CURIO WELLNESS

March 24, 2016

By: Certified Mail, Return Receipt Requested
Attn: Precious Wells, Administrative Specialist
Maryland Department of Health and Mental Hygiene
Maryland Medical Cannabis Commission
4201 Patterson Avenue
Baltimore, MD 21215

Re: Financial Adequacy Supplement to Application of Curio Cultivation, LLC for Grower License

[redacted]

NON-REDACTED

CURIO CULTIVATION, LLC

SUPPLEMENT TO ADDENDUM #3

FINANCIAL ADEQUACY

REDACTED

[COMPANY]

SUPPLEMENT TO ADDENDUM #3

FINANCIAL ADEQUACY

Maryland Department of Health Mental Hygiene
Maryland Medical Cannabis Commission ("MMCC")

Application for Medical Cannabis Grower License

MARYLAND
MMCC

Natalie M. LaPrade
Maryland Medical Cannabis Commission

Publication Release Date:
September 28, 2015; Revised October 7, 2015

Application Response Deadline:
Accepting Applications Period: September 28, 2015–November 6, 2015
Business Days: M–F, 8:00 am–4:00 pm

For additional information regarding the Application process, please contact:
Natalie M. LaPrade Medical Cannabis Commission
Department of Health and Mental Hygiene
Dedicated Email Address for Applicant Questions:
dhmh.medicalcannabisApplications@maryland.gov

APPLICATION INFORMATION SHEET

1	**COMPANY NAME**	Curio Cultivation, LLC
2	**STREET ADDRESS**	One Olympic Place, Suite 1210
3	**CITY, STATE, ZIP**	Towson, Maryland 21204

4	**TELEPHONE NUMBER**		
	AREA CODE	**NUMBER:**	**EXTENSION:**
	410	952-8040	N/A

5	**FAX NUMBER**		
	AREA CODE	**NUMBER:**	**EXTENSION:**
	N/A	N/A	N/A

6	**TOLL FREE NUMBER**		
	AREA CODE	**NUMBER:**	**EXTENSION:**
	N/A	N/A	N/A

7	**Contact Person for providing information, signing documents, or ensuring actions are taken per COMAR 10.62.08-.18**
	Name: Michael Bronfein
	Title: Managing Member
	Address: One Olympic Place, Suite 1210, Towson, Maryland 21204
	Email Address: Mbronfein@gmail.com

8	**TELEPHONE NUMBER AND FAX FOR CONTACT PERSON**		
	AREA CODE	**TELEPHONE NUMBER:**	**EXTENSION:**
	410	952-8040	N/A
	AREA CODE	**FAX NUMBER:**	
	N/A	N/A	

9	**CONTACT PERSON SIGNATURE**	
	SIGNATURE:	**DATE:** 11/6/2015

RECEIVED
NOV 07 2015
By

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FORMS/Addenda CHECKLIST

FORM/Exhibit #	Name/Description of Exhibit	Included Yes	Not Included
Form 1	Consent for Investigation – Individual/Grower Agent	X	
Form 2	Consent for Investigation – Business Entity	X	
Form 3	Trade Secret & Business Data Notification	X	
Form 4	Business Interest Identification & Authorization Form	X	
Form 5	Investors, Agents, Owners & Managing Director Certification Statement	X	
Addenda		X	

SECTION A: INTRODUCTION

Maryland Department of Health and Mental Hygiene
Natalie M. LaPrade Maryland Medical Cannabis Commission

Medical Cannabis Grower License Application

The State of Maryland, Department of Health and Mental Hygiene Natalie M. LaPrade Maryland Medical Cannabis Commission ("MMCC" or "Commission") is seeking Applications from qualified Applicants interested in receiving a Medical Cannabis Grower License.

On October 1, 2013, the Commission became responsible for administering Maryland's Medical Cannabis program, the effective date of the enactment of Ch. 403, Laws of Maryland (2013); subsequently amended by Ch. 240, 256, Laws of Maryland (2014); and Ch. 251, Laws of Maryland (2015), also referred to as the Maryland Session Laws. The Commission develops policies, procedures, and regulations to implement programs to make medical cannabis available to patients in a safe and effective manner. The Commission will license medical cannabis Growers, Processors, and Dispensaries. This Program allows a qualifying patient or caregiver who is registered with MMCC to purchase medical cannabis from a licensed dispensary. See also Md. Code, Health-Gen §§13-3301-13-3316; COMAR §§10.62.01-10.62.35.

