storage area labeled "Returns Pending Destruction." Next, the dispensary key employee shall notify the state Board of Pharmacy in writing of the return. Staff will identify returned items as part of overall waste pending destruction, and will inform the Board of Pharmacy of the intent to destroy waste including returns in seven days from the date of the notice. The Inventory Manager (IM) will oversee the security, storage, and destruction of all medical marijuana returns within the facility. For large volumes of returns due to a recall, the Board of Pharmacy has published guidance resulting from the question and response period that provides for dispensaries to return the recalled medical marijuana to the grower or processor where the recalled product originated from. Other than this exception, the IM will destroy returned medical marijuana on the seventh day after notifying the state Board of Pharmacy of the return and notifying them of the intent to destroy it, unless the Board instructs the IM to delay destruction for any reason. All destruction will comply with OAC 3796:6-3-14, as described in D-6.8 of this application. No returns will be present in the dispensary for longer than the seven-day minimum, except for returns that the Board of Pharmacy directs the IM to delay. The IM will weigh/count returns prior to destruction to confirm that the quantity is the same as when the P/C returned the waste product and to ensure that no staff or visitors have tampered with the returned waste while at the dispensary. The IM may also destroy other medical marijuana concurrently with the destruction of returns, mixing the two together during the process. If the IM intends to mix waste types (returns, recalled product, and waste resulting from normal operations), they will note it when notifying the Board of Pharmacy seven days prior to destruction.

It is the Applicant's understanding that the state's intention in implementing this program is to establish the medical marijuana equivalent of a standard prescription drug take-back program in place across the country. It is based on this understanding and in the spirit of promoting community health that the Applicant has chosen not to charge P/Cs for this service, instead doing so free of charge and as a part of regular business operations with minimal restrictions. The Applicant feels strongly that performing this service is critically important to preventing diversion, based on the awareness that medical marijuana left unused and unsecure in the homes of P/Cs is the most likely outlet for diversion in the entire supply chain of medical marijuana businesses in Ohio.

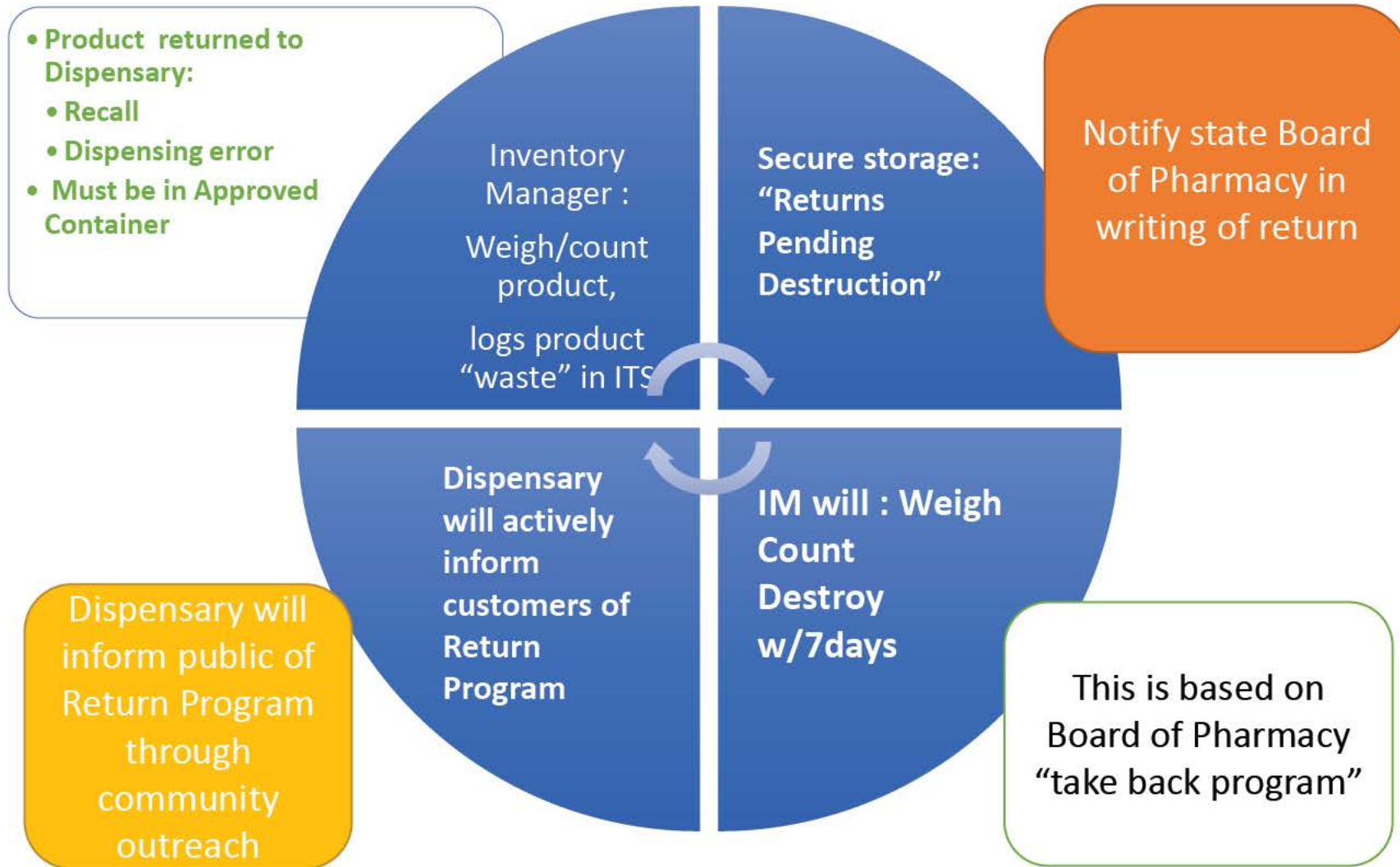
In addition to offering these services to P/Cs, the Applicant will also actively inform customers of the Return Program and their ability to return medical marijuana. The Applicant will prominently post signage in the check-in area and include information on the Applicant's dispensary website to increase awareness of the program and hopefully increase the program's effectiveness at preventing diversion. The Applicant will also inform the public of the Return Program during community involvement projects and events. By allowing P/Cs to return their unused medical marijuana for dispossession and destruction at a dispensary, the Applicant can return products back into the system of control and supervision from which they originated. Preventing diversion of products which may otherwise find their way into the possession of criminals and other unauthorized persons if not returned is a public safety priority of the Applicant.

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

Uploaded Document Name: **D-6.9_Patient.Caregiver Return .pdf**

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

Patient/Caregiver Return of Unused Medical Marijuana (D6.9)



Operations Plan(Diversion Prevention of Product)

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





Operations Plan(Sanitation and Safety)

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

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

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

Applicant understands that the safety and sanitation of this facility are essential to the protection of its patient customers and the successful operation of its business. The marijuana dispensed at this facility is being offered to qualified patients, and as such, Applicant intends to meet pharmacy-like standards. Applicant has crafted a multi-tiered approach to safety and sanitation, which will prevent contamination, protect against pests, and maintain facility sanitation through facility design, storage procedures, and the training and evaluation of Applicant's employees. Applicant will continually self-evaluate, modify, and update these methods and procedures to ensure maximum safety for its patients and employees and the highest quality product.

Proper sanitation begins with facility design. Applicant will retrofit and design the dispensary to exacting standards calculated to prevent contamination and to withstand exposure to moisture, water, and sanitation chemicals. For instance, the facility's interior surfaces will be smooth and waterproof to allow for easy cleaning, floors will be epoxy-coated concrete, and walls will have fiberglass-reinforced plastic for the same ease of cleaning. These smooth, nonporous materials will be inhospitable to bacteria and other microscopic pests.

All windows, internal and external doors, drains, pipes, vents, and other structural features will be properly sealed and insulated from external conditions such as moisture, rodents and insects. The facility will be regularly inspected to ensure that proper insulation is maintained at all times and that any faults in the construction, sealing, or insulation are promptly remedied.

Applicant's sanitation efforts, inspection schedules, and operating procedures will protect against the variety of pests that a marijuana dispensary might have to deal with. These pests include common pests such as rodents and insects, but also marijuana-specific pests such as molds and mites. All outdoor dumpsters will be fully enclosed and locking, and staff will be instructed to inspect the exterior of the facility and clean up any garbage. Trash from within the facility will be taken to the dumpsters at the end of each day, and more often if needed, to prevent the accumulation of garbage that could attract rodents and insects.

Staff will be trained to conduct visual inspections of the facility regularly, especially in places where insects may hide. If insects are found in the facility, all appropriate measures will be taken to find its origin and prevent their proliferation. Doors and windows will not be left ajar.

Medical marijuana product will be visually inspected for the presence of any marijuana-specific pests. Proper storage and handling of the product will protect against molds and mites. Storage design and employee training as to storage and handling protocol will be a top priority for Applicant. Staff will keep storage and sales areas in a clean and sanitary condition. Storage areas will be cool, dry, and have adequate ventilation to ensure each product's identity, strength, quality, and purity. Staff will store medical marijuana in a limited access area, and keep all material organized for easy access. Storage of medical marijuana will be in air tight, re-sealable containers. Shelves and cabinets where product is stored will be cleaned and sanitized on a regular basis to prevent the accumulation of dust and attraction of pests. To further prevent contamination, staff will wear protective equipment when handling medical marijuana and will arrange cleaning tools for easy access.

