



STATE OF  
**OHIO**  
BOARD OF PHARMACY

## Ohio Medical Marijuana Control Program



### Ohio Medical Marijuana Dispensary Application CANNASCEND ALTERNATIVE, LLC Application ID 989

#### 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

CannAscend Alternative, LLC

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

Strawberry Fields

**A-1.3** Business Street Address

312 Walnut Street, Suite 2120

**A-1.4** City

Cincinnati

**A-1.5** State

OH

**A-1.6** Zip Code

45202

**A-1.7** Phone

5133624325

**A-1.8** Email

james.gould@gla.holdings

## 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

James

**A-2.3** Middle Name

M

**A-2.4** Last Name

Gould

**A-2.5** Street Address

312 Walnut Street, Suite 2120

**A-2.6** City

Cincinnati

**A-2.7** State

OH

**A-2.8** Zip Code

45202

**A-2.9** Phone

5133624325

**A-2.10** Email

james.gould@gla.holdings

## 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

11/13/2017

### A-3.4 Business Name on Formation Documents

CannAscend Alternative, LLC

### A-3.5 Federal Employer ID number

**This response has been entirely redacted**

### A-3.6 Ohio Unemployment Compensation Account Number

*No response provided by applicant*

### A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio)

*No response provided by applicant*

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

*No response provided by applicant*

**A-3.9** The Applicant attests that workers' compensation insurance will be obtained by the time the State of Ohio Board of Pharmacy determines the Applicant to be operational under the Act and regulations.

YES

**A-3.10** Has the Applicant operated and conducted business in any jurisdiction other than Ohio in the past three years? If you select "**Yes**", answer question A-3.10.1 below.

NO

**A-3.10.1** If "**Yes**" to question A-3.10, for each instance relevant to question A-3.10, provide the following:

- Legal Business Name
- Business Address
- Federal Employee ID Number

*No response provided by applicant*



### **Demographic Information(Economically Disadvantaged Business)**

**A-4.1** The Applicant attests that at least fifty-one percent of the business, including corporate stock if a corporation, is owned by persons who belong to one or more of the groups set forth in this division, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. [ORC 3796.10](#)

NO

### Demographic Information(District Information )

**A-5.1** Please select to indicate the medical marijuana dispensary Ohio district for which you are applying for a dispensary license

SOUTHWEST-4

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

Montgomery

## Demographic Information(Prospective Associated Key Employees Details)

### Item 1 of 12

#### A-6.1 First Name

James

#### A-6.2 Middle Name

M

#### A-6.3 Last Name

Gould

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Business owner

#### A-6.6 Title in the Applicant's business

Owner & CEO

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

3771.87

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

37.7187%

#### A-6.11 Voting percentage

37.7187%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions and entrepreneurial and cannabis industry expertise

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

5250 Drake Road

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45243

**A-6.20** Phone

5135206003

**A-6.21** Email

james.gould@gla.holdings

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

*No response provided by applicant*

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

46 Years

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

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

**This response has been entirely redacted**

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

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

**This response has been entirely redacted**

## Demographic Information(Prospective Associated Key Employees Details)

### Item 2 of 12

#### A-6.1 First Name

William

#### A-6.2 Middle Name

O

#### A-6.3 Last Name

Brisben

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Real Estate Developer

#### A-6.6 Title in the Applicant's business

Founder and President

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

4180.68

#### A-6.9 Types of shares owned

Voting

#### A-6.10 Percent interest in Applicant's business

41.8068%

#### A-6.11 Voting percentage

41.8068%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions and entrepreneurial expertise

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

6280 Shawnee Pines Dr.

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45243

**A-6.20** Phone

5136071990

**A-6.21** Email

wbrisben@hotmail.com

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

*No response provided by applicant*

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

73 years

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

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

**This response has been entirely redacted**

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

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

**This response has been entirely redacted**



## Demographic Information(Prospective Associated Key Employees Details)

### Item 3 of 12

#### A-6.1 First Name

Michael

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Kwesell

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Medical Marijuana Cultivator, Processor & Dispenser

#### A-6.6 Title in the Applicant's business

Director of Operations

#### A-6.7 Applicant's business related compensation

Dividends and royalties

#### A-6.8 Number of shares owned

100

#### A-6.9 Types of shares owned

Voting

#### A-6.10 Percent interest in Applicant's business

1%

#### A-6.11 Voting percentage

1%

#### A-6.12 Proposed Role

OWNER

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

Commercial cannabis expertise and brand licensing

**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

202 Cheyenne Blvd.

**A-6.17** City

Colorado Springs

**A-6.18** State

CO

**A-6.19** Zip Code

80905

**A-6.20** Phone

7194919441

**A-6.21** Email

mike.k@strawberryfieldscannabis.com

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

*No response provided by applicant*

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 4 of 12

#### A-6.1 First Name

Richard

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Kwesell

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Licensed Medical Marijuana Cultivator, Processor & Dispenser

#### A-6.6 Title in the Applicant's business

Director of Operations and Sales

#### A-6.7 Applicant's business related compensation

Dividends and royalties

#### A-6.8 Number of shares owned

100

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

1%

#### A-6.11 Voting percentage

1%

#### A-6.12 Proposed Role

OWNER

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

Commercial cannabis expertise and brand licensing

**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

1111 Terrace Road

**A-6.17** City

Colorado Springs

**A-6.18** State

CO

**A-6.19** Zip Code

80904

**A-6.20** Phone

7193317572

**A-6.21** Email

rich.k@strawberryfieldscannabis.com

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

*No response provided by applicant*

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 5 of 12

#### A-6.1 First Name

Brian

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Santin

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Physician

#### A-6.6 Title in the Applicant's business

Medical Director

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

27

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

.2700%

#### A-6.11 Voting percentage

.2700%

#### A-6.12 Proposed Role

OWNER

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

Medical expertise

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

578 South Fifth Street

**A-6.17** City

Columbus

**A-6.18** State

OH

**A-6.19** Zip Code

43026

**A-6.20** Phone

6145718092

**A-6.21** Email

briansantin@gmail.com

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

*No response provided by applicant*

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

38 years

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

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

**This response has been entirely redacted**

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



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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 6 of 12

#### A-6.1 First Name

Pamela

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Hay

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Private Security and former DEA Agent

#### A-6.6 Title in the Applicant's business

Chief Security Advisor

#### A-6.7 Applicant's business related compensation

Fee for services

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

N/A

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Expertise, former DEA Agent

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

17 Apple Valley Drive

**A-6.17** City

Sharon

**A-6.18** State

MA

**A-6.19** Zip Code

02067

**A-6.20** Phone

6179222676

**A-6.21** Email

haypamela@icloud.com

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

*No response provided by applicant*

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 7 of 12

#### A-6.1 First Name

Frank

#### A-6.2 Middle Name

Ryan

#### A-6.3 Last Name

New

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Investor

#### A-6.6 Title in the Applicant's business

Owner

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

588.00

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

5.8800%

#### A-6.11 Voting percentage

5.8800%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

4515 Fairfield Drive

**A-6.17** City

Corona Del Mar

**A-6.18** State

CA

**A-6.19** Zip Code

92625

**A-6.20** Phone

2162416664

**A-6.21** Email

ryan.new@corningadvisors.com

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

*No response provided by applicant*

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 8 of 12

#### A-6.1 First Name

Harry

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Brown

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Investor

#### A-6.6 Title in the Applicant's business

Owner

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

438.63

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

4.3863%

#### A-6.11 Voting percentage

4.3863%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions



**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

9300 Cunningham Rd.

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45243

**A-6.20** Phone

5138316286

**A-6.21** Email

hcbrown@fuse.net

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

*No response provided by applicant*

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

35 Years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 9 of 12

#### A-6.1 First Name

Nicholas

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Barsan

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Pharmacist

#### A-6.6 Title in the Applicant's business

Pharmacy Advisor and Board Liaison

#### A-6.7 Applicant's business related compensation

Fee for services

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

N/A

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Expertise

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

6790 Willow Lane

**A-6.17** City

Mason

**A-6.18** State

OH

**A-6.19** Zip Code

45040

**A-6.20** Phone

5132587197

**A-6.21** Email

nbarsan@cinci.rr.com

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

*No response provided by applicant*

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

52 Years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 10 of 12

#### A-6.1 First Name

Lindsay

#### A-6.2 Middle Name

New

#### A-6.3 Last Name

Dempsey

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Investor

#### A-6.6 Title in the Applicant's business

Investor

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

612.00

#### A-6.9 Types of shares owned

Voting

#### A-6.10 Percent interest in Applicant's business

6.1200%

#### A-6.11 Voting percentage

6.1200%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

5045 112TH Ave N.E.

**A-6.17** City

Kirkland

**A-6.18** State

WA

**A-6.19** Zip Code

98033

**A-6.20** Phone

2162416664

**A-6.21** Email

lindsey.new@corningadvisors.com

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

*No response provided by applicant*

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*



## Demographic Information(Prospective Associated Key Employees Details)

### Item 11 of 12

#### A-6.1 First Name

David

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Black

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Pharmacist

#### A-6.6 Title in the Applicant's business

Pharmacy Advisor and Board Liaison

#### A-6.7 Applicant's business related compensation

Fee for services

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

N/A

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Pharmacy expertise

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

219 Bold Forbes Rd

**A-6.17** City

Loveland

**A-6.18** State

OH

**A-6.19** Zip Code

45140

**A-6.20** Phone

5134443085

**A-6.21** Email

davblackrxdb@gmail.com

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

*No response provided by applicant*

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

52 Years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 12 of 12

#### A-6.1 First Name

Joseph

#### A-6.2 Middle Name

Walter

#### A-6.3 Last Name

Haden

#### A-6.4 Suffix

III

#### A-6.5 Occupation

Professional football player

#### A-6.6 Title in the Applicant's business

Athlete Outreach Consultant

#### A-6.7 Applicant's business related compensation

Dividends

#### A-6.8 Number of shares owned

181.82

#### A-6.9 Types of shares owned

voting

#### A-6.10 Percent interest in Applicant's business

1.8182%

#### A-6.11 Voting percentage

1.8182%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**A-6.14** Date of birth

**This response has been entirely redacted**

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

**This response has been entirely redacted**

**A-6.16** Street Address

20566 Tramore Lane

**A-6.17** City

Strongsville

**A-6.18** State

OH

**A-6.19** Zip Code

44149

**A-6.20** Phone

2407868087

**A-6.21** Email

hadenjoe5@gmail.com

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

*No response provided by applicant*

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

5 Years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

### **Compliance(Compliance with Applicable Laws and Regulations)**

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

YES

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

YES

## Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

**B-2.4.1** If "Yes" to any question in B-2, provide the following: Respondent / Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and the Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

*No response provided by applicant*



## Compliance(Prospective Associated Key Employee Compliance)

### Item 1 of 12

#### B-3.1 First Name

James

#### B-3.2 Middle Name

M

#### B-3.3 Last Name

Gould

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Owner & CEO

#### B-3.6 Brief description of role

Lead corporate enterprise and ensure financial stability

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

William

#### B-3.2 Middle Name

O

#### B-3.3 Last Name

Brisben

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Owner and President

#### B-3.6 Brief description of role

Corporate leadership and strategic funding and growth

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

Michael

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Kwesell

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Director of Operations

#### B-3.6 Brief description of role

Develop and implement standard operating procedures

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

402-00167 Strawberry Fields Center Type 3 Compliance Initiative, LLC MED 3404 W. Colorado Ave., Colorado Springs 80904

719424 Strawberry Fields Center Type 3 Compliance Initiative, LLC Colorado Springs 3404 W. Colorado Ave., Colorado Springs 80904

403-00248 Strawberry Fields Op Premises Compliance Initiative, LLC MED 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904

719423 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904

403-00250 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905

719422 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
403-00251 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719421 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
404-00068 Strawberry Fields MED MIP Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719420 Strawberry Fields MED MIP Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
402R-00475 Strawberry Fields REC Store Garden Greens, LLC MED 4116 Nature Center Road, Pueblo 81003  
SAS Strawberry Fields REC MJ Products Mfg Garden Greens, LLC Pueblo 4116 Nature Center Road, Pueblo 81003  
403R-00355 Strawberry Fields REC Grow Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC Grow Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
404R-00084 Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
402R-00537 Strawberry Fields Rec Store Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields Rec Store Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
404R-00282 Strawberry Fields REC MJ Products Mfg Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields REC MJ Products Mfg Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
402R-00606 Strawberry Fields REC Store AHAB, LLC MED 116 Santa Fe Trail Drive, Trinidad, CO 81082  
SAS Strawberry Fields REC Store AHAB, LLC Trinidad 116 Santa Fe Trail Drive, Trinidad, CO 81082  
402R-00145 Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436  
Local Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

402-00167 Strawberry Fields Center Type 3 Compliance Initiative, LLC MED 3404 W. Colorado Ave., Colorado Springs 80904  
719424 Strawberry Fields Center Type 3 Compliance Initiative, LLC Colorado Springs 3404 W. Colorado Ave., Colorado Springs 80904  
403-00248 Strawberry Fields Op Premises Compliance Initiative, LLC MED 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904  
719423 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904  
403-00250 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719422 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
403-00251 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719421 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
404-00068 Strawberry Fields MED MIP Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719420 Strawberry Fields MED MIP Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
402R-00475 Strawberry Fields REC Store Garden Greens, LLC MED 4116 Nature Center Road, Pueblo 81003  
SAS Strawberry Fields REC MJ Products Mfg Garden Greens, LLC Pueblo 4116 Nature Center Road, Pueblo 81003  
403R-00355 Strawberry Fields REC Grow Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC Grow Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
404R-00084 Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
402R-00537 Strawberry Fields Rec Store Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields Rec Store Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
404R-00282 Strawberry Fields REC MJ Products Mfg Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields REC MJ Products Mfg Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
402R-00606 Strawberry Fields REC Store AHAB, LLC MED 116 Santa Fe Trail Drive, Trinidad, CO 81082  
SAS Strawberry Fields REC Store AHAB, LLC Trinidad 116 Santa Fe Trail Drive, Trinidad, CO 81082  
402R-00145 Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436  
Local Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

YES

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

Compliance Initiatives, LLC  
d/b/a Strawberry Fields  
3404 West Colorado Avenue  
Colorado Springs, CO 80904  
Medical Marijuana Center License No. 402-00167  
Richard Kwesell  
Associated Key License No. M00334  
Michael Kwesell  
Associated Key License No. M00335

Without admitting any wrong doing, Michael and Richard Kwesell, on behalf of their wholly-owned entity Strawberry Fields and its affiliate Compliance Initiatives, LLC, accepted an Assurance of Voluntary Compliance due to an alleged violation of Colorado Rule M 403(E), 1 CCR 212-1. This resulted in correction of an alleged compliance issue and payment of a fine. Colorado Dept. of Revenue, Marijuana Enforcement Division- 1707 Cole Blvd, Suite 300, Lakewood, CO 80401 - Assurance of Voluntary Compliance - May 29, 2015

**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?

YES

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

Compliance Initiatives, LLC  
d/b/a Strawberry Fields  
3404 West Colorado Avenue  
Colorado Springs, CO 80904  
Medical Marijuana Center License No. 402-00167  
Richard Kwesell  
Associated Key License No. M00334  
Michael Kwesell  
Associated Key License No. M00335

Without admitting any wrong doing, Michael and Richard Kwesell, on behalf of their wholly-owned entity Strawberry Fields and its affiliate Compliance Initiatives, LLC, accepted an Assurance of Voluntary Compliance due to an alleged violation of Colorado Rule M 403(E), 1 CCR 212-1. This resulted in correction of an alleged compliance issue and payment of a fine. Colorado Dept. of Revenue, Marijuana Enforcement Division- 1707 Cole Blvd, Suite 300, Lakewood, CO 80401 - Assurance of Voluntary Compliance - May 29, 2015

**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

Richard

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Kwesell

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Director of Operations and Sales

#### B-3.6 Brief description of role

Lead efforts to maximize sales through operational consistency and patient/physician outreach

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

402-00167 Strawberry Fields Center Type 3 Compliance Initiative, LLC MED 3404 W. Colorado Ave., Colorado Springs 80904

719424 Strawberry Fields Center Type 3 Compliance Initiative, LLC Colorado Springs 3404 W. Colorado Ave., Colorado Springs 80904

403-00248 Strawberry Fields Op Premises Compliance Initiative, LLC MED 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904

719423 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 2755 Ore Mill Road, Units 17/18, Colorado Springs 80904

403-00250 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905



719422 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
403-00251 Strawberry Fields Op Premises Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719421 Strawberry Fields Op Premises Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
404-00068 Strawberry Fields MED MIP Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719420 Strawberry Fields MED MIP Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
402R-00475 Strawberry Fields REC Store Garden Greens, LLC MED 4116 Nature Center Road, Pueblo 81003  
SAS Strawberry Fields REC MJ Products Mfg Garden Greens, LLC Pueblo 4116 Nature Center Road, Pueblo 81003  
403R-00355 Strawberry Fields REC Grow Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC Grow Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
404R-00084 Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
SAS Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC Pueblo 9000 S Interstate 25 Colorado City 81019  
402R-00537 Strawberry Fields Rec Store Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields Rec Store Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
404R-00282 Strawberry Fields REC MJ Products Mfg Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields REC MJ Products Mfg Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
402R-00606 Strawberry Fields REC Store AHAB, LLC MED 116 Santa Fe Trail Drive, Trinidad, CO 81082  
SAS Strawberry Fields REC Store AHAB, LLC Trinidad 116 Santa Fe Trail Drive, Trinidad, CO 81082  
402R-00145 Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436  
Local Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

402-00167 Strawberry Fields Center Type 3 Compliance Initiative, LLC MED 3404 W. Colorado Ave., Colorado Springs 80904  
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404-00068 Strawberry Fields MED MIP Compliance Initiative, LLC MED 1440 Pando Avenue, Colorado Springs 80905  
719420 Strawberry Fields MED MIP Compliance Initiative, LLC Colorado Springs 1440 Pando Avenue, Colorado Springs 80905  
402R-00475 Strawberry Fields REC Store Garden Greens, LLC MED 4116 Nature Center Road, Pueblo 81003  
SAS Strawberry Fields REC MJ Products Mfg Garden Greens, LLC Pueblo 4116 Nature Center Road, Pueblo 81003  
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404R-00084 Strawberry Fields REC MJ Products Mfg Heartland Industries, LLC MED 9000 S Interstate 25 Colorado City 81019  
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402R-00537 Strawberry Fields Rec Store Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields Rec Store Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
404R-00282 Strawberry Fields REC MJ Products Mfg Syls, LLC MED 2285 North Interstate 25, Pueblo 81008  
SAS Strawberry Fields REC MJ Products Mfg Syls, LLC Pueblo 2285 North Interstate 25, Pueblo 81008  
402R-00606 Strawberry Fields REC Store AHAB, LLC MED 116 Santa Fe Trail Drive, Trinidad, CO 81082  
SAS Strawberry Fields REC Store AHAB, LLC Trinidad 116 Santa Fe Trail Drive, Trinidad, CO 81082  
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Local Strawberry Fields REC Store Tri-City Partners, LLC Dumont/Clear Creek Co 909 County Road 308, Downieville, CO 80436

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

YES

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

Compliance Initiatives, LLC  
d/b/a Strawberry Fields  
3404 West Colorado Avenue  
Colorado Springs, CO 80904  
Medical Marijuana Center License No. 402-00167  
Richard Kwesell  
Associated Key License No. M00334  
Michael Kwesell  
Associated Key License No. M00335

Without admitting any wrong doing, Michael and Richard Kwesell, on behalf of their wholly-owned entity Strawberry Fields and its affiliate Compliance Initiatives, LLC, accepted an Assurance of Voluntary Compliance due to an alleged violation of Colorado Rule M 403(E), 1 CCR 212-1. This resulted in correction of an alleged compliance issue and payment of a fine. Colorado Dept. of Revenue, Marijuana Enforcement Division- 1707 Cole Blvd, Suite 300, Lakewood, CO 80401 - Assurance of Voluntary Compliance - May 29, 2015

**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?

YES

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

Compliance Initiatives, LLC  
d/b/a Strawberry Fields  
3404 West Colorado Avenue  
Colorado Springs, CO 80904  
Medical Marijuana Center License No. 402-00167  
Richard Kwesell  
Associated Key License No. M00334  
Michael Kwesell  
Associated Key License No. M00335

Without admitting any wrong doing, Michael and Richard Kwesell, on behalf of their wholly-owned entity Strawberry Fields and its affiliate Compliance Initiatives, LLC, accepted an Assurance of Voluntary Compliance due to an alleged violation of Colorado Rule M 403(E), 1 CCR 212-1. This resulted in correction of an alleged compliance issue and payment of a fine. Colorado Dept. of Revenue, Marijuana Enforcement Division- 1707 Cole Blvd, Suite 300, Lakewood, CO 80401 - Assurance of Voluntary Compliance - May 29, 2015

**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

Brian

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Santin

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Medical Director

#### B-3.6 Brief description of role

Direct organizational objectives relative to patient care considerations, anti-diversion, and signs of abuse

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

Pamela

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Hay

#### B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

#### B-3.5 Position/Title

Chief Security Advisor

#### B-3.6 Brief description of role

Directly advise corporate leadership team on all aspects of security measures and anti-diversion

**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

Harry

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Brown

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Investor

#### B-3.6 Brief description of role

Owner

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

Nicholas

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Barsan

#### B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

#### B-3.5 Position/Title

Pharmacy Advisor and Board Liaison

#### B-3.6 Brief description of role

Advise corporate leadership and dispensary employees on the proper dispensation of medicine to avoid diversion and detect signs of abuse

**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

David

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Black

#### B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

#### B-3.5 Position/Title

Pharmacy Advisor and Board Liaison

#### B-3.6 Brief description of role

Advise corporate leadership and dispensary employees on the proper dispensation of medicine to avoid diversion and detect signs of abuse

**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

Lindsay

#### B-3.2 Middle Name

New

#### B-3.3 Last Name

Dempsey

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Investor

#### B-3.6 Brief description of role

Owner

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

Joseph

#### B-3.2 Middle Name

Walter

#### B-3.3 Last Name

Hayden

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Athlete Outreach Consultant

#### B-3.6 Brief description of role

Advise leadership on strategic planning to serve athlete patient populations for the alternative treatment of pain

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

YES

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

CannAscend Ohio, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

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

CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

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

YES

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

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CannAscend Alternative, LLC - 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202

CannAscend Alternative Logan, LLC - 312 Walnut Street, Suite 2120 - Cincinnati, Ohio 45202

**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

Frank

#### B-3.2 Middle Name

Ryan

#### B-3.3 Last Name

New

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Investor

#### B-3.6 Brief description of role

Owner

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

YES

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

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NO

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*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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**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?

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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**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\_Dayton Contract Executed.pdf**

NOTE: This applicant uploaded document is the next 26 page(s) of this document.

## REAL ESTATE OPTION AGREEMENT

This Real Estate Option Agreement (the "Agreement") is entered into as of the last date of execution hereof (the "Effective Date") by and between Goldflies Storage and Moving Company, an Ohio corporation, having a mailing address of c/o Gary X. Goldflies, 2259 East Alex-Bell Road, Dayton, Ohio 45459, as optionor, grantor and seller (the "Seller") and CannAscend Ohio, LLC, an Ohio limited liability company, and/or its designee or assigns, as optionee, grantee and buyer (the "Buyer") having its mailing address at 312 Walnut Street, Suite 2120, Cincinnati, Ohio 45202. The Seller and the Buyer may be sometimes collectively referred to herein as the "Parties".

### RECITALS

- A. Seller is the owner of the parcels of land (the "Property") described more particularly in Section 1 below.
- B. Seller desires to enter into this Agreement to grant Buyer the exclusive option (the "Option") to purchase the Property on the terms and subject to the conditions set forth herein.

**WHEREFORE**, in consideration of the mutual covenants and agreements contained in this Agreement, and for good and other valuable consideration, the receipt and sufficiency of which the Parties hereby acknowledge, the Parties agree as follows:

1. The Property. The Property consists of 4 parcels of real estate having the parcel numbers and respective addresses as set forth as follows:

Parcel Number	Address
R72 01401 0026	321 Wayne Avenue, Dayton, Ohio 45410
R72 01401 0027	333 Wayne Avenue, Dayton, Ohio 45410
R72 01401 0028	333 Wayne Avenue, Dayton, Ohio 45410
R72 01401 0035	117 Van Buren Street, Dayton, OH 45410
R72 01401 00 19, 20,23,24 and 25	307, 309, 311 and 313 Wayne Avenue, Dayton, Ohio 45410

The Property is situated in the County of Montgomery ("County"), and in the State of Ohio, together with all appurtenances, hereditaments, rights and privileges belonging to or in any way appertaining thereto, unless objected to by Buyer under the terms hereof. A copy of the County auditor's web pages for the Property is attached hereto as **Exhibit A**.



2. Term. The term ("Initial Term") of this Agreement shall commence on the Effective Date and expire one hundred eighty (180) days after the Effective Date. At any time during the Initial Term of this Option or if exercised, before the expiration of the then Extension Term, Buyer shall have the right to send written notice ("Extension Notice") to Seller exercising a right to extend the Initial Term for six (6) additional thirty (30) day periods ("Extension Term(s)"). The Initial Term and any Extension Term(s) shall be collectively referred to herein as the "Term".

3. Grant of Option. In consideration of the terms of this Agreement, Seller hereby grants to Buyer the exclusive Option to purchase the Property, on the terms and subject to conditions set forth herein. Buyer shall have the right to exercise its right to purchase the Property by exercising the Option pursuant to the method set forth in Section 4 below, and Seller shall grant no other party an option or any other right to purchase the Property prior to the expiration of the Term.

4. Method of Exercising Option. At any time during the Term of this Agreement, Buyer shall have the right to send written notice (the "Exercise Notice") to Seller exercising its rights under the Agreement to purchase the Property. If Buyer does not send an Exercise Notice to Seller and complete the purchase of the Property prior to the expiration of the Term, then this Agreement shall terminate upon the expiration of the Term, and neither of the Parties shall have any further obligations hereunder except for those that by their express terms provide that they survive the termination of this Agreement. If Buyer elects to purchase the Property and sends an Exercise Notice to Seller, then the closing (the "Closing" or "Close of Escrow") of the purchase and sale of the Property shall occur in escrow through the Title Company (as that term is defined in Section 9(a) below) on or before a date specified by Buyer in the Exercise Notice but in no event later than the end of the Term.

5. Purchase Price. The purchase price ("Purchase Price") for the Property shall equal One Million Dollars (\$1,000,000.00), subject to the debits and credits expressly provided for in this Agreement, and shall be paid in immediately available funds.

6. Deposit. On the Effective Date, Buyer shall wire transfer to the Seller the sum equal to Thirty Thousand Dollars (\$30,000.00) (which may be referred to as the "Initial Deposit"). If the Buyer has not terminated this Option by sending written notice to the Seller during the Initial Term, then Buyer shall wire transfer to the Seller Five Thousand Dollars (\$5,000.00) as consideration for each Extension Term (collectively, the "Additional Deposits"). The first Additional Deposit, and each subsequent Additional Deposit shall be due and payable simultaneously with the Buyer's sending each Extension Notice. The Initial Deposit and any Additional Deposits shall collectively be referred to herein as the "Deposit". Except for the Initial Deposit, two-thirds (2/3) of which shall be refundable if Buyer terminates this Agreement during the Review Period (as that term is defined in Section 7), and except as provided in Section 16(a), the Deposit shall be nonrefundable and deemed earned upon the expiration of the Review Period. The Deposit shall not be credited towards the Purchase Price. If this Agreement is terminated by the Buyer during the Review Period (as defined in Section 7 below), then two-thirds (2/3) of the Initial Deposit shall be returned to the Buyer, in which event, this Agreement, without further action of the Parties, shall become null and void and neither Party shall have any further rights or obligations under this Agreement save and except those that expressly survive the termination of this Agreement.

7. Review. Up through midnight on November 16, 2017 (the "Review Period"), Buyer shall have the right to determine, in its sole and absolute discretion, whether the Property is suitable to Buyer for its intended development. The Buyer and Seller agree as follows regarding the Review Period:

- (a) During the Review Period, the Seller shall create no encumbrances against the Property without the prior written consent of the Buyer, which consent may be withheld in Buyer's sole and absolute discretion.
- (b) Within two (2) business days after the Effective Date, Seller shall provide Buyer with copies of the following documents (collectively, the "Seller Deliveries") within Seller's possession or control: (i) any Environmental Phase I reports; (ii) any existing surveys, title insurance commitments or title insurance policies; (iii) any letters from any governmental entities claiming that the Property is not compliant with applicable law; and (iv) any other documents relating to the Property of a material nature that relate to the condition or character of the Property or the improvements situated thereon. If Buyer terminates this Agreement, then all Seller Deliveries shall be returned by the Buyer to the Seller.
- (c) During the Review Period, Buyer and its authorized agents, affiliates, employees and contractors may enter upon the Property for the purpose of conducting development, engineering, economic and other studies, and physical, soils, geological, environmental, and other inspections of the Property to determine the condition of the Property. Buyer shall restore the Property substantially to its original condition if any alterations are caused by such entry. Buyer shall also indemnify and hold Seller harmless from all claims, costs, fees, including, without limitation, mechanics' or material supplier's liens, which may be asserted against or incurred as a result of the acts of Buyer or its agents, affiliates, employees or contractors.

8. Escrow Agent and Closing Conditions. The Parties agree as follows:

- (a) Escrow Agent. National Title Company, 6804 Loop Road, Dayton Ohio 454592154 East Main Street, Suite 301, Columbus, Ohio 43209, Attn: Ray Woodie 937-291-4201 shall be the title insurance agent ("Title Agent") to service as both the escrow agent ("Escrow Agent") and the Title Agent issuing the title insurance commitment required to be obtained under the terms of this Agreement.
- (b) Closing Conditions. The Buyer shall have no obligation to purchase the Property under any one of the following conditions (the "Closing Conditions"):
  - (i) Dispensary License. The Buyer is not awarded the Dispensary License for the Property;

- (ii) Title Policy. The Title Company will not issue the Title Policy consistent with the requirements of this Agreement;
- (iii) Development Prohibitions. Development, building, construction, flood or some form of moratoria on building or other governmentally-issued orders or legislation is in existence that would prohibit the operation of a business using the Dispensary License at the Property.

If any of the above Closing Conditions are in existence, then Buyer shall not have an obligation to purchase the Property unless the Closing Conditions are waived, but Buyer shall nonetheless forfeit its Deposit, which shall be paid to the Seller as consideration for the terms of this Agreement if the Buyer terminates this Agreement as a result of a Closing Condition.

9. Title Commitment and Survey.

- (a) Title Commitment. Buyer shall have until the expiration of the Review Period to examine matters affecting title to the Property. In connection with Buyer's examination of title, at Seller's sole cost and expense, Buyer shall order from the Escrow Agent (in such capacity, the "Title Company") an ALTA title insurance commitment (the "Title Commitment") covering the Property, showing all matters affecting title to the Property and binding the Title Company to issue at Closing an owner's policy of title insurance in the full amount of the Purchase Price (the "Title Policy"). Buyer shall instruct the Title Company to deliver to Buyer and Seller copies of the Title Commitment and copies of all instruments referenced in Schedule B thereof not less than five (5) business days prior to the expiration of the Review Period.
- (b) Title Defects. In the event that the Title Commitment sets forth title matters that are reasonably unacceptable to Buyer, Buyer shall have two (2) business days after the date of receipt of the Title Commitment to notify Seller in writing of Buyer's objections to the status of title ("Buyer's Title Objections") and Seller thereafter shall have two (2) business days after the date of Seller's receipt of Buyer's Title Objections (the "Seller Response Period") to inform Buyer in writing as to which, if any, of Buyer's Title Objections Seller is willing to cure prior to the closing ("Seller Cure Response"). If Seller fails to agree in writing to cure Buyer's Title Objections and arrange for issuance by the Title Company an amended Title Commitment on or before the end of the Seller's Response Period, Buyer may, at its option either (y) terminate this Agreement by providing written notice of termination within two (2) business days after the expiration of Seller's Response Period and immediately receive from the Title Company the Initial Deposit, in which event, this Agreement, without further action of the Parties, shall become

null and void and neither party shall have any further rights or obligations under this Agreement save and except those that expressly survive the termination of this Agreement, or (z) elect to accept the Property as it is then, whereupon such objection which Seller has not agreed in writing to correct by the Closing and those not objected to by the Buyer in Buyer's Objection Notice shall constitute the "Permitted Exceptions". If Buyer fails to make either election set forth in subsections (y) and (z) immediately above, Buyer shall be deemed to have elected option (z). Notwithstanding anything to the contrary contained herein, Seller shall be obligated to remove at Seller's expense (i) any mortgages or deeds to secure debt, (ii) any mechanics' or material suppliers' liens encumbering the Property (provided, however, Seller shall have the option to bond-off any such liens if Seller is unable to cause any of same to be released); (iii) any other monetary liens against the Property except for the lien of real estate taxes; (iv) any matter created by Seller in violation of this Agreement; and (v) any matter Seller agrees in writing to cure pursuant to the Seller Cure Response. Provided further, the Parties agree that the cost of any endorsements or additional premiums relating to the issuance of the Title Policy arising from a request to delete any standard preprinted exceptions which cannot be deleted by a "clean" standard owner's affidavit utilized by the Title Company, shall be paid for by the Buyer.