The Commission intends to award licenses to Applicants that most efficiently and effectively ensure public safety and safe access to medical cannabis.

SECTION B: Number of Grower Licenses

In accordance with Md. Code, Health-Gen §13-3306(a)(2)(i), MMCC anticipates awarding pre-approval for **a maximum of 15 Grower Licenses**. This Application does not obligate the Commission to license any Applicant or any Medical Cannabis Grower. The Commission reserves the right to award fewer than 15 licenses.

An investor may apply for only one grower license, but otherwise may apply for multiple licenses across any other category (processor or dispensary). However, if granted a license, in any category, a Licensee shall only be permitted to hold one license in each category (e.g., may only hold one grower, one processor, and one dispensary license).

SECTION C: Grower Intention to Operate a Dispensary

A Grower planning to operate a medical cannabis dispensary **must submit a separate Dispensary Application**.

SECTION D: Grower Intention to Operate as a Processor

A Grower planning to operate a medical cannabis processing facility **must submit a separate Processor Application**.

SECTION E: TERMS AND DEFINITIONS

Please refer to the COMAR Regulations in Section 10.62.01 "Definitions," which are applicable to all MMCC license Applications. The Regulations are posted on the Maryland Medical Cannabis Commission's website at http://mmcc.maryland.gov.

For the purposes of this Application, the following terms and definitions will be used.

TERM	DEFINITION
Annotated Code of Maryland	Maryland's statutory law created by the State Legislature, the General Assembly.
Applicant	A person or entity applying for a license
Audited Financial Statement	An audited financial statement is: (a) Performed by a certified public accountant licensed or with practice privileges in Maryland pursuant to Business Occupations and Professions Article, Title 2, Annotated Code of Maryland; (b) Prepared in accordance with the Professional Standards of the American Institute of Certified Public Accountants; and (c) In the case of a publicly owned corporation, in conformity with the standards of the Public Company Oversight Board.
COMAR	Maryland State Regulations issued by State agencies.
Commission	The Natalie M. LaPrade Medical Cannabis Commission.
Caregiver	An individual 21 years old or older designated by a patient who has agreed to assist with a qualifying patient's medical use of medical cannabis, and for a qualifying patient younger than 18 years old, a parent, or legal guardian.
Grower Agent	An owner, an employee, a volunteer, an officer, or a director of a licensed grower.
Independent Testing Laboratory	A facility, or an entity, registered by the Commission that offers or performs tests related to the inspection and testing of cannabis and products containing cannabis in the State of Maryland.

TERM	DEFINITION
Licensed Dispensary	An entity licensed by the Commission that acquires, possesses, repackages, processes, transfers, transports, sells, distributes, or dispenses, products containing medical cannabis, related supplies, related products including tinctures, aerosols, oils, or ointments, or educational materials for use by a qualifying patient or caregiver.
Licensed Grower	An entity licensed by the Commission that cultivates, manufactures, packages or distributes medical cannabis to licensed processors, licensed dispensaries or registered independent testing laboratories.
Maryland Entity/Entity	A business entity registered to do business in the State of Maryland.
Maryland Residency	One who lives in Maryland.
Medical Cannabis	Any product containing usable cannabis or medical cannabis finished product.
Maryland Resident	See Maryland Residency.
Medical Cannabis Concentrate	A product derived from medical cannabis that is kief, hashish, bubble hash, oil, wax, or other product, produced by extracting cannabinoids from the plant through the use of: (a) Solvents; (b) Carbon dioxide; or (c) Heat, screens, presses or steam distillation.
Medical Cannabis Finished Product	Any product containing a medical cannabis concentrate or a medical cannabis infused product packaged and labeled for release to a qualifying patient.
Medical Cannabis Infused Products	Any oil, wax, ointment, salve, tincture, capsule, suppository, dermal patch, cartridge or other product containing medical cannabis concentrate or usable cannabis that has been processed so that the dried leaves and flowers are integrated into other material. (b) "Medical cannabis-infused product" does not include a food as that term is defined in Health-General Article, §21-101, Annotated Code of Maryland.
Must/Shall	The referenced action is "Mandatory" and not discretionary.
Pre-Approval of License	An approval of a potential authorization (license) to conduct business as a licensed grower.
Processor	One who manufactures usable medical cannabis into a medical cannabis concentrate, or manufactures a medical cannabis-infused product.
State	The State of Maryland, Department of Health & Mental Hygiene, or the Natalie M. LaPrade Medical Cannabis Commission.