If pests or mold are discovered in any container of marijuana product, it will be treated the same as recalled product, as more fully detailed in that section of this application. All such incidents and actions

will be recorded and reported in Applicant's records.

Staff will maintain the facility to prevent the entry of insects, rodents, birds, or any other pest. To protect the facility from pests, staff will keep all facility areas clean, uncluttered, and free from dust, dirt, debris or pests of any kind. To enforce this policy, Managers will set up cleaning schedules and maintain a cleaning checklist for all operational areas, including the secure storage area. Managers will also regularly fill out pest audit checklists in conjunction with quarterly third-party professional inspections of the premises. As a part of closing duties, Dispensary Technicians will clean the service room and other limited access areas. Staff will use disinfectant wipes to clean surfaces, and the dispensary will feature hand-sanitizing stations around the facility.

Staff will use medical marijuana handling best practices, including logging the location of all medical marijuana on the premises and tracing the movement all packages using the inventory tracking system (ITS). Dispensary Technicians will use aseptic technique when filling patient-orders to prevent the contamination of medical marijuana. Staff will be required to wear fresh gloves on both hands at all times when handling marijuana. Any staff member found not wearing proper protective equipment will be ask to immediately remedy the situation, and then retrained as necessary to prevent a future diversion from protocol.

SOPs will mandate that all staff handle marijuana like food products – staff will take every precaution to protect the quality of the product and maintain its purity for the patient. Operational best practices will include washing all display cases daily, keeping digital scales and other electronics free of debris, and storing containers for medical marijuana in a clean area away from other operations.

Applicant will stock cleaning areas with detergents, cleaning solvents, buckets, and gloves. Cleaning areas will also have testing kits specific to each sanitizing chemical to ensure appropriate solute concentrations. Staff will keep cleaning products in lockable, fire-safe chemical storage closets that meet or exceed National Fire Protection Association (NFPA) and OSHA requirements. Staff will keep incompatible materials away from each other. For example, staff will store caustic materials away from acidic materials. Applicant will keep safety data sheets (SDS) in a file adjacent to the chemical supplies cabinet. The Sanitation Officer will train every employee on how to read SDS and how to properly handle/dispose of chemicals. Staff will regularly undergo safety training and evaluation, and in the staff breakroom the Sanitation Officer will post workplace safety best practices along with emergency contact information.

To clean tools and devices, staff will immerse the equipment in water that is at least 100°F mixed with cleaning chemicals for at least 30 seconds. Staff will also follow manufacturer recommendations for chemical contact intervals (the time chemicals require to effectively clean).

Applicant will designate some sinks for hand-washing only. Applicant will use the sinks in accordance with standards commonly found in medical facilities and Applicant will follow all Center for Disease Control (CDC) recommendations for constructing them. Sinks will have a sign that reads "FOR HAND-WASHING ONLY" above them along with hand-washing instructions. Water will be a minimum 100°F and of sufficient volume and pressure to remove dirt and contaminants from hands. Hand-washing facilities will be in all operations areas where staff may be handling medical marijuana. Applicant will make sure to always stock these facilities with liquid sanitizing soap, sanitary towels, single-use paper towels, and gloves. Hand-washing stations will be operational by using a foot pedal or automatic sensor so that both hands are free for washing with no need to turn off the sink, which otherwise could contaminate clean hands. These stations will also have emergency eye-washing equipment and first-aid kits.

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.

Applicant will keep all company records physically onsite for three years to comply with Admin. Code 3796. Applicant will keep records electronically and make them available for inspection by the Board upon request. Applicant will use an electronic system for the storage and retrieval of patient information and other records that guarantees the confidentiality of information. The system will be accessible to the Board, and data will have safeguards against erasures and unauthorized changes in data. The system will contain a true audit trail that indicates and dates any edits or deletions to a patient record. In the event of a computer malfunction or accident resulting in the destruction of the database, technical support staff will reconstruct the system within three business days.

Applicant will keep an electronic record of all medical marijuana that the company receives, dispenses, sells, destroys, and uses. Individuals responsible for destroying/disposing product will indicate their actions in the electronic system. Staff will back-up records on another onsite digital system every day in addition to offsite storage backups. When accessing the electronic records system all employees will have to enter a username and password that is unique to themselves. This will allow a reviewer of the electronic records to trace all activity back to a specific employee at a specific date and time for a specific transaction at the specific point of sale. Each user will have access parameters and limitations that correspond to their position in the company, the duties they are required to perform, and the confidentiality policies for patient information. Applicant will keep testing records of all medical marijuana, printouts of every transaction, and all transportation manifests. Only key employees will have access to restricted access areas and locked records-storage areas there within. All doors into and out of the restricted access area housing records, as well as all areas where records are stored, will be under 24-7 video surveillance. Within the restricted access area there will be a number of filing cabinets, each of which will always lock when closed. Only key employees will have the key to open the drawers to the filing cabinets. Filing cabinets and doors to the restricted access area where they are located will always remained locked except when in use by a key employee. Because all records will only be accessible by a key employee, in order to make all records available to the Board upon request, a key employee will always be on premises during business hours, and will be available by phone and/or email if not during business hours.

Applicant will keep the following records as a part of daily operations: background checks for employees, operating procedures, inventory records, patient records, audits, and staffing plans.

Operational records will include: each day's beginning inventory, acquisitions, sales, disposal, and ending inventory. Operating procedures will be housed in multiple locations at the dispensary: 1) a copy will always be housed in the restricted access storage area filing cabinet, in the drawer designated for SOPs, and 2) copies will be maintained at different locations throughout the dispensary where the relevant operations are taking place. Acquisition records will include: a description of the products (quantity, strain, variety, and batch number); number of containers and numbers of units or volume of each product there within; the name and license number of the providing licensee and receiving licensee; and the date of acquisition. Sales records will contain: a description of each product; the exact quantity dispensed for each transaction; the name and license number of the staff member responsible for each transaction; the date of dispensing; and, the name of the patient or caregiver. Patient records will include: daily supply limits, attendance logs, and a list of all containers the company provides to patients. All documents related to each individual patient will be maintained both electronically and in physical form. A filing cabinet in the restricted access area (i.e. only accessible by key employees) will be designated as "Patient Files." Electronically stored patient files will be on the company drive. These files will be password protected and only accessible by key employees.

Disposal records will include: a description of unusable products that need to be destroyed (strain, type, volume, etc.), the name and license number of the employee destroying the product, the name and license number of the key employee verifying the destruction of the product, the method of disposal, contact information for the disposal company, the date of the disposal; and a brief description for why the product had to be disposed of. Applicant will also keep business records, including: assets and liabilities, a third-party vendors list, monetary transactions, and electronic accounts. Electronic accounts will include: bank statements, journals, ledgers, agreements, checks, invoices, and vouchers. Applicant will also keep evidence of all training for every dispensary staff member, including: transcripts; certificates of completion; or documentation that includes the participant's name, course title, course content, dates of training, provider's name, and signature of the course instructor. Each dispensary employee will retain a copy of their training materials to use as reference while on the job. The Medical Director will keep records of: educational materials for patients, caregivers, and staff; log books for patients to track the use and effects of medical marijuana; rating scale documents for symptoms associated with qualifying conditions; guidelines for patient self-assessment; guidelines for reporting usage to the recommending physician; and, policies for refusing to provide medical marijuana to an impaired individual. The Medical Director will communicate with a key employee whenever a patient's records need to be updated, when an update is complete, or when the Medical Director uses the patient's records for any other reasons. The Community Outreach Coordinator will collect a signed attestation from the Medical Director that identifies themselves as a physician and their professional license number, and that they agree with the outreach content.

Employees will immediately report any loss or unauthorized alteration of company records to the Director of Security and the Director of Security will report such incidents to the Board and law enforcement within 24 hours.

Applicant will keep surveillance records, quality assurance review logs, visitor logs, training records, and any other record the Board deems necessary. The Director of Security will keep records about criminal investigations until the Board deems necessary, and Applicant will keep digital video recorders (DVR) records for a minimum of six months. All electronic documents will feature password encryption, and records-storage areas will require a biometric method of access.

All visitors will provide a government-issued ID with a photograph to the Receptionist. Every visitor will fill out an entry in the visitor log to receive a visitors' badge. This log will show the name, duration, and purpose of each visitor, as well as the escorting Applicant staff member. A staff member will accompany visitors at all times while the visitors are on the premises. The physical visitor log will be housed during business hours at the reception desk, and all archived visitor log documents will be stored in the locked filing cabinet in the restricted access area.

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](#)

Applicant is prepared to give patients the tools they need to thrive while living with debilitating health conditions. Applicant will provide products and services that cater to the wellness of the dispensary's patients as well as the whole community, including: products related to the safe consumption of medical marijuana, compliant delivery devices for administering medical marijuana, and child-resistant storage containers. Applicant also has a commitment to enrich the dispensary's community with employment opportunities, tax revenue, and ancillary economic growth. Thus, Applicant will focus its ancillary services on enriching the neighborhood's underserved community and preventing substance abuse.