- (c) Survey. Buyer shall order and pay for (subject to reimbursement as set forth in Section 13(c)(ii) below), an ALTA survey ("Survey") of the Property.

10. Title Insurance; Deed. At the Close of Escrow, Escrow Agent shall deliver to Buyer a proforma title policy (the "Title Policy") issued pursuant to the Title Commitment as finalized pursuant to Section 9 above, containing only the Permitted Exceptions established under the terms of this Agreement committing the Title Company to issue within a reasonable time after the Close of Escrow, at Buyer's expense, the Title Policy insuring title to the Property to Buyer in the amount of the Purchase Price subject only to the Permitted Exceptions. At Close of Escrow, Seller shall deliver to Buyer for recordation by Escrow Agent, a limited warranty deed (the "Deed"), free and clear of all liens, encumbrances, or any other claims or indebtedness, from Seller to Buyer conveying title to the Property to Buyer, subject only to the Permitted Exceptions.

11. Seller's Conduct Prior to Closing. Between the Effective Date and the Closing, Seller shall not, without Buyer's written consent: (a) transfer, sell, assign, lease or otherwise convey the Property or any interest therein, except as a result of condemnation proceedings in which event the provisions set forth in Section 17 of this Agreement shall apply; (b) grant, modify, create, assume or permit to exist any new mortgage, lien, encumbrance, easement, covenant, condition, right of way or restriction upon the Property or voluntarily take or permit any action adversely affecting title to the Property as it exists on the date of this Agreement unless permitted by this Agreement; (c) materially alter or change the condition or status of the Property.

12. Warranties and Representations.

- (a) Seller's Warranties and Representations. All warranties and representations set forth in this Section shall be true and correct as of the date hereof, and as of the date of Closing. The warranties and representations shall survive the Closing for a period of one (1) year. Seller hereby represents and warrants as follows:
- (i) To Seller's current, actual knowledge, there is no litigation or proceeding pending or threatened against or relating to either the Property and/or Seller's ability to consummate the transactions contemplated hereby, and Seller has received no notice of any pending, threatened or contemplated condemnation actions or special assessments with respect to the Property.
  - (ii) There are no third parties in possession of any part of the Property, except for those tenants identified on **Exhibit B** attached hereto. All leases shall be assigned to the Buyer at the Closing, and all tenants shall execute an estoppel certificate certifying to the content of the lease, the economic terms set forth therein, the amount of any security deposit, the last date of payment of rent and such other items as reasonably requested by the Buyer. If the lease does not permit the landlord to request the tenant to execute and deliver estoppel certificates, then the Seller shall execute landlord's estoppel certificate certifying to all of the aforesaid.
  - (iii) Seller is authorized and permitted to enter into this Agreement and to perform all covenants and obligations of Seller hereunder, and Seller's right to execute this Agreement is not limited by any other agreements. The person signing this Agreement on behalf of Seller has been duly authorized to do so. The execution and delivery of this Agreement, the consummation of the transaction described herein and compliance with the terms of this Agreement will not conflict with, or constitute a default under, any agreement to which Seller is a party or by which Seller or the Property is bound, or violate any regulation, law, court order, judgment, or decree applicable to Seller or the Property.
- (b) Buyer's Warranties and Representations. All warranties and representations set forth in this Section shall be true and correct as of the date hereof, as of the date of Closing, and shall survive the Closing for a period of one (1) year. Buyer hereby represents and warrants as follows:
- (i) The execution, delivery and performance by Buyer of this Agreement and the performance by Buyer of the transactions contemplated hereunder have each been duly authorized by such persons or authorities as may be required.



- (ii) Buyer has full right, power and authority to enter into this Agreement and carry out the obligations hereunder. Each person executing this Agreement on behalf of Buyer represents and warrants that such person is duly authorized to act on behalf of Buyer in executing this Agreement, and that this Agreement constitutes a valid and legally binding obligation of Buyer enforceable against Buyer in accordance with its terms.
- (iii) To Buyer's current, actual knowledge, there is no litigation or proceeding pending or threatened against Buyer which could have a materially adverse effect on Buyer's ability to perform its obligations hereunder.

13. Prorations and Closing Costs. The Buyer and the Seller agree as follows with respect to prorations and closing costs:

- (a) Taxes and Assessments. At the Close of Escrow, the Seller shall pay, or credit against the Purchase Price: (i) all delinquent taxes and assessments, including penalties and interest, which are a lien against the Property as of the date of Closing; (ii) any assessments which are a lien against the Property; and (iii) all unpaid current real estate taxes which are a lien against the Property, prorated through the date of Closing based upon the Montgomery County Ohio "Short Proration" method and on the Purchase Price.
- (b) Any Operating Expenses. Any operating expenses relating to the Property shall be paid by the Seller, such as utilities, mowing contracts, lawn service, utility charges or other similar expenses. The Parties expressly acknowledge and agree that Buyer shall have no obligation to assume any contracts or other obligations in any way relating to the Property.
- (c) Closing Costs. Seller shall pay: (i) any and all state and county real estate transfer taxes and related conveyance fees required to be paid in connection with the recording of the Deed transferring title to the Property to the Buyer; (ii) the cost of the issuance of the owner's Title Commitment and Title Policy, exclusive of any endorsements, except for any endorsements which the Seller has agreed to pay as set forth in the Seller Cure Response pursuant to Section 9(b) above; (iii) one-half of the escrow and closing fees charged by the Escrow Agent; and, and (iv) the cost of the Survey, but in no event greater than Two Thousand Dollars (\$2,000.00), and if the cost thereof exceeds such amount, the Buyer shall pay all amounts in excess of Two Thousand Dollars (\$2,000.00). The Buyer shall pay: (i) one-half of the escrow and closing fees charged by the Escrow Agent; and, (ii) any recording and filing fees for the Deed.

14. Broker. Buyer and Seller represent and warrant that they have not dealt with any person, firm, real estate broker, or realtor in connection with the sale of the Property and no realtor's or finder's fees, brokerage commissions, or other forms of compensation are due to any other realtor or broker in connection with the sale of the Property except for Northern Light Group, Sean Michalski, Broker, which shall be paid a commission by the Seller at the Closing equal to six percent (6%) of the Purchase Price. The commission shall only be due and payable if the Buyer completes the purchase of the Property in accordance with the terms of this Agreement. The Parties hereby agree to indemnify and hold each other harmless for any breach of this representation and warranty, and this indemnity shall survive the Closing for a period of one (1) year.

15. Closing Documents. On or before 12:00 noon on the day of Closing, the Buyer and Seller shall deliver the following respective documents to the Escrow Agent:

(a) Seller.

- (i) The Deed with only those Permitted Exceptions as determined under the terms of this Agreement;
- (ii) the closing settlement statement; and,
- (iii) a seller's affidavit and such other documents as are required by the Title Company and/or are reasonably necessary to fulfill all of Seller's obligations under the terms of this Agreement.

(b) Buyer.

- (i) the Purchase Price as adjusted in accordance with the provisions of this Agreement; to be sent to the Escrow Agent by wire transfer of immediately available federal funds pursuant to wire instructions delivered by the Escrow Agent;
- (ii) The closing settlement statement; and,
- (iii) such other documents as are required by the Title Company and/or are reasonably necessary to fulfill all of Seller's obligations under the terms of this Agreement.

16. Default.

- (a) Buyer's Remedies. If this Agreement becomes a binding contract without any contingencies, then any failure to close escrow which arises from default by Seller under this Agreement, and if Seller fails to cure such default within two (2) business days of receipt of written notice of default from Buyer, then Buyer shall be entitled, in its sole and absolute discretion, to either: (i) cancel this Agreement, in which case Buyer shall

be entitled to the immediate return of the Deposit; or (ii) institute an action for specific performance.

- (b) Seller's Remedies. If this Agreement becomes a binding contract without any contingencies, then any failure to close escrow which arises from a default by Buyer under this Agreement, and if Buyer fails to cure such default within two (2) business days of receipt of written notice of default from Seller, then Seller shall have the right, as its sole and exclusive remedy, to terminate this Agreement and keep the Deposit as liquidated damages by reason of Buyer's default. The Parties acknowledge that Seller's actual damages would be difficult or impossible to determine and that liquidated damages in the amount of the Deposit are reasonably equivalent to Seller's damages as a result of any such breach.

17. Condemnation. In the event that any portion of the Property (excluding any immaterial portion that does not affect the value of the Property as determined by the Buyer's lender) is either taken by eminent domain proceedings or, any threat thereof is issued by any applicable governmental authority, Buyer shall have the right, at its election, to either (i) terminate this Agreement without liability on its part and receive a return of the Deposit, or (ii) proceed with the acquisition of the Property and receive from Seller an assignment of all eminent domain proceeds. Buyer shall exercise this election within thirty (30) days after receipt of evidence that the Property is under the threat of any eminent domain proceedings.

18. Disclaimer of Warranties. EXCEPT AS EXPRESSLY PROVIDED HEREIN, THE PROPERTY IS BEING SOLD TO THE BUYER ON AN "AS IS" "WITH ALL FAULTS" BASIS, IT BEING UNDERSTOOD THAT SELLER IS MAKING NO REPRESENTATIONS OR WARRANTIES OF WHATEVER NATURE OR KIND, INCLUDING WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY FOR A PARTICULAR PURPOSE. BUYER ACKNOWLEDGES THAT IT IS RELYING ON ITS INSPECTIONS OF THE PROPERTY.

19. Notice. All notices given under this Agreement shall be in writing and delivered either by (a) the United States Postal Service, certified mail, return receipt requested, postage prepaid; (b) personal delivery; (c) a nationally recognized overnight air courier service; or (d) facsimile; in each case sent, delivered, or faxed to the Parties as listed below. Each notice shall be deemed delivered or given upon the date sent. Any party may change at any time its notice address by delivering a change of address notice using the foregoing notice procedures.

If to Buyer:

CannAscend Ohio, LLC  
Attn: James M. Gould  
312 Walnut Street  
Suite 2120  
Cincinnati, Ohio 45202  
Telephone: (513) 362-4323  
Email: james.gould@gla.holdings



With copies to:

CannAscend Ohio, LLC  
Attn: Ian James  
1349 E. Broad Street  
Columbus, Ohio 43205  
Telephone: 614-589-4600  
Email: ian.james@gla.holdings

and

John I. Cadwallader, Esq.  
Frost Brown Todd LLC  
10 West Broad Street, Suite 2300  
Columbus, OH 43215  
Telephone: (614) 559-7212  
Email: jcadwallader@fbtlaw.com

If to Seller:

Goldflies Storage and Moving Company  
c/o Gary X. Goldflies  
2259 East Alex-Bell Road  
Dayton, Ohio 45459  
Telephone: 937-439-0000  
Email: gimepce@gmail.com

with a copy to:

Scot A. Stone, Esq.  
Rufollo, Stone & Stone  
7501 Paragon Road  
Dayton, Ohio 45459  
Telephone: 937-436-0033  
email: scotstonelaw@aol.com

20. Confidentiality. Buyer and Seller agree to keep the terms of this Agreement confidential and shall not disclose any of the terms and conditions hereof except to their respective lawyers and accountants who shall be required to maintain the confidentiality of the terms of this Agreement. Provided, however, if any court orders this Agreement or any of its terms to be disclosed, such disclosure shall not be deemed to be a violation of the confidentiality obligations set forth herein. This confidentiality obligation shall survive the Closing for a period of six (6) months, but the parties recognize that the amount of the Purchase Price shall become a matter of public record if a Closing occurs.

21. Miscellaneous. This Agreement may be changed, waived or amended only in an agreement signed by all Parties to this Agreement. Except as specifically provided herein, this Agreement contains the entire understanding between the Parties relating to the subject matter hereof, and it supersedes any and all prior oral or written understandings or agreements relating

to any such matters. This Agreement shall be binding upon and inure to the benefit of the Parties hereto, and their successors, assigns, heirs and personal representatives, as applicable, unless this Agreement expressly contains restrictions upon assignment, and in which case, those restrictions shall supersede the terms of this sentence. The captions of the several sections of this Agreement are not a part hereof, and these captions shall not be used to interpret any of the terms of this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the State of Ohio without regard to principles of conflicts of laws. For equitable or legal proceedings arising under this Agreement, the Parties agree to the exclusive venue and jurisdiction of the state and/or federal courts in Montgomery County Ohio, and each party hereby waives the right to challenge such venue and/or jurisdiction based upon forum non-conviens or otherwise. The Recitals are intended to be a part of this Agreement and are incorporated into the body hereof. All Parties signing this Agreement have taken all duly authorized action necessary to authorize the execution of this Agreement and to execute any and all documents related hereto, and each of the Parties may rely upon this section of the Agreement without the necessity of having further documentation to evidence such authority. Should any action or proceeding be brought to construe or enforce the terms and conditions of this document or the Parties' rights hereunder, the prevailing party shall be entitled to recover from the other party all court costs and reasonable attorneys' fees and other costs of litigation incurred in such action or proceeding, and this obligation shall survive and not be deemed to have been merged into any such judgment or by the expiration or termination of this Agreement. The Parties specifically acknowledge, represent and warrant that all of the terms and conditions of this Agreement are adequately and fully supported by consideration. The Effective Date of this Agreement shall be the date that the last party signs it. In computing any period of time under this Agreement, the day of the act or event for which the designated period of time begins to run shall not be included, but the last day of the period shall be included, unless it is a Saturday, Sunday or a legal holiday, in which event, the period shall run through the next business day. This Agreement may be executed in counterparts and shall be fully enforceable so long as all Parties have signed either one Agreement or any other required documents in counterpart. This Agreement may be executed with signatures delivered by either facsimile or scanned email, and copies of such signatures so delivered shall be deemed as originals. All Parties have been represented by legal counsel in connection with the negotiation and execution of this Agreement, and accordingly, in interpreting any of the provisions of this Agreement, no rules of construction shall be adopted to deem that the Agreement shall be read in favor of any party which may not have participated in drafting one or more provisions of the terms of this Agreement.

22. Open for Acceptance and Exclusive Dealing. The Parties agree as follows:

- (a) Open for Acceptance. This Agreement is being delivered executed by Buyer and shall remain open for acceptance by Seller until 5:00 PM Eastern Time Zone on November 16, 2017 after which time and date this offer shall be deemed withdrawn and no longer remain open for acceptance.

- (b) Exclusive Dealing. Buyer shall have the exclusive right to purchase the Property, and Seller shall place no back-up offers or otherwise enter into any negotiations with any other prospective buyer until this Agreement has been terminated.

[END OF AGREEMENT – SIGNATURES APPEAR ON THE FOLLOWING PAGE]

**SELLER:**

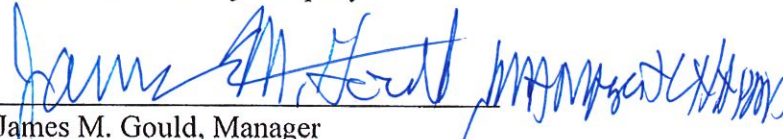
Goldflies Storage and Moving Company, an Ohio  
corporation

By:  PRESIDENT  
Gary X. Goldflies, President

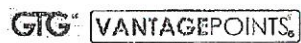
November \_\_\_\_, 2017

**BUYER:**

CANNASCEND OHIO, LLC  
an Ohio limited liability company

By:   
James M. Gould, Manager

November 16, 2017



PARID: R72 01401 0026  
 PARCEL LOCATION: 321 WAYNE AVE

NBHD CODE: C1600000

[Click here to view neighborhood map](#)

#### Owner

Name  
 GOLDFLIES STORAGE AND MOVING CO INC

#### Mailing

Name GOLDFLIES STORAGE AND MOVING  
 Mailing Address 333 WAYNE AVE  
 City, State, Zip DAYTON, OH 45410

#### Legal

Legal Description 1452 PT, 1453 PT  
 Land Use Description 14-1-33,34  
 C - SMALL (UNDER 10,000SF) DETACH RETAI  
 Acres .0408  
 Deed 1976-00555E003  
 Tax District Name DAYTON CITY

#### Values

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

	<b>35%</b>	<b>100%</b>
Land	2,180	6,220
Improvements	470	1,330
CAUV	0	0
Total	2,650	7,550

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

#### Current Year Special Assessments

41001-MCD DAM SAFETY INITIATIVE FUND	\$4.08
41000-M.C.D. MIAMI CONSERVANCY DIST	\$12.48
50000-DDSID DNTN DAYTON SP IMP DIST	\$164.72

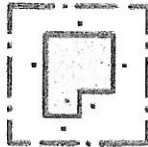
#### Current Year Rollback Summary

Non Business Credit	\$0.00
Owner Occupancy Credit	\$0.00
Homestead	\$0.00
City of Dayton Credit	\$0.00
Reduction Factor	\$0.00

#### Tax Summary

Prior Year	1st Half	1st Half	2nd Half	2nd Half	Total
------------	----------	----------	----------	----------	-------

Year	Prior Year	Payments	Due 2/17/2017	Payments	Due 7/21/2017	Payments	Currently Due
2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Sorry, no sketch available  
for this record

PARID: R72 01401 0027  
 PARCEL LOCATION: 333 WAYNE AVE

NBHD CODE: C1600000

[Click here to view neighborhood map](#)

#### Owner

Name  
 GOLDFLIES STOR MOVING

#### Mailing

Name GOLDFLIES STORAGE AND MOVING  
 Mailing Address 333 WAYNE AVE  
 City, State, Zip DAYTON, OH 45410

#### Legal

Legal Description 1452 PT, 1453 PT  
 Land Use Description 14-1-32  
 C - SMALL (UNDER 10,000SF) DETACH RETAI  
 Acres .048  
 Deed 1974-00092B001  
 Tax District Name DAYTON CITY

#### Values

	***** TENTATIVE VALUES CURRENTLY UPDATING *****	
	35%	100%
Land	2,560	7,320
Improvements	0	0
CAUV	0	0
Total	2,560	7,320

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

#### Current Year Special Assessments

41001-MCD DAM SAFETY INITIATIVE FUND	\$3.98
50000-DDSID DNTN DAYTON SP IMP DIST	\$140.31
41000-M.C.D. MIAMI CONSERVANCY DIST	\$12.18

#### Current Year Rollback Summary

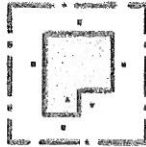
Non Business Credit	\$0.00
Owner Occupancy Credit	\$0.00
Homestead	\$0.00
City of Dayton Credit	\$0.00
Reduction Factor	\$0.00

#### Tax Summary

Prior Year	1st Half	1st Half	2nd Half	2nd Half	Total
------------	----------	----------	----------	----------	-------



Year	Prior Year	Payments	Due 2/17/2017	Payments	Due 7/21/2017	Payments	Currently Due
2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Sorry, no sketch available  
for this record

PARID: R72 01401 0028  
 PARCEL LOCATION: 333 WAYNE AVE

NBHD CODE: C1600000

[Click here to view neighborhood map](#)

#### Owner

Name  
 GOLDFLIES STOR MOVING

#### Mailing

Name GOLDFLIES STOR MOVING  
 Mailing Address 333 WAYNE AVE  
 City, State, Zip DAYTON, OH 45410

#### Legal

Legal Description 1452 PT, 1453 PT  
 Land Use Description 14-1-29, 30, 31  
 C - SMALL (UNDER 10,000SF) DETACH RETAI  
 Acres .09  
 Deed 1974-00092B001  
 Tax District Name DAYTON CITY

#### Values

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

	35%	100%
Land	4,800	13,720
Improvements	11,120	31,780
CAUV	0	0
Total	15,920	45,500

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

#### Current Year Special Assessments

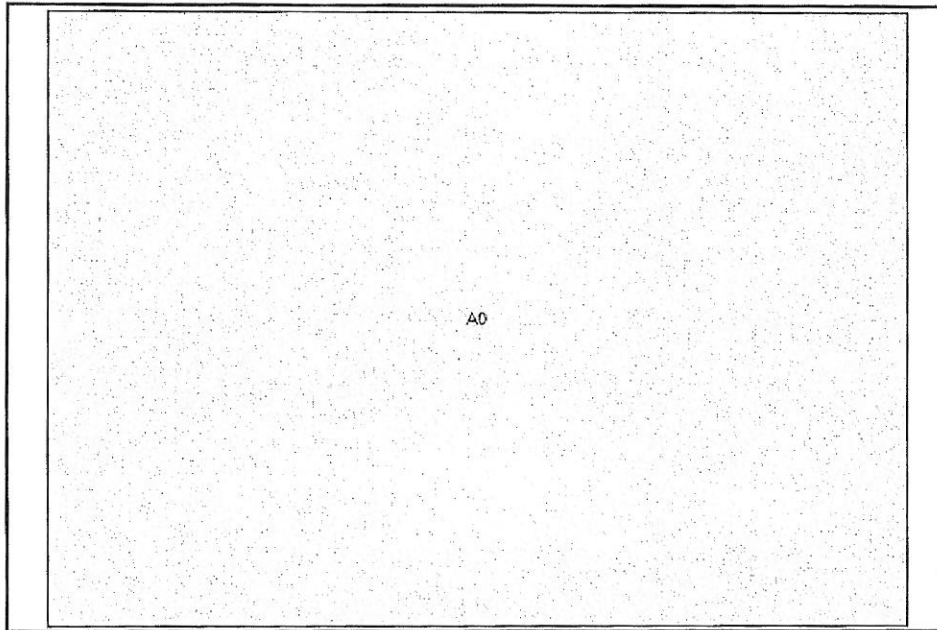
50000-DDSID DNTN DAYTON SP IMP DIST \$414.65

#### Current Year Rollback Summary

Non Business Credit	\$0.00
Owner Occupancy Credit	\$0.00
Homestead	\$0.00
City of Dayton Credit	\$0.00
Reduction Factor	\$0.00

#### Tax Summary

Year	Prior Year	Prior Year Payments	1st Half Due 2/17/2017	1st Half Payments	2nd Half Due 7/21/2017	2nd Half Payments	Total Currently Due
2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



PARID: R72 01401 0035  
 PARCEL LOCATION: 117 VAN BUREN ST

NBHD CODE: C1600000

[Click here to view neighborhood map](#)

#### Owner

Name  
 GOLDFLIES STORAGE AND MOVING CO INC

#### Mailing

Name GOLDFLIES STORAGE AND MOVING  
 Mailing Address 333 WAYNE AVE  
 City, State, Zip DAYTON, OH 45410

#### Legal

Legal Description 1452 PT  
 Land Use Description C - SMALL (UNDER 10,000SF) DETACH RETAI  
 Acres .0683  
 Deed 1976-00555E004  
 Tax District Name DAYTON CITY

#### Values

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

	35%	100%
Land	3,650	10,420
Improvements	0	0
CAUV	0	0
Total	3,650	10,420

\*\*\*\*\* TENTATIVE VALUES CURRENTLY UPDATING \*\*\*\*\*

#### Current Year Special Assessments

41000-M.C.D. MIAMI CONSERVANCY DIST	\$17.32
41001-MCD DAM SAFETY INITIATIVE FUND	\$5.68
50000-DDSID DNTN DAYTON SP IMP DIST	\$37.36

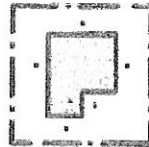
#### Current Year Rollback Summary

Non Business Credit	\$0.00
Owner Occupancy Credit	\$0.00
Homestead	\$0.00
City of Dayton Credit	\$0.00
Reduction Factor	\$0.00

#### Tax Summary

Prior Year	1st Half	1st Half	2nd Half	2nd Half	Total
------------	----------	----------	----------	----------	-------

Year	Prior Year	Payments	Due 2/17/2017	Payments	Due 7/21/2017	Payments	Currently Due
2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



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for this record

**Exhibit B**

Schedule of Tenant Leases

EN00107.Public-00107 4822-0655-3429v3

PARID: R72 01401 0035  
 PARCEL LOCATION: 117 VAN BUREN ST

NBHD CODE: C1600000

[Click here to view neighborhood map](#)

#### Owner

Name  
 GOLDFLIES STORAGE AND MOVING CO INC

#### Mailing

Name GOLDFLIES STORAGE AND MOVING  
 Mailing Address 333 WAYNE AVE  
 City, State, Zip DAYTON, OH 45410

#### Legal

Legal Description 1452 PT  
 Land Use Description C - SMALL (UNDER 10,000SF) DETACH RETAI  
 Acres .0683  
 Deed 1976-00555E004  
 Tax District Name DAYTON CITY

#### Values

	35%	100%
Land	3,650	10,420
Improvements	0	0
CAUV	0	0
Total	3,650	10,420

#### Current Year Special Assessments

41000-M.C.D. MIAMI CONSERVANCY DIST	\$17.32
41001-MCD DAM SAFETY INITIATIVE FUND	\$5.68
50000-DDSID DNTN DAYTON SP IMP DIST	\$37.36

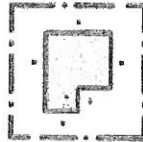
#### Current Year Rollback Summary

Non Business Credit	\$0.00
Owner Occupancy Credit	\$0.00
Homestead	\$0.00
City of Dayton Credit	\$0.00
Reduction Factor	\$0.00

#### Tax Summary

Prior Year	1st Half	1st Half	2nd Half	2nd Half	Total
------------	----------	----------	----------	----------	-------

Year	Prior Year	Payments	Due 2/17/2017	Payments	Due 7/21/2017	Payments	Currently Due
2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Sorry, no sketch available  
for this record



**Exhibit B**

**Schedule of Tenant Leases**

EN00107.Public-00107 4822-0655-3429v3

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

CannAscend Alternative, LLC

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

Strawberry Fields

**C-1.4** Business Address

333 Wayne Avenue

**C-1.5** City

Dayton

**C-1.6** State

OH

**C-1.7** Zip Code

45410

**C-1.8** Phone

5133624325

**C-1.9** Email

james.gould@gla.holdings

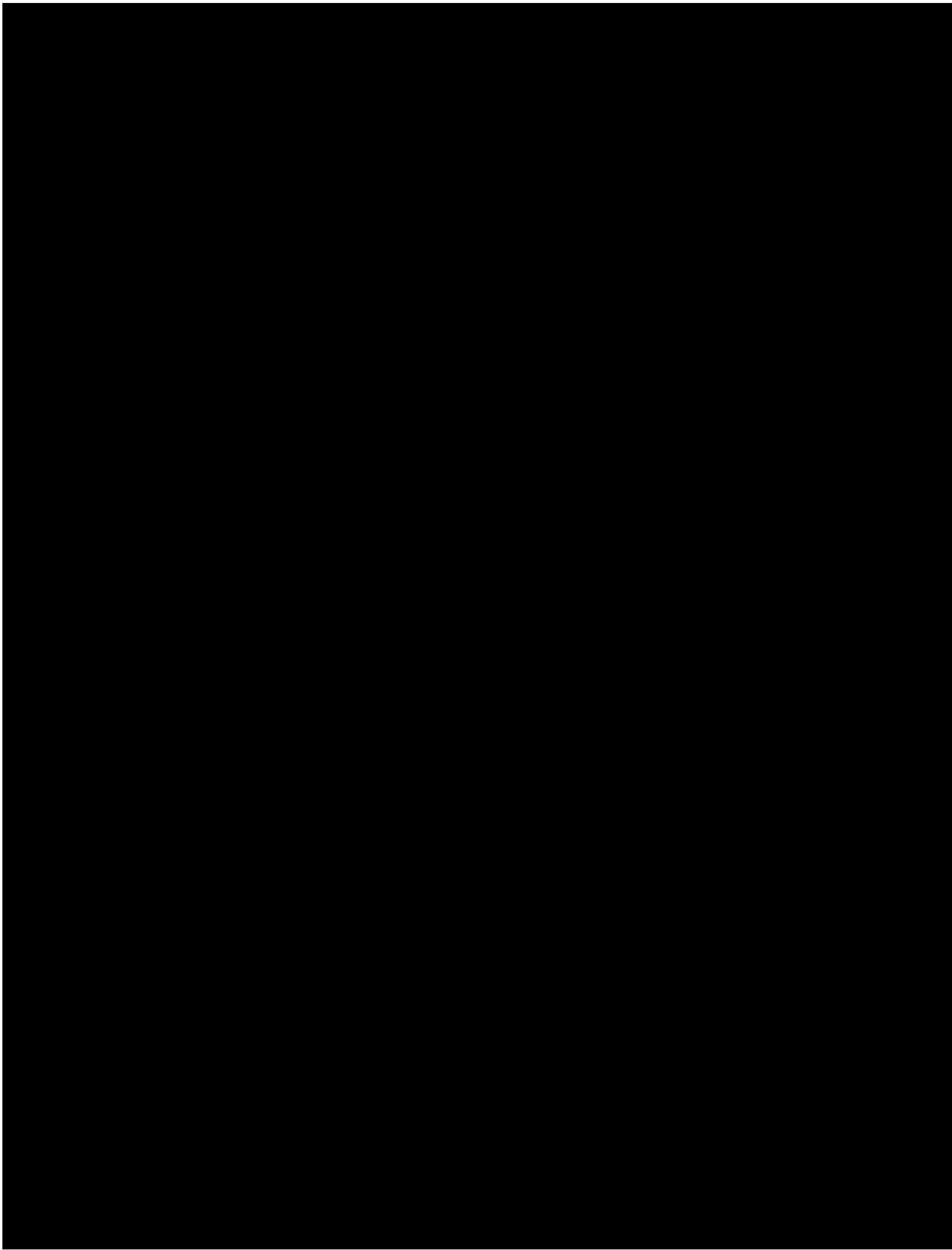
## **Business Plan(Site and Facility Plan)**

**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 Dayton.pdf**

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



Waiting Room



Dispensary



**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\_Dayton Zoning Form.pdf**

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



## Ohio Medical Marijuana Control Program Dispensary Application



### NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

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

<b>To be Completed by Applicant</b>		
Business Name of Applicant: CannAscend Alternative, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 333 Wayne Avenue (Strawberry Fields)		
City: Dayton		County: Montgomery
State: Ohio	Zip Code: 45410	Phone Number: 513-362-4323
<b>To be Completed by Zoning Authority or Local Government</b>		
Jurisdiction of Zoning Office or Local Government City of Dayton		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of <u>Dayton</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>Dayton</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:

CARL J. BAUGHERTY

Title:

ZONING ADMIN.