TERM	DEFINITION
Site Plan	A drawing and brief description of the preliminary plan for the locations of any and all buildings and any and all security measures, including walls and doors within the facility.
Third Party Reviewers	An independent reviewer (or entity) hired to assist the Commission in the evaluation of Applications.
Transportation Agent	A registered grower agent, registered processor agent or a registered dispensary agent, authorized by the license to transport products containing medical cannabis, who meets the criteria specified in COMAR 10.62.18; or a licensed and bonded courier of a secure transportation company.

SECTION F: APPLICATION TIMELINE

The following represents the timeline for this project.

TASK	DATE/TIME
Applications Posted on Website	Week commencing September 28, 2015
Deadline for Submission of Applications (hard copy, electronic copy and payment) to the Commission	40 calendar days after the Application is posted
Application Evaluation, Scoring and Ranking Period by Third Party Reviewers	Anticipated completion in December 2015 / January 2016
Commission Vote on Stage One Applications at Public Meeting	Anticipated in December 2015 / January 2016
Notice of Stage One Awards via Email	Anticipated in December 2015 / January 2016
Posting of Stage One Awards on website	Anticipated in December 2015 / January 2016
Site Visits/Inspections of Stage One Applicant Premises	Following request of Applicant for inspection.
Granting licenses by the Commission.	Following request of Applicant for final inspection.

Stage 1: Selection
Once the Stage 1 Applicants have been determined, the Applicant must request an inspection of the Applicant's growing, cultivation, and processing (if applicable) operations as evidence of their expertise and compliance.

Stage 2: Final Approval
Upon selecting the successful Applications, the Commission shall notify all Applicants of their status by email and in writing. The Commission's decision to award or not award a license to an Applicant shall be final.

If a Licensee cannot commence operations within 365 days of being issued a pre-approval, the Commission may rescind the pre-approval.

SECTION G: APPLICATION SUBMISSION INSTRUCTIONS

Applicants must submit a complete Application package by the deadline outlined in Section F. The Application package will consist of the following:

1. A hard copy of the Applicant's completed Application and all related documents (as outlined in Section H),
2. An electronic copy of the Applicant's Application and all related documents (as outlined in Section H) in Microsoft Word format on a USB drive, and
3. The Application payment to MMCC in the form of a cashier's check or money order, only. The Application fee will be retained by the Commission and will not be returned under any circumstances.

The Application is only considered complete if all of these components are submitted. The Applicant is responsible for delivery of all of the Application material to MMCC on or before the deadline indicated in Section F. Any Applications or related documents received after the deadline will not be accepted or considered.

Other than the redacted material, the information provided in the hard copy and electronic copy of the Application should be identical. The hard copy of the Application will be retained by MMCC for its records. **Only the information that is submitted in the electronic copy of the Application as well as the electronic related documents will be sent to evaluators for review.**

Applicants must use the following file naming structure when submitting electronic documents: "Applicant Name_Submission Date_ File Type." For example, the Word document file name would be "John Doe_10012015_Application." In contrast, the site plan file name would be "John Doe_10012015_Site Plan."

To ensure the integrity of the evaluation process, specific sections of the electronic copy of the Application and related documents will be redacted for the evaluation. It is the responsibility of the Applicant to redact this information in the electronic copy of the Application. Further details on what information should be redacted are outlined in Section H.

SECTION H: Evaluation and Selection Procedures

The Regional Economic Studies Institute (RESI) of Towson University has been commissioned by MMCC to conduct an evaluation of the license Applications. This section will review the evaluation process.

MMCC will upload electronic copies of all Applications and related documents where the Applicant has successfully sent payment within the timeline specified in Section F onto a Secure File Transfer Protocol (SFTP) for RESI to download. RESI will review every Application that is transferred to RESI by MMCC through the SFTP to ensure that it meets the mandatory qualification criteria, including the three following points:

1. All sections of the Application that are marked as mandatory with an asterisk (*) are completed;
2. The checkboxes in Section U are marked with an affirmation to all questions posed; and
3. The electronic version of the Application (Microsoft Word document) and related documents are submitted as redacted documents.