Products that Applicant will offer include: handheld vaporizers, desktop vaporizers, serving utensils, grinders, and instruments that aid in the measuring of medical marijuana, such as oral syringes, measuring cups, and nonstick cleanable mats. Other products that Applicant will offer include lockable storage containers. Inside the containers will be zipped compartments that can hold a patient's medications, small delivery devices (e.g., handheld vaporizers with associated cartridges and batteries), and foldable, printed educational materials. The storage containers will be child-resistant and will contain a lock with a combination code. The storage containers will be ergonomic, discrete, and have either keypads or dials for the combination-lock that will be easy to rotate as to allow patients with limited dexterity to easily open them. The containers will accompany detailed instructions on how to change the lock's combination, which staff will encourage patients to do regularly to prevent unauthorized entry.

Applicant will conduct community engagement meetings at city halls, local churches, libraries, and community buildings. Meetings will tailor to the needs of the community and will leverage the educational content that Applicant develops. First, Applicant will facilitate a public space with a panel of experts. After a brief introductory discussion on the impact of medical marijuana on the community – topics will include dangers of misuse, crime statistics, and the dispensary's community outreach announcements – Applicant will screen videos that describe the history and application of medical marijuana. Videos will highlight the importance of safe handling practices and keeping medical marijuana away from children. Videos will also focus on the importance of parents communicating with their children about medical marijuana. This strategy of keeping children disinterested in experimenting with marijuana revolves around the idea that medical marijuana is intended for very specific applications, which youth have a right to know about; and, that youth are better off spending time exploring their imagination and developing life skills without the influence of drugs. Analyses in other legal jurisdictions indicate a decline in teen-use in homes with parents that educate their children about the benefits and risks of marijuana. The statistic is even true among households with parents that use marijuana recreationally. The bottom line is this: talking to your kids about drugs helps prevent them from misusing drugs by easing their curiosity, and Applicant will encourage those discussions by providing the public tips to make these conversations easier.

Other services that Applicant will offer include one-on-one patient consultations. Every patient will have an individualized care plan, and staff will pay attention to each patient's self-reported symptoms and self-reported level of pain. Dispensary Technicians will not have access to patients' medical records, however, Applicant will have tools for staff to engage in thoughtful conversation about medical marijuana and about each of the MMCP's qualifying conditions. Before dispensing medical marijuana to patients, a Dispensary Technician will review introductory paperwork that every patient will fill out prior to service. Paperwork will include a voluntary survey that invites patients to describe their symptoms, level of pain, and history using medical marijuana, if applicable (i.e., what strains, products, and doses are effective). As a part of ongoing research, Receptionists will collect the surveys, redact patient identifying information, then file survey results according to strain, product type, qualifying

condition, and effective dose. The research will help Applicant source products that demonstrate substantial symptom relief. The survey will also give patients the opportunity to focus on their marijuana consumption habits and needs before engaging in a transaction. After a focused one-on-one consultation with a Dispensary Technician, staff will have a better ability to match qualifying conditions, symptoms, and intended effects with applicable medical marijuana products than if the patient were to visit Applicant without a comprehensive introduction to the dispensary's products and services. Applicant will offer space to local businesses in the waiting room, so they can perform therapy services during business hours. Local professionals will have the invitation to provide complimentary services for patients, including: chair massage, meditation classes, yoga, substance abuse counseling, nutritional support, and other specialty services that cater to patient wellness. This type of service is common in other legal jurisdictions, and examples include inviting a certified massage therapist to bring a massage chair, then setting up a small display banner, and providing complimentary 5-minute massages while patients wait for dispensary service. In exchange for therapy, patients can donate (tip) the therapist, and the therapist can schedule full-fee services at their business. Therapists and other service providers will be subject to MMCP visitor regulations, and Applicant will require every professional agree to the dispensary's code of conduct.

Applicant wants to use this model to facilitate an integrated pain service inside the dispensary. The service will involve volunteer medical professionals from the community that will visit the dispensary and facilitate discussions about alternative wellness treatments for pain management. The current opioid epidemic shows that effective pain management strategies are a major challenge in the state and well-regimented alternatives to addictive pain medication can demonstrate significant symptom relief. These strategies include: mindfulness meditation, reflexology, massage, exercise, and acupuncture, among others. While managing intractable pain, many people suffering from the condition still must live normal, working lives. To better accomplish this, Applicant wants to provide patients with tools to help them take back control of their health. Mindfulness discussions that volunteer professionals will provide within the dispensary facility's waiting room will emphasize the importance of sleep, deep breathing, and exercise in coping with pain. Applicant hopes to include several segments into the integrated care of the dispensary, including: pharmacy specialists, mental health therapists, and nurses. Applicant wants to facilitate a local community of medical professionals that share the same ethos as the dispensary's executives – Applicant believes that at the core of healthcare is the commitment everyone has towards their own health. Individuals can achieve good health through nutrition, awareness, and a commitment to improve one's self, but only with the support of a network of assistance. By offering space for volunteer professionals to exercise their practice, the dispensary will attract patients to better manage their pain in a safe place.

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](#)

Applicant is committed to assisting low-income and veteran patients who are unable to afford medical marijuana products that may be critical to relieving their symptoms and improving their quality of life. Applicant is particularly sensitive to veterans' needs. Veterans succumb to drug addiction and suicide at greater rates than nonveterans, yet they remain critically underserved. These people have been injured (or were willing to risk injury) in the course of defending the very conditions under which we all enjoy our own quality of life—including the operation of the proposed business. We owe it to them to take care of them in whatever way we can.

Applicant will lead veteran and indigent care programs in the community where it operates. The coordinated efforts between Applicant and local groups will assist in the rehabilitation of cherished members of our community. The Department of Veteran Affairs (VA) reports that every day approximately 22 military service members take their own lives. There are many reasons for this startling statistic, among them: post-traumatic stress, the effects of traumatic brain injury, challenges of adjusting after returning home from deployment, and the negative stigma in the military community around seeking help. Both PTSD and chronic traumatic encephalopathy (CTE) are qualifying conditions for the medical marijuana control program. Combat veterans suffer from these conditions at a higher rate than the average population. Because of these illnesses and other qualifying conditions associated with military combat, such as intractable pain, veterans are subject to heavy psychotropic medication and are an extremely vulnerable demographic.

To initiate programs catering to indigent and veteran patients, the Community Relations Officer will develop strategies that incorporate as many qualifying participants as possible. Applicant is currently working with indigent and veteran's associations to bring medical marijuana to the forefront of conversations around treating pain, PTSD, and other qualifying conditions. It is Applicant's intention not to replace these services provided to these patients by other entities, but to augment and enhance these services in order to bring about a higher quality of life by introducing healthier alternatives to managing stress.

Furthermore, Applicant has sought out a security service team that specializes in hiring veterans as security personnel. It is important to Applicant to not only help veterans returning from combat manage pain, but also find stable employment.

In addition to having a veteran care plan, indigent care will be a priority of Applicant. Five out of every 10 low-income individuals, and four out of every 10 disabled individuals receive their health insurance through Medicaid or the Children's Health Insurance Program (CHIP). As a result, low-income and disabled people are among the most vulnerable patient demographics.

The company will offer qualified low-income and veteran patients more affordable access to the medical marijuana products it sells. The company will recognize and acknowledge a patient's veteran or indigent status as granted by the Board of Pharmacy in the patient registry.

Applicant's compassionate care plan (CCP) will give care benefits to patients who meet the Board's criteria and are given veteran or indigent status in the Board's patient registry, enabling the company to provide the highest-quality care for patients in the greatest need. Staff will verify eligibility on the Board's patient registry for enrollment in the CCP. Management will review the CCP every six months to analyze its efficacy and to consider changes to the program.

Patients qualifying for the CCP will receive a designation in the dispensary point of sale system and be eligible for a care benefit on approved products (subject to change by management). Applicant will offer the following care benefits to eligible patients: Tier I - Up to a 10% savings benefit to all patients who opt-in to the CCP; Tier II - Up to 20% savings benefit to all patients who are military veterans OR patients who are suffering from opioid addiction and, Tier III - Up to 30% savings benefit to all patients who have a documented financial need OR who have a terminal illness/condition. The Patient Intake Coordinator will store all patient records for the CCP to protect patient information per company policies and HIPAA rules.

Applicant will also offer a medication "Brown-Bag Check-Up" for veterans and indigent patients. As part of the program, Applicant will partner with local medical professionals that can volunteer to review patients' prescriptions and counsel them on managing their medications with medical marijuana, as well as offer information about substance abuse. Adding medical marijuana to a prescription drug regimen may have duplicative or unintended effects, and it is important to Applicant that its patients are well informed. The Brown-Bag Check-Up will help veteran and indigent patients understand how to take medications and any precautions they can take before consuming medical marijuana in combination with other drugs. By counseling these vulnerable patient groups on their volume and frequency of taking regulated substances, Applicant hopes that many patients can find solace with medical marijuana to allow them to take less narcotics to treat their symptoms.

By building alliances with other health related organizations such as health clinics and community service organizations to provide classes centered around, healthy eating, positive thinking, drug and pain management, we can share our strengths and have a collective impact on the health and wellness of the patients.