Signature:

Carl J. Baugherty

Date:

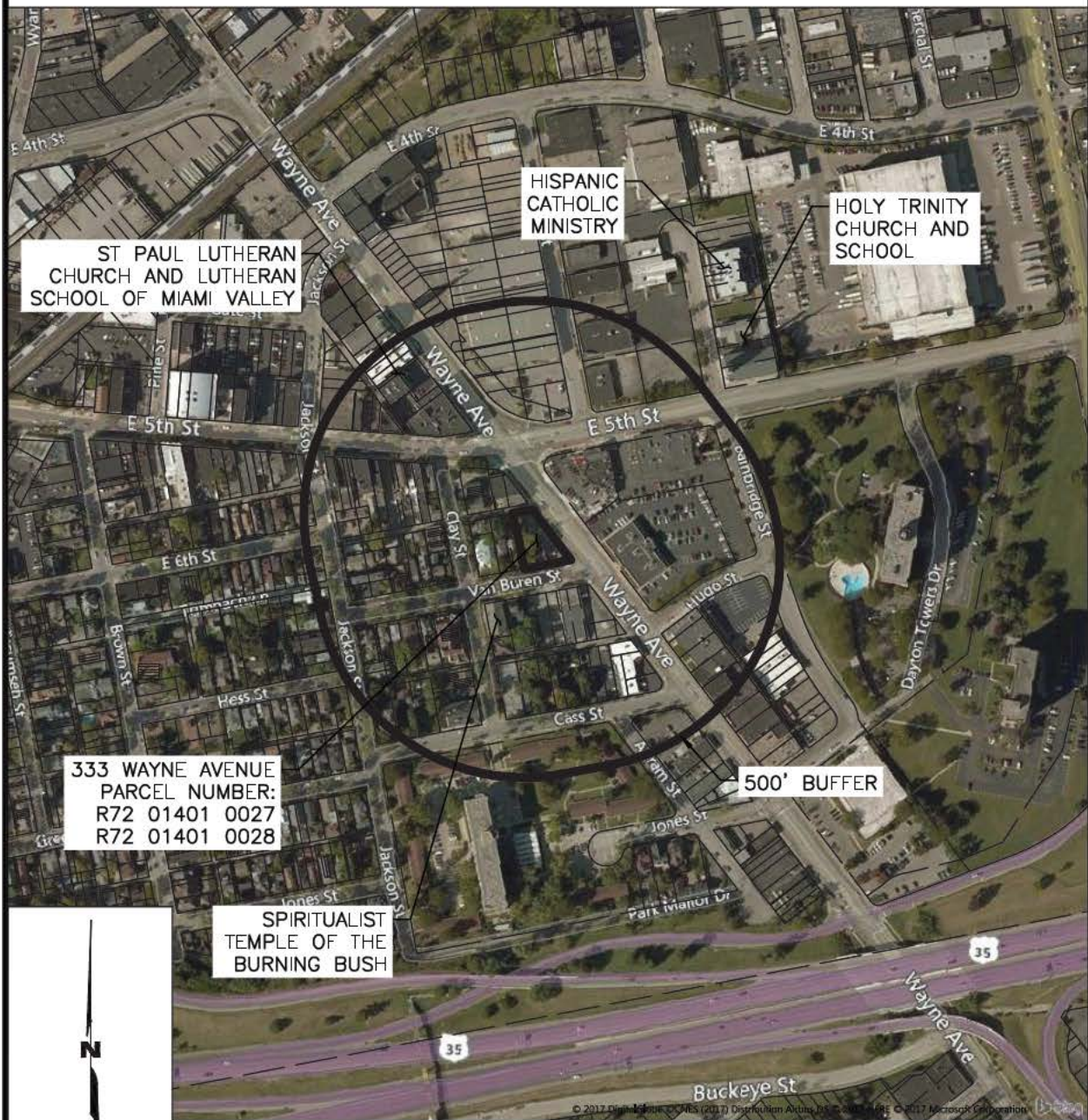
11/16/17

**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\_Dayton 500ft Map.pdf**

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

# EXHIBIT A



ST PAUL LUTHERAN  
CHURCH AND LUTHERAN  
SCHOOL OF MIAMI VALLEY

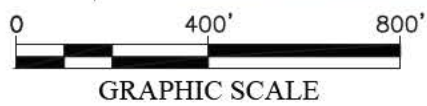
HISPANIC  
CATHOLIC  
MINISTRY

HOLY TRINITY  
CHURCH AND  
SCHOOL

333 WAYNE AVENUE  
PARCEL NUMBER:  
R72 01401 0027  
R72 01401 0028

500' BUFFER

SPIRITUALIST  
TEMPLE OF THE  
BURNING BUSH



NOTE: PARCELS AS IDENTIFIED IN MONTGOMERY COUNTY  
AUDITOR'S GIS VIEWER, [HTTP://WWW.MCEGISOHIO.ORG/VPWEB/VPWEB.HTML?CONFIG=AUD](http://www.mcegisohio.org/vpweb/vpweb.html?config=aud)



929 Eastwind Drive,  
Suite 201  
Westerville, Ohio 43081  
Ofc: 614.899.0079  
email: [info@saminc.biz](mailto:info@saminc.biz)

## PREPARED FOR

333 WAYNE AVENUE, CITY OF DAYTON,  
MONTGOMERY COUNTY, OHIO

DRAWN: JP

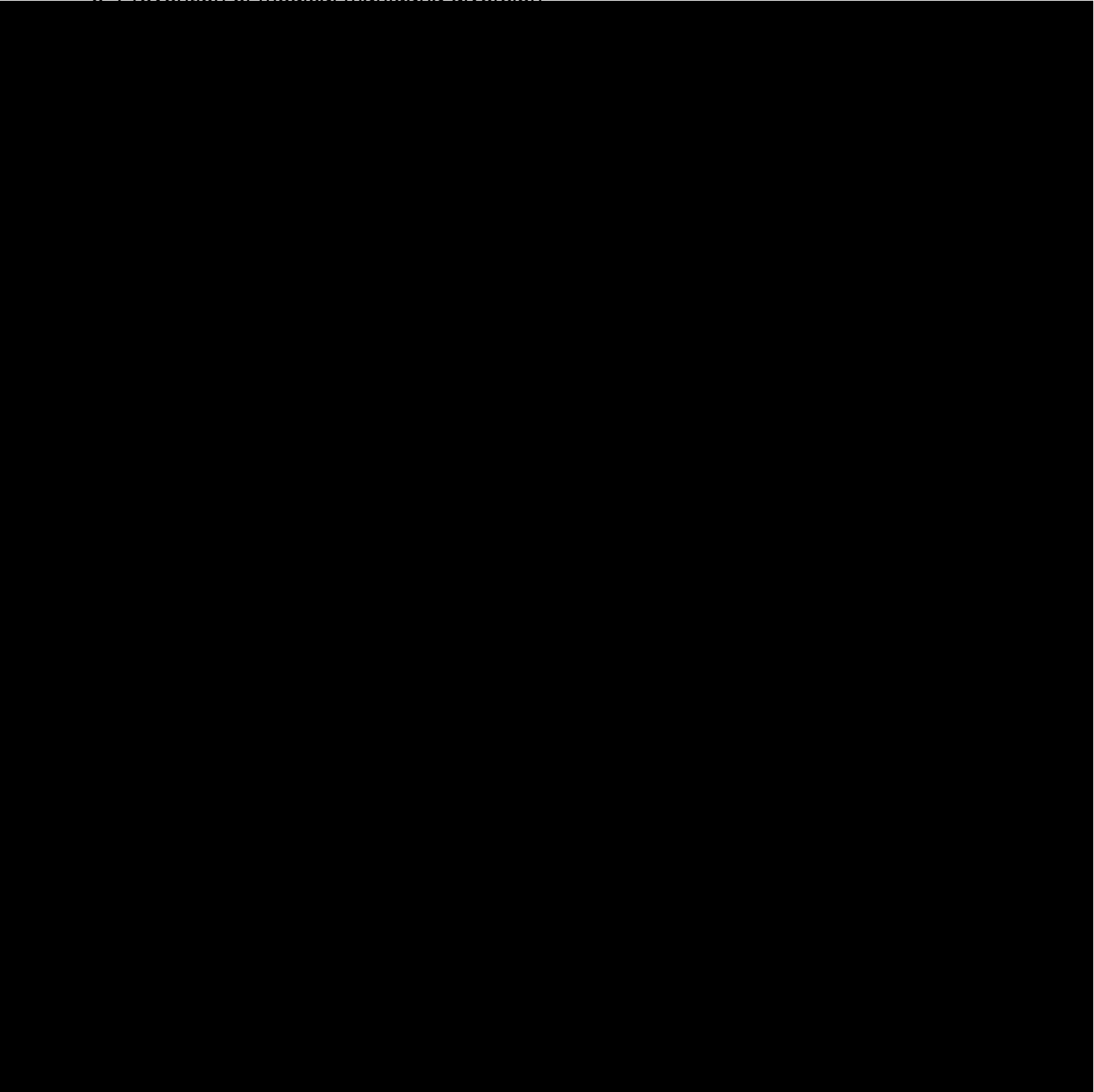
CHKD. BA

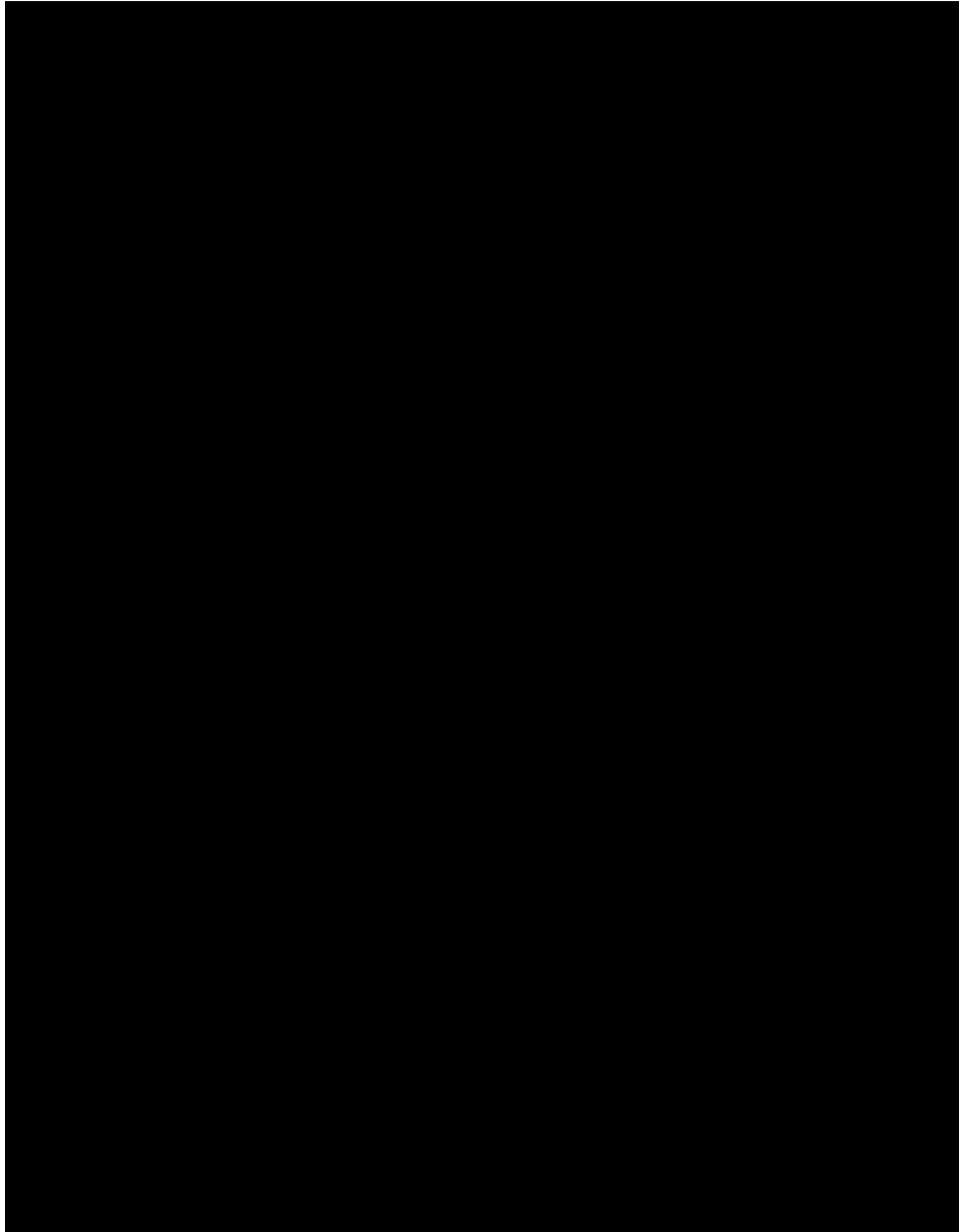
APP'D. JM

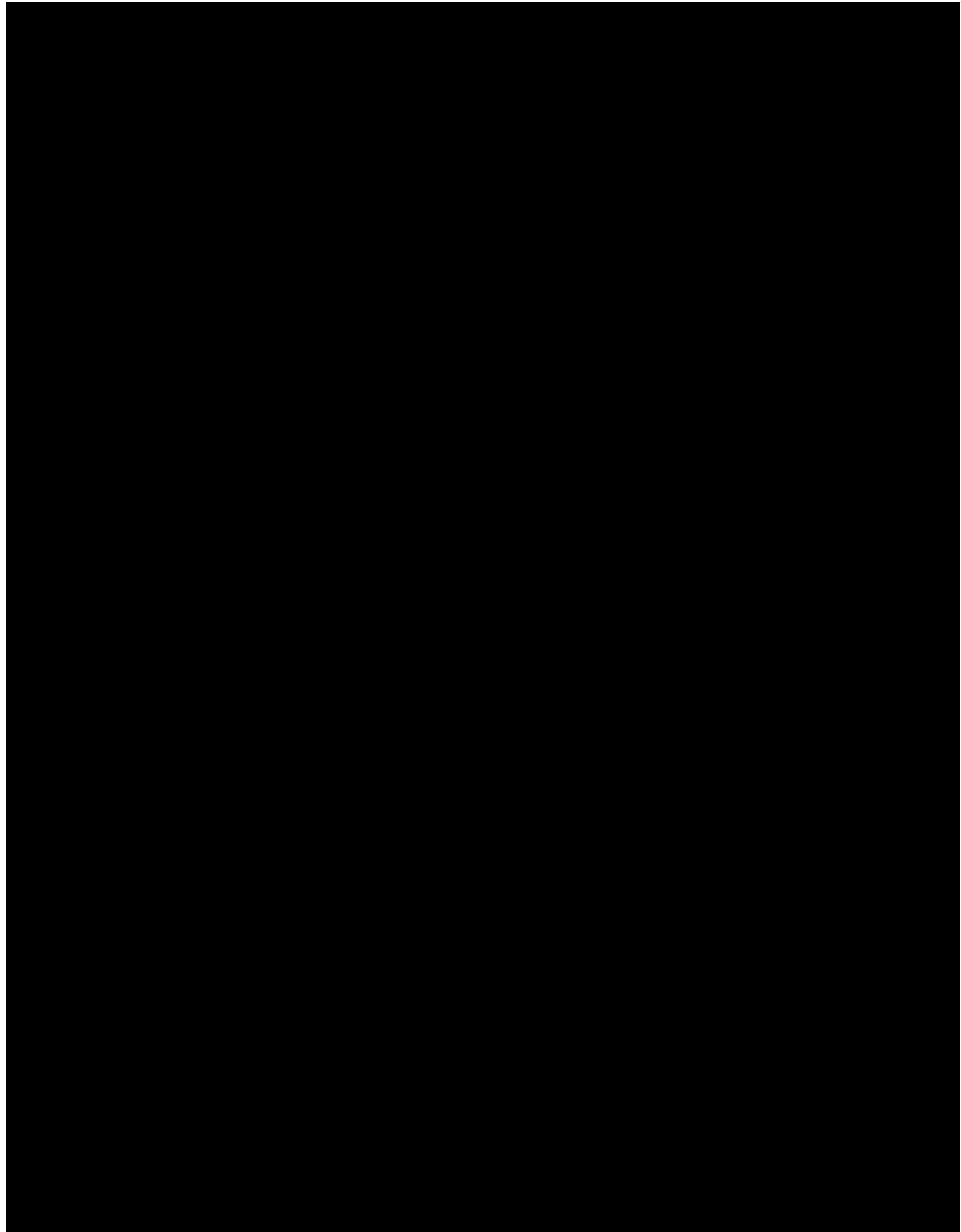
SAM JOB No. 41749

## **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
- 





**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\_Financial Plan\_Redacted.pdf**

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

## Financial Responsibility

### **Pre-License**

\$25,000 Application Preparation

- General Consulting and Application Drafting
- Design Services
- Mapping Services
- Security Detail Planning and Preparation

\$75,000 Application Processing

- Assumes Biennium License Fee
- Application Filing Fee

### **Provisional to Certificate of Operation**

Purchase Property = \$1,000,000.00

Capital Expenditure of \$125 per Square Foot X 1,200 SF = \$150,000

### **Year One Operational Expenses**

Operating Expenses:

General Operating Expenses	221,100
Personnel	364,288
PR & Marketing	110,000
	<hr/>
	\$695,388

**Cumulative Total: \$1,795,388**



## Financial Responsibility

Company Name:

### Dispensary Cash Flow Assumptions:

Population Assumption:

County Estimates

County:

Yr. 1

Population Estimate	531,239
Patient % of Pop./Month	0.43%
Total # of Patients/Month	2,295
# of Dispensaries	3
Patients Available per Dispensary/Month	765
Less: Patients lost to Comps/Month	153
Net Patients/Month	612
Patient Visits Per Month	3
Patient Interactions Per Month	1,836
Daily Patient Interaction	61
Average Hourly Patient Interaction	5
Avg. Annual Spend per Patient	\$3,000
Avg. Monthly Spend per Patient	\$250
Net Sales	\$2,295,000
COGS	\$(1,147,500)
<b>Gross Margin</b>	<b>\$1,147,500</b>
Gross Margin %	50.00%

## Financial Responsibility

### Expenses:

#### **Operations**

Legal	\$24,000
Insurance	\$16,000
License/fees	\$70,000
Association Membership Fees	\$5,000
Storefront Utilities	\$2,000
Supplies (labels, packaging, office)	\$5,000
Equipment Service (ATM, Water)	\$2,000
Accounting/Bookeeping	\$11,000
Computer Software & Networking - Inventory	
Mgt., POS, MetRC, phone, internet, security monitoring	\$12,000
Staff Incentive Costs	\$5,000
Consultant Fees	\$40,000
Travel	\$6,000
Annual Continuing Education	\$3,000
Miscellaneous	\$20,100
<b>Department Total</b>	<b>\$221,100</b>

#### **Personnel**

Bud tenders (2 4 Emp)	\$70,720
Receptionist	\$46,800
General Manager	\$52,000
Operations Manager	\$41,600
Pharmacist 25 hrs./wk	\$35,000
Part time keyholder	\$25,000
 Total Payroll	 \$271,120
Payroll Expense workers comp., unemployment, s.s., and payroll service @15%	\$40,668
Security outsourced (2)	\$52,500
<b>Department Total</b>	<b>\$364,288</b>

## Financial Responsibility

### **PR & Marketing**

Website (Design, Hosting)	\$10,000
Social Media	\$20,000
Design Consultant	\$30,000
Promotional Canisters	\$5,000
Promotional Item	\$5,000
Print Materials/ Graphic Design	\$5,000
Marketing Events	\$15,000
Email Inbound Marketing	\$20,000
<b>Department Total</b>	<b>\$110,000</b>

<b>Cat Tax</b>	<b>\$3,517</b>
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<b>Total Expenses</b>	<b>\$698,905</b>
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<b>280e Taxation</b>	<b>279,562</b>
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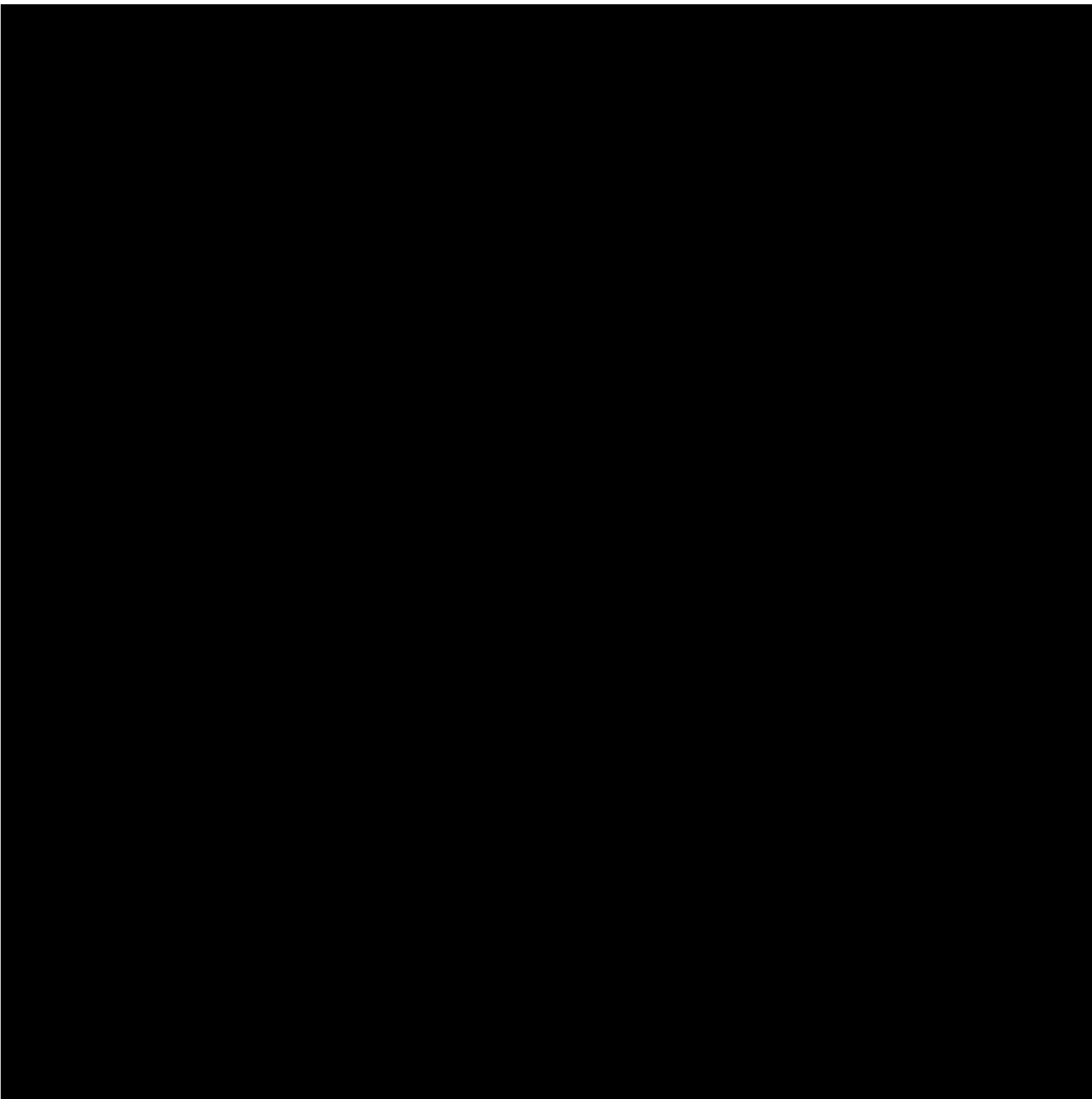
<b>EBITDA</b>	<b>\$448,595</b>
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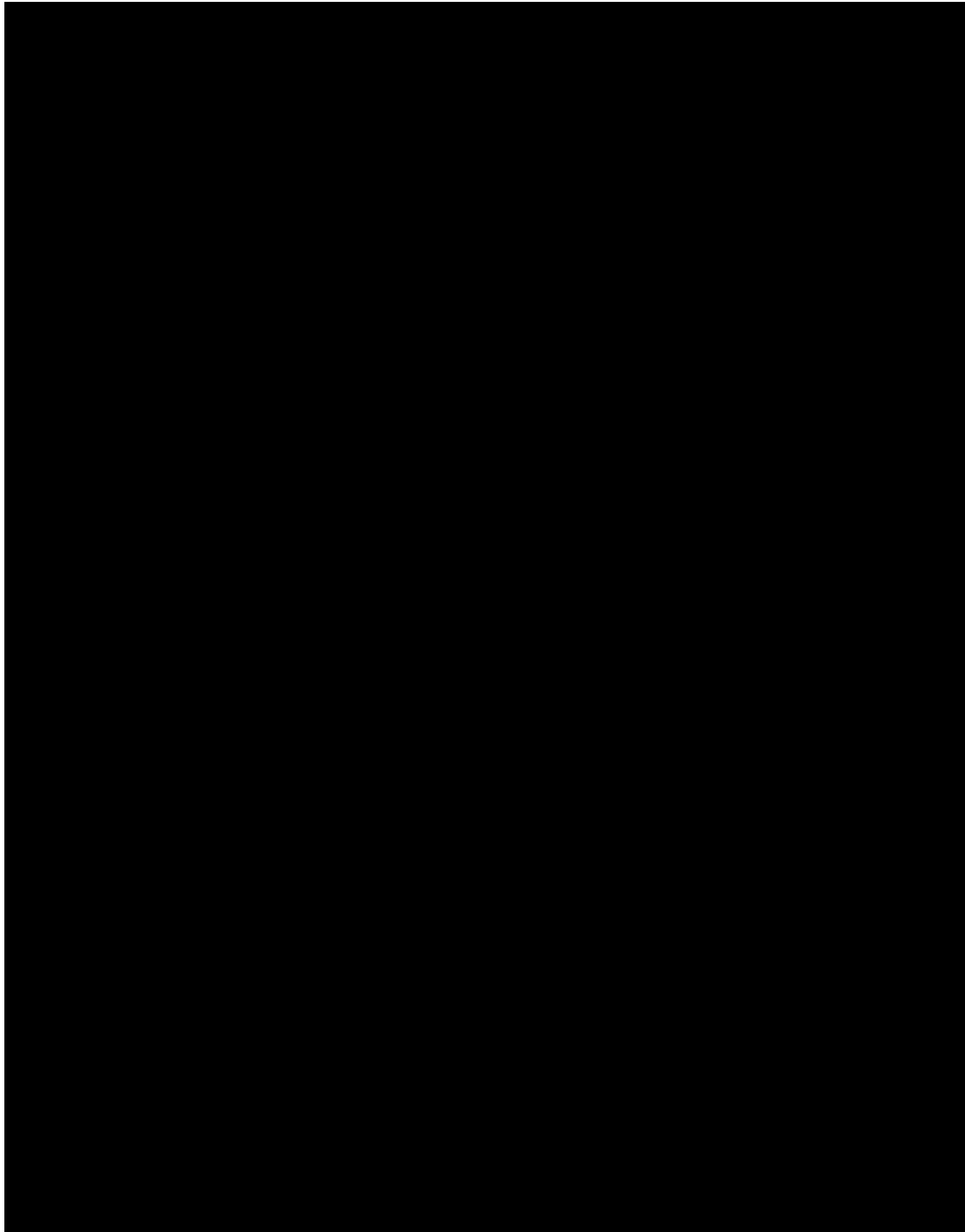
<b>Operating Margin %</b>	<b>19.55%</b>
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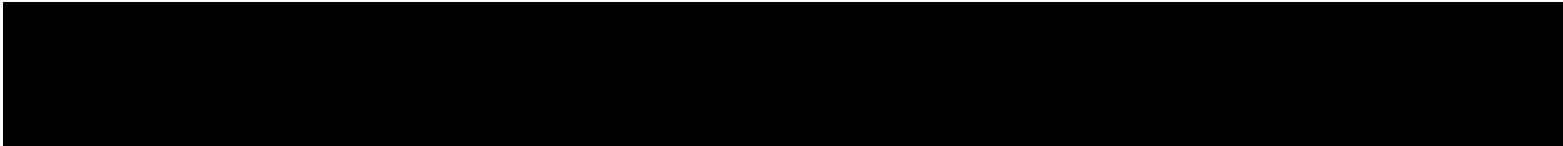
	- Proforma Cash Flow				
	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Net Sales	\$2,295,000	\$6,435,450	\$6,697,688	\$8,327,954	\$9,951,350
Costs of Goods Sold	(1,147,500)	(3,217,725)	(3,348,844)	(4,163,977)	(4,975,675)
Gross Margin	1,147,500	3,217,725	3,348,844	4,163,977	4,975,675
Operating Expenses:					
General Operating Expenses	221,100	232,155	243,763	255,951	268,748
Personnel	364,288	382,502	440,055	462,058	485,161
PR & Marketing	110,000	115,500	121,275	127,339	133,706
Cat Tax	3,517	14,282	14,964	19,203	23,424
Total Operating Expenses	698,905	744,440	820,057	864,550	911,038
280e Taxation	279,562	297,776	328,023	345,820	364,415
EBITDA	169,033	2,175,510	2,200,764	2,953,607	3,700,221

Assumes maximum individual rate of 40% and recognizes that IRC 280(e) disallows ordinary business deductions with the exception of COGS.

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

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





## **Business Plan(Description of Employee Duties and Roles)**

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

### **TRADE SECRET**

Prospective Associated Key Employees (PAKEs) will oversee the dispensary operations for compliance with the Board of Pharmacy (BoP) and Medical Marijuana Control Program (MMCP) regulations. PAKEs provided proof of eligibility and fingerprints to the Ohio Bureau of Criminal Identification and Investigation and FBI for a criminal records check, and will hold MMCP I.D. cards at all times on dispensary property.

Chairman & CEO (James Gould): Executive leadership to meet company directives and goals within timelines/budgets, oversight of policy changes, Ohio state BoP regulations compliance, and overall company performance; creation of value through strategic partnerships and cannabis industry networking.

President (Bill Brisben): Executive leadership to meet company directives and goals within timelines/budgets, oversight of policy changes, Ohio state BoP regulations compliance, and overall company performance; chief funding partner with emphasis on the creation of value through procedures leading to outcomes in line with business goals.

Director of Dispensary Operations (Michael Kwesell): Oversight of dispensary operations (compliance, staffing, product quality assurance, inventory tracking, patient care); guidance of employees and process communication; quality assurance accountability for record keeping, patient confidentiality, security, IT, human resources, and product consistency/safety; financial document drafting and review, and efficiency. Plan and monitor implementation of security systems; hire, train, and supervise new security employees.

Co-Director of Dispensary Operations (Richard Kwesell): Oversight of dispensary operations (compliance, staffing, product quality assurance, inventory tracking, patient care); guidance of employees and process communication; quality assurance accountability for record keeping, patient confidentiality, security, IT, human resources, and product consistency/safety; financial document drafting and review, and efficiency. Plan and monitor implementation of security systems; hire, train, and supervise new security employees

Pharmacy Advisor and BoP Liaison (Nick Barsan and David Black): As Doctors of Pharmacy, will act as special advisors to executive management to ensure pharmacy-like conditions of the dispensary. Strategic implementation of anti-diversion protocols, abuse detection, and adverse response initiatives.

Clinical/Medical Director (Brian Santin): Accountability for patient care standards, dispensary staff conduct; physician and employee educational material and training material development; patient education and support improvement; guidance and product recommendations; research; education on risks, benefits, and side effects of products; and substance abuse guidelines and enforcement.

Chief Security Director (Pam Hay): Plan and monitor implementation of security systems; hire, train, and supervise new security employees.

Owner/Advisors (Joseph Haden III): Providing community outreach with specific emphasis on athlete outreach to encourage patient migration into the system and to destigmatize medical marijuana as an



effective alternative treatment modality.

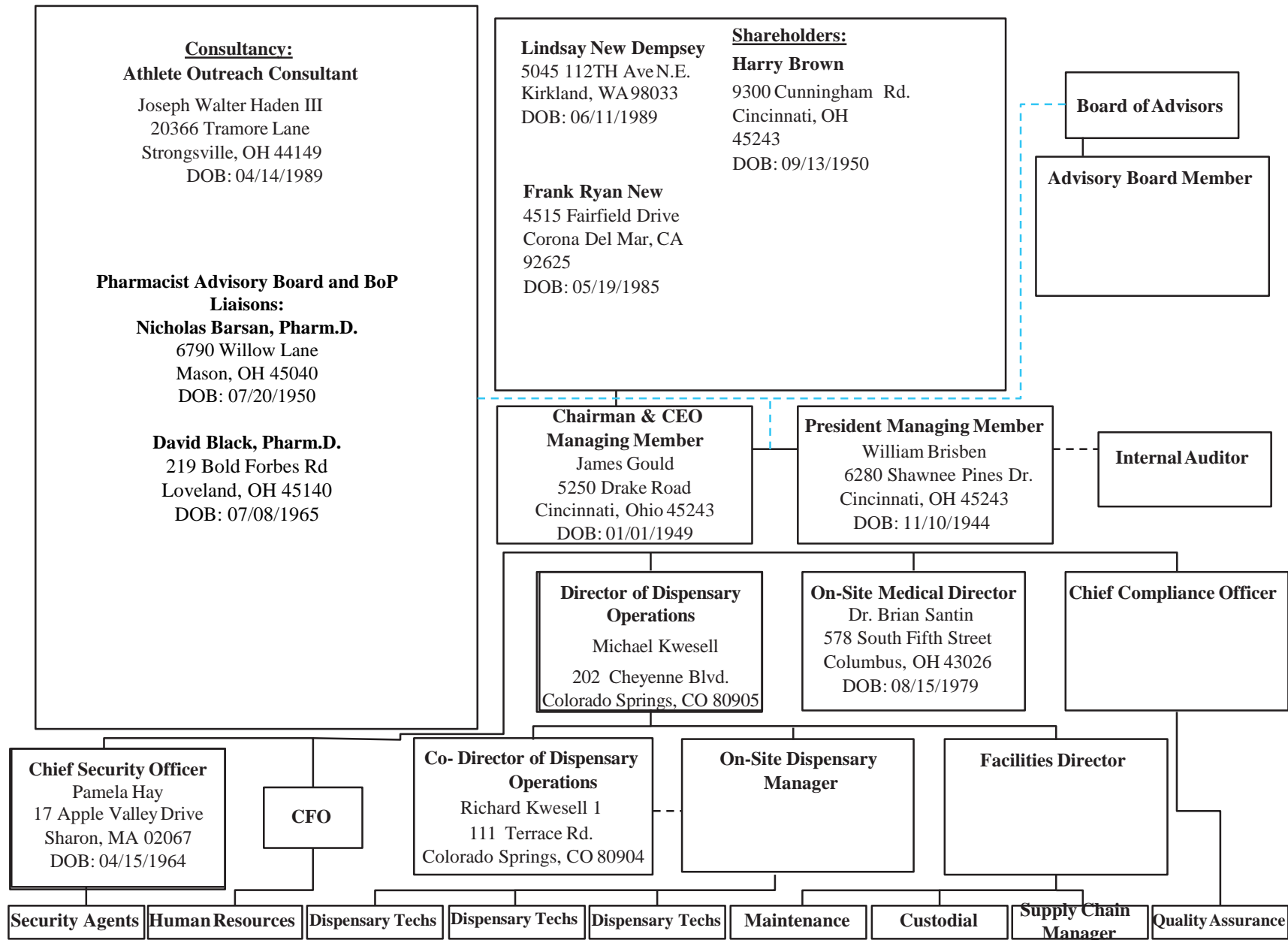
Owner/Investors (Lindsay New Dempsey, Frank New, Harry Brown): Strategic investment partners making capital contributions to organizational growth and financial viability.