The Word document must be devoid of any identifying information after Form 5, including the Applicant's name, the company name of the Applicant (if applicable), and the names of any investors and/or employees. The related documents must be devoid of any identifying information including the Applicant's name, the company name of the Applicant (if applicable), and the names of any investors and/or employees. Only the redacted Word document and related documents will be sent to evaluators if the Application meets the mandatory qualification criteria. Any Application that does not comply with these mandatory qualification criteria will be removed from the Application process and will not be evaluated.

RESI will process the Applications that meet the mandatory qualification criteria. RESI will assign unique identifying numbers to each Application and will separate each Application into sections. RESI has contracted a panel of third party evaluators, which will be composed of subject matter experts (SMEs) from across the country. Each SME will review assigned sections of the Application that align with the SME's field of expertise. The SME will be sent these sections via email. As each SME will not review the entire Application, it is of the utmost importance that the information outlined in each section of the Application is provided in that section. If section-specific information is found outside the section in which it should be, the SME will not consider that information during the evaluation process. In addition, each section has a set word count. If the word count in a section is exceeded, the SME will not review any information beyond the maximum number of words nor will the SME take into account this information during the evaluation.

Each Application section will be scored by the respective SME according to the quality of the responses provided. The scoring of the Application sections will be based on a scale of 1 to 5 as well as yes/no questions. The yes/no questions will focus on specific issues that are clearly set out in the grower regulations and that do not need further explanation from the Applicant. The scoring scale will be used to evaluate the questions that cannot be scored as yes/no and therefore need further explanation from the Applicant. Using this scale, a 3 will be given to Applications that meet the basic requirements set forth in the aforementioned regulations. A score of 1 will be given to Applications that fall significantly below meeting these basic requirements, and a score of 5 will be given to Applications that significantly exceed the basic requirements. An Application will receive a score of 0 in any section where the SME notices an egregious problem or error within that section. Any Application section receiving a 0 will be

reviewed separately by the Commission to determine if the Application will continue in the evaluation process.

Using the scores provided by the SMEs in the evaluation panel, RESI will aggregate the scores from each Application, taking into account the weighting outlined in Section T of this document. RESI will rank the Applications based on these scores for the Commission to review. The Commission will make the final decision on issuing any grower licenses.

SECTION I: IMPORTANT NOTICES/DISCLAIMERS

This Application form is an **OFFICIAL DOCUMENT** of the Maryland Medical Cannabis Commission. It **MAY NOT** be altered or changed in any fashion except to fill-in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Commission reserves the right to deny the Application in its entirety, or may determine to attribute no weight to the response.

- The license to operate as a grower is a privilege.
- The burden of proving an Applicant's qualifications at all times rests on the Applicant. The Applicant accepts any and all risk of adverse public notice, criticism, emotional distress, or financial loss that may result from any action with respect to this Application. The Applicant expressly waives any and all claims for damages as a result thereof.
- The Commission may deny an Application that contains a misstatement, omission, misrepresentation, or untruth.
- An Application shall be complete in every material detail, including all of the mandatory sections that are marked with an asterisk (*).
- If the electronic version of the Application cannot be read by MMCC, the Application will be suspended and not reviewed, and the Applicant will be contacted by email. The Applicant has 3 business days from the date when the email is sent to deliver another USB drive containing the electronic version of the Application to the Commission. In the event that the Applicant fails to comply, the Application will be withdrawn and the fee may be forfeited to the Commission.
- The Commission will notify Applicants via email when their Applications are successfully received.
- The Commission may request any additional information that it determines is necessary to process and fully investigate an Application. The Applicant shall provide all information, documents, materials, and certifications at the Applicant's own expense.
- Should the Commission request any additional information that it determines is necessary to process and fully investigate an Application, the Applicant shall provide the additional information within 14 business days after the request has been sent to the Applicant. If the Applicant does not provide the requested information within 14 business days, the Commission will remove the Application from the evaluation process.
- The Applicant is not able to contribute additional information after the Application is submitted, unless the Commission requests more information.

- The Applicant is under a continuing duty to promptly disclose to the Commission any changes in investors with an interest of five percent or more. **The duty to make such additional disclosures shall continue throughout any period of any license that may be granted by the Commission.**
- All notices regarding an Application submission will be sent to the email address provided on this form. The Applicant must immediately notify the Commission if the email address changes.
- An Applicant who applies for and obtains a license from the Commission may be required to submit to warrantless searches as stated in the law or regulation.
- After the Application has been submitted, the Applicant may withdraw the submitted Application only after written notice to the Commission.
- All submissions with and for this Application become the property of the Commission and will not be returned.
- **The Commission's decision to approve or deny an Application is final.**

SECTION J: Communications with MMCC

All questions about the Application or Application process must be forwarded to MMCC **by email only** at dhmh.medicalcannabisApplications@maryland.gov with the subject line "**Medical Cannabis Application Question**."