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

Applicant will retrofit the facility with sustainable building materials, hire local contractors to limit transportation distance in building the facility, and the facility itself will feature eco-friendly appliances. Applicant will only partner with vendors who have waste minimization plans and credentials to support a vision of sustainability. In addition to sourcing local construction materials and contractors to limit transportation emissions, the facility will have natural energy-saving features, including trees for natural shading, and low-emissivity (low-E) glass windows. Bathrooms will feature water-reducing toilets; motion-activated flushing and sinks; and, automated hand-dryers.

Applicant is conscientious that its proposed facility is in a residential neighborhood and that the dispensary's operation requires discretion. Applicant will mitigate the environmental impact of its facility, in part, by employing an odor reduction plan. Applicant will control odors with a tri-phase carbon-filter-based odor-reduction system, pressurized exhaust system, and ONA Gel odor-absorbing canisters. Standard air filters and carbon filters will circulate and scrub the air at least every 15 minutes. Applicant will integrate these filters into a pressurized exhaust system. Exhaust from every room will pass through activated-carbon filters before entering a sealed ducting system. The air will then transfer to a centralized air bank with a second set of in-line carbon filters. Exhaust will filter a third time through a series of activated carbon filtration screens before it finally exits the building through a stack system. Applicant will seal and insulate each room in the facility to limit air intake and maintain positive pressure. Finally, Applicant will place ONA Gel odor-absorbing canisters throughout all areas of their facility to further minimize odor within its facility.

Applicant will use a variety of sustainable packaging. Staff will dispense containers of medical marijuana composed of either compostable material (e.g., corn plastic and hemp plastic), or recyclable material (e.g., nitrogen-sealed tin cans, glass jars, and #5 BPA-free plastic). #5 plastic (polypropylene) is a thermoplastic polymer, meaning it is strong, tough, has a high resistance to heat, and acts as a barrier to moisture. Plastic containers will be reusable, and they will be microwave/dishwasher-safe. Whatever their potential biodegradability, all packaging will be durable and feature child-resistant mechanisms. To encourage the recycling of containers, Applicant will advertise a credit redemption value (CRV) on package labels, meaning patients will be able to return packaging for store credit. Only patients for whom the container is intended for, or those people's caregivers, will be eligible for the program. Credit will only apply to those patients' purchases and there will be no cash exchange for the containers.

Applicant will integrate sustainable operations into all aspects of the business: marketing, merchandising, supply chain, sourcing, human resources, and more. SOPs will focus on energy conservation and limiting waste (e.g., cleaning procedures will include steps to limit paper-towel usage, and instructions for staff to use eco-friendly chemicals). The dispensary will limit paper waste by requiring electronic signatures on documents instead of physical copies, when feasible (e.g., premises-conduct policies, attestation of patient authenticity forms, digital receipts). The dispensary will source recycled materials when applicable and limit using single-use plastic (e.g., using washable tupperware vs. ziploc bags for product storage). To help create a culture of sustainability, Applicant will post sustainability best practices on signs in the breakroom, and sustainability experts will train staff on how to reduce waste in the workplace (e.g., how to use old non-sensitive documents as scratch paper, turn off lights when rooms are not in use, and abide by chemical manufacturer use recommendations). Staff will limit the amount of paper they shred, as the process degrades the quality of the recycled pulp. Instead, staff will only shred sensitive documents, such as financial reports, inventory audits, and

patient records. Applicant will monitor its waste to determine percentages sent to landfills, and staff will recycle or reuse waste that does not pose a risk to health or dispensary operations. The facility will feature recycling areas and the Manager will train staff on what materials are recyclable throughout operations.

The founders and operators of Applicant are dedicated to enhancing the environment, including revitalizing the property and neighborhood by providing a location that neighbors can walk to and not avoid. Applicant will also sponsor neighborhood-beautification projects that enhance the community's aesthetic. Programs may include leading river-front cleanup days, tree-planting events, and promoting healthy, emissions-reducing transportation choices through bicycle-building workshops.

Applicant intends to build a garden on the plot to beautify the premises and to donate organically-grown local produce to a local foodbank. The building that Applicant proposes to operate in has been abandoned for years and the lot that Applicant owns includes a 900 ft² empty dirt plot adjacent to the west of the dispensary facility. Applicant will design the space to grow raised beds full of pollinator-friendly flowers and healthy vegetables. With permission from the Board and the city, Applicant will coordinate with community organizations and neighborhood residents to volunteer in the garden. Applicant hopes to use the garden and volunteer gardening workshops to educate neighborhood families about the importance of eating (and growing your own) healthy, local food. The Community Relations Officer will also reach out to local hardware stores and garden supply stores to donate tools. The yard is west of the dispensary, so it gets plenty of direct sunshine and the west wall of facility will contain a hose hookup. As an abandoned lot, the current landscape is a blight on the community and developing it will instantly increase the value of the property and neighborhood. Applicant will construct a fence of a sufficient height as to restrict unauthorized entry to the premises and staff will have access to the garden through a single locked gate street side on the north fence. Applicant's Community Relations Officer will oversee developing the landscape and have the responsibility of the garden's upkeep. The Applicant hopes to sponsor a neighborhood farmers market bringing in local growers and craftsmen to display and sell their goods and services.

Additionally, the Applicant is hoping to have a sustainable impact on the local community by partnering with the city council on identifying and working to support the needs of the neighborhood.

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](#)

Applicant will develop a robust training program to advance the dispensary's patient and caregiver service. Training will be an ongoing process for every Dispensary staff member, as even after a staff member starts work, there will be requirements for continuing education and for evaluation and retraining.

Applicant will train every staff member in the standard operating procedures (SOPs) related to the receipt, storage, dispensing, and disposal of medical marijuana, and the company will keep staff training attendance records for at least three years. Dispensing staff will receive foundational training regarding the dispensing of medical marijuana before undertaking that job duty (20+ hrs.). Topics will include drug database usage pursuant to section 4729.75 of the Revised Code (4+ hrs.); the inventory tracking system, pursuant to section 3796.07 (4+ hrs.); and responsible-use training (12+ hrs.). Responsible-use instruction will include how to use the toll-free telephone line pursuant to section 3796.17 (2+ hrs.); the proper use of security measures and controls to prevent theft (2+ hrs.); confidentiality requirements of the dispensary (6+ hrs.); instruction on different forms, methods of administration, and strains of medical marijuana (2+ hrs.); Board-authorized uses of medical marijuana in the treatment of qualifying conditions (2+ hrs.); regulatory inspection preparedness and law enforcement interaction (1+ hrs.); awareness of the legal requirements for maintaining status as a compliant staff member (1+ hrs.); and, other topics that the Board specifies or Applicant feels would improve the patient experience.

In addition to onboarding training, staff will receive at least 16 hours of continuing education for each two-year licensing period. Continuing education hours will not carry over from one licensing period to another. Ongoing education will include the following topics: the safe handling of medical marijuana, including an overview of common industry hazards (4+ hrs.), current health and safety standards (4+ hrs.); dispensary best practices (4+ hrs.); legal updates pertaining to the state medical marijuana control program (4+ hrs.); and, other topics that the Board specifies or Applicant feels would improve the patient experience.

A pharmacist (or other professional authorized to prescribe under division (I) of section 4729.01 of the Revised Code) will be exclusively responsible for developing some training materials, including those related to training staff on how to interact with patients and how to treat qualifying conditions with medical marijuana. The pharmacist (or other professional authorized to prescribe medicine) will sign and submit an attestation that identifies the licensed role that authorizes them to do as such. The attestation will also include the professional license number of the person and a declaration that the person approves of the training content. This training content will include: topics related to learning the signs of medicine abuse or adverse events in the medical use of marijuana by a patient; instruction on qualifying conditions for medical marijuana patients; and guidelines related to providing information patients and caregivers related to the risks associated with medical marijuana, including: possible drug interactions; guidelines for providing support to patients related to the patients' symptoms; recognizing signs of substance abuse; and guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.

Prior to training any staff, Applicant will submit the following information to the Board for approval: the names and qualifications of the persons responsible for training content; the primary objective of the training and how Applicant intends to improve the participants' competency as dispensary staff members through the training; the number of trainings for the next 12-month period and the number of

participants for each training; any brochures describing the activity; the method or manner of presenting materials; the agenda with a detailed schedule; a set of training materials; and, any other items that the Board specifies. Applicant will submit all training materials at least 60 days prior to the proposed training, and no instruction mimicking the content will commence prior to the Board's approval.

All staff will also receive, prior to working, and during every two-year licensing period thereafter, at least 10 hours of elective training on topics that the Board does not require. Topics will include cleaning procedures (2+ hrs.), cash handling (2+ hrs.), business management platforms (2+ hrs.), inspecting deliveries (2+ hrs.), and chain of custody policies (2+ hrs.). Training programs will evolve over the span of Applicant's operation and Managers will make sufficient time during trainings to include processes that refine dispensary operations.

Since the dispensing of medical marijuana is a relatively new medical practice, Applicant will incorporate industry best practices from experts in regulated jurisdictions. Applicant will contract these third-party professionals to train staff on dispensing medical marijuana to patients. Topics will include how to engage in conversation about the history, botany, and legal forms of administering medical marijuana. In addition, outside experts will guide human resources training, including topics related to workforce inclusivity, sourcing women- and minority-owned vendors, workplace sensitivity, harassment awareness, and general customer service training.