**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\_CannAscend Alt Org Chart.pdf**

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

**CannAscend Ohio Alternative, LLC**



All named individuals within this organizational chart are equity owners with the exception of Pamela Hay, Nicholas Barsan, and David Black

## Business Plan(Capital Requirements)

### Item 1 of 1

#### C-5.1 Type of Capital

Liquid Reserves

#### C-5.2 Source of Capital

LIQUID SAVINGS ACCOUNT AND MONEY MARKET

#### C-5.3 Name and Address of financial institution

**This response has been entirely redacted**

#### C-5.4 Account Number

**This response has been entirely redacted**

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

**This response has been entirely redacted**

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

Uploaded Document Name: **C-5.5.1\_Proof of Funds\_Redacted.pdf**

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

Search the site or get a quote

Home My Accounts Investing Advice & Guidance News & Perspectives Benefits & Costs

Welcome back, [REDACTED]

Last login: November 08, 2017 05:52 p.m., Eastern time

DJIA 23,461.94 - 101.42 Nasdaq 6,750.05 - 39.07 S&P 500 2,584.62 - 0.76 10-year T-note 2.33% 0.01  
Data as of 11/9/2017 5:15 p.m. Market summary

Text size: A A A

Balances Balances over time

View balances by owner

Value as of 11/08/2017

[REDACTED]	\$6,973,982.21
[REDACTED]—Brokerage	\$1,541,076.22
[REDACTED]	
[REDACTED]—Account	\$7,252.51
[REDACTED]	\$0.00
Brokerage—	
[REDACTED]	
<b>Total assets</b>	<b>\$8,522,310.94</b>

Balances and holdings

## Recent transactions

All accounts

You can view your pending transactions on [Order status](#).

Date	Transaction	Amount
[REDACTED]	[REDACTED]	-\$2,616.00
[REDACTED]	[REDACTED]	-\$131,000.00
[REDACTED]	[REDACTED]	\$4,230,000.00
[REDACTED]	[REDACTED]	-\$35,550.00
[REDACTED]	[REDACTED]	\$25,000.00

Asset mix Personal performance

Current mix

Target

All accounts



This suggested target is for people in your age group.  
Set a new target

The illustration and tools on this page are educational only, and do not take into consideration your personal circumstances or other factors that may be important in making investment decisions.

Go to Portfolio Watch™

## Topics of interest

### What drives your fund costs up or down?

Wondering why mutual fund expense ratios change from time to time? Here's a simple explanation.

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[More news](#)

## Your Flagship representative

Create/edit appointment

800-984-5984

Flagship representative

M-F 8:30 a.m. to 4 p.m., ET

Flagship Services

M-F 8 a.m. to 10 p.m., ET

Send a secure message

## FREQUENTLY REQUESTED LINKS

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[Access your account guide](#)

[Add another account](#)

[Transfer an IRA or other account](#)

[Roll over a 401\(k\)](#)

TELL A FRIEND ABOUT VANGUARD

[Tell a friend tool](#)

## ACCOUNT MAINTENANCE

[Dividends and capital gains](#)

[Address and phone](#)

[Banking instructions](#)

[Change of ownership](#)

[Required minimum distribution](#)

[User name and password](#)

[Vanguard Charitable Endowment Program](#)

[More](#)

## Written Pledge Form

I, [REDACTED] as a founding member and owner of [REDACTED] (the "Applicant"), and member of its Board of Managers, do hereby make the following written pledge pursuant to the regulatory requirements of the Ohio Administrative Code §3796:6-2-02(B)(4) and the Ohio Medical Marijuana Control Program Dispensary Application §C-5 (the "Requirements"). The attached liquid savings and money market account statement for a total of \$8,522,310.94 demonstrates the liquid assets necessary to support the capital requirements for all dispensary applications submitted on behalf of the Applicant. In meeting the Requirements, I do hereby unconditionally commit such money to the use of the Applicant in the event that a dispensary provisional license is awarded to the Applicant.

[REDACTED]

11/10/17  
Date



and sworn to before me this 10<sup>th</sup> day of November, 20 17.

NICHOLAS KISH  
Notary Public, State of Ohio  
Commission Expires 09-27-2021

[Signature]

NOTARY PUBLIC

## Financial Responsibility

### **Pre-License**

\$25,000 Application Preparation

- General Consulting and Application Drafting
- Design Services
- Mapping Services
- Security Detail Planning and Preparation

\$75,000 Application Processing

- Assumes Biennium License Fee
- Application Filing Fee

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Personnel	364,288
PR & Marketing	110,000
	<hr/>
	\$695,388

**Cumulative Total: \$1,795,388**

## Financial Responsibility

Company Name:

### Dispensary Cash Flow Assumptions:

Population Assumption:

County Estimates

County:

Yr. 1

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<b>Gross Margin</b>	<b>\$1,147,500</b>
Gross Margin %	50.00%

## Financial Responsibility

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<b>Department Total</b>	<b>\$364,288</b>



## Financial Responsibility

### **PR & Marketing**

Website (Design, Hosting)	\$10,000
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Design Consultant	\$30,000
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Promotional Item	\$5,000
Print Materials/ Graphic Design	\$5,000
Marketing Events	\$15,000
Email Inbound Marketing	\$20,000
<b>Department Total</b>	<b>\$110,000</b>

<b>Cat Tax</b>	<b>\$3,517</b>
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<b>Total Expenses</b>	<b>\$698,905</b>
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<b>280e Taxation</b>	<b>279,562</b>
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<b>EBITDA</b>	<b>\$448,595</b>
---------------	------------------

<b>Operating Margin %</b>	<b>19.55%</b>
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	<b>- Proforma Cash Flow</b>				
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EBITDA	169,033	2,175,510	2,200,764	2,953,607	3,700,221

Assumes maximum individual rate of 40% and recognizes that IRC 280(e) disallows ordinary business deductions with the exception of COGS.

## Business Plan(Business History and Experience)

### Item 1 of 2

#### C-6.1 First Name

William

#### C-6.2 Middle Name

O

#### C-6.3 Last Name

Brisben

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

Owner

#### C-6.5 Business Name

Multiple Individual Businesses

#### C-6.6 Business Address

23 NORTH BEACH ROAD, JUPITER ISLAND, FL 33455

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

YES

#### C-6.8 Dates

1970 - PRESENT

## Business Plan(Business History and Experience)

### Item 2 of 2

#### C-6.1 First Name

James

#### C-6.2 Middle Name

M

#### C-6.3 Last Name

Gould

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

Owner

#### C-6.5 Business Name

MULTIPLE INDIVIDUAL BUSINESSES

#### C-6.6 Business Address

312 WALNUT STREET, SUITE 2120, CINCINNATI, OH 45202

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

YES

#### C-6.8 Dates

1980 - PRESENT

## **Business Plan(Business History and Experience Narrative)**

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

CannAscend was formed to fulfil a promise made to the citizens of Ohio that medical marijuana (MM) can and would be made available in a safe, regulated, and effective manner. The result was the conglomeration of some of the most prominent civic-minded business leaders and medical professionals in the State joining forces with one of the premier vertically-integrated MM dispensaries in Colorado. Now, having brought aboard two respected pharmacists from national retail pharmacy chains to help direct operations, and having secured the services of an international security firm headquartered here in Ohio, CannAscend is poised to contribute the operational strength and industry leadership necessary to ensure Ohio's Medical Marijuana Control Program (MMCP) is a success.

As Founder, Chairman, and Managing Partner of CannAscend, James M Gould is responsible for the strategic vision of the company, structuring, acquisitions, and financing. Gould has a history of building successful companies and contributing to the underlying infrastructure of emerging industries. Gould has more than 35 years of experience in private equity and over 40 years of experience in development, marketing, and negotiation related to investments, real estate, and sports and entertainment. Person A holds multiple industry specific business licenses requiring rigorous regulatory compliance. He is the Founder and Chairman of a program providing financial services to state governments administering special needs funding. He was a Founder and Partner of a private equity fund, and he is Chairman of a management firm that has represented over 100 professional athletes. Gould has served on several Boards of Directors, notably on a publicly traded company, Build-A-Bear, which he helped fund and grow from a start-up. Additionally, veterans and their safety are very important to Person A, as he helped fund and served on the Board of Directors of a military apparel company and a global products and services company providing solutions for homeland security and counterterrorism. Marketing and strategic brand building are also passions and vital functions Gould will perform for CannAscend, as he has extensive experience in his role on the Board of Directors for widespread digital media network.

In fact, it was Gould who was trusted by the Ohio legislature to sit on its 16-member Medical Marijuana Task Force to consider whether legalizing MM in the State of Ohio was right for its citizens at large. His leadership challenged the distinguished Task Force members to put their preconceived notions aside and empathetically consider those suffering and in need of MM therapies. After over 25 hours of testimony, the Task Force unanimously agreed that a legislative solution to safely regulate MM was necessary to compassionately serve qualifying patients and reduce the black market. Now, the State looks to determine a trusted few to safely manage the dispensation of MM to its citizens. CannAscend emerges as the exact type of organization capable of meeting the rigorous and expeditious turnaround time the state is requiring to ensure a safe, uninterrupted supply of MM is in dispensaries by 9/8/18.

William Brisben, as founder and President of CannAscend, is responsible for the overall project development based on his vast experience having conceived, constructed, and managed over \$1.25 billion of real estate development. Brisben also owns a producer of patent-pending Cannabidiol ("CBD") infused chewing gums and lozenges, which will be utilized for products specifically marketed to serve elderly populations. His many companies are often annually ranked as one of the largest multi-family developers and builders in the country, with operations in twenty states, including over one

hundred and fifteen multi-family apartment developments containing almost twenty thousand rental unit. Brisben's extensive executive management and financing capabilities are fundamental to ensuring CannAscend's dispensary operations are a success in the face of very tight margins and an undetermined market maturation period. Ohio needs leaders like Brisben to provide the stability the program needs to become fully functional. More still, Ohio qualifying patients need the type of empathy, care, and compassion Brisben exhibited as ambassador the United Nations for UNICEF as appointed by President George W. Bush for Brisben's philanthropic work for the welfare of children around the world.

Together Gould and Brisben hand selected their operations partner with an emphasis on a compliance driven organization capable of fulfilling a vertically integrated business model. Dispensary as point of sale was a critical element of ensuring that MM reaches the hands of patients and not the black market. Through extensive research and industry networking, the founders partnered with brothers Michael and Richard Kwesell from Strawberry Fields.

Strawberry Fields (SF) brings over 8 years of commercial cannabis experience in MM. More importantly, SF knows how to build businesses from the ground up as evidenced from taking SF from 3 plants to producing 15,000 lbs of MM per year. Currently SF has organization-wide sales of approximately \$30M with approximately 200 employees spread across five entities. They designed, built and currently operate a 30,000 square-foot indoor cultivation facility, a 2,000 square-foot indoor mothering/genetic facility and a 90,000 square-foot (2 acre) greenhouse.

More importantly, the Kwesell's have designed and engineered operations for the 5 dispensaries they currently operate in Colorado. Impressively, Strawberry Fields has operated this expansive corporate infrastructure resulting in tens of millions of dollars in sales with only 1 single administrative action (resulting only in an Assurance of Voluntary Compliance) taken against the SF related entities over all these years. It is that focus on quality, compliance, and compassionate patient care that unites CannAscend and SF.

Serving on the Task Force with Gould, Dr. Brian Santin was trusted by the Ohio legislature to consider the best approach to MM for all Ohioans. Dr. Santin, will utilize his background in the economics of medicine to assist in the development of an educational curriculum focused around the safe and responsible dispensation of MM and other related treatment modalities. His compassionate bedside manner across the span of CannAscend's proposed vertically integrated business platform where he will manage the patient, physician, and pharmaceutical industry outreach initiative. Dr. Santin will lead CannAscend's integrated research arm to have direct patient interaction in the dispensary to assist patients in self-titration models to find the form and phenotype of MM that best treats their qualifying condition. This patient feedback loop will assist physicians increasing their understanding of the vast applications of MM in the absence of FDA sanction trials. As the author of a combine 48 peer-reviewed scientific journal publications and presentations at regional and national conferences, Dr. Santin has a hunger for research, learning, and teaching that will benefit not only the qualifying patients of Ohio, but the participating physicians who are tasked with advising patients and issuing written recommendations.

In addition to the medical expertise of Dr. Santin, CannAscend has secured the direct advisory input of two respected pharmacists from major retail pharmacy chains. Pharmacist Nick Barsan has joined CannAscend to lead the compliance, reporting, anti-diversion, and abuse detection protocols. As Walgreen's Market Pharmacy Director for Ohio, Barsan's executive director capacity uniquely positions him with the experience, knowledge, and expertise to ensure CannAscend will not merely sell cannabis, but fulfill the Board of Pharmacy's (BoP) desired role as educator, watch-dog, and compassionate care facility.

Joining Barsan is pharmacist David Black, who is now in his 28th year at Walgreens in Cincinnati. Black has extensive experience in opening pharmacies as pharmacy manager in Loveland, Milford and Madeira where he has been for my last 19 years. Black will act as the Pharmacy Consultant and BOP Liaison. This is a critical function as Black will ensure that dispensary operations have the necessary emphasis on anti-diversion, abuse detection, and patient care that the MMCP is built on. CannAscend will have a safe, inviting, and friendly environment, but will never sacrifice its main charge to provide qualifying patients of this State a safe, uninterrupted supply of medicine. Furthermore, Black will ensure that CannAscend's relationship with the BOP is founded on clear and effective communication and an ongoing commitment to proper reporting and record keeping. Finally, Black will coordinate all OARRS reporting and ASAP formatting.

Finally, Pamela Hay, as former high-level Drug Enforcement Agency (DEA) Special Agent, acts as Chief Security Director providing guidance and real-world expertise in creating a secure, documented chain of custody operating protocol and site security detail. As a female in the male dominated world of law enforcement, Ms. Hay has conducted narcotics investigations at the highest level and supported law enforcement programs aimed at reducing the availability of illicit controlled substances. Her duties and responsibilities included working in an undercover capacity, conducting surveillance, executing search warrants, identifying viable investigative leads, developing and implementing operational plans and training officers on DEA policies, procedures, rules and regulations. Additionally, Ms. Hay was a member of DEA's trauma team responding to crisis situations, and participated in the DEA's self-inspection process which focused on compliance with DEA regulations and standard operating procedures. Ms. Hay will be providing this extensive experience to ensure the CannAscend operations have the tightest controls and standard operation procedures to defend against any product diversion or exposure to theft or forced intrusion.

### 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**

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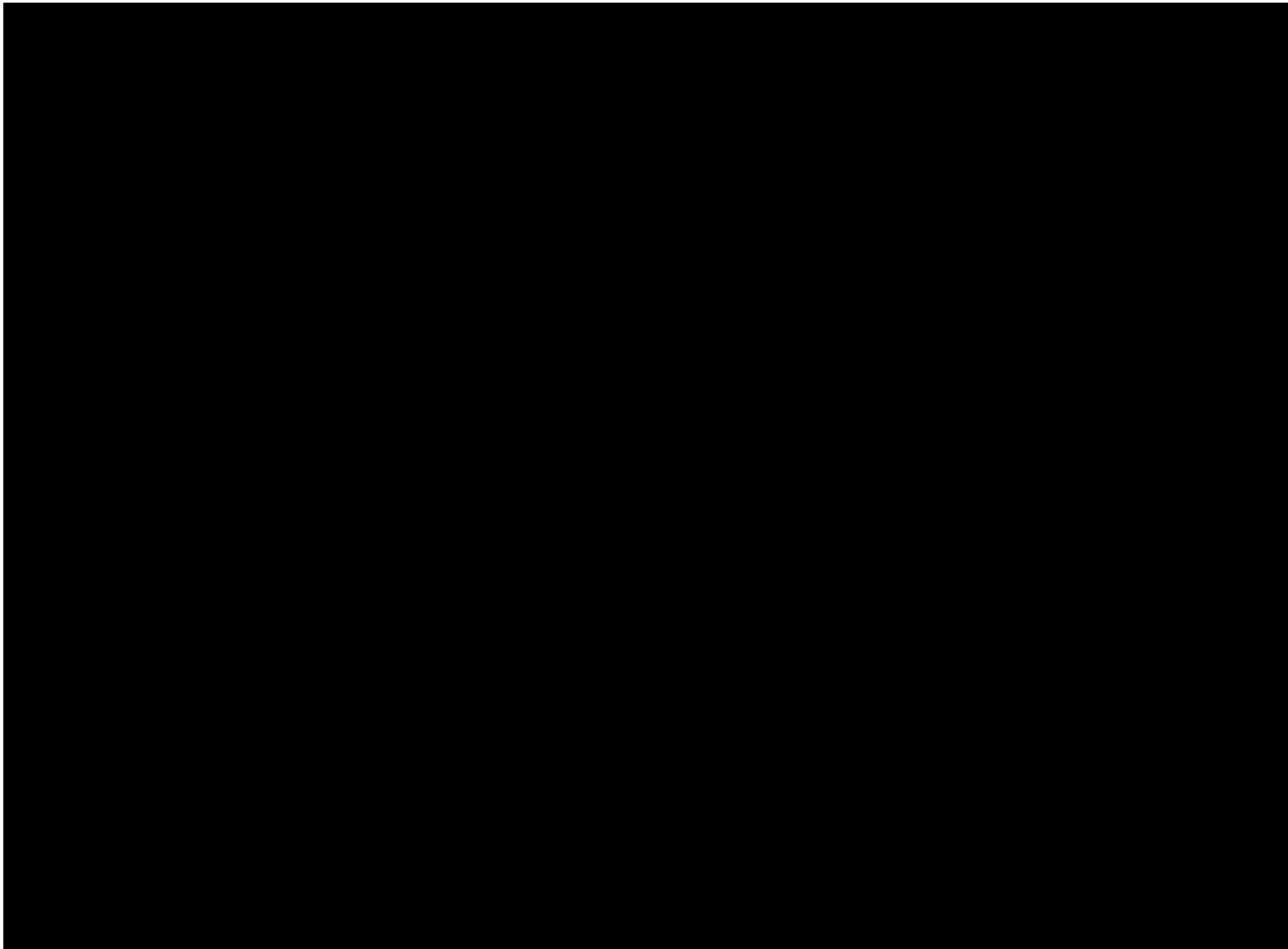
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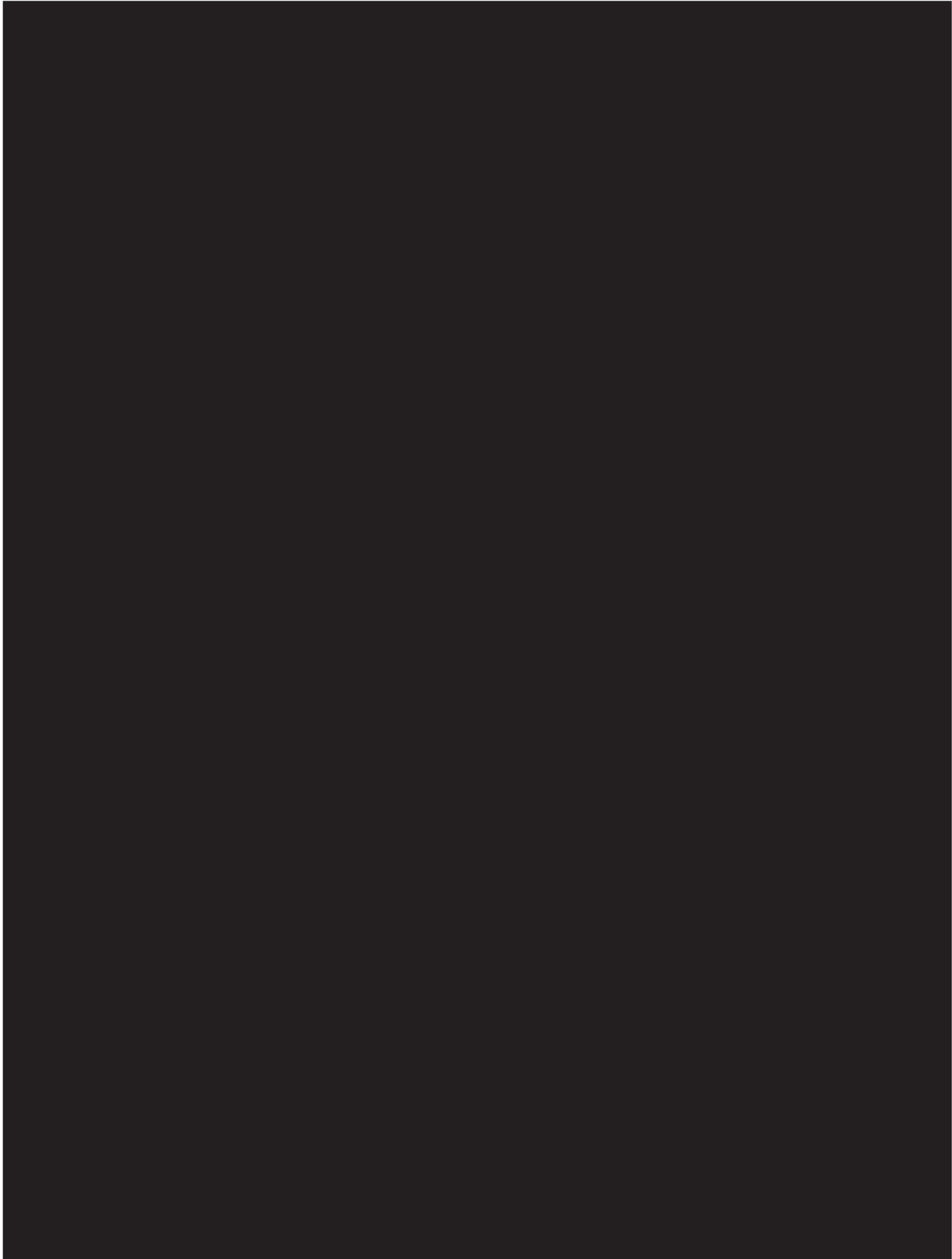
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**D-2.3** By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the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

YES

## Operations Plan(Receiving of Product)

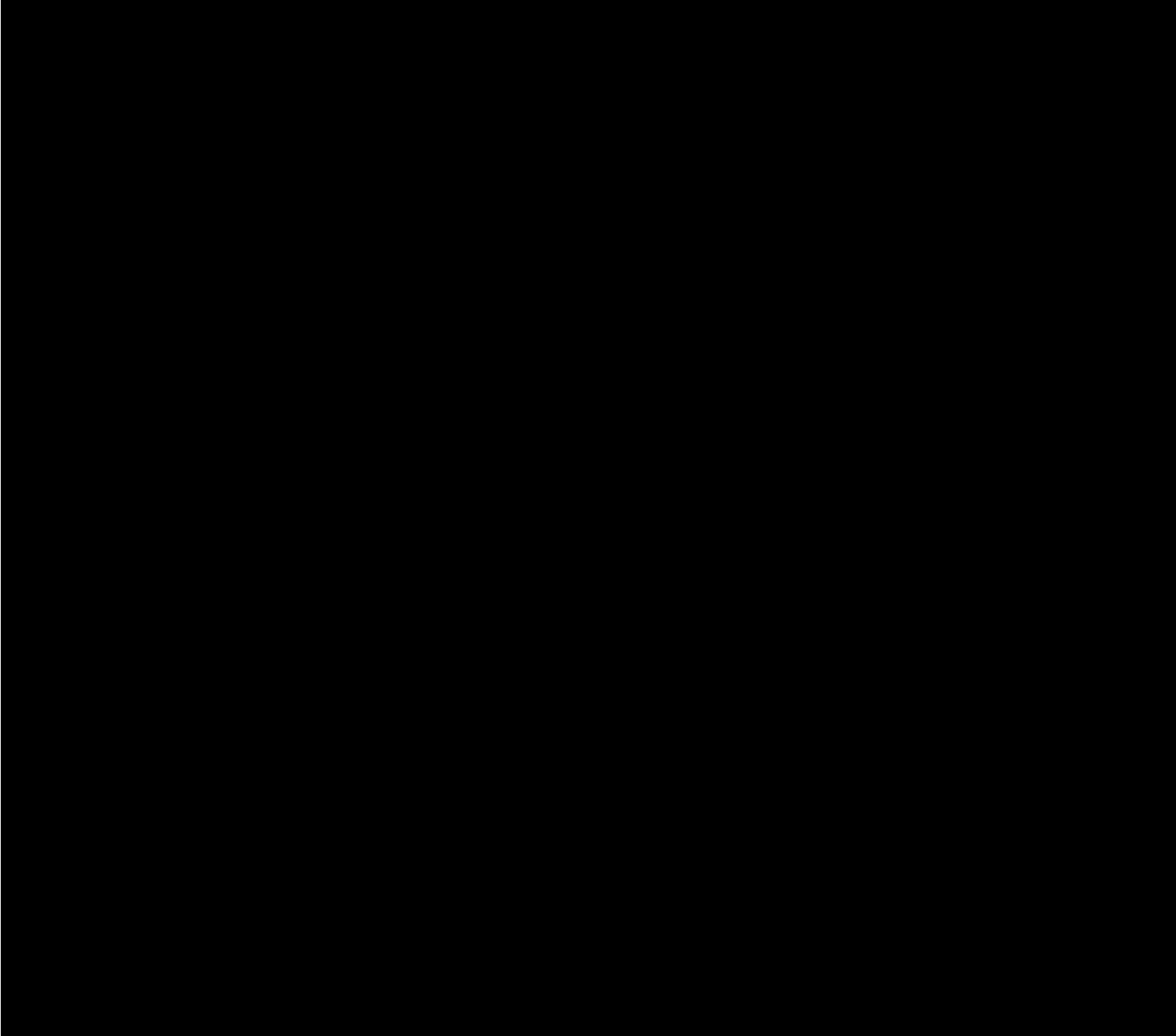
**D-3.1** By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

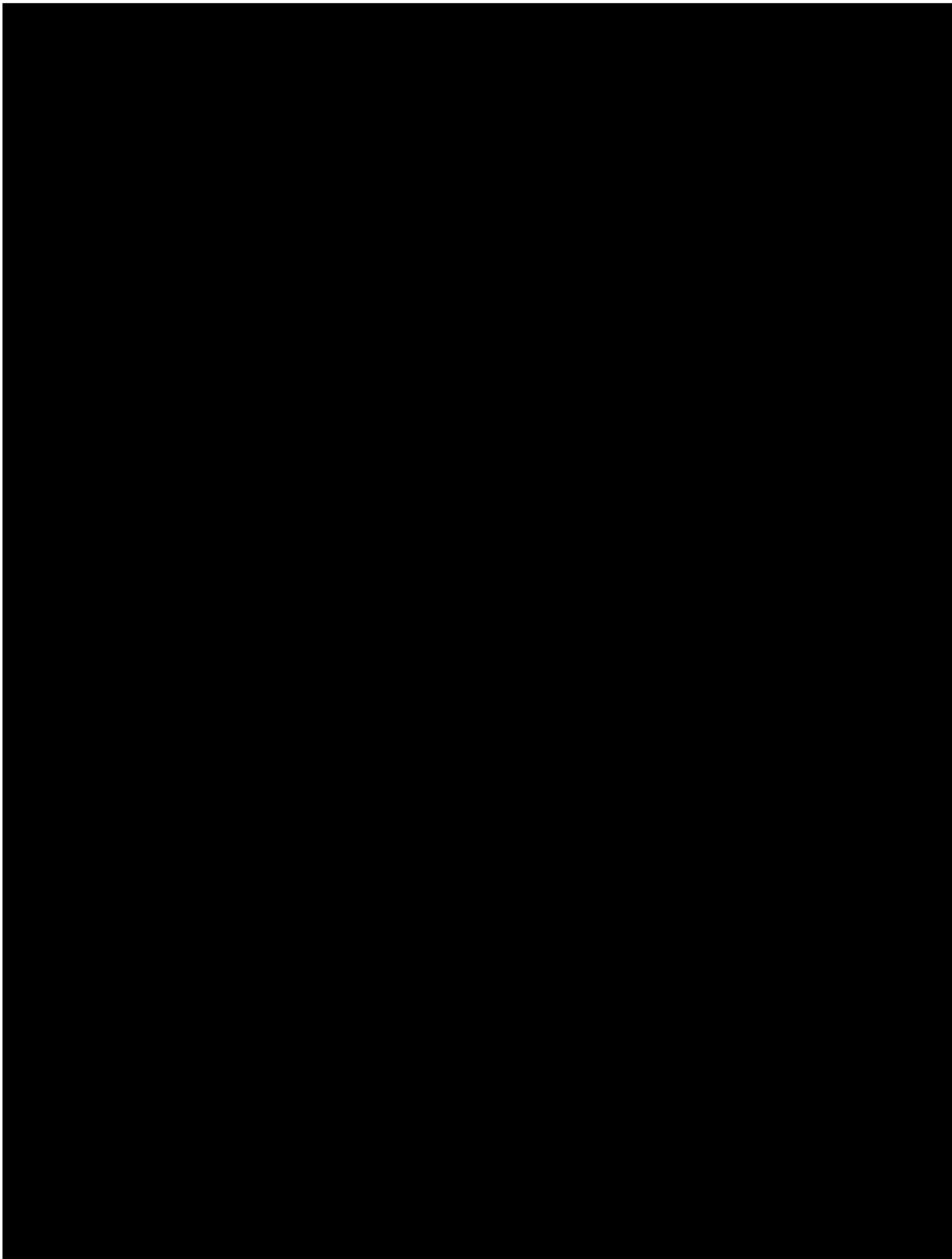
**D-3.2** By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded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