- Questions and answers of a substantive nature will be posted on the MMCC website (http://mmcc.maryland.gov/) so that all Applicants will have access to the same information.
- For questions received after Friday, October 23, 2015, the Commission may not respond prior to the submission deadline. Applicants are therefore encouraged to identify and raise any questions as soon as possible.
- All questions must be sent to the Commission email address only. Violation of this guideline will result in disqualification.

SECTION K: Consent for Investigation - COMAR Section 10.62.08.04 (A)

An individual who is required to provide personal and background information under this chapter shall provide a statement that irrevocably gives consent to the Commission and persons authorized by the Commission to:

1. Verify all information provided in the Application documents; and
2. Conduct a background investigation of the individual.

SECTION L: Waiver of Any Contractual, Statutory, or Common Law Obligation of Confidentiality – COMAR Section 10.62.08.04 (B) (C)

An Applicant shall waive any contractual, statutory, or common law obligation of confidentiality and authorize any government agency in any jurisdiction to release to and provide access to the

Commission of any and all information that the Applicant has provided to any other jurisdiction while seeking a cannabis-related license in that other jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation it may have conducted regarding the Applicant.

An Applicant shall release all financial institutions, fiduciaries, and other parties from any contractual, statutory, or common law obligation of confidentiality to provide financial, personal, and background information to the Commission relevant to the Applicant's capacity to manage a licensed growing facility and the Applicant's good moral character.

SECTION M: Records & Maryland Public Information Act

All materials submitted in response to this Application will be retained by MMCC. All pages containing confidential information must be marked "Confidential."

Data submitted during the Application process, including private data on individuals or nonpublic data, may or may not be disclosed pursuant to the Maryland Public Information Act ("MPIA"). Md. Code., Gen'l Prov §§4-101-601. While there are exceptions to production contained in the statute, and certain common law privileges may apply to the data, MMCC cannot guarantee that all data submitted to it will remain confidential at all times. Be advised, however, that the MPIA does contain provisions that relate to data that is a trade secret or that contains financial information. Md. Code, Gen'l Prov §§4-335, 36. MMCC recommends that the Applicant review the applicable law prior to submitting an Application as MMCC is unable to provide legal advice as to the absolute confidentiality of the data received.

Be further advised, that if a license is awarded to an Applicant, MMCC may use or disclose the trade secret or financial data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information or financial data will be made consistent with the MPIA and other relevant laws and regulations. Maryland Public Information Act ("MPIA"). Md. Code., Gen'l Prov §§4-101-601.

If the Applicant submits information in response to this Application that the Applicant believes to be trade secret information or financial data as defined by Maryland Statutes section Md. Code, Gen'l Prov §4-335-36, and the Applicant does not want such data used or disclosed for any purpose other than the evaluation of this proposal, the Applicant shall:

A. Clearly mark every page of trade secret or financial materials in its proposal at the time the proposal is submitted with the words "**TRADE SECRET OR FINANCIAL DATA INFORMATION**" in capitalized, underlined and bolded type that is at least 20 pt.
B. Acknowledge that the State does not assume liability for the use or disclosure of unmarked or unclearly marked trade secret information;
C. Fill out and submit the attached "Trade Secret & Financial Data Information Notification Form," specifying the pages of the proposal that are to be restricted

and justifying the trade secret designation for each item. If no materials is designated as trade secret information or financial data, a statement of "None" should be listed on the form; and

D. Satisfy the statutory burden to justify any claim of trade secret information.

MMCC may reject a claim that any particular information in a response is trade secret information if it determines that the Applicant has not met the burden of establishing the content to be trade secret information under any circumstance. Use of generic trade secret language encompassing substantial portions of the proposal or simple assertions of trade secret interest without substantive explanation of the basis therefore will not be sufficient to warrant a trade secret designation. If certain information is found to constitute a "trade secret" or "financial" exception to disclosure, then, the remainder of the Proposal will become public in the event a public information request is received. Applicants should understand that only the trade secret or financial data will be redacted prior to disclosure.