Applicant wants to make every patient feel comfortable at the dispensary. Instructors will train staff in the best ways to communicate methods of treatment for qualifying conditions. To accommodate patients with disabilities, Applicant will operate an ADA-compliant facility, and staff will have training to assist patients navigate the premises when necessary. Staff will also learn how to offer printed educational materials to patients. Applicant will also train staff to accommodate patients that are not English speakers – the dispensary will print and distribute a short description in multiple languages that explains that staff may use software to translate educational materials and extra labels in a preferred language.

Applicant will incorporate new discoveries in medical marijuana science, product innovations, and new dispensing procedures into foundational and continuing staff training. Training will consist of lectures, workbooks, and quizzes, in addition to kinesthetic training inside the facility. By incorporating these different modalities, staff will learn through both classroom and hands-on activities. The Dispensary Manager will evaluate each staff member's performance and aptitude every 90-days through one-on-one interviews. Managers will keep performance reviews of every staff member in staff-member specific files for a period of at least three years. Applicant details these processes further in Section E-1.2 of this application.

Applicant will also incorporate learning management software for continuing education. Digital communication, including webinars, will better enable medical experts to train staff on communicating vital information to patients. Applicant will encourage staff to attend industry-specific conferences and seminars related to medical marijuana science and medical marijuana dispensary methods and technology. Applicant will reimburse staff who attend scientific exhibits, medical seminars, and other educational programs that pertain to dispensary operations. Applicant will keep records of such attendance in each staff member's file for at least three years.

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.

Uploaded Document Name: **E-1.1.1_Training Summary.pdf**

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

Training Plan Summary

	Before Job Starts	Continuing Education	Elective Training
Employee	20(hrs) foundational training	At least 16(hrs) every two years	At least 10(hrs) every two years
Topics Include	<ul style="list-style-type: none">-Patient interaction-Drug data base usage-Inventory tracking system-Responsible use-Instruction of different forms-Confidentiality-Qualifying conditions-Regulatory preparedness-How to stay compliant-Other topics Board specifies	<ul style="list-style-type: none">- Safe handling of product- Current health and safety standards- Dispensary Best Practices- State law updates- Other topics Board specifies	<ul style="list-style-type: none">- Cash handling- Business management- Inspecting deliveries- Chain of custody- Other topics Applicant deems necessary

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

The regulated use of medical marijuana to treat qualifying conditions is a constantly evolving, new component of medicine, plant science, and behavioral therapy. Within these sectors, research of medical marijuana continues to expand. Given this constant evolution in scientific knowledge, Applicant will work to progress the education of every staff member as it relates to advances in medical marijuana plant science, laboratory testing, and regulatory compliance. Applicant will update training information and course content to include relevant technologies in the medical marijuana industry (e.g., point-of-sales systems, radio-frequency identification (RFID), automated counters, etc.); operational procedures (e.g., inventory control, waste disposal, cleaning, recordkeeping, etc.); information about the purported effectiveness of various forms and methods of medical marijuana application (e.g., vaporizing, sublingual application, edibles, etc.); and, new information about the effectiveness of various strains of medical marijuana for treating a variety of conditions (e.g., cannabinoid profiles, terpenes, CBD vs. THC ratios, etc.).

Marijuana plant science has advanced significantly despite marijuana's designation as a Schedule I controlled substance, but bona fide medical research is still in high demand. Intensive marijuana plant science began only as recently as the 1970s, and still only a handful of medical professionals openly endorse the use of medical marijuana to treat health conditions. Most medical marijuana research has been patient-driven – studies on the medical efficacy of marijuana were often conducted by patients themselves. Together, patients and activists laid the foundation for what the industry is today, a booming industry on the frontier of medical science. However, universities and hospitals are becoming less reluctant to endorse research related to cannabinoids, and more peer-reviewed research is becoming available. Nonetheless, just as doctors and other health professionals speaking one on one to their patients is an essential component of public health education, licensed medical marijuana organizations bear a responsibility to educate the public about the efficacy of medical marijuana. Applicant takes this responsibility seriously, and will work to advance the education of all staff members and patients about medical marijuana by basing its training and educational materials on bona fide sources.

Applicant's Chief Compliance Officer (CCO) will be responsible for ensuring that new information from reputable sources is incorporated into Applicant's training material and compliance handbooks. To incorporate new information into the training plan, the CCO will update standard operating procedures (SOPs) that instruct Managers on how to allocate training hours between technologies information, operational procedures, application methods, and effectiveness research. The CCO will also guide coursework, and require and encourage elective training beyond the requirements of Admin. Code 3796.

Regular evaluation of Dispensary staff, especially employees entrusted with the dispensing of medical marijuana to qualified patients, is essential to keeping Applicant's staff abreast of the latest advancements in medical marijuana research. Every 90 days, staff will receive a performance review. During the review, Managers will advise staff members on how to achieve workplace goals, which will include using knowledge about advancements medical marijuana research in patient interactions and other dispensary procedures. Applicant will organize a committee of its managers, plus outside field experts, to review training materials and programs every six months to ensure that these materials match the latest knowledge and best practices accepted by the world-wide medical marijuana research and business community.

To update training, the team may revise SOPs, facility blueprints, emergency plans, and/or safety data sheets. Every year, Managers will instruct staff about updates to the OSHA worker protection policy. Discrepancies in digital inventory systems, cleaning inadequacies, and patient-complaints will warrant

the immediate review of SOPs and training programs. As a result, Applicant will update training programs following every comprehensive inventory audit and facility inspection. As Applicant's expert committee discovers new scientific findings, this information will be marked for dissemination to dispensary staff, and also incorporated into educational materials binders that will be available to all dispensary staff.

Updates to training manuals and science-based educational materials will be disseminated to dispensary staff at the regular staff meetings. Applicant will also maintain an online database of marijuana science that Dispensary staff will be able to access. Dispensary staff members will also regularly read and review scientific articles related to new findings in medical marijuana science. The CCO will quiz staff about such findings using digital learning management software. The software will have separate files for each staff member, and it will record competency examinations for management to review. Applicant will require staff to convey competency in the parts of the medical marijuana plant, legal forms of administration, and products Applicant offers to treat specific qualifying conditions. Applicant will train staff to be confident and professional in communicating information about medical marijuana to patients. To further monitor staff's aptitude, Applicant will solicit secret shoppers (whom will be qualified patients) to inquire about: specific components of medical marijuana cannabinoids, metabolites, terpenes, methods of administration, strains, product types, and other pertinent information Applicant expects Dispensary staff to explain to patients.

Applicant has an exemplary advisory council, and the industry-leading medical marijuana experts will use different education modalities to build a knowledgeable dispensary team. Applicant executives, advisors, and industry experts under contract will create classroom coursework and will curate educational materials from other reputable medical marijuana organizations. Applicant will only use peer-reviewed research widely accepted by the scientific community, such as the National Academies of Sciences, for academic materials. Applicant will prefer to use reputable scientific journals whenever possible. Applicant will look to established leaders in medical marijuana research for the newest findings in medical marijuana science as well. Such leaders include the University of California San Diego's Center for Medicinal Cannabis Research, the National Institute of Health, and other university-based research centers world-wide.

Applicant staff will remain in step with industry leaders as cultivators and processors develop innovative medicines. Training courses will include a kinesthetic component, by which Applicant will partner with licensed cultivators and processors to facilitate tours. At cultivation facilities, Applicant staff will learn about the growth cycle, harvest strategies, irrigation technologies, and different marijuana strains through hands-on cultivation activities. In processing laboratories, Applicant's staff will learn about closed-loop extraction systems, testing methodologies, and medical formulations in processing facilities. In conjunction with the hands-on experience staff will gain during facility tours, the COO will quiz participants about key highlights of their experiences – What are the stages of cultivation? (propagation, vegetative, flower); What are the three main steps of harvesting? (defoliate-trim-dry-cure-package). Facility tours and hands-on learning will help prepare staff for patients' questions related to medical marijuana because identifiable traits of medical marijuana transform during drying and processing. Fresh marijuana is more distinguishable while still growing, so staff can describe the terpene profile (i.e., aromatic traits) of strains to patients more precisely after observing fresh plants during cultivation.

Staff will receive foundational training for their job duties as well as continuing education in the amount of at least 16 hours every two years. Applicant will promote self-education in the workplace and the company will compensate staff their attendance fees to exhibits and seminars relevant to medical marijuana research. Staff will hold meetings once per month when the store is closed. A Manager will lead the meeting and will review group-performance achievements during previous months and goals for the future. In the meetings, staff will address common patient concerns and how to improve the communication of advancements in marijuana medicine between staff and patients.