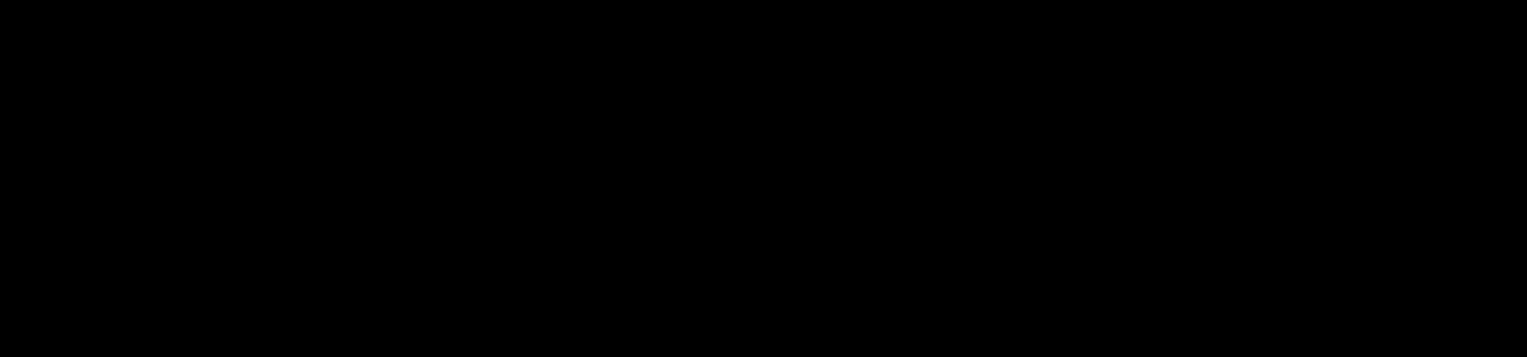
YES

**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](#)





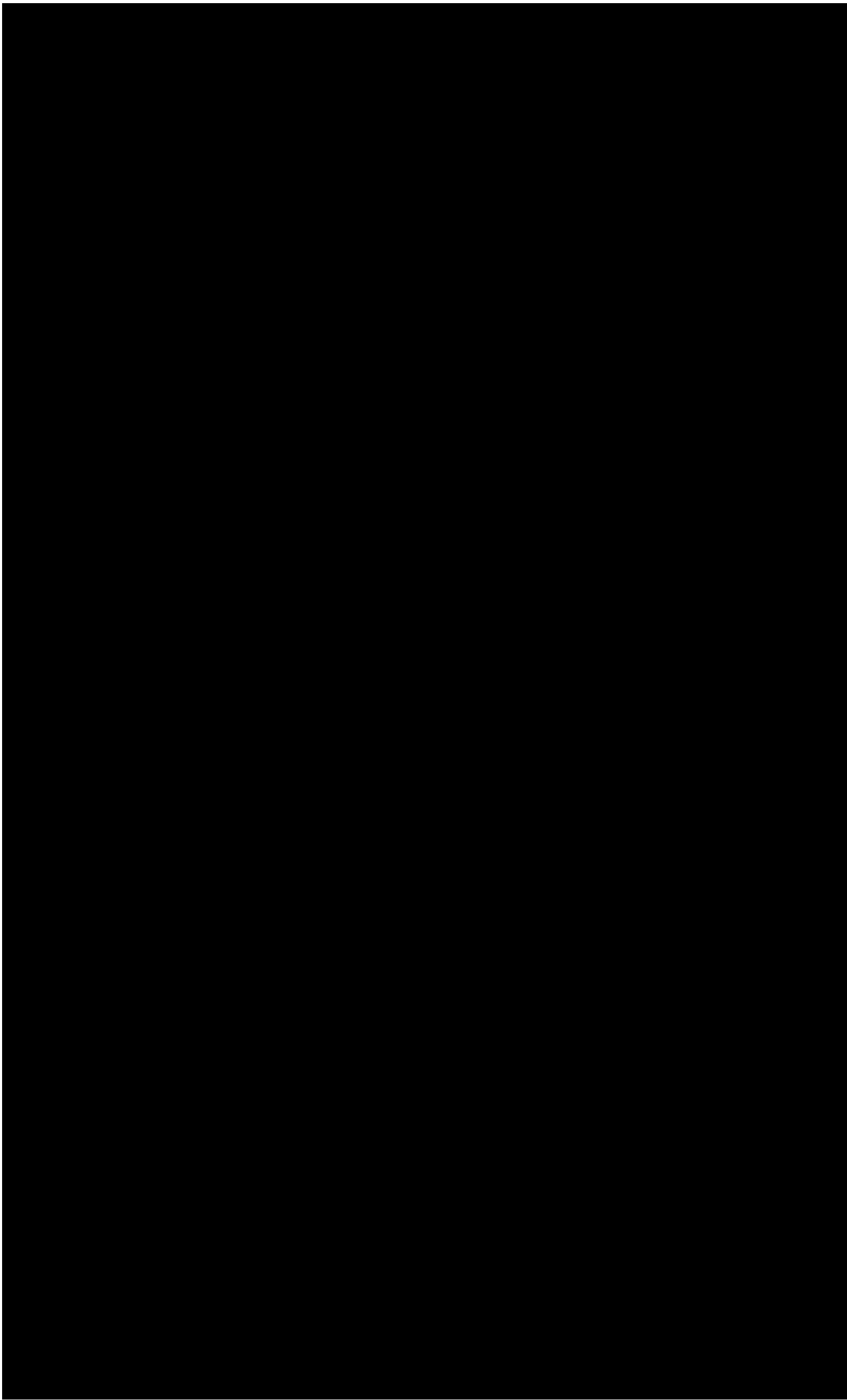


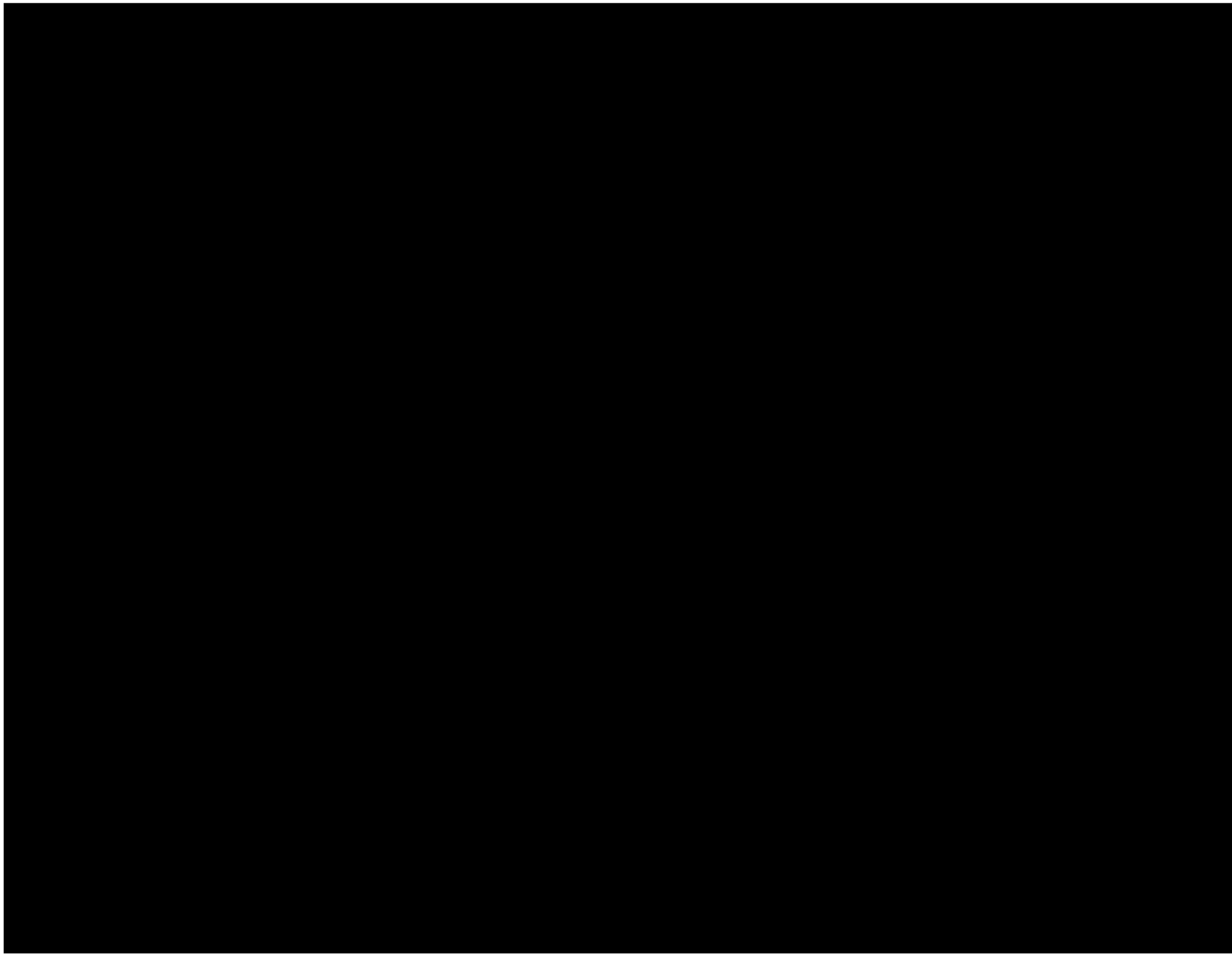


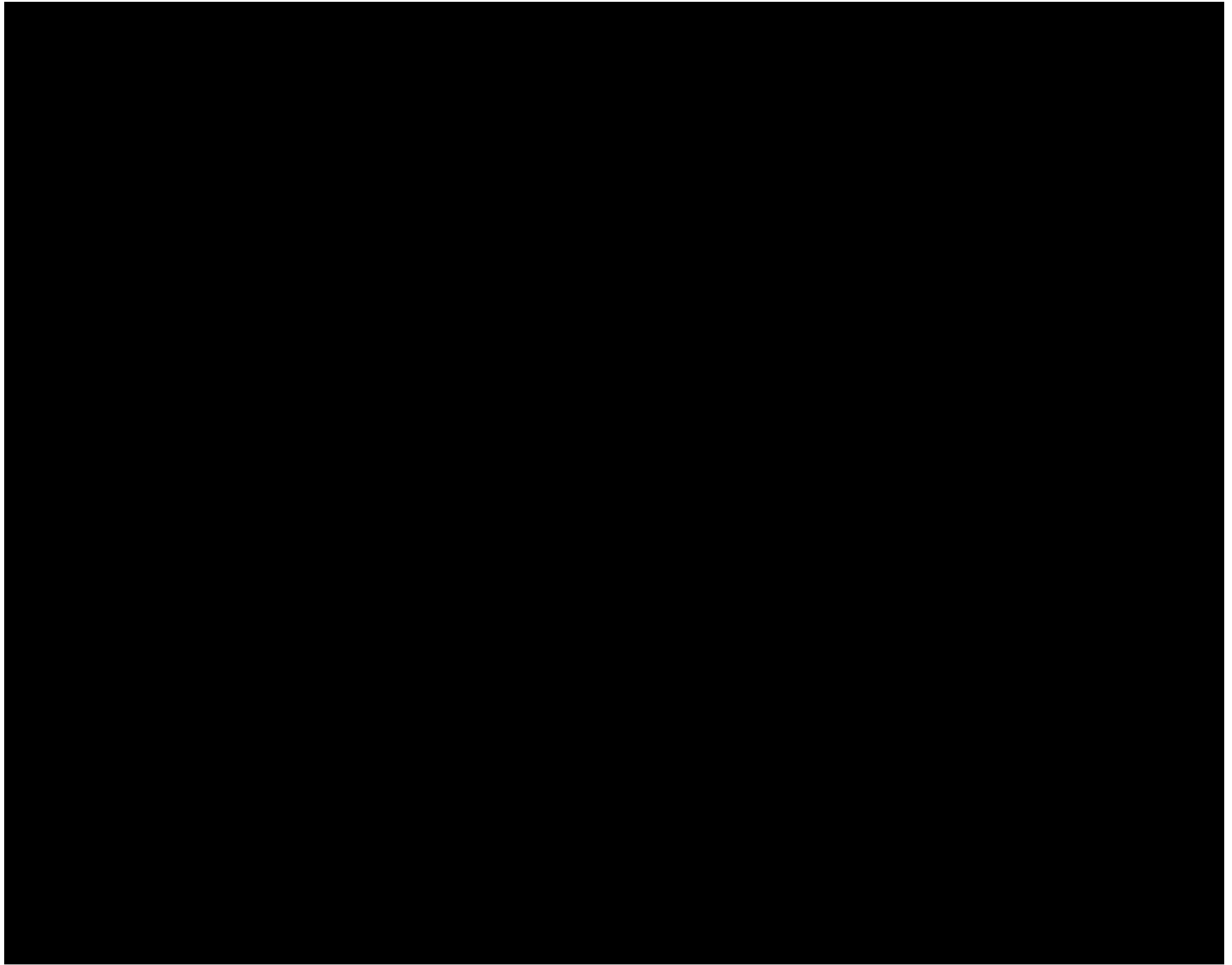
**D-3.3.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-3.3.1\_Facility Plan.pdf**

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







## Operations Plan(Storage of Product)

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

YES

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

YES

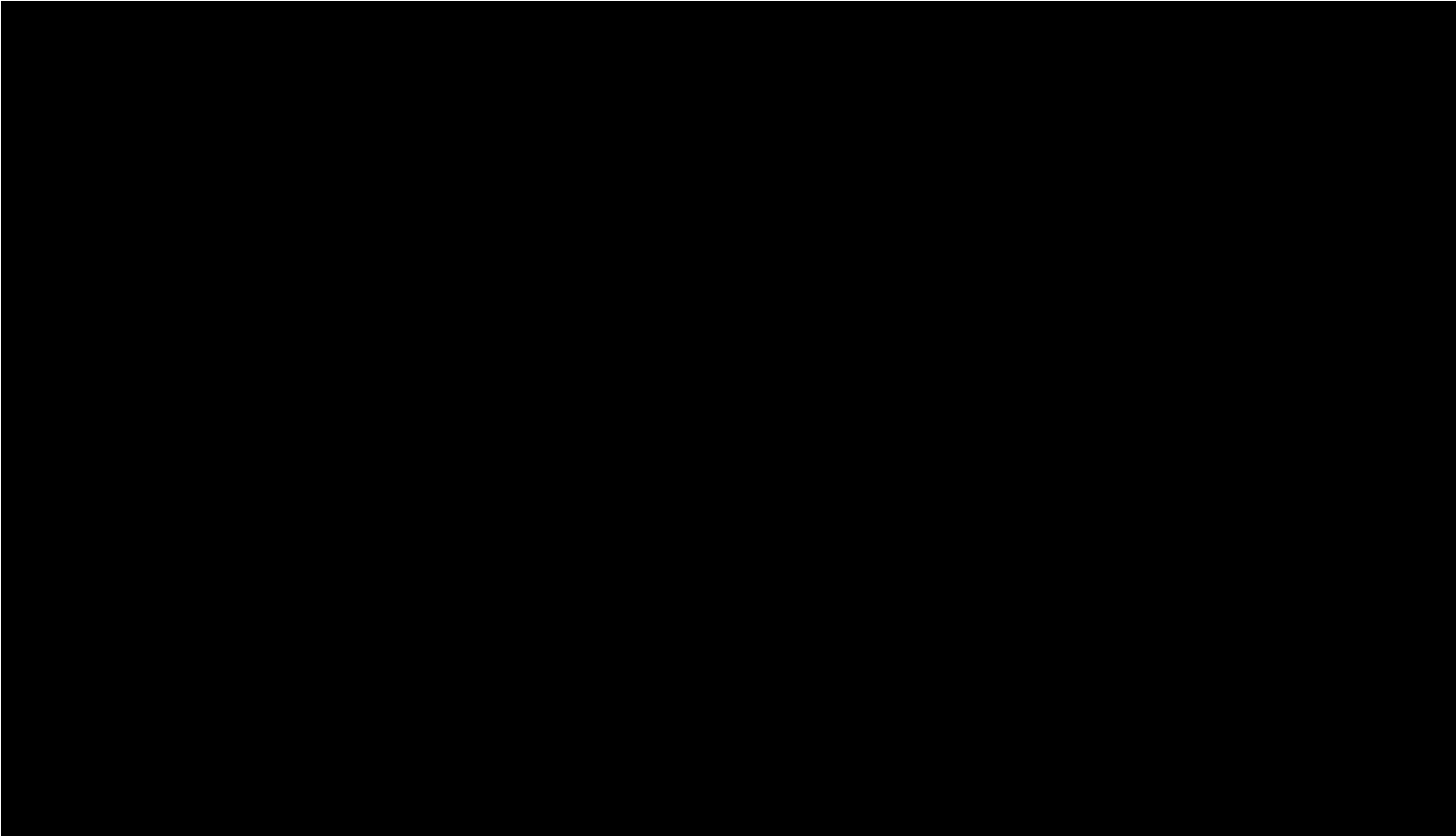
**D-4.3** A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

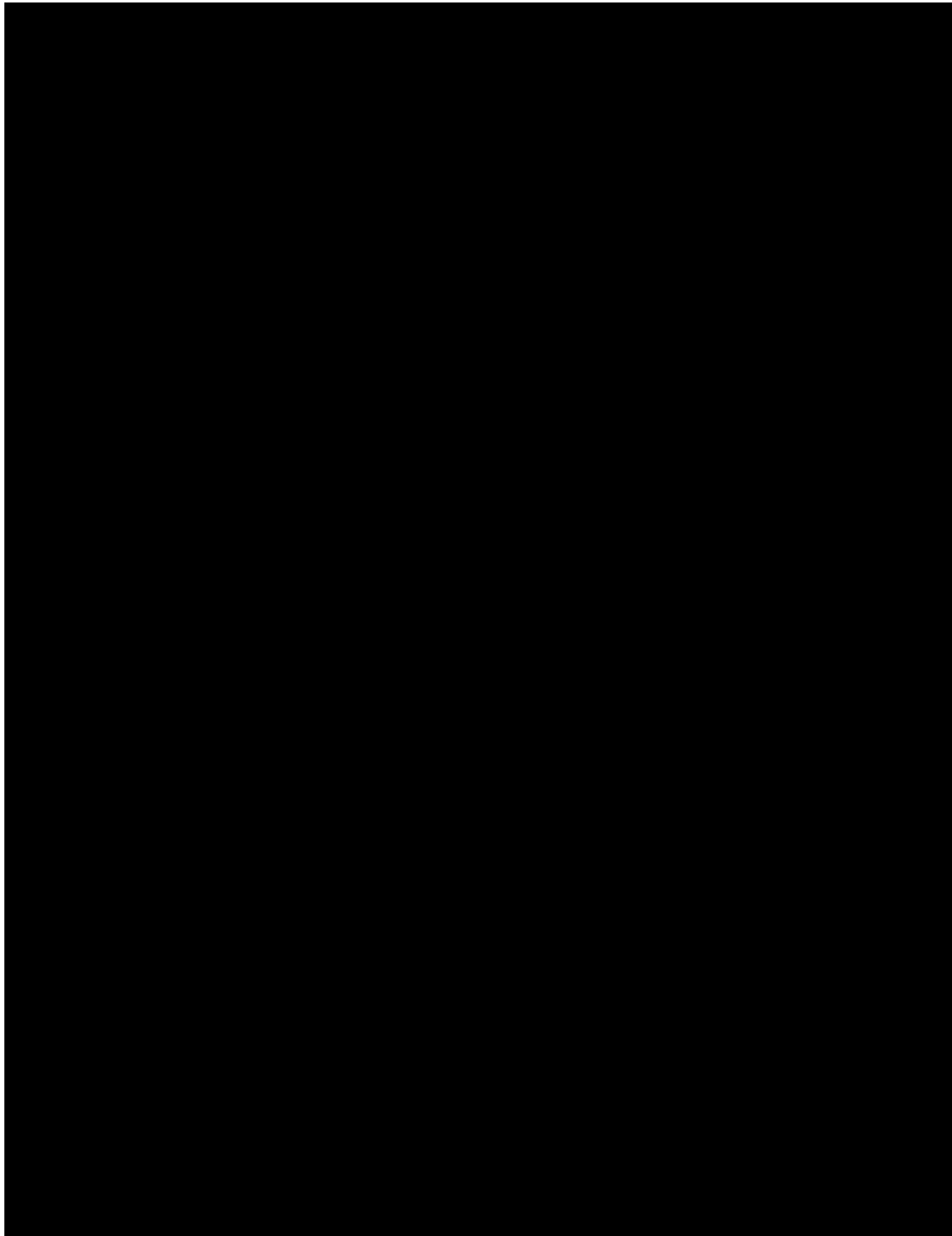
YES

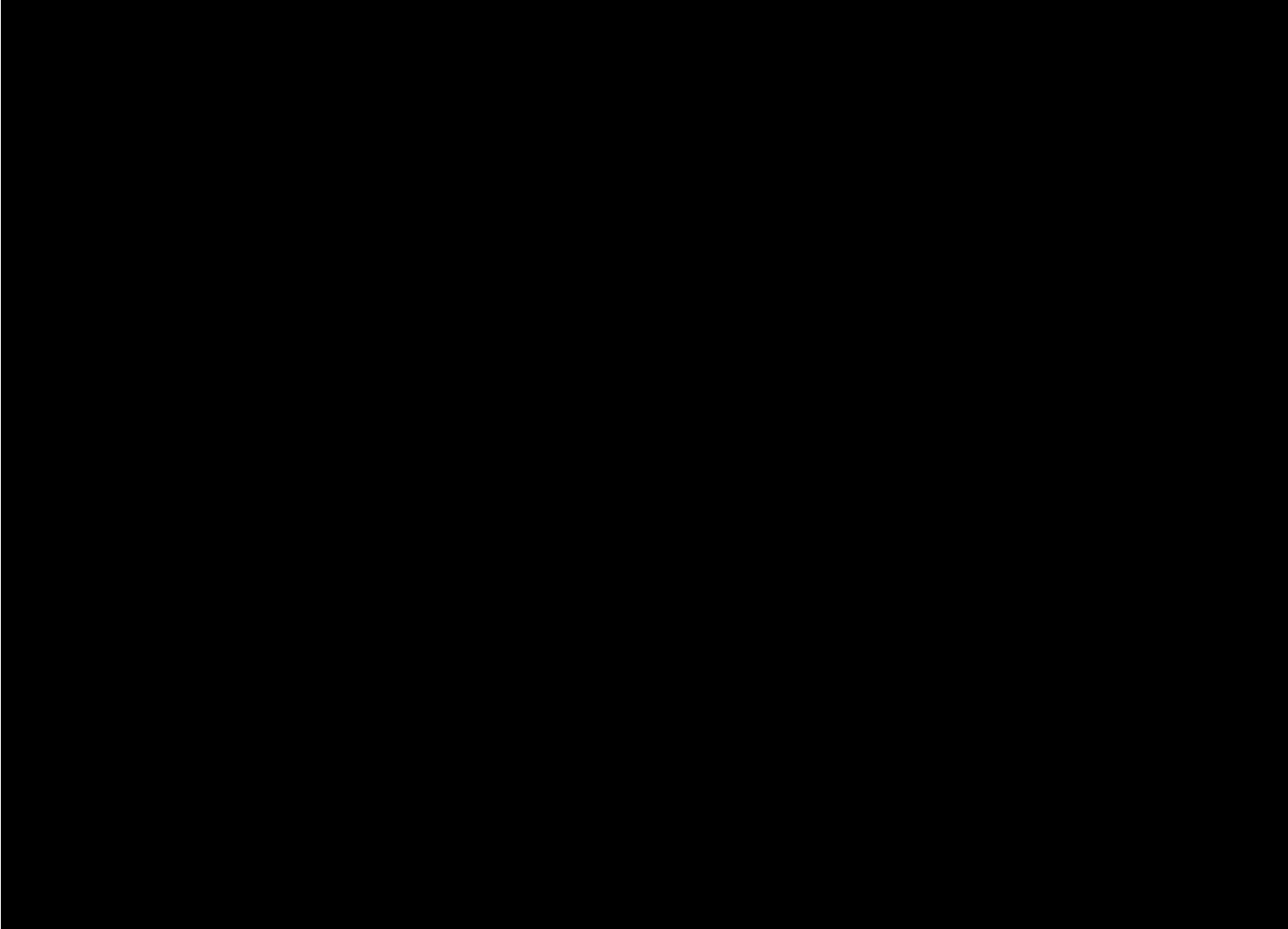
**D-4.4** Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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

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







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

*No response provided by applicant*



## Operations Plan(Dispensing of Product)

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

YES

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

YES

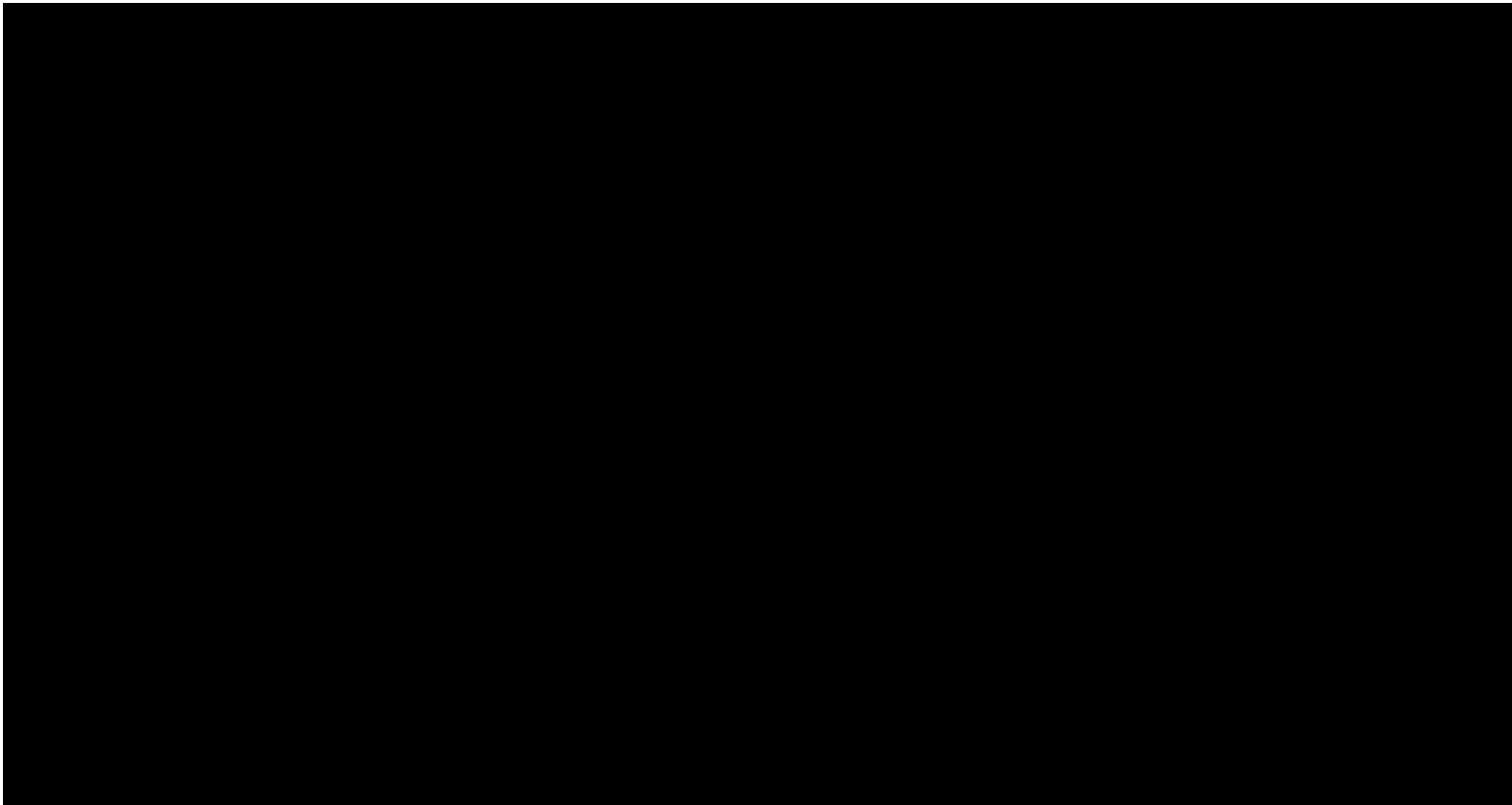
**D-5.3** Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

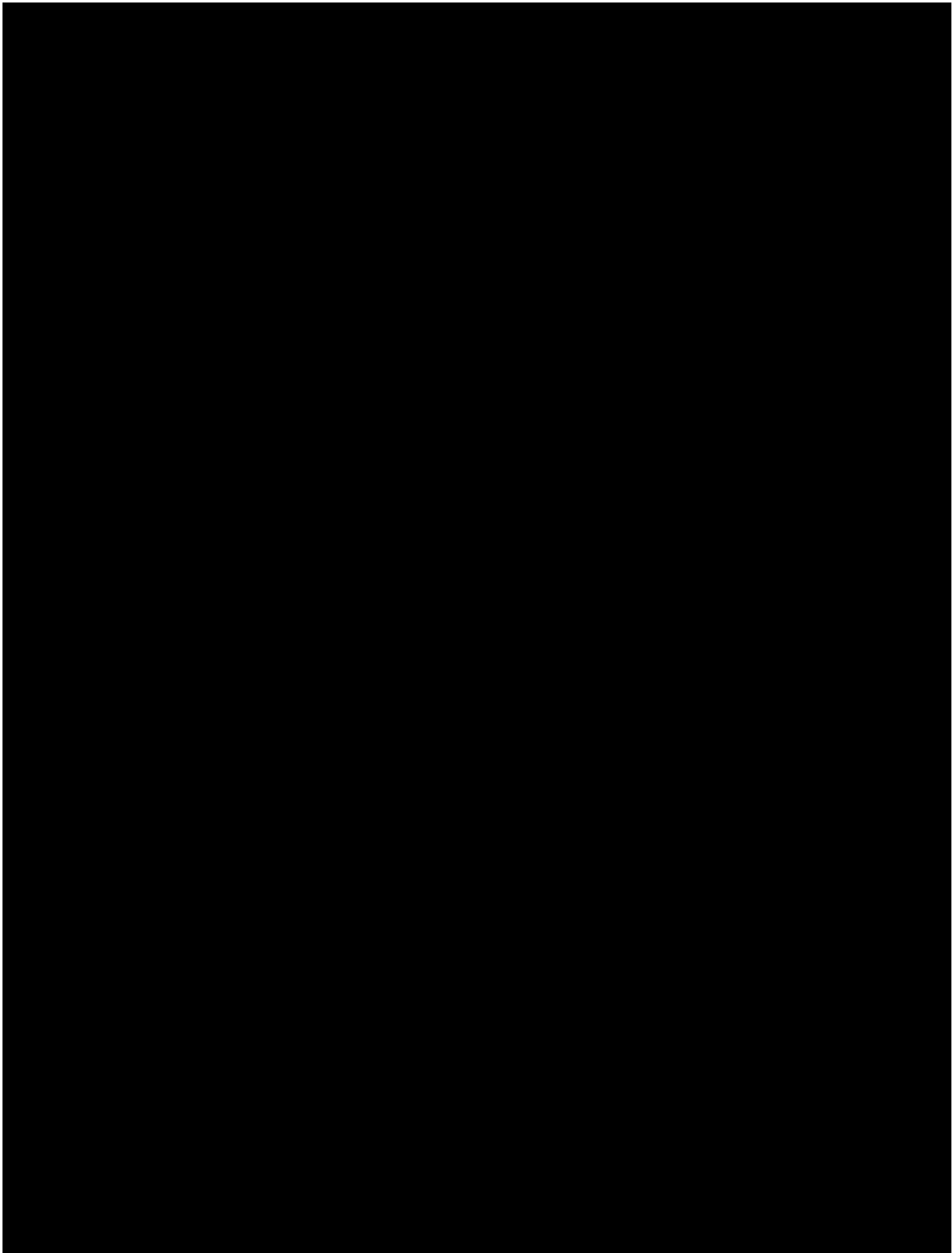
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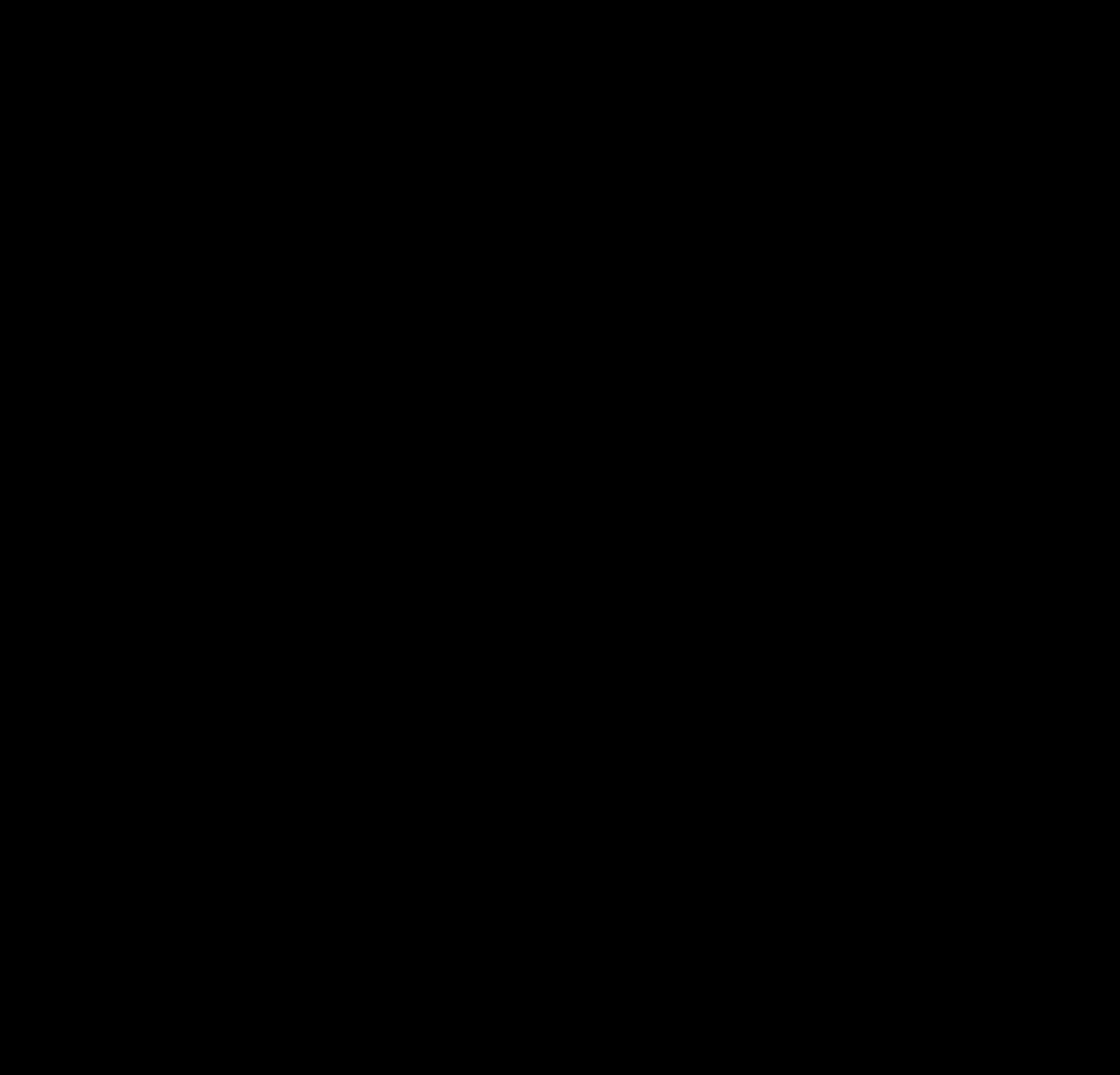
**D-5.4** By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

YES

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







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

Uploaded Document Name: **D-5.5.1\_sample label.pdf**

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Date of Harvest : 8.28.17  
UBI: 123 456 789 001 001



Generic Dispensary  
**Blueberry Haze**

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

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

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

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

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

KEEP AWAY FROM CHILDREN

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

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

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

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

Bear a personalized label for the qualifying patient.