The Applicant must defend any action seeking release of the materials that it believes to be trade secret information, and indemnify and hold harmless the State, its agents, and employees, from any judgments against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a license. In submitting an Application, the Applicant agrees that this indemnification survives as long as the trade secret information is in the possession of MMCC.

MMCC is required to keep all Grower Application documents in accordance with the document retention schedule adopted by the Commission after the conclusion of the license term. Non-selected Grower Applications will be kept by MMCC for a minimum of three years after the award of the licenses or the close of any related litigation.

SECTION N: AMENDING AN APPLICATION - COMAR 10.62.08.02 (G)

In the event that an Applicant amends the Application to include either a new individual investor with an interest of 5 percent or more, or another manager or director of the entity, then the Applicant shall forward to the Commission a copy of the request to the Central Repository.

SECTION O: Criminal History Record Check – COMAR Section 10.62.08.03

For each individual identified in the Application, an Applicant shall provide to the Director of the Central Repository:

1. Two sets of legible fingerprints taken in a format approved by the Central Repository and the Director of the FBI together with the fee authorized under Md. Code Ann., Criminal Procedure Article §10-221(B)(7), for access to State criminal history and records for each medical cannabis grower agent and investor identified in the Application; and

2. A request that the individual's State and national criminal history record information be forwarded to the Commission.

SECTION P: How to Apply

It is recommended all potential Applicants become familiar with Md. Code, Health-Gen §§13-3301-13-3316; COMAR §§10.62.01-10.62.35.; Ch. 403, Laws of Maryland (2013); Ch. 240, 256, Laws of Maryland (2014); and Ch. 251, laws of Maryland (2015), governing grower operations for the Medical Cannabis program.

Applicants should use the definitions and descriptive sections of those documents to assist in interpreting this Application. The burden of proving an Applicant's qualifications rests solely on the Applicant.

GENERAL APPLICATION INSTRUCTIONS

Read each question carefully. Answer each question completely. Do not leave blank spaces. If a question does not apply, write "Does Not Apply" or "N/A." If the correct answer to a particular question is "None," write "None." If a question has an asterisk (*), it is mandatory and must be completed. Answering a mandatory question with "Does Not Apply" or "N/A" is insufficient. Failure to submit an Application with all of the mandatory questions completed will result in the removal of the Application from the evaluation process.

- All entries on the Application should be single spaced and typed in 12-point Times New Roman font. Signatures must be in handwriting, unless otherwise stated by the Commission, by the individual providing the information. Do not misstate or omit any material fact(s).

- All required documentation, such as business formation papers, tax returns and appendices, as well as the Application forms that comprise an Application package for a license, as listed above, **must be submitted at the time of filing this Application**. Further, the Applicant is under **a continuing duty to promptly notify** the Commission if there is a change in the information provided to the Commission.

- An Applicant shall clearly identify those portions of its Application that it deems to be confidential, proprietary commercial information, trade secrets, or financial data and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the MPIA, Md. Code., Gen'l Prov §§4-101-601. Confidential information may be contained in the Application. A blanket statement by an Applicant that its entire Application is confidential is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the MPIA. Applicant is advised that, upon request for this

information from a third party, the Commission will make an independent determination whether the information may be disclosed. An Applicant or Licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Department of Health and Mental Hygiene for any damages resulting from any disclosure or publication in any manner.

The Commission may request additional financial and other information as needed. COMAR 10.62.08.05(D)-(F).

APPLICATION CONTENTS

A complete Application package must include:

1. A USB drive containing a redacted Microsoft Word document as well as related documents outlined in Section H;
2. A hard copy of the Application; and
3. A two thousand dollar ($2,000) Stage 1 non-refundable Application fee in the form of a money order or a cashier's check.

The submittal of an Application constitutes acceptance of the requirements, administrative stipulations, and all of the terms and conditions of this Application. All costs and expenses incurred in submitting an Application in response to this Application will be borne by the Applicant.

APPLICATION DELIVERY

- It is the Applicant's responsibility to allow sufficient time to address potential delays.
- Sole responsibility rests with the Applicant to ensure that their Application is received by MMCC on or before the submission deadline.
- Applicants are required to use a courier service to deliver the Applicant contents including the contents outlined in the "APPLICATION CONTENTS" section above.
- Late Applications will not be accepted.