Applicant will advance the field of medical marijuana therapeutics through the advanced education of its Dispensary staff. Applicant will devote considerable resources to educating its staff in ongoing

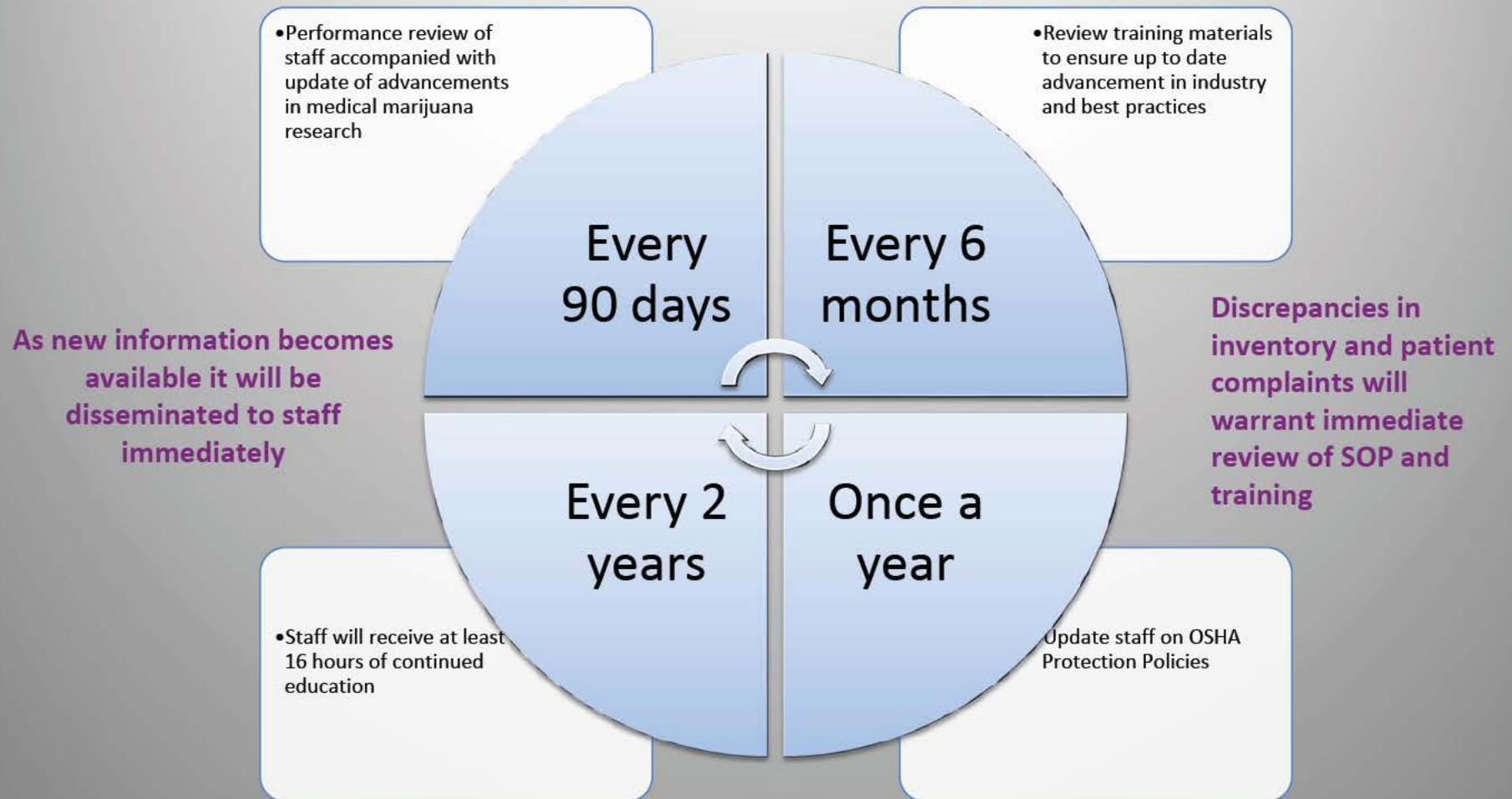
developments in medical marijuana science and to developing learning modalities to best communicate with patients the importance of safety and compliance when using medical marijuana to treat qualifying conditions.

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.

Uploaded Document Name: **E-1.2.1_Training Updates .pdf**

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

Training Summary Updates



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.

Applicant will train staff to help patients understand the benefits and risks of using medical marijuana to treat qualifying conditions. Staff will also have training to communicate possible drug interactions with patients, and how to approach medical marijuana as a treatment for qualifying conditions. Additionally, staff will have training to report to the Ohio Automated Rx Reporting System (OAARS) to monitor supply limits related to patient's symptoms. Last, Applicant will equip staff with tools to detect medical marijuana misuse, product diversion, and fraudulent identification documents, any of which will bar patients and caregivers from entering the dispensary or receiving medical marijuana from the dispensary.

The Chief Compliance Officer (CCO) will review training programs and produce standard operating procedures (SOPs) for staff to identify intoxication and how they may convey that education to patients. Staff will educate patients on the signs and symptoms of substance abuse, and that, in the event of an adverse reaction to medical marijuana, they should remain calm, eat food, drink water, and contact a doctor if symptoms last for more than four hours. Staff will not solicit medical advice beyond that, nor will they administer first-aid to any person. Nonetheless, Applicant will reimburse staff who participate in CPR training, and those individuals may practice it in the event of an emergency.

To train Dispensary Technicians on the most current data, Applicant will partner with industry specialists. The specialists will be a resource for the dispensary by providing infographics, charts, and expert data analysis to Dispensary Technicians, whom will then educate patients and registered caregivers. The specialists will help Applicant develop package inserts and instruct staff on how to communicate the information therein to patients and caregivers. Staff will have training to protect the privacy of patients and caregivers. They will engage patients in appropriate conversations about qualifying conditions to best identify the recommendations, warnings, or counter-indications that are most relevant for the patient.

Package inserts will accompany all products that Applicant dispenses. Inserts will inform patients that administering medical marijuana via different methods of consumption can greatly affect the bioavailability of the critical compounds within medical marijuana. Inserts will engage patients and staff to communicate how medical marijuana works in each patient's body. Inserts will be eye-catching and easy-to-read. They will advise patients on the following: method or methods of administering individual doses of medical marijuana; any potential dangers stemming from the use of medical marijuana; how to recognize what may be problematic usage of medical marijuana and how to obtain treatment for problematic usage; the side effects and contraindications associated with medical marijuana, if any, which may cause harm to the patient; and, how to prevent or deter the misuse of medical marijuana by children. The inserts will also include product descriptions, intended uses, directions for use, warnings, and possible side effects.

Applicant will obtain training materials for patient education from verified sources, including reputable cannabis education companies, other licensees, peer-reviewed journals, and universities. Applicant will keep a library of patient education materials, including information available to patients about alternative methods and forms of consumption or inhalation by which one can use medical marijuana and safe techniques for the proper use of medical marijuana products and equipment. Staff will give

patients written information about the limitations on the right to possess and use marijuana pursuant to Chapter 3796 of the Revised Code, the prohibition against producing homemade medical marijuana extractions, and other issues surrounding medical marijuana extractions. SOPs will instruct Dispensary Receptionists to display test results and strain profiles of all products that the dispensary offers. Staff will welcome any question or potential concerns that patients and caregivers have about information about the products and services that Applicant provides.

Applicant will train staff to publish the risks associated with using medical marijuana on its website, along with the price of all medical marijuana the dispensary offers. Additionally, staff will publish other educational materials online, including instructions for patients to never cut or otherwise partition medical marijuana patches, and, that smoking medical marijuana is illegal under Ohio law. Staff will have training to use Applicant's social media presence to promote responsible use of medical marijuana including advocating against smoking it or granting access to their medical marijuana to unauthorized individuals and children.

Dispensary Managers will schedule monthly staff training events about caring for patients and caregivers. These events will be free and open to the public. Training topics will include: updated information about the purported effectiveness of various forms and methods of medical marijuana administration; updated information about the purported effectiveness of strains of medical marijuana for specific conditions; information regarding the signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal; updates to the legality medical marijuana under federal law; information about possible side effects and contraindications for medical marijuana including possible impairment with use and operation of a motor vehicle or heavy machinery, when caring for children, or of job performance; guidelines for contacting the recommending physician if side effects or contraindications occur; a warning that smoking medical marijuana is not permitted under state law; information on drug-to-drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements; and, other appropriate patient education or support materials. Applicant will supply instructors with substantive content, effective communication tools, and information about how respond to frequently asked questions. Participating staff will have personal hardcopies of educational materials, and copies will be digitally accessible and ready for print at the dispensary.

To support qualifying patients' course of treatment with medical marijuana, Applicant will provide them with a logbook to track their self-reported symptoms, self-reported level of pain, and observations related to treating their symptoms with medical marijuana. The logbook will have a 'day planner' format. Each page will have prompts for the strain, type, and amount of medical marijuana patients take; and it will prompt patients to describe the effect (and side effects) of marijuana after each use. Logbooks will have contact information for the store, medical professionals in the area, substance abuse programs, and crisis hotlines. Applicant will instruct patients to fill out the logbook to the best of their ability and invite them to bring them in to the store to take notes.

Applicant will also ask patients to return completed logs to the dispensary for research. Managers will use the data to source products that show significant therapeutic value to patients. To protect patient privacy, and to remove bias in analyzing the data, Applicant will make complete logs anonymous before analysis by redacting identifying information. Using privacy-protected spreadsheet software, staff will categorize logbook data and sort it by qualifying condition, severity of pain, and, by dose, type, strain, and route of administration. Applicant anticipates that Managers will find trends in data that will indicate the versatility of each of the dispensary's products.