The amount of product and form;

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

## Operations Plan(Inventory Management of Product)

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

YES

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

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

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

YES

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

YES

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

YES

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

YES

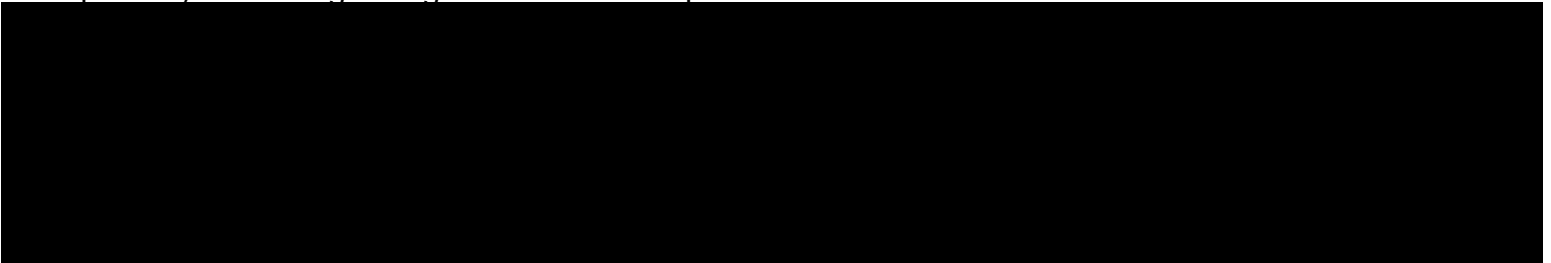
**D-6.6** By selecting "**Yes**" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

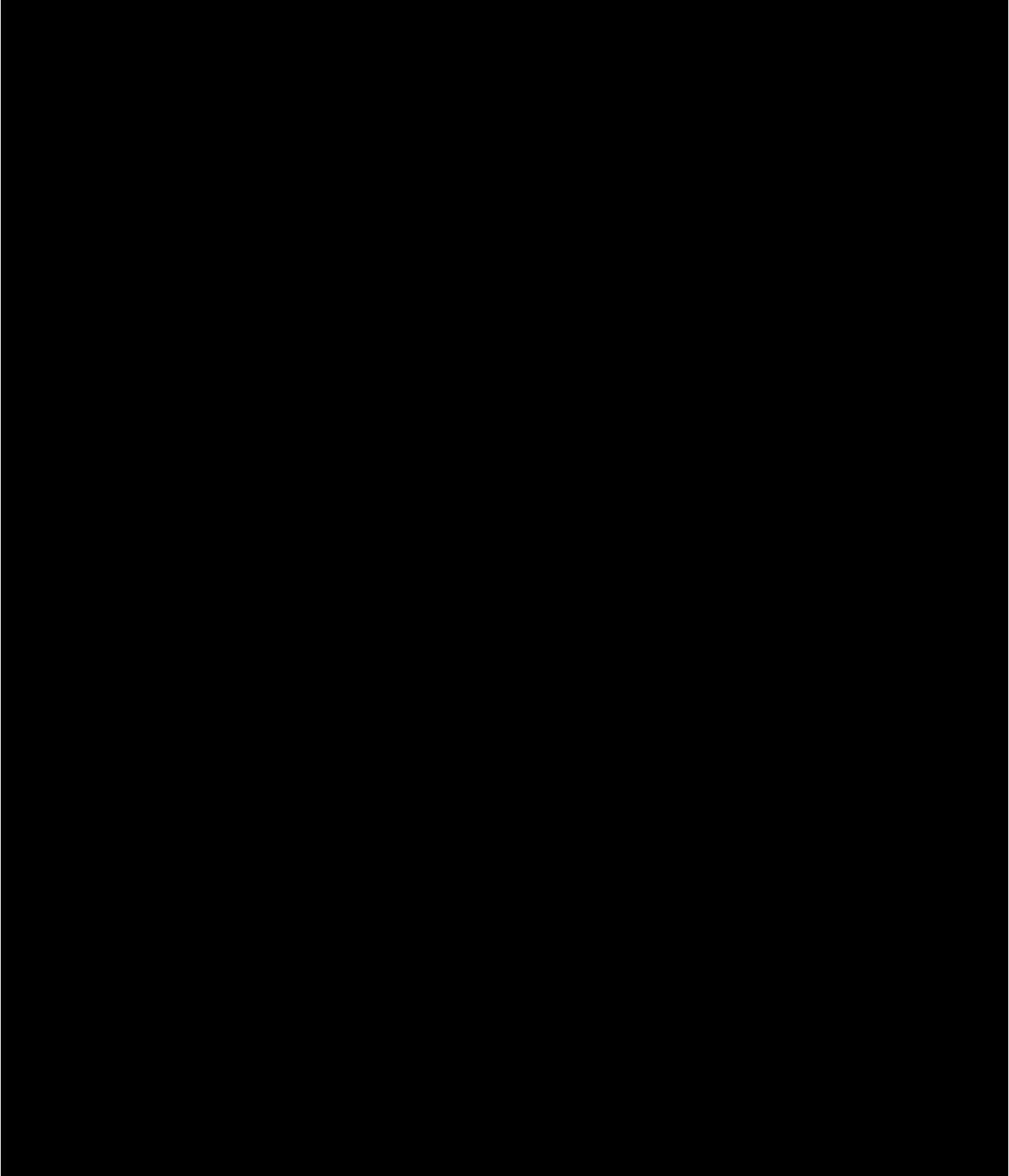
**D-6.7** Please provide an explanation for selecting "**No**" in response to questions D-6.1 through D-6.6

*No response provided by applicant*

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





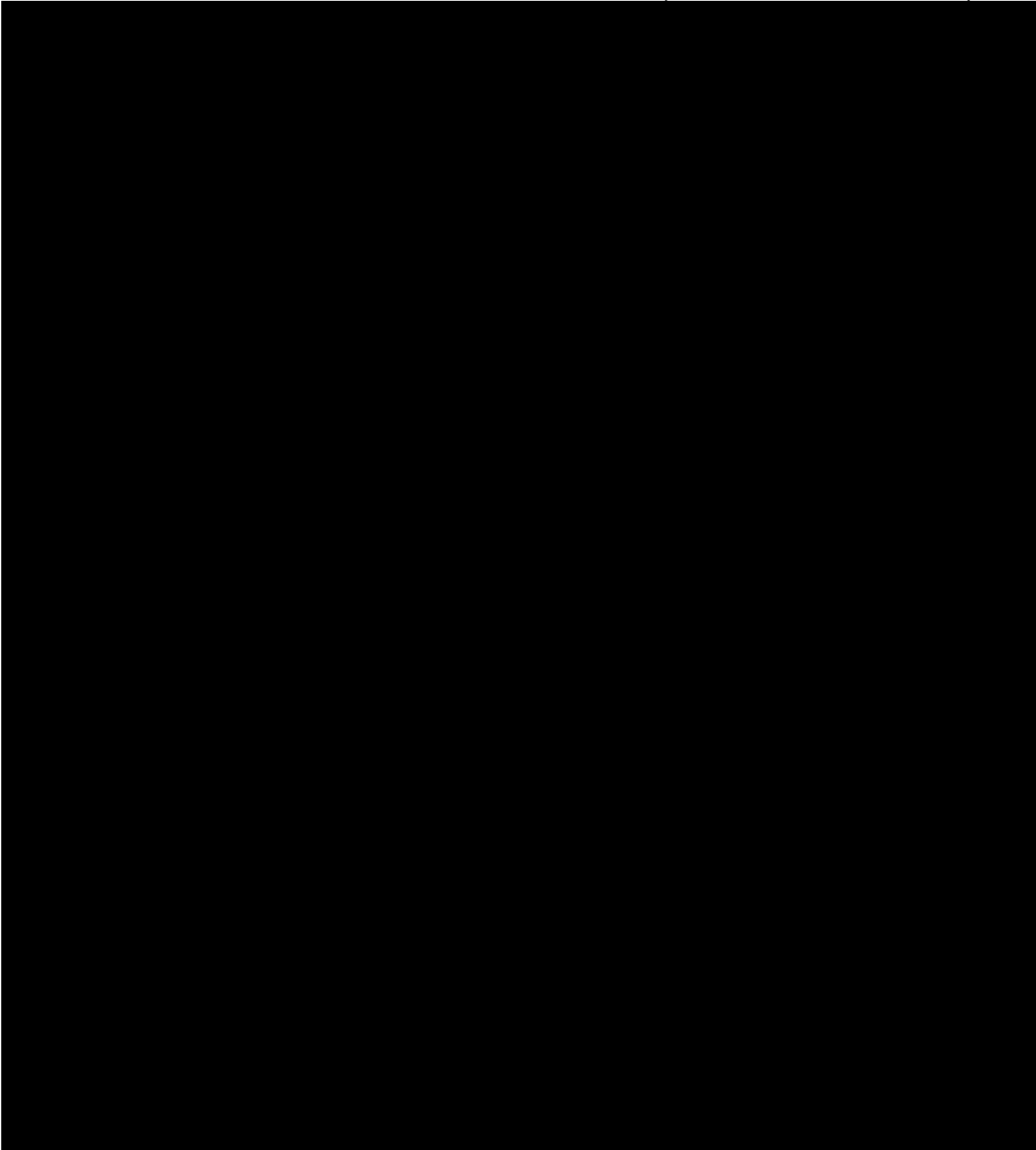


**D-6.8.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

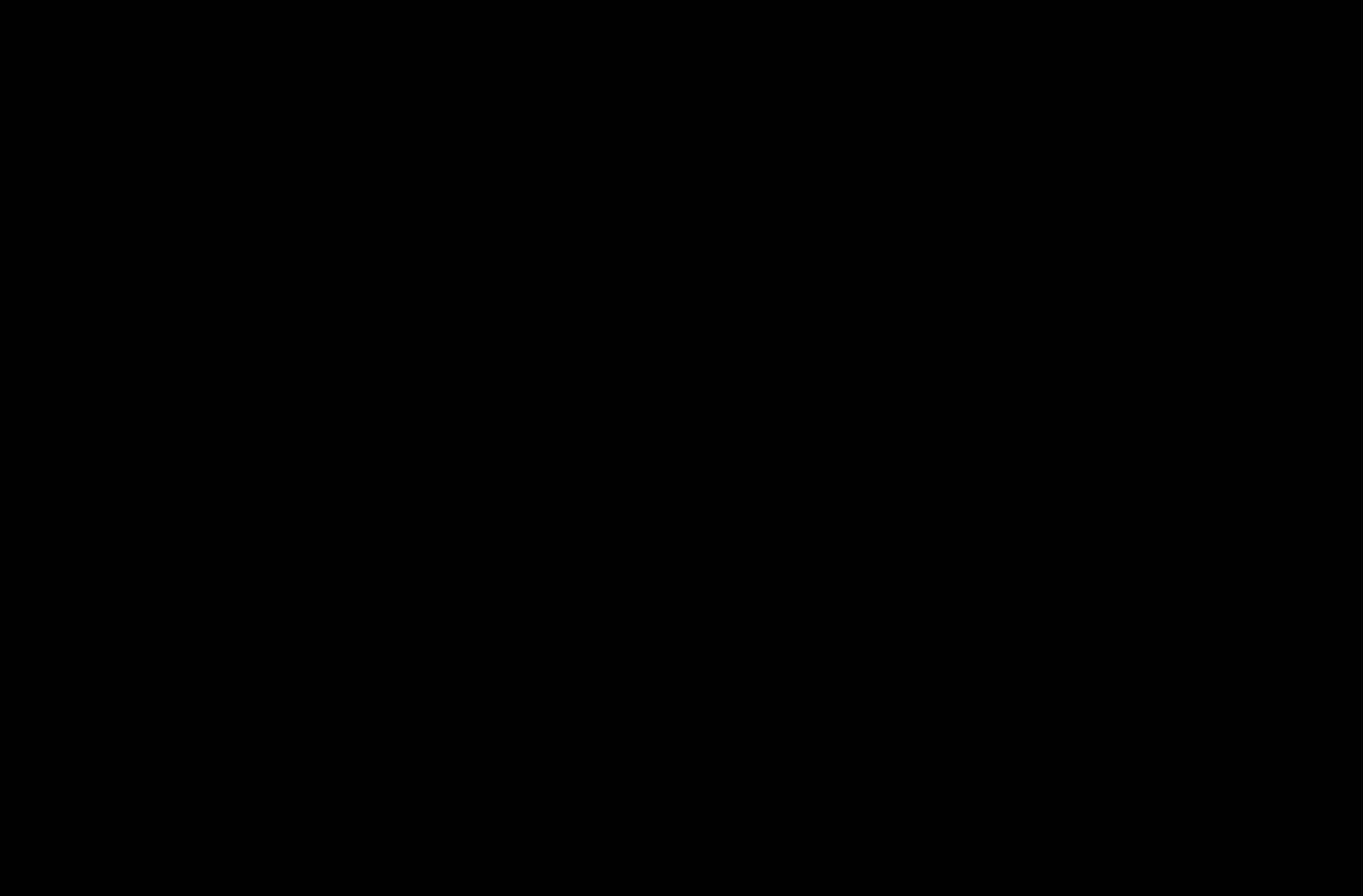
**D-6.9** Please describe the Applicant's processes, procedures and controls regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of

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









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

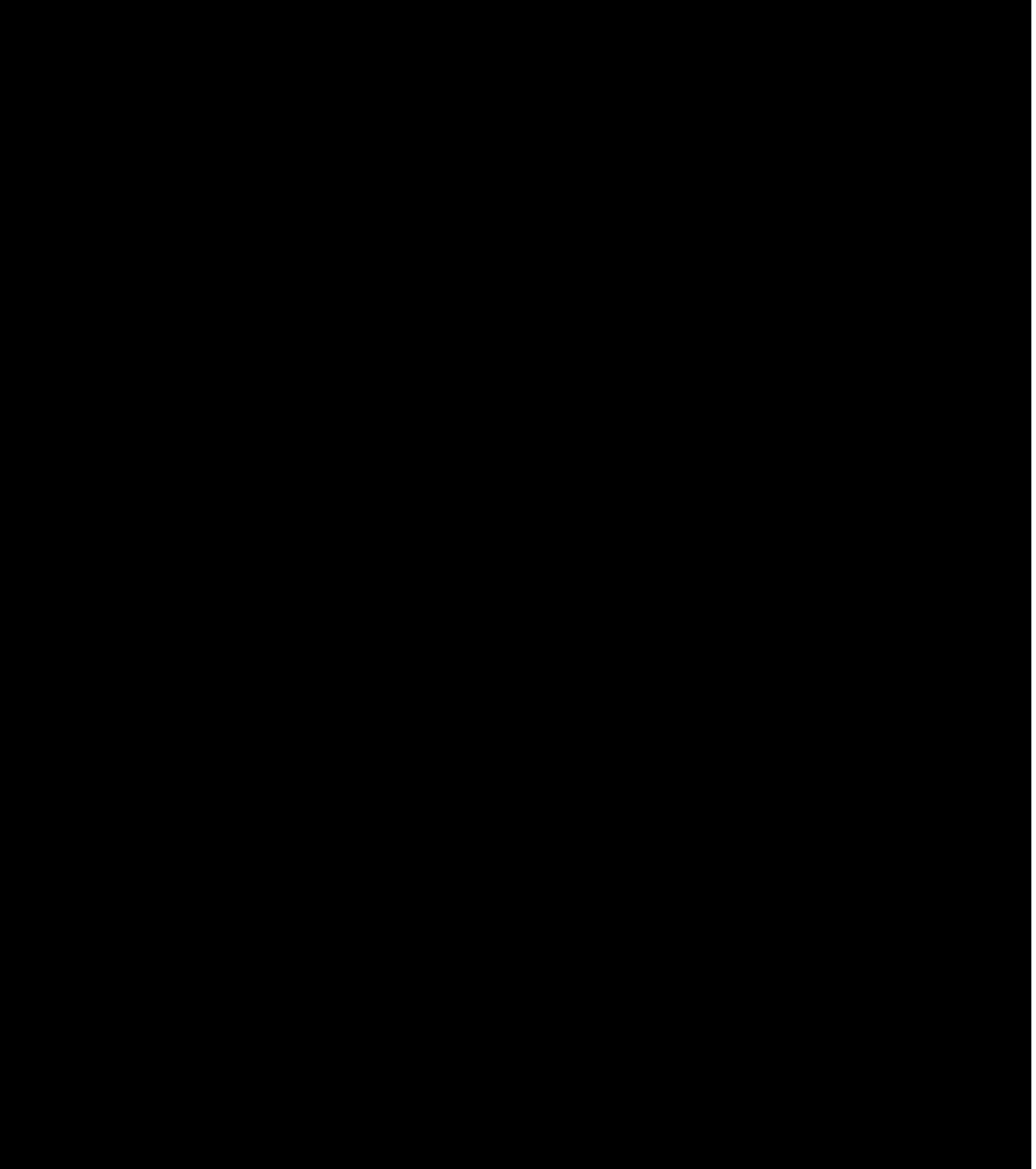
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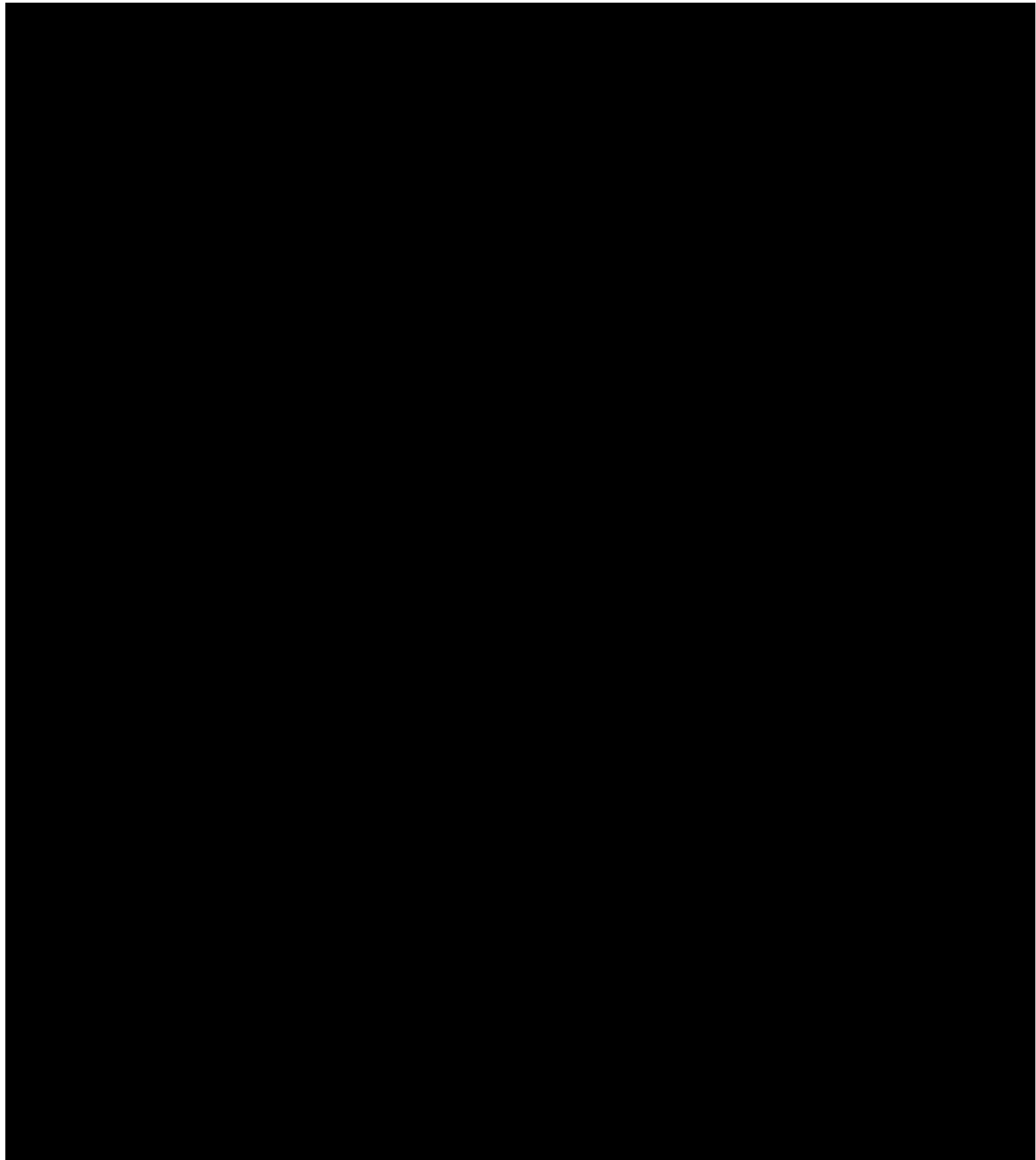
NOTE: This applicant uploaded document is the next 1 page(s) of this document.



## Operations Plan(Diversion Prevention of Product)

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



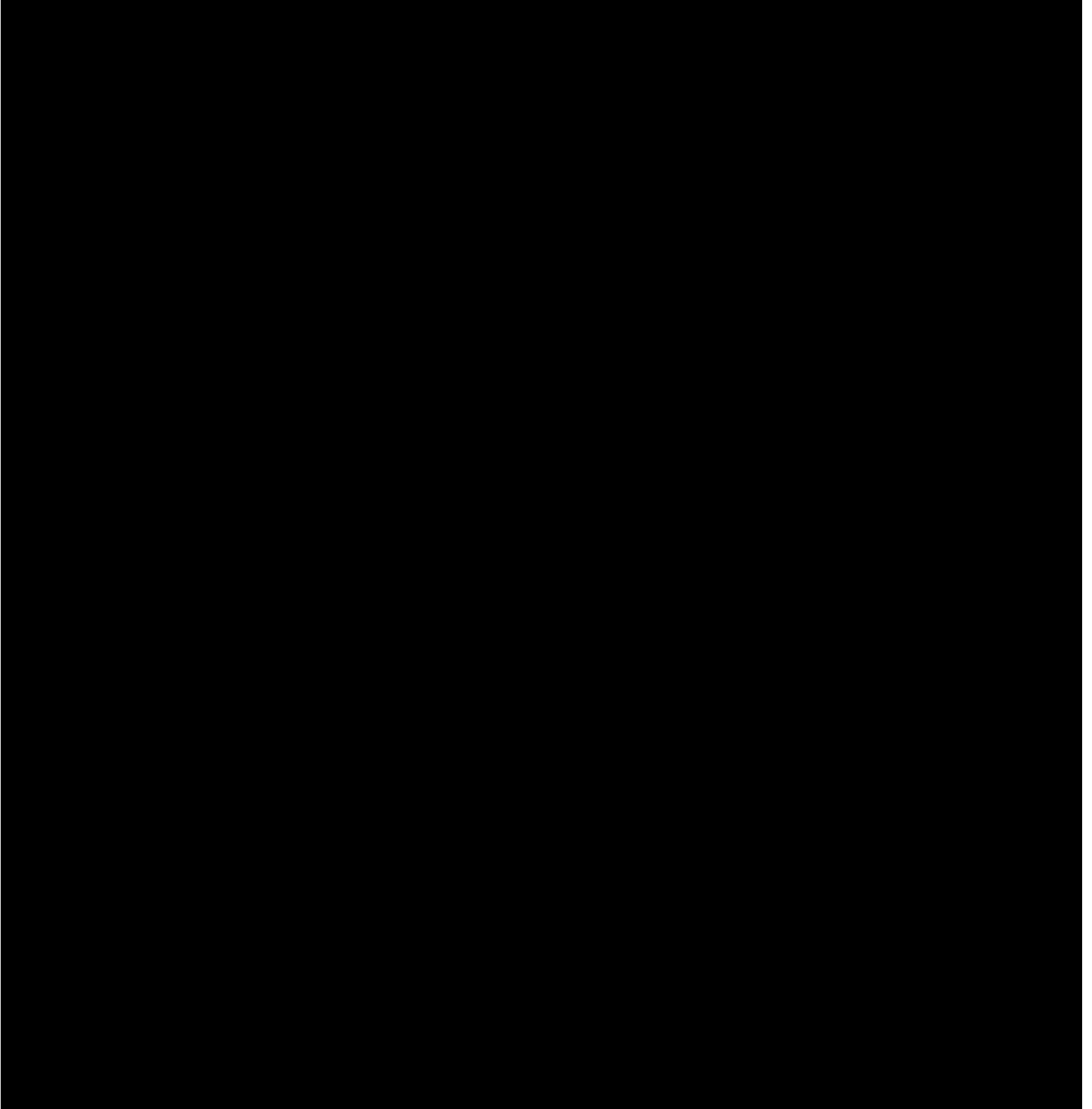


## Operations Plan(Sanitation and Safety)

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

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

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









## Operations Plan(Record-Keeping)

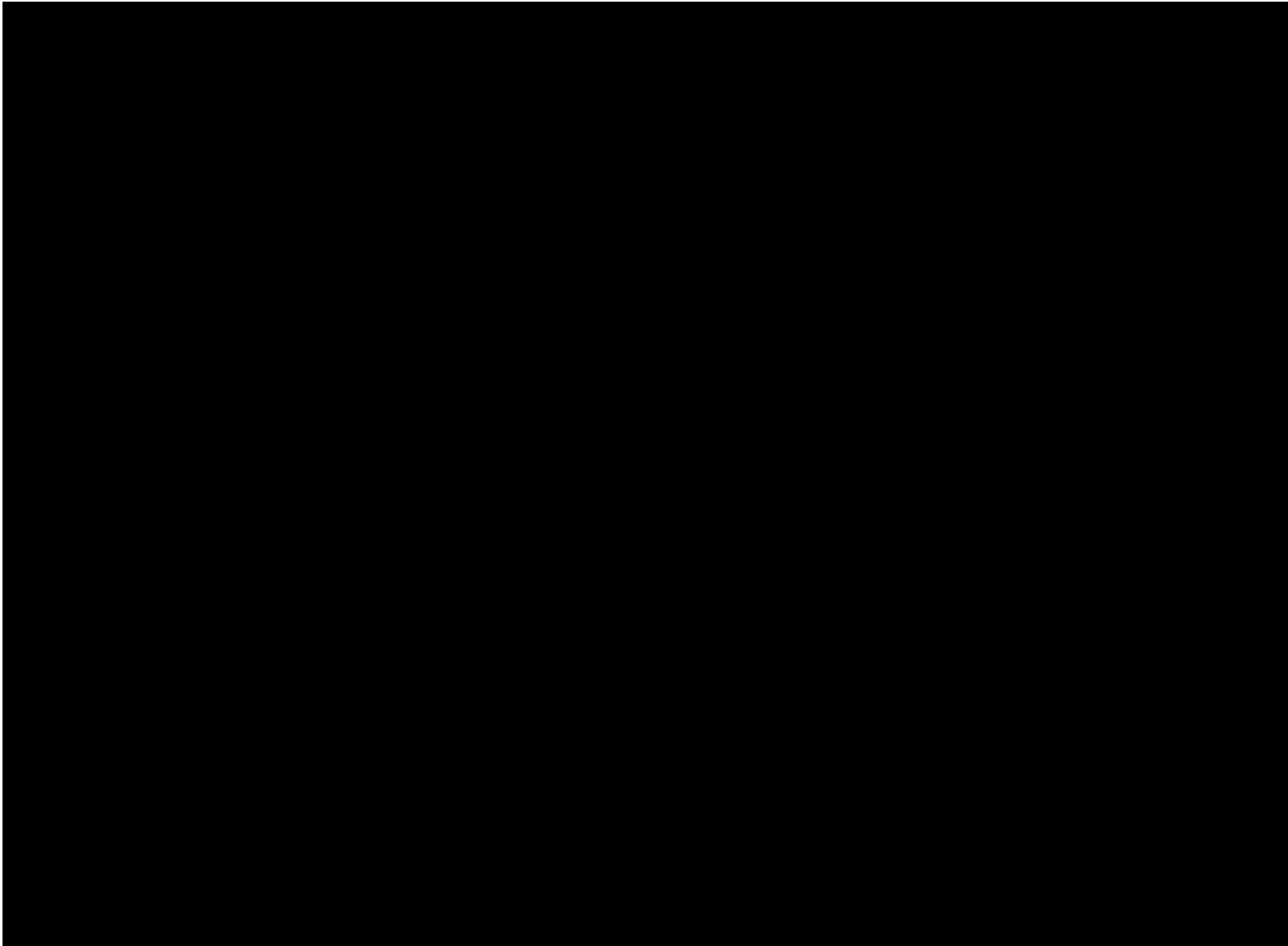
**D-9.1** By selecting “Yes,” the Applicant attests that it will notify State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. [OAC 3796:6-3-14](#)

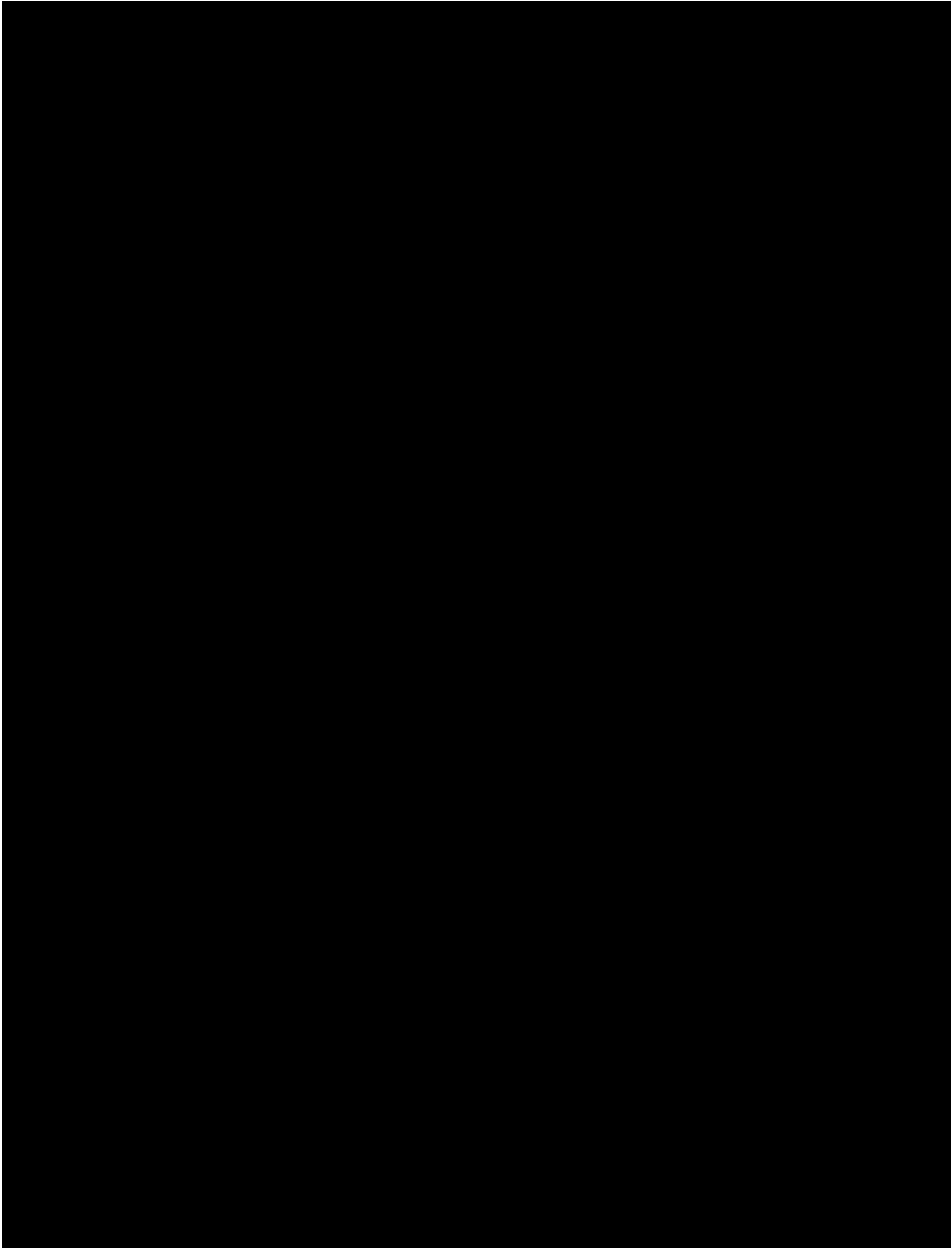
YES

**D-9.2** Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

1. Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary
2. Operating procedures and controls
3. Audit records
4. Staffing plans; Business records
5. Surveillance records
6. Attendance logs
7. Quality assurance review logs