MMCC Delivery Address:

Attn: Precious Wells, Administrative Specialist
Maryland Department of Health and Mental Hygiene
Maryland Medical Cannabis Commission
4201 Patterson Avenue
Baltimore, MD 21215
410-764-2400

SECTION Q: AWARDING OF LICENSE PRE-APPROVAL – COMAR Section-10.62.08.06(D)

The Commission shall notify an Applicant who has been pre-approved for a license within 10 business days of the Commission's decision.

SECTION R Rescission of Grower License – COMAR Section-10.62.08.06(E)

The Commission may rescind the pre-approval of a grower license if the grower is not operational within 1 year of pre-approval.

SECTION S: Denial or Disqualification of Application

MMCC may deny any Application under any of the following circumstances:

- The Application contains a misstatement, omission, misrepresentation, or untruth. COMAR 10.62.08.05(B).
- The Applicant fails to submit the Application by the submission deadline.
- The Applicant fails to pay the Application fee prior to the submission deadline.
- The criminal history record information or any other evidence demonstrates an absence of good moral character. COMAR 10.62.08.06(C)(1).
- The payment of taxes due in any jurisdiction is in arrears. COMAR 10.62.08.06 (C)(2).
- The Application fails to meet the mandatory criteria as outlined in Section G of this document.

MMCC may deny issuing a pre-approval of a license if, for any individual identified in the Application:

- The criminal history record information or any other evidence that demonstrates an absence of good moral character. COMAR 10.62.08.06(C)(1); or
- The payment of taxes due in any jurisdiction is in arrears. COMAR 10.62.08.06(C)(2).

SECTION T: Application Ranking and Weighted Criteria – COMAR Section 10.62.08.05 (I)

SELECTION PROCESS: Pre-Approval of License—Stage One

The Commission, or a Commission independent contractor, shall review the submitted Applications for a **pre-approval** for a license. The Applications shall be ranked based on the following weighted criteria.

Operational Factors—20%

- A detailed operational plan for the cultivation of medical cannabis to include:
  - Summaries of policies and procedures for:
    - Cultivation;
    - Growth;
    - Processing; and
    - Packaging.

Safety and Security Factors—20%

- Detailed plan or information describing the security features and procedures;
- Detailed plan describing how the grower will prevent diversion; and
- Detailed plan describing safety procedures.

Commercial Horticultural or Agricultural factors—15%

- Experience, knowledge and training in:
  - Horticultural production; or
  - Agricultural production.

Production Control Factors—15%

- A detailed quality control plan;
- A detailed inventory control plan; and
- A detailed medical cannabis waste disposal plan.

Business and Economic Factors—15%

- A business plan demonstrating a likelihood of success, a sufficient business ability and experience on the part of the Applicant, and providing for appropiate employee working conditions, benefits and training;
- Demonstration of adequate capitalization; and
- A detailed plan evidencing how the grower will enforce the alcohol- and drug-free workplace policy.

Additional Factors—15%

- Demonstrated Maryland residency among the owners and investors;
- Evidence that Applicant is not in arrears regarding any tax obligation in Maryland and other jurisdictions;
- A detailed plan evidencing how the grower will distribute to dispensaries and processors; and
- A list of proposed medical cannabis varieties proposed to be grown with proposed cannabinoid profiles, including:
  - Varieties with high cannabidiol content; and
  - Whether the strain has any demonstrated success in alleviating symptoms of specific diseases or conditions.

COMAR 10.62.08.05 (J)—For scoring purposes, the Commission may take into account the geographic location of the growing operation to ensure there is geographic diversity in the award of licenses.

SECTION U: Affirmation Section

The Applicant understands the following:

	Yes	No
1. The burden of proving an Applicant's qualifications rests on the party applying for the license.	☒	☐
2. The Commission may deny an Application that contains a misstatement, omission, misrepresentation, or untruth.	☒	☐
3. An Application shall be complete in every material detail.	☒	☐
4. The Commission may request any additional information the Commission determines is necessary to process and fully investigate an Application.	☒	☐
a. The party applying for the license shall provide requested additional information by the close of business of the 14th business day after the request has been received by the Applicant.	☒	☐
b. If the party applying for the license does not provide the requested information within 14 business days, the Commission may consider the Application to be suspended.	☒	☐
5. The Commission intends to award the licenses to the best Applications that most efficiently and effectively ensure public safety and safe access to medical cannabis.	☒	☐
6. The Commission, after review of the criminal history record information, may disqualify any prospective registered grower agent from registration for an absence of good moral character.	☒	☐
7. If there are more qualified Applications than the number of licenses available and there is a numerical tie for the last license to be issued, the last pre-approved license shall be determined by public lottery.	☒	☐
8. The Commission may deny issuing a pre-approval of a license if, for any individual identified in the Application:	☒	☐