SOPs will instruct staff to not serve individuals who appear to be under the influence of drugs or alcohol, and to guide patients to cease usage when adverse symptoms occur. Applicant will ask the local police department to train staff to recognize the common signs of impairment associated with illicit substances, alcohol, and medical marijuana. These include: bloodshot eyes, bad breath, impaired motor function, lowered inhibitions, and slurred speech, among others. To identify intoxicated individuals, staff will engage in conversation with those whom they suspect are intoxicated. Staff will also learn the proper way to refuse service to intoxicated persons so as not to escalate a situation. For

instance, staff will never harshly accuse a patient of being impaired or of abusing medical marijuana. Instead, staff will remain nonconfrontational. Staff will firmly and discreetly inform the suspected intoxicated individual why the dispensary cannot serve them that day. Staff will then offer them information about resources about substance abuse before kindly requesting them to leave the dispensary's premises. If an impaired patient refuses to leave the premises, staff will ask security for assistance, then threaten to call the police, and as a last resort, call the police to intervene. In the case of an emergency or if a staff member feels threatened, they will immediately call 911.

If a patient identifies themselves as having an adverse reaction to medical marijuana or as experiencing any medical emergency while on the premises, staff will guide patients to a common area of the facility, if applicable, and immediately contact a medical professional (i.e., 911).

Staff will have training to provide patients and caregivers with medical marijuana-related inquiries or reports of adverse reactions to the toll-free telephone line in accordance with Admin. Code 3796.17.

Applicant will hang a sign in an unobstructed and clearly visible area that directs patients and caregivers to the phone line.

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

No response provided by applicant

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

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

The Applicant understands that serious adverse events related to security and administration of medical marijuana occur during the course of regular dispensary operations. As such, they have developed processes, procedures, and controls in order to properly document reported events and communicate those reports to cultivators, processors, and/or the state Board of Pharmacy in a timely manner. In addition, the Applicant will also enact processes, procedures, and controls to prevent events from happening and inform staff, patients, and caregivers of the available reporting channels. Applicant will staff multiple licensed pharmacists experienced in responding to adverse events related to both the security and administration of dangerous drugs and will use this experience to develop response plans for both types of adverse events, including proper documentation of both. The pharmacists will integrate these plans into dispensary SOPs and train staff in the appropriate responses and forms of documentation before beginning work at the facility. For more information on staff training please see Section E-2.1 of this application.

Security-related adverse events may vary in severity, such as the loss of functionality of security equipment, a discrepancy in inventory not due to documented causes, armed robbery, and all possibilities in-between. In a security-related adverse event, the local police officer and dispensary manager on site will control the situation as much as possible, using available security measures to notify law enforcement if necessary, before proceeding to document the event. The Applicant will develop different reports for different security-related adverse events and staff will continue to update these reports as new information regarding the event or its subsequent investigation/remediation becomes available. These reports will include, at a minimum, the staff member completing the form, the date and time of the event, the precise nature of the event, and steps taken after the event occurred (including communication to the Board). For example, in the case of a malfunctioning security camera dispensary management will generate an initial event report and contact a licensed security

contractor to perform repairs. They will update the report upon contact from the contractor with the scheduled date of repair and again once repairs are complete and the camera is functional again. The on-site police officer and/or dispensary management will notify the state Board of Pharmacy by phone as soon as possible after the event has transpired and provide them with full initial report documentation of the event within 24 hours, per OAC 3796:6-3-11(G). They will continue to notify the Board with each subsequent update to the event record, ending with the final resolution of the investigation/remediation of the event itself. The Applicant will maintain records of all security-related adverse events for at least three years, or longer if the investigation remains active.

Should a patient or caregiver (P/C) notify dispensary staff that they are experiencing an adverse event while present at the dispensary, staff will have one of the Applicant's licensed pharmacists accompany them to an available consultation room to complete a report. The pharmacist will attach these forms to the P/C's profile in the Applicant's HIPAA-compliant internal inventory tracking system. In addition, the physician will have the P/C report the event to the toll-free telephone line established by the Board, per OAC 3796:6-3-15(C)(5). Should the P/C notify dispensary staff that they are experiencing an adverse event by calling the dispensary over the phone, dispensary staff will complete and log the Adverse Event Report then notify the Board, or instruct the P/C to call the appropriate emergency number if the event is severe. If the P/C is experiencing a severely adverse event and the call becomes disconnected, dispensary staff will contact emergency services then notify the Board.

The Applicant and their staff will ensure that all adverse events related to the administration of medical marijuana are reported to the state Board of Pharmacy within 24 hours, per OAC 3796:6-3-11(G). If the P/C is experiencing an adverse event related to a specific product, dispensary staff will communicate the results of their report to the originating cultivator or processor from which the product was purchased. If the Applicant receives multiple reports from P/Cs regarding the same product the Designated Representative will contact the Board of Pharmacy to initiate a recall of the product in question and quarantine any remaining product in their facility.

In addition to the processes, procedures, and controls described above, the Applicant will also enact measures to prevent these events from occurring and to actively inform staff, patients, and caregivers of the available reporting channels. The Applicant will prevent adverse events related to the security of medical marijuana by maintaining the integrity of the dispensary's security systems, staffing a local police officer on the premises during normal business hours, properly storing all medical marijuana within the interior vault area with restricted access, and training all staff in the appropriate responses to adverse events.

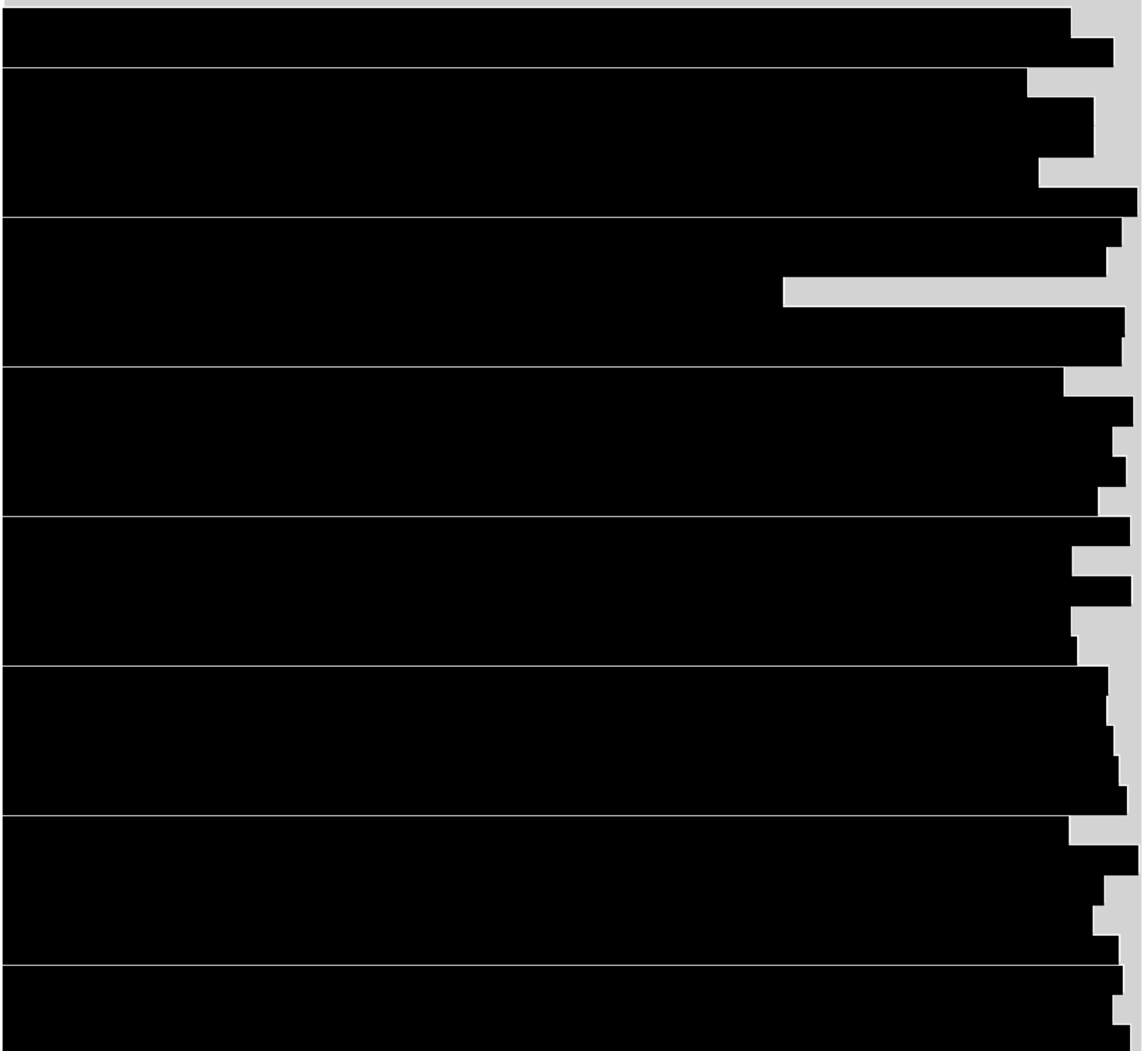
The Applicant will prevent adverse events related to administration of medical marijuana by inspecting all shipments prior to delivery and rejecting products that do not meet their quality control standards, properly storing all medical marijuana and marijuana products before they are sold, instructing staff and P/Cs in the proper methods of administration for individual items, and finally by providing P/Cs with educational materials that illustrate possible adverse events and the proper methods of reporting them. Finally, the Applicant will post signage directing P/Cs with medical marijuana-related inquiries and reports of adverse reactions to the toll-free telephone line established by the Board. All signage will be clearly visible and unobstructed, and staff will make P/Cs well aware of the toll-free line and their ability to report adverse events during every transaction as part of company protocol. For more information on the dispensary's security measures see Section D-2.2 of this application. For more information on the dispensary's storage plans see Section D-4.4 of this application. For more information on the dispensary's training requirements see Section E-2.1 of this application.