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

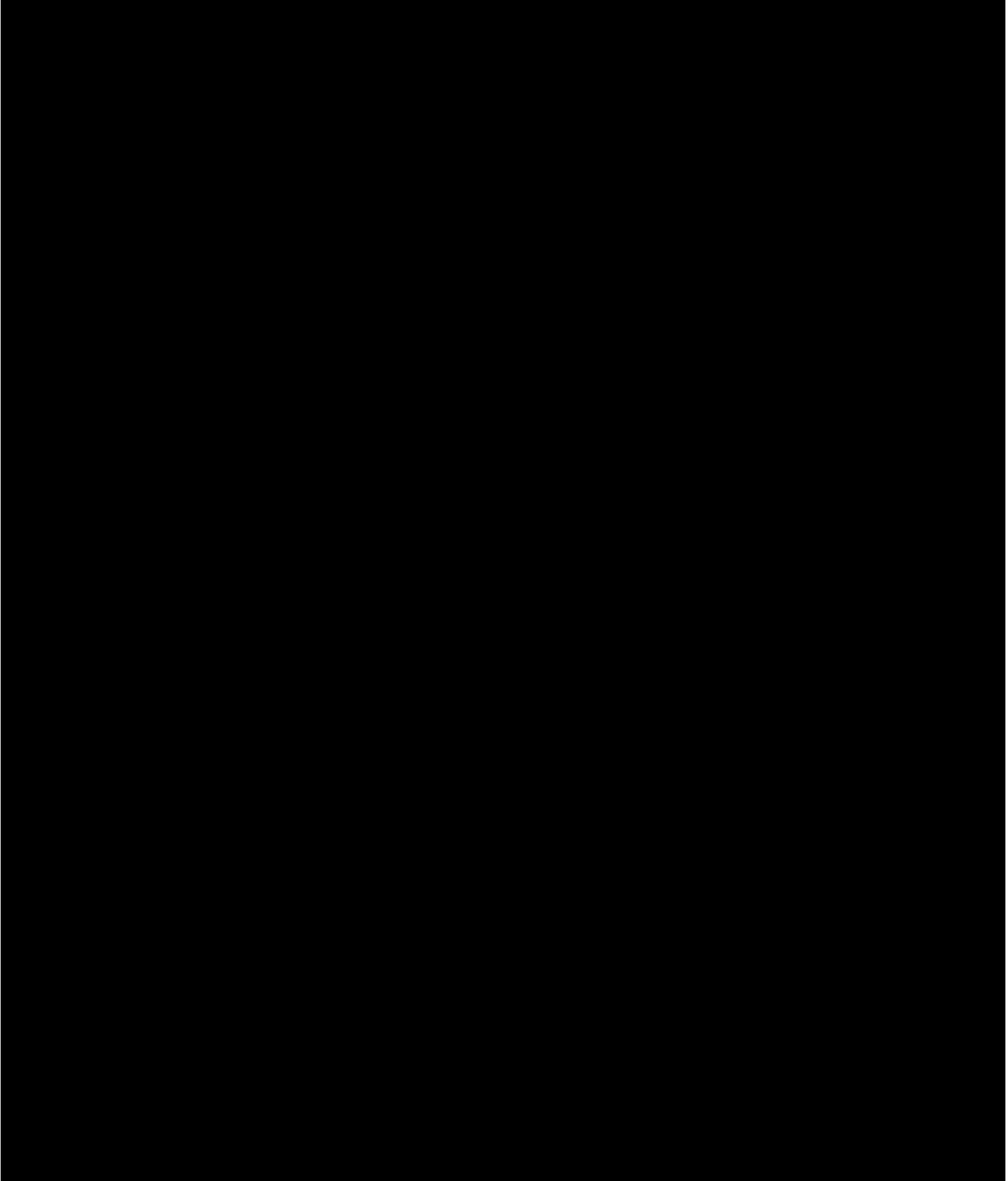




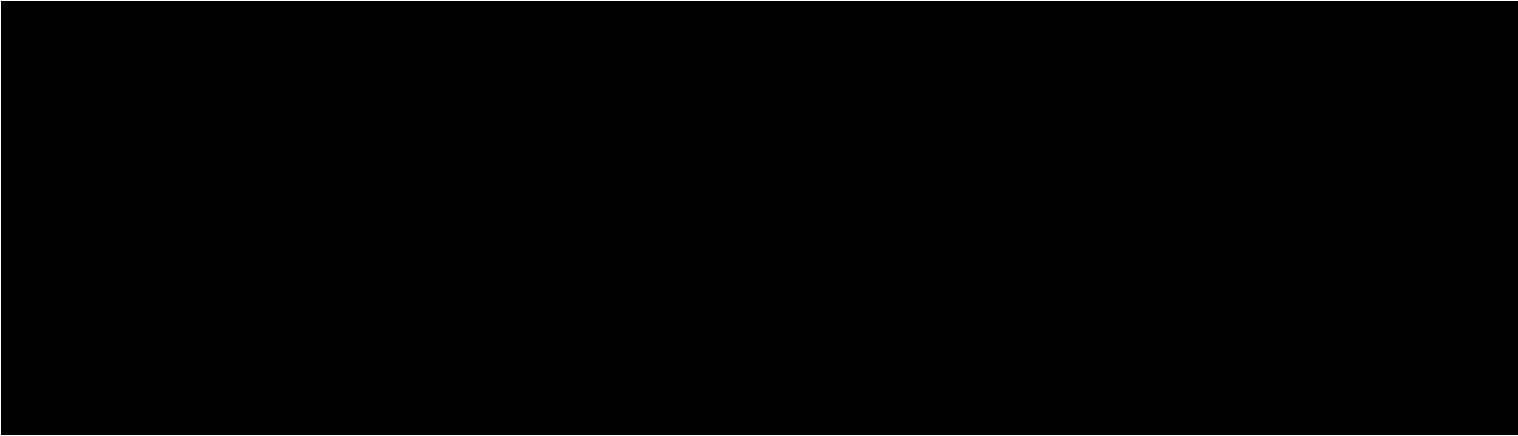


## Operations Plan(Other )

**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](#)



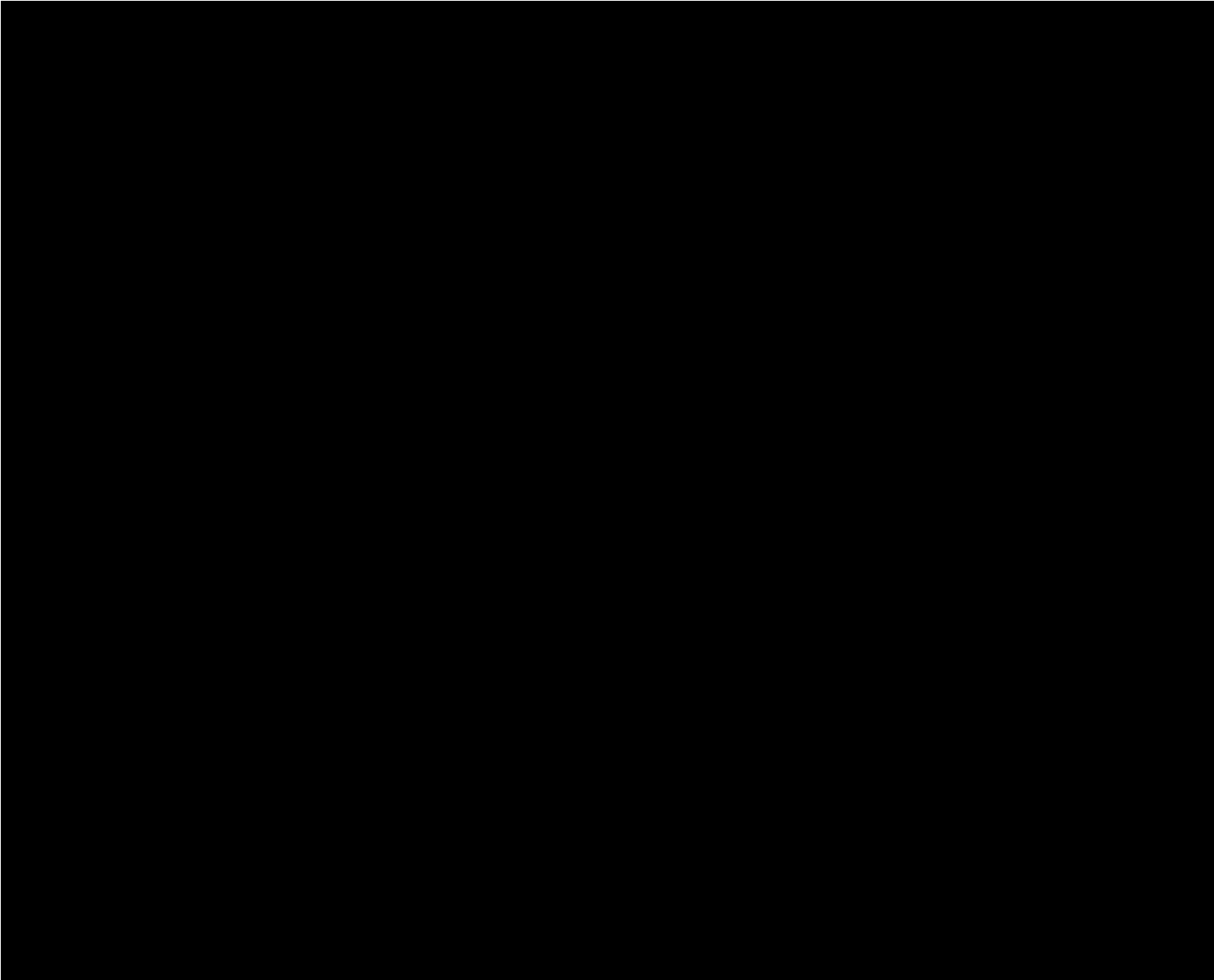
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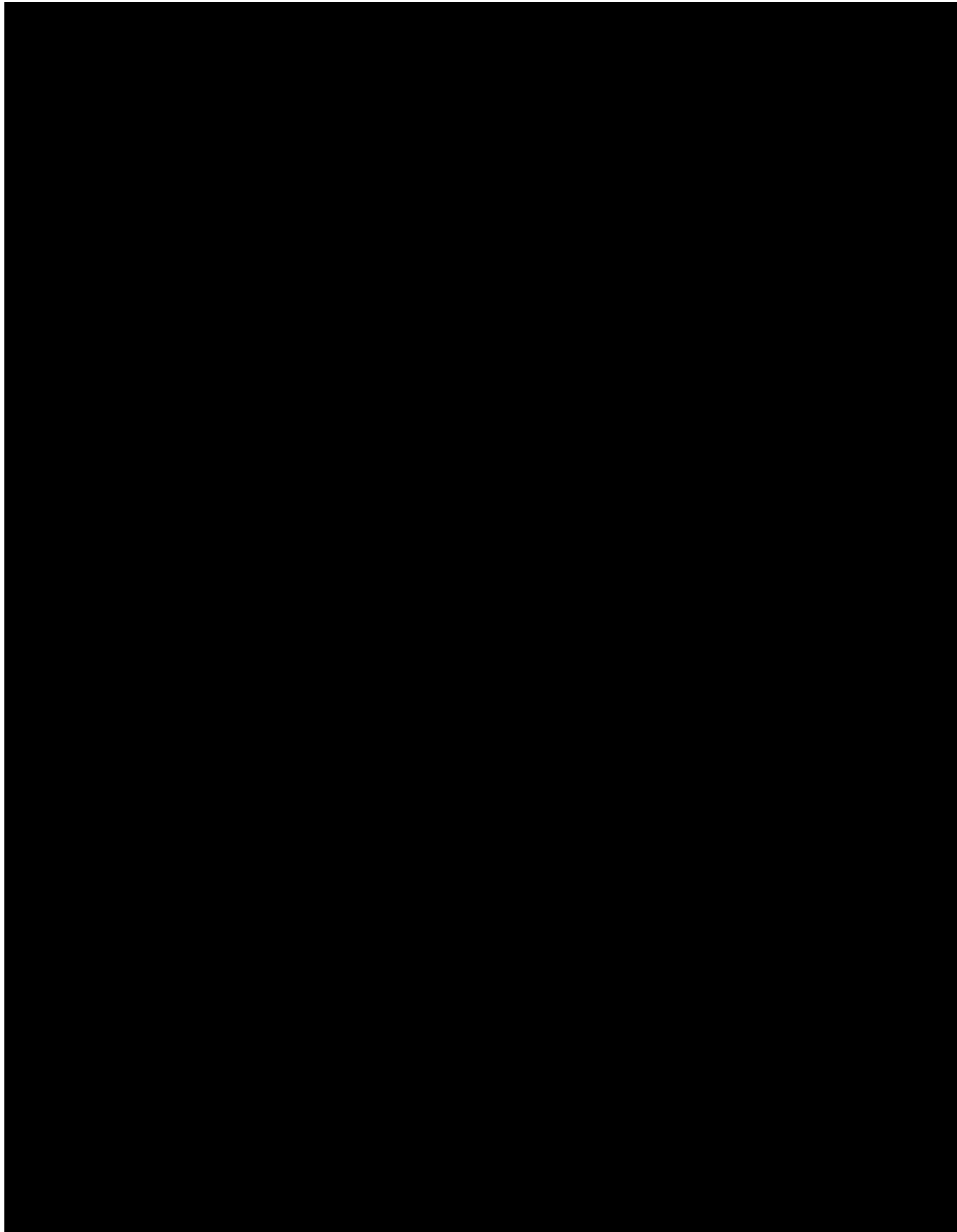


**D-10.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

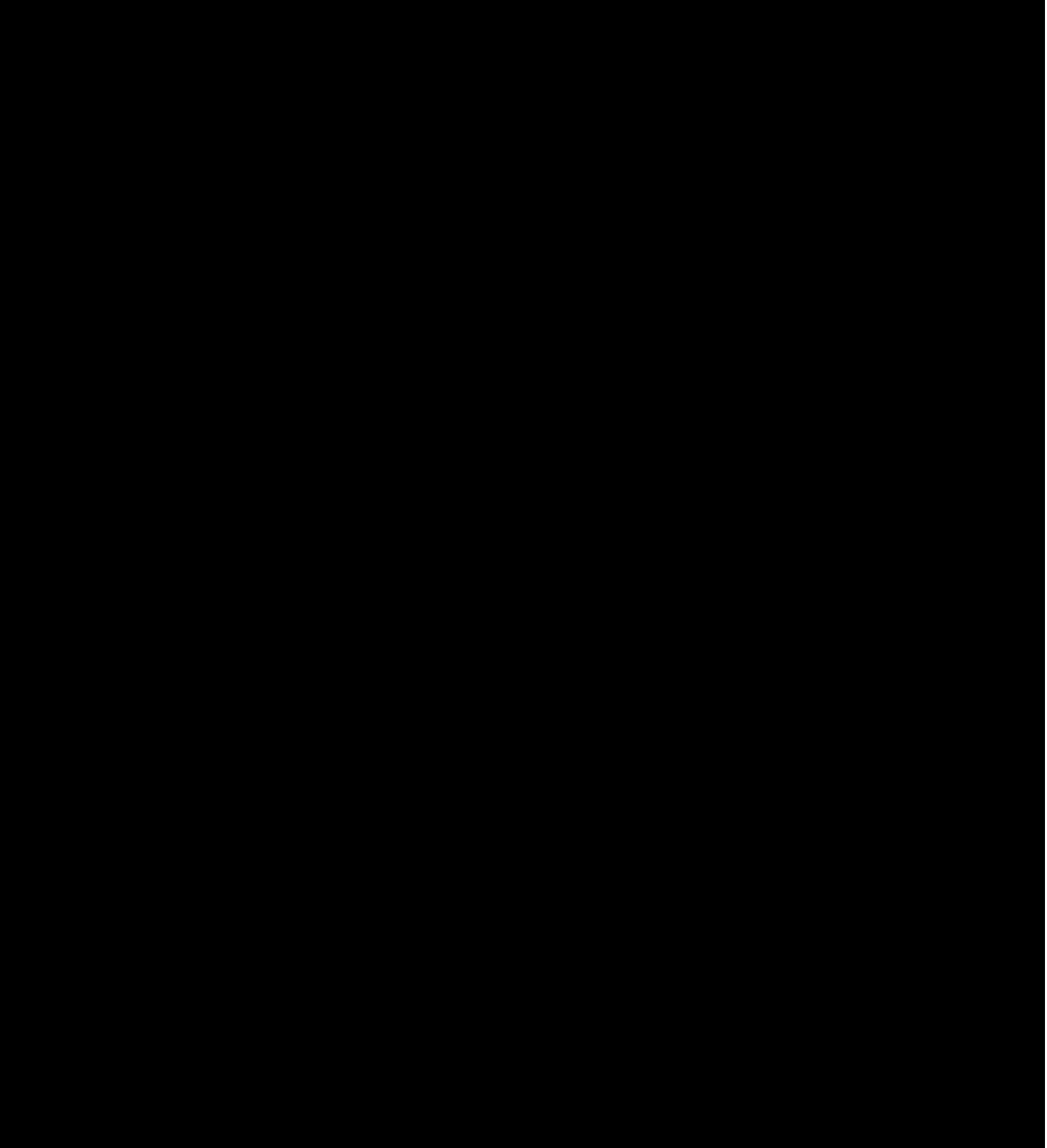
**D-10.2** Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)





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





**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*

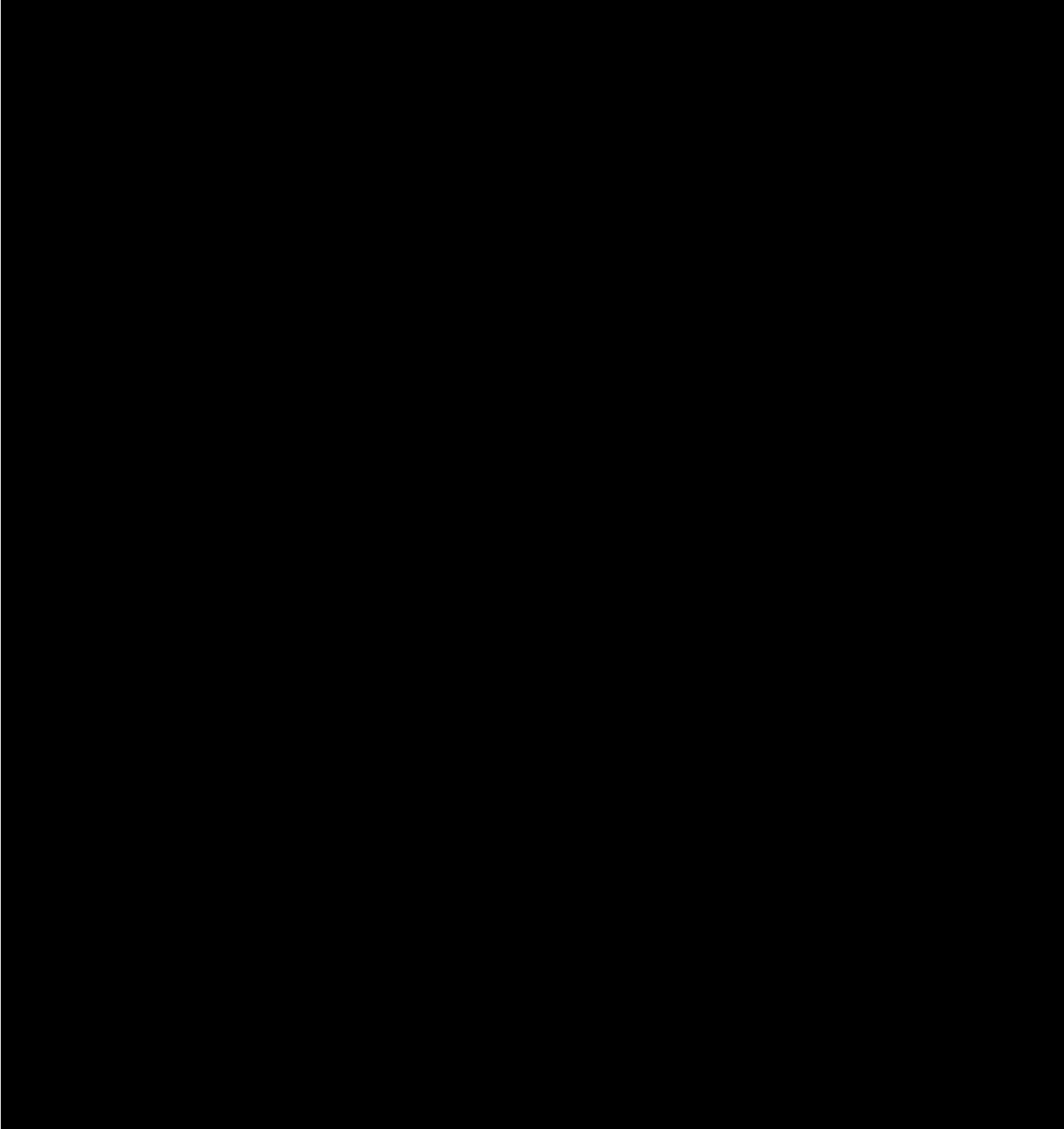
## Operations Plan(Security & Infrastructure Records )

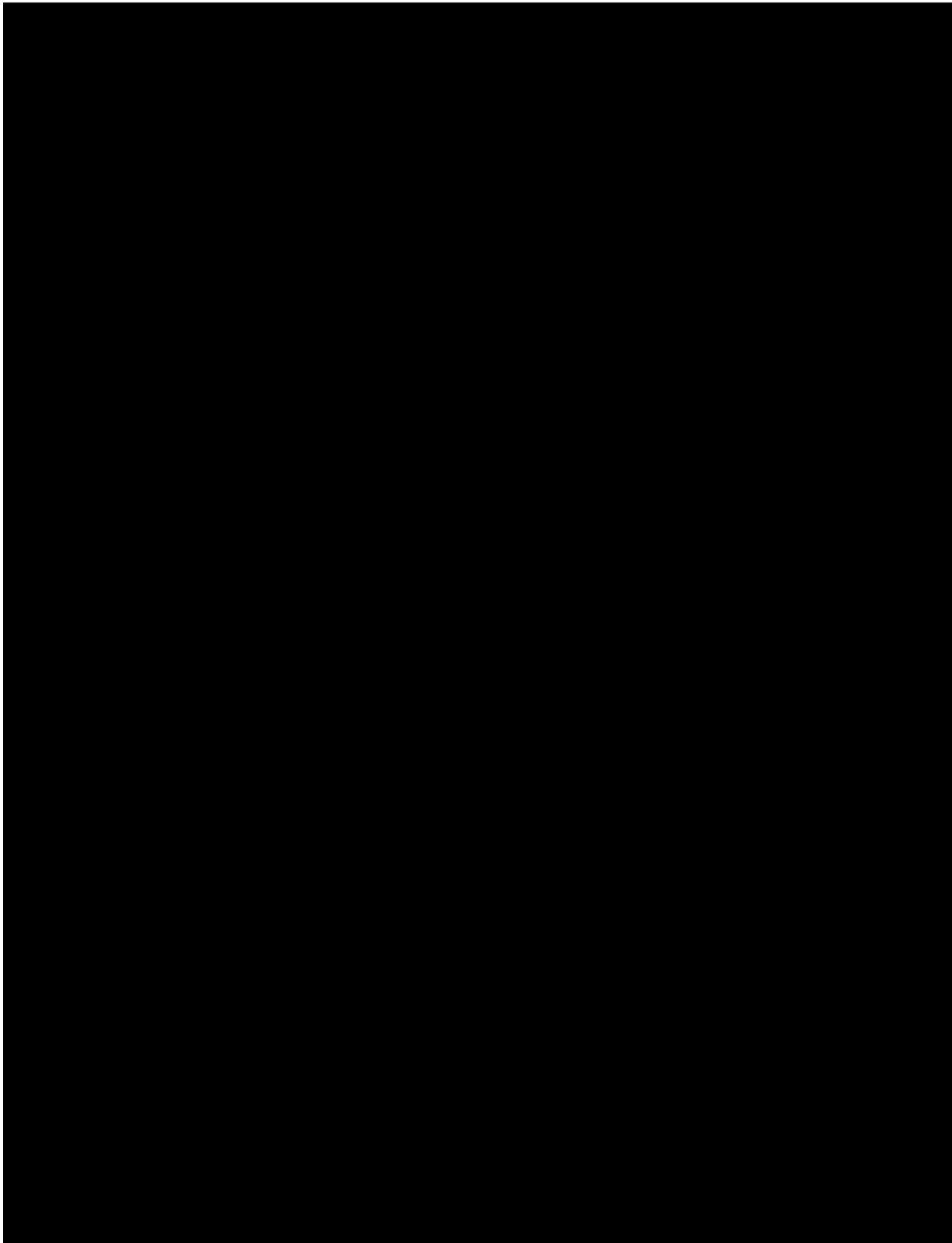
**D-11.1** By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

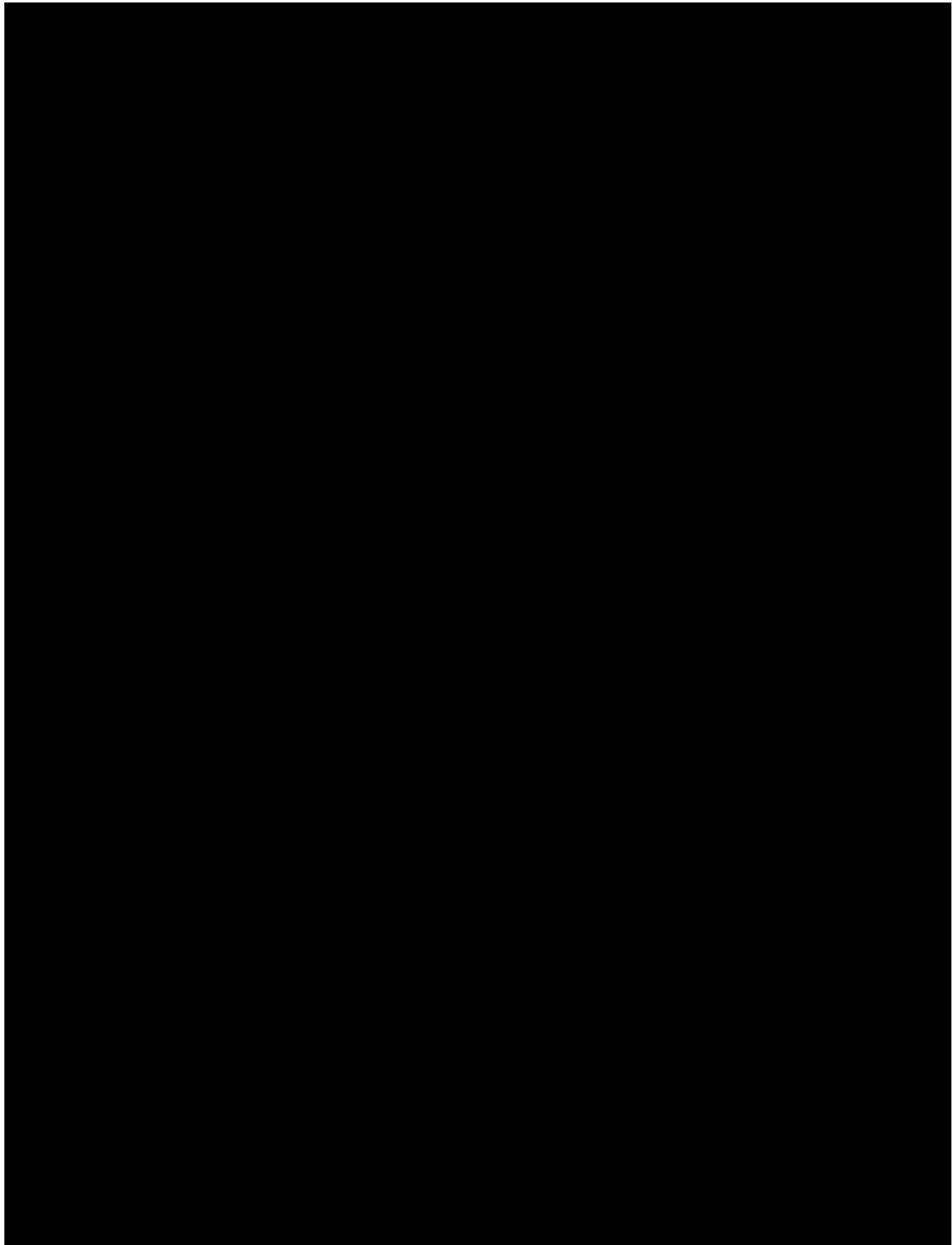
YES

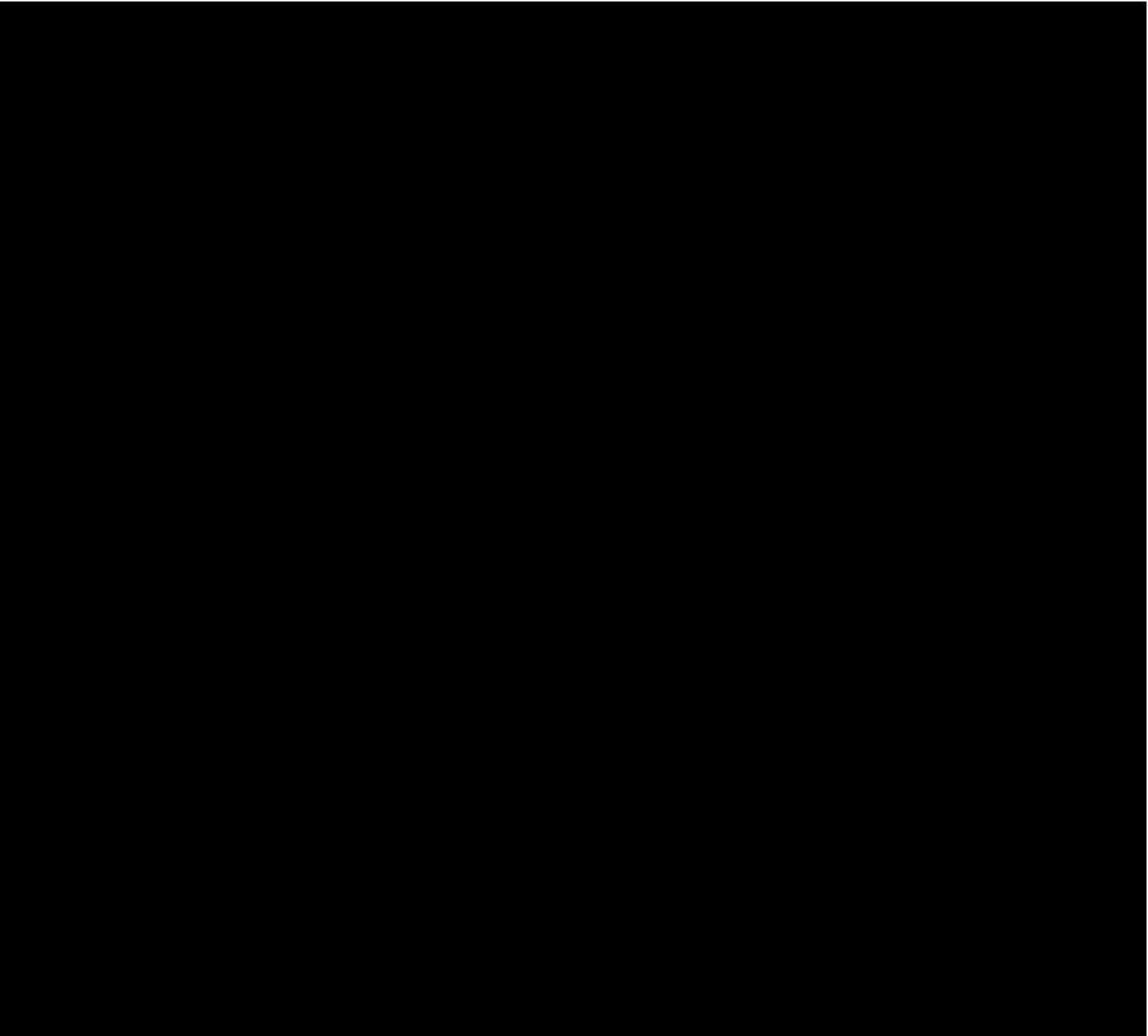
## **Patient Care(Staff Education and Training)**

