

Attachment D

GOOD FAITH EFFORTS DOCUMENTATION

DISADVANTAGED EQUITY APPLICANTS/MEMBERS OF THE MOST DISADVANTAGED GROUPS IN THE MEDICAL CANNABIS INDUSTRY, AS IDENTIFIED BY THE COMMISSION, AND RECORD OF SOLICITATIONS.

Please identify the potential owners and investors interviewed and identify those who qualify as Disadvantaged Equity Applicants or members of the most disadvantaged groups in the medical cannabis industry, as identified by the Commission, and whether any of those potential owners or investors have purchased an equity share in the entity submitting the Application.

Provide supporting documentation for each disadvantaged potential owner/investor interviewed who qualifies as a Disadvantaged Equity Applicant via attestations (See Attachments B and E), personal net worth attestations (**NOT** Attachment C – Personal Net Worth Statement), and evidence of being a disadvantaged owner of a certified minority business enterprise.

Contact Information of Potential Owner Interviewed	Disadvantaged Equity Applicant Classification	Initial Solicitation Date & Method	Details for Follow-up Date and Method	Details of Proposed Offer	Equity Share Purchased
Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤\$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased. <input type="checkbox"/> No, an equity share has not been purchased.
Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤\$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased. <input type="checkbox"/> No, an equity share has not been purchased.

Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤\$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased. <input type="checkbox"/> No, an equity share has not been purchased.
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Please attach additional sheets as needed.

I affirm under penalties of perjury that the contents of Attachment D Good Faith Efforts Documentation are true to the best of my knowledge, information, and belief.

Signature

Date