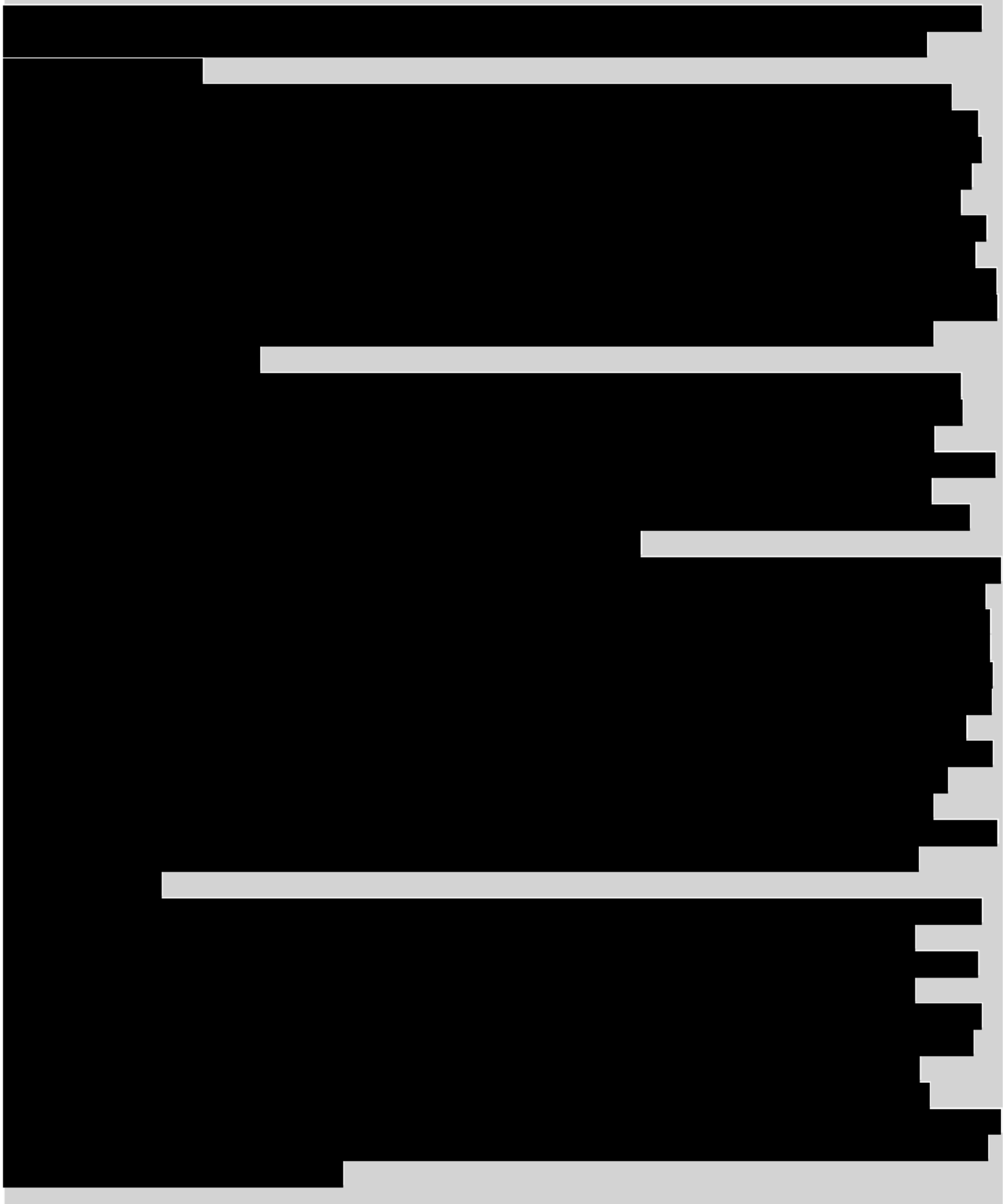
Patient Care(Patient Care Facilities)

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

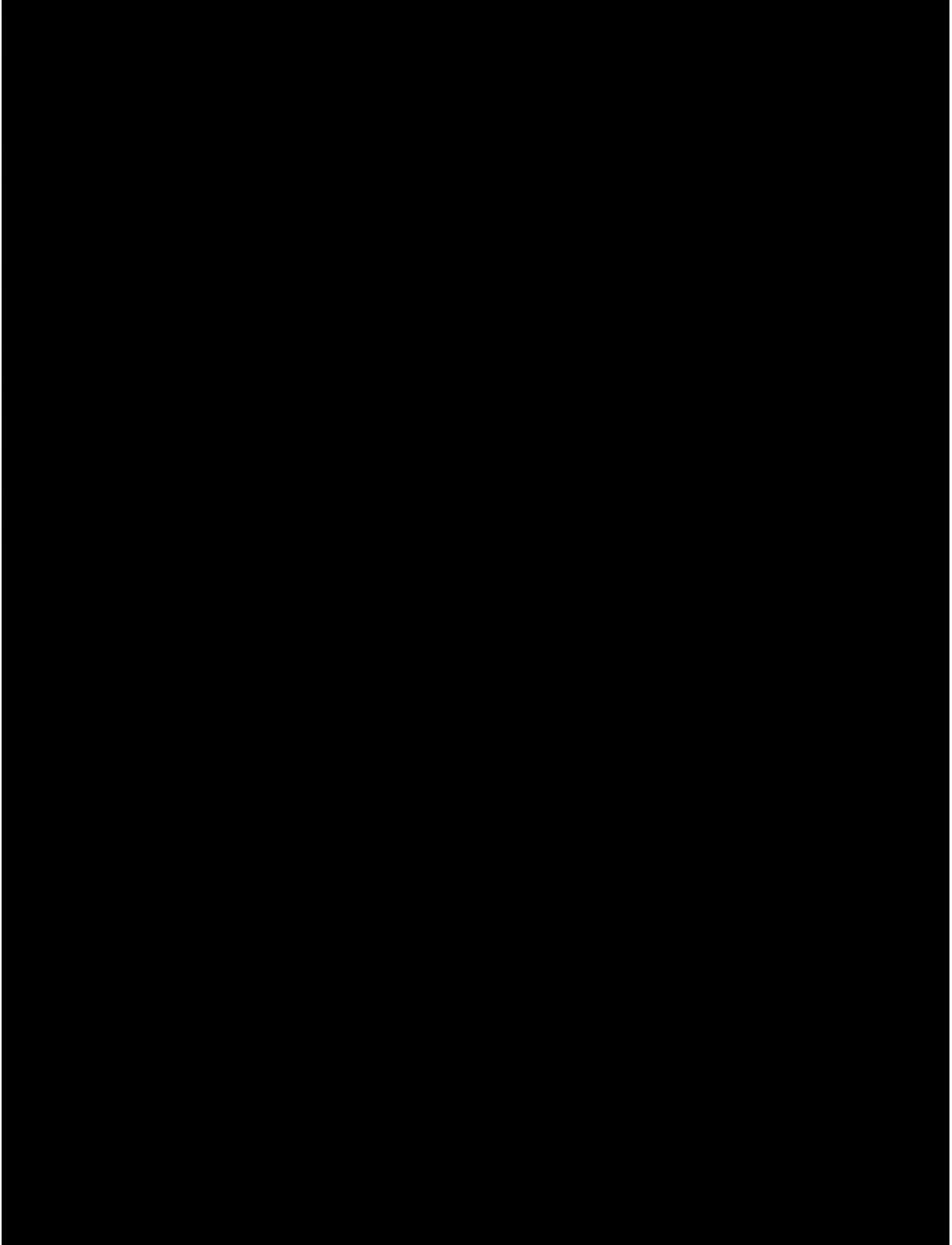
Please reference [OAC 3796:6-2-02](#) for more information.





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.

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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- Saturday, 8a.m-7p.m.

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: **tradesecretform.pdf**

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



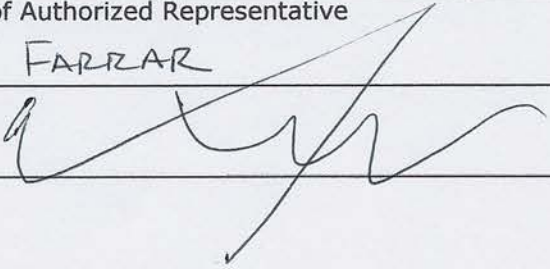
Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant: INDIE GROW LLC	
<p>The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.</p> <p>While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.</p> <p>Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.</p> <p>Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.</p>	
Printed Name of Authorized Representative EVIANA FARRAR	
Signature 	Date 11/16/2017

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