**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](#)





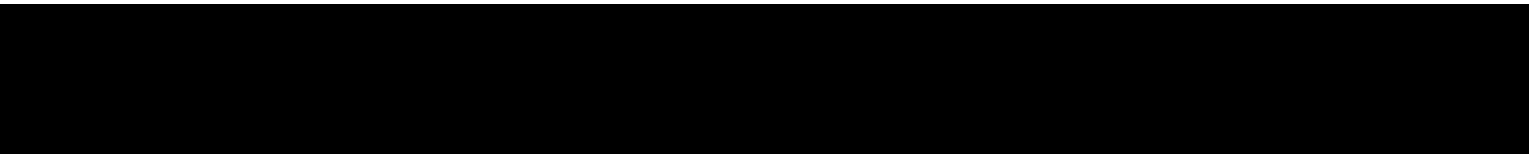




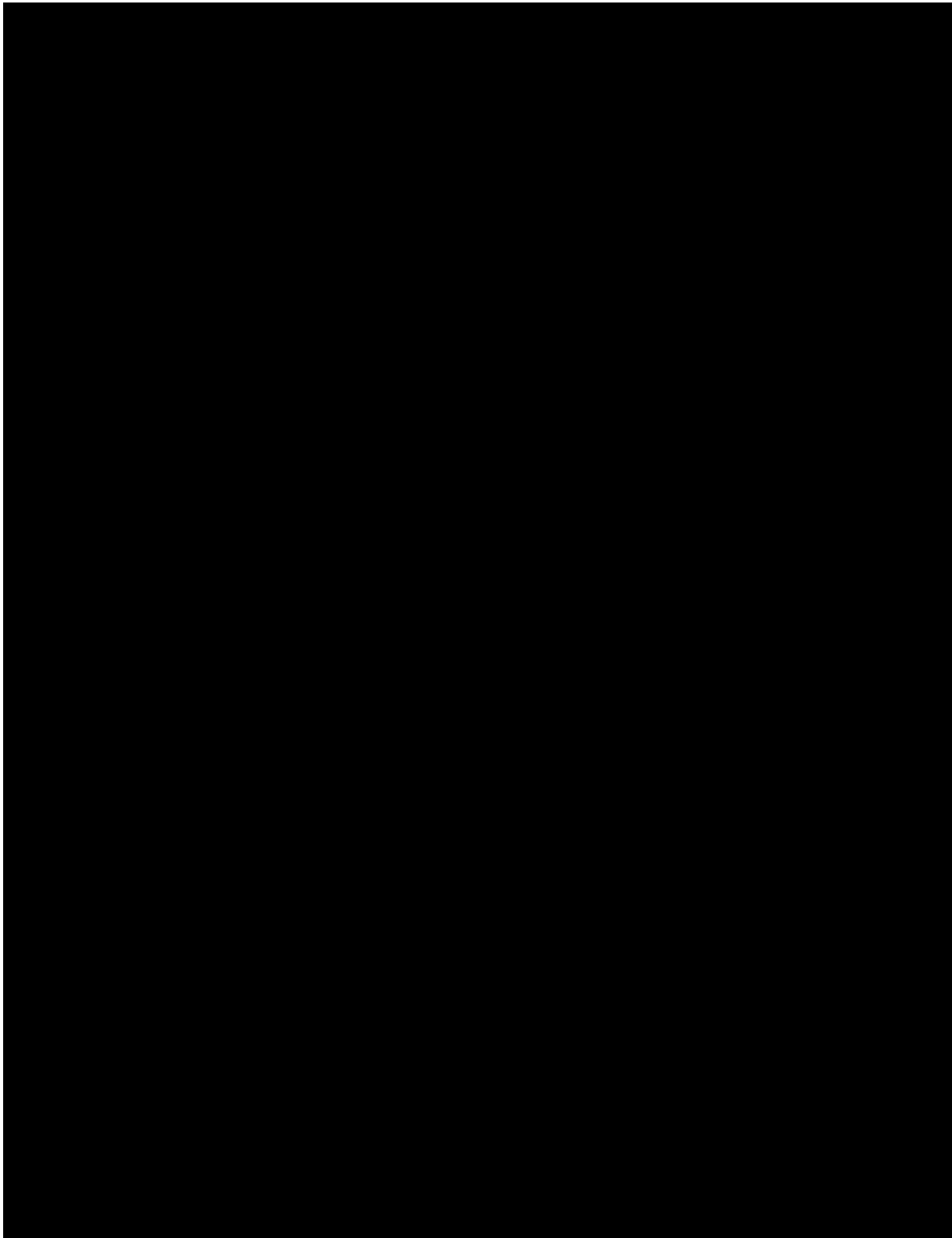
**E-1.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

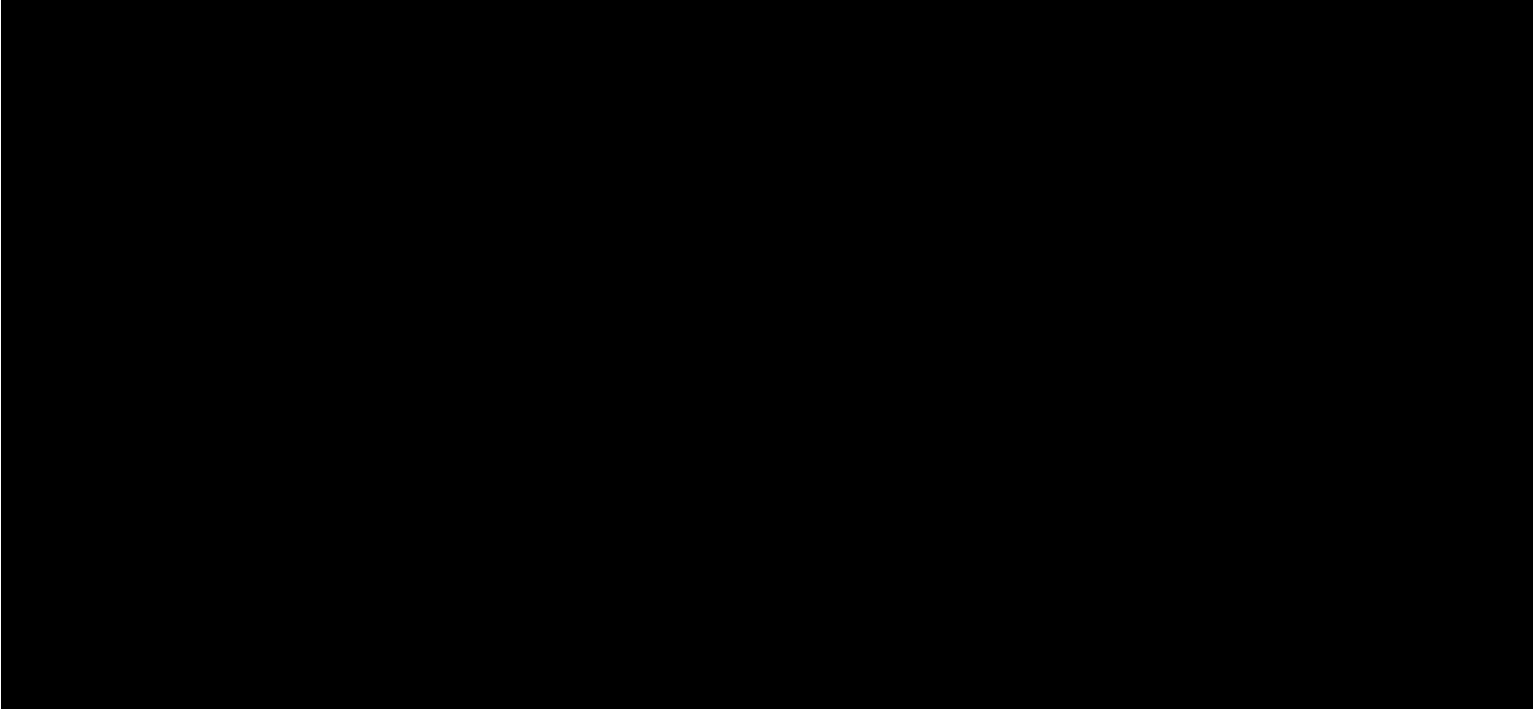
**E-1.2** Summarize how the Applicant's training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be updated, how new information will be incorporated into the training plan, the method for providing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











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

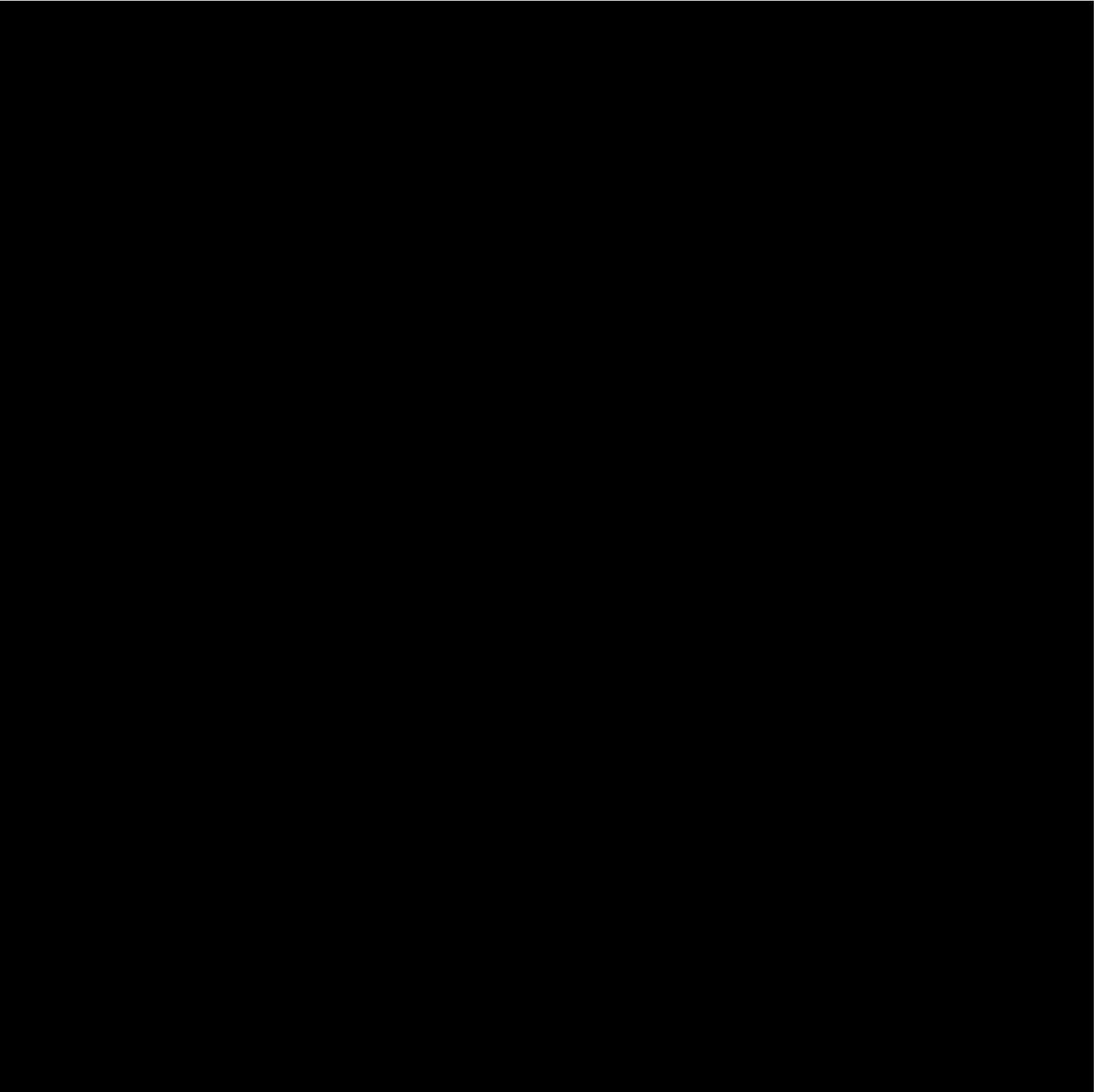
*No response provided by applicant*

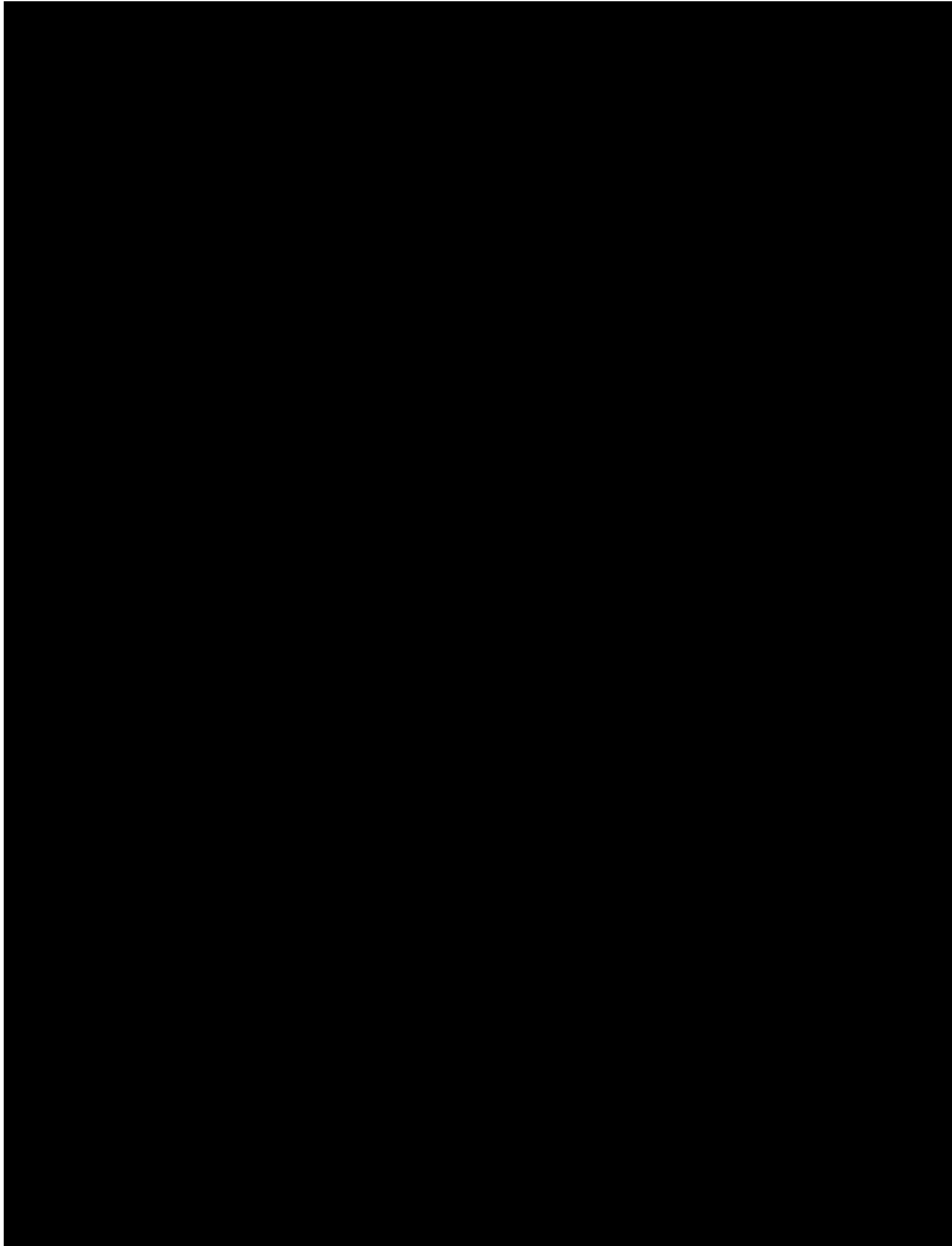
## **Patient Care(Patient Care and Education)**

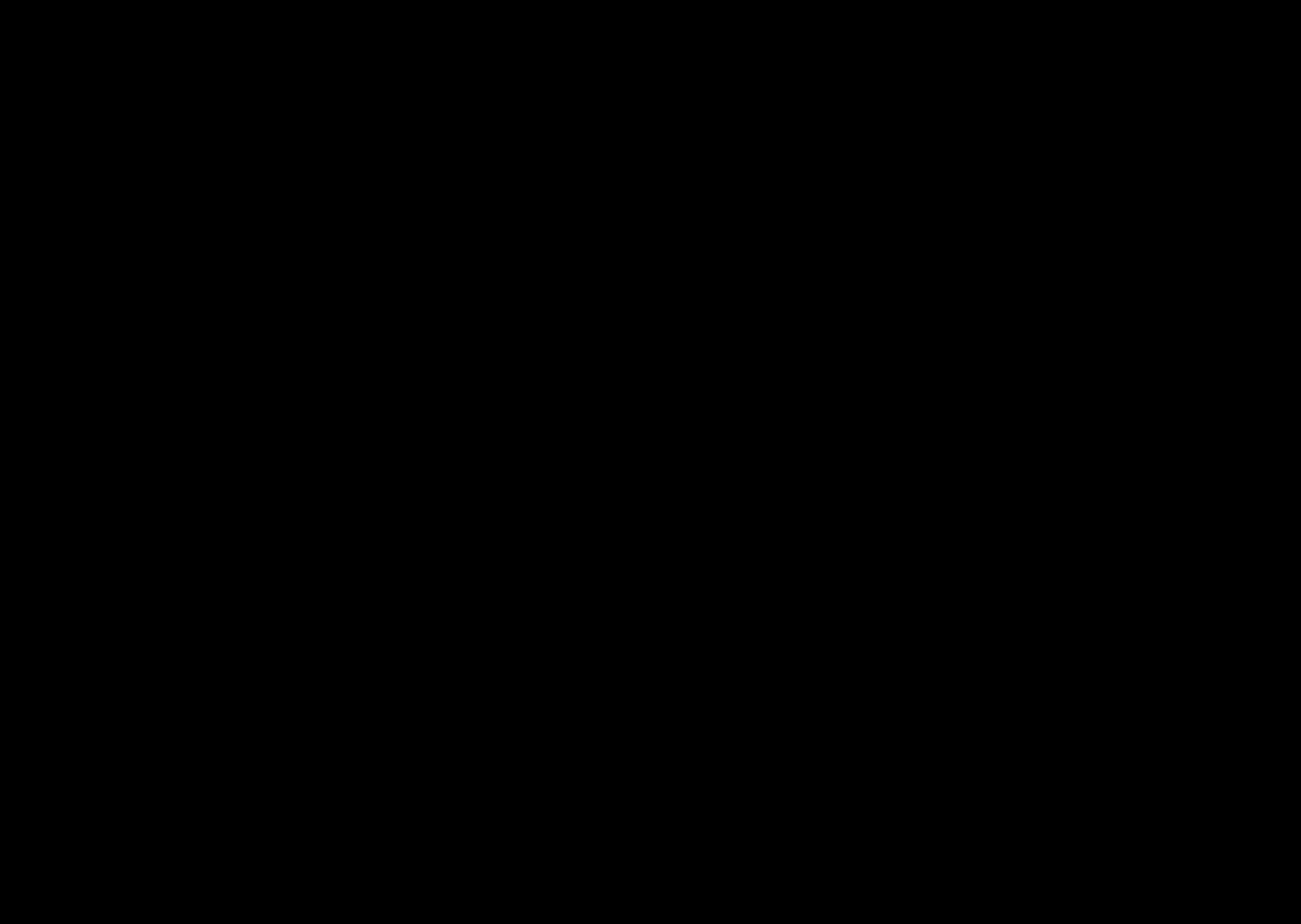
**E-2.1** Describe how dispensary employees will be trained to provide patient education regarding:

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

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







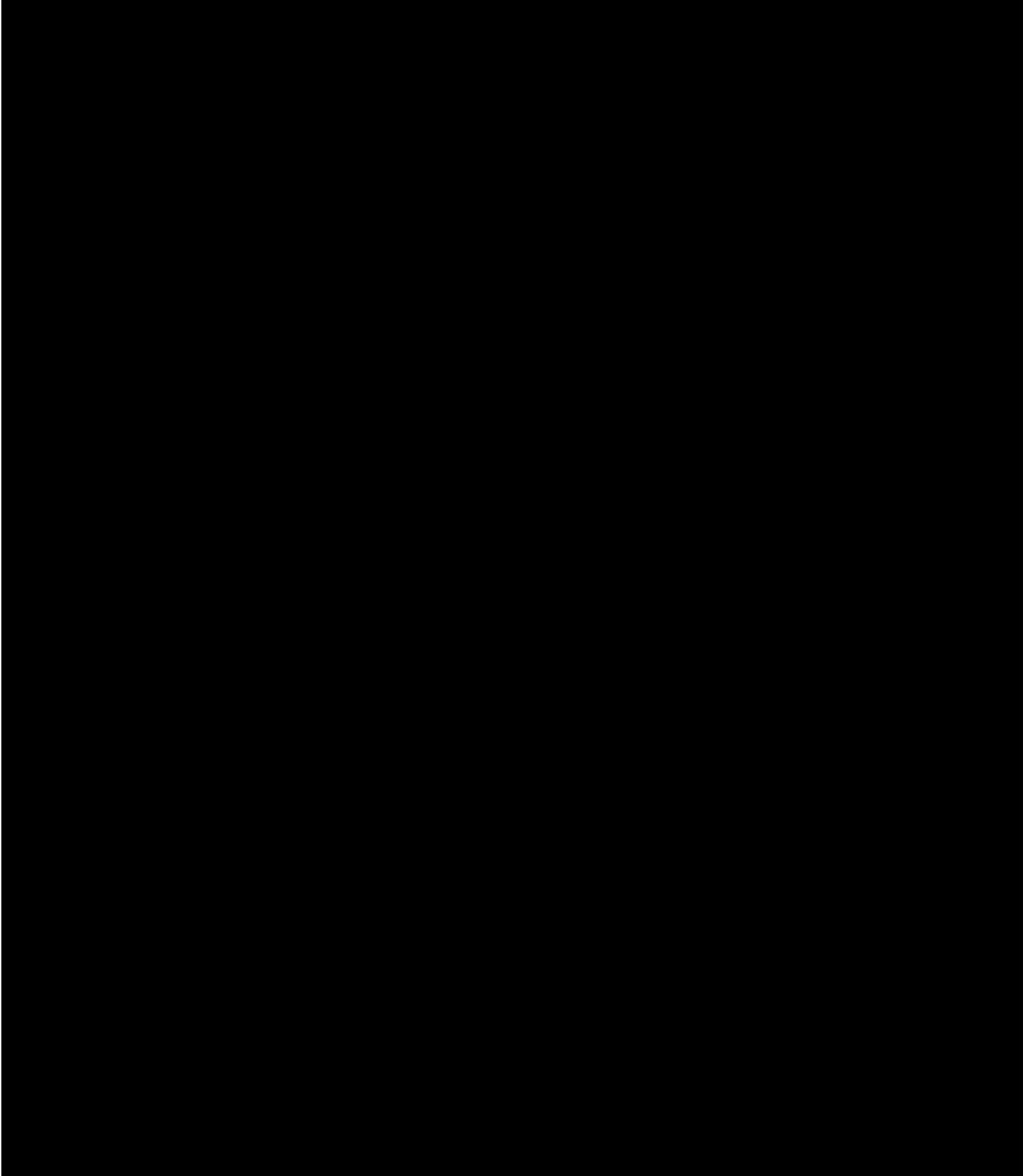
**E-2.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-2.1.1\_Recognizing-Reporting Adverse Events Flowchart.pdf**  
NOTE: This applicant uploaded document is the next 1 page(s) of this document.



**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 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the community. The Department of Health (1999) has published a strategy for older people, which sets out a vision for the future of older people's health and social care. The strategy is based on the following principles: older people should be able to live independently in their own homes; older people should be able to access the services they need; and older people should be able to participate in the decisions that affect their lives.

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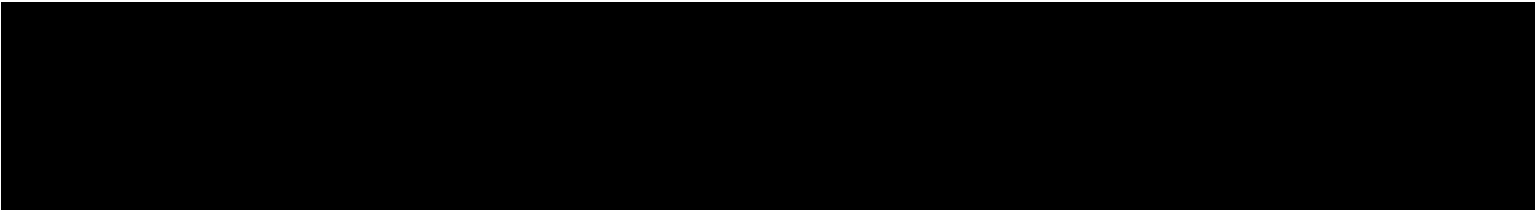
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## Patient Care(Patient Care Facilities)

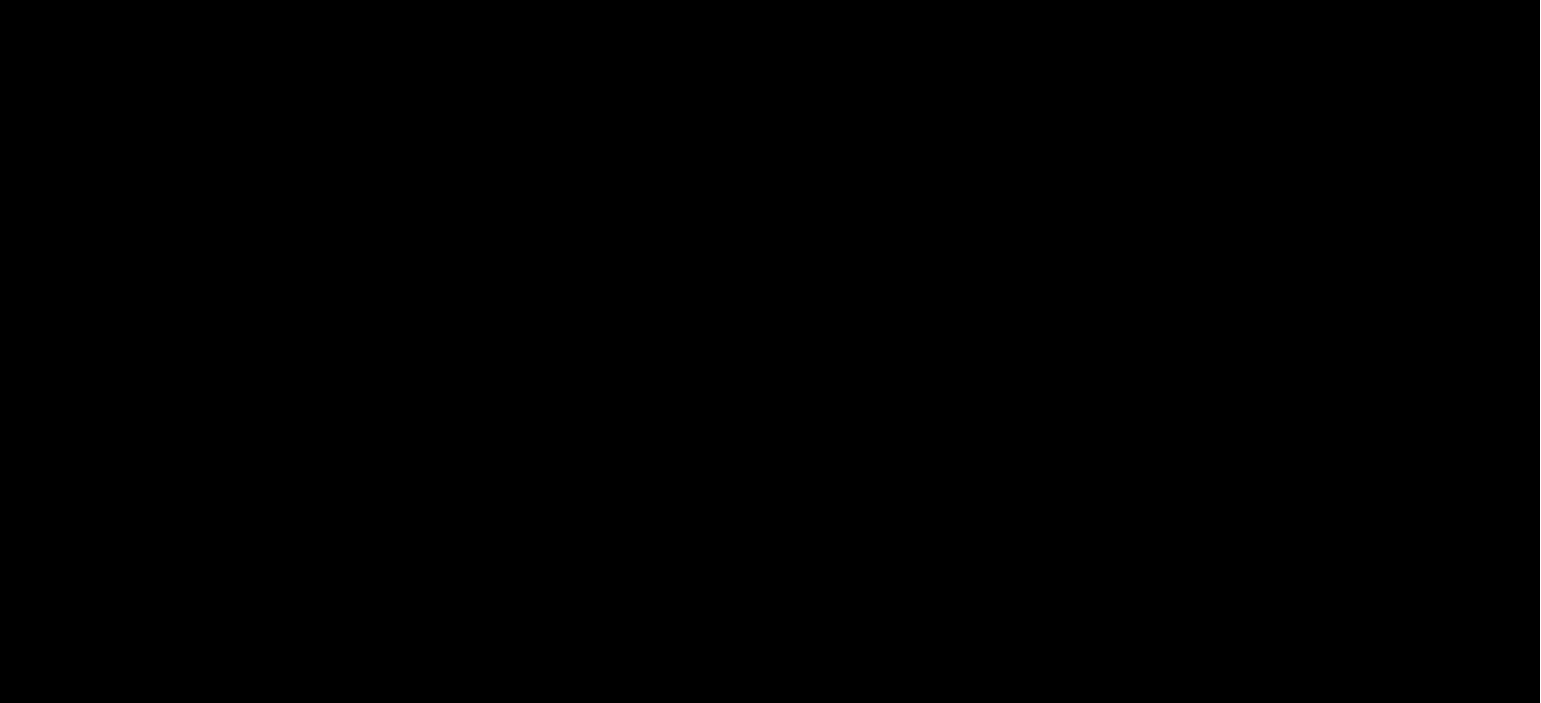
**E-3.1** Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary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

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

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





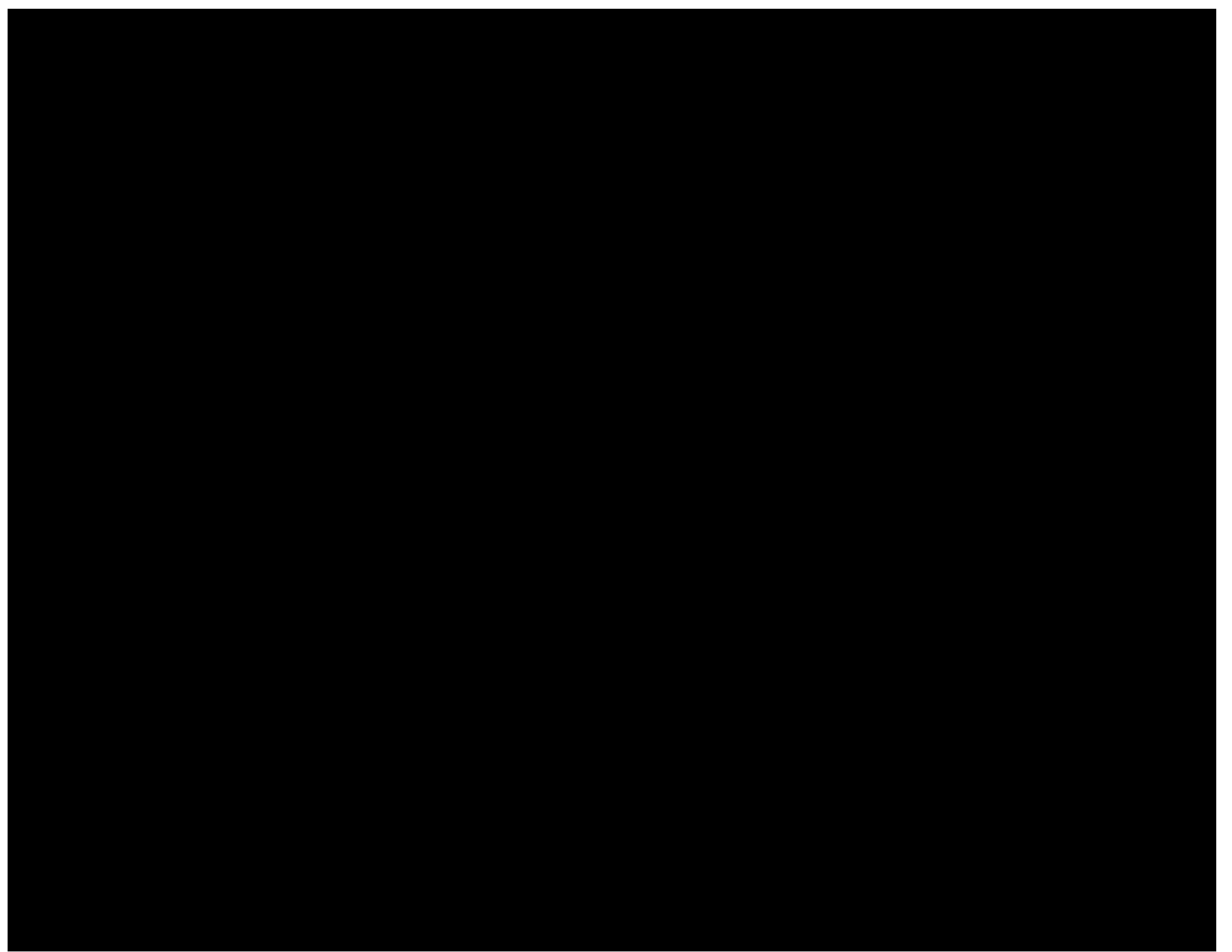


**E-3.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-3.1.1\_Facility Plan.pdf**

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







### Patient Care(Dispensary Operating Hours)

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

YES

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

8:00AM - 9:00PM Monday - Sunday

### Patient Care(Patient Information)

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

YES

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

YES



## **Attestations and Acknowledgements(Attestations and Acknowledgements)**

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

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

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



**Ohio Medical Marijuana Control Program  
Dispensary Application**



**Trade Secret Form**

*(Attachment to Application Section F-1.1)*

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

Business Name of Applicant:  
CannAscend Alternative, LLC

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

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

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

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

Printed Name of Authorized Representative  
James M. Gould

Signature

*James M. Gould*

Date

*NOV 19, 2017*



## Ohio Medical Marijuana Control Program Dispensary Application



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





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



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

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

**This response has been entirely redacted**