	Yes	No
a. The criminal history record information or background information demonstrate an absence of good moral character; or	☒	☐
b. The payment of taxes due in any jurisdiction is in arrears.	☒	☐
9. The Commission may rescind pre-approval of a grower license if the grower is not operational within 1 year of pre-approval.	☒	☐
10. The Commission may issue a grower license on a determination that:		
a. The criminal history background check and background investigation reveal no evidence that demonstrates the absence of good moral character;	☒	☐
b. All inspections are passed and all of the Applicant's operations conform to the specifications of the Application as pre-approved pursuant to Regulation .06 of this chapter;	☒	☐
c. The proposed premises:		
i. Are under the legal control of the Applicant;	☒	☐
ii. Comply with all zoning and planning requirements;	☒	☐
iii. Conform to the specifications of the Application as pre-approved pursuant to Regulation .07 of this chapter; and	☒	☐
iv. The first year's license fee specified in COMAR 10.62.35 has been paid.	☒	☐
11. The Commission may deny transfer of an interest in a license if, for any proposed transferee:		
a. The criminal history record information or the background investigation demonstrate an absence of good moral character; or	☒	☐
b. The payment of taxes due in any jurisdiction is in arrears.	☒	☐
12. A registered grower agent's identification card remains the property of the Commission and the Commission may order the return or	☒	☐

	Yes	No
seizure of an identification card if the registration is revoked or expires.		

Please review and answer the following:

	Yes	No
1. The party applying for the grower license irrevocably gives consent to the Commission and persons authorized by the Commission to:		
a. Verify all information provided in the Application documents and	☒	☐
b. Conduct a background investigation of the individual(s), including grower agents and investors with 5 percent or more of investment.	☒	☐
2. The party applying for the grower license waives any contractual, statutory, or common law obligation of confidentiality and authorizes any government agency in any jurisdiction to release to and provide access to the Commission of any and all information the Applicant has provided to any other jurisdiction while seeking a cannabis-related license in that other jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation it may have conducted regarding the Applicant.	☒	☐
3. The party applying for the grower license releases all financial institutions, fiduciaries, and other parties from any contractual, statutory or common law obligation of confidentiality to provide financial, personal and background information to the Commission relevant to the Applicant's capacity to manage a licensed growing facility and the Applicant's good moral character.	☒	☐
4. The party applying for the grower license is only affiliated with one grower license Application.	☒	☐
5. All grower agents affiliated with this Application are 21 years old or older at the time of Application.	☒	☐
6. None of the listed grower agents has ever been convicted of a felony drug offense.	☒	☐

Following the issuance of a license, the Applicant commits to the following:

	Yes	No
1. All grower agents at the time of hire will be 21 years or older.	☒	☐
2. On June 1 of each year, the Licensee will submit a report in a manner determined by the Commission regarding the Licensee's minority owners and employees.	☒	☐
3. Each medical cannabis grower agent commits to requiring that any prospective medical cannabis grower agent register with the Commission before the Applicant will employ the agent or permit the agent to volunteer for the Applicant.	☒	☐
4. The Applicant will not register a prospective grower agent if the prospective grower agent has even been convicted of a felony drug offense.	☒	☐
5. The Applicant understands that the Commission, after review of the criminal history record information, may disqualify any prospective grower agent from registration for an absence of good moral character.	☒	☐
6. While working, or on the premises, the Licensee commits to having every registered grower agent at a licensed premises visibly wear the identification card issued to the registered grower agent by the Commission at all times.	☒	☐
7. If a registered grower agent's identification card is lost, destroyed or stolen, the Licensee commits to the following within 24 hours of becoming aware of the loss, destruction or theft:		
a. Report the loss, destruction or theft to the Commission;	☒	☐
b. Apply for a replacement card; and	☒	☐
c. Pay a replacement card fee specified in COMAR 10.62.35.01.	☒	☐
8. The Licensee acknowledges that the grower agent identification card remains the property of the Commission and the Commission may order the return or seizure of an identification card if the registration is revoked or expires.	☒	☐
9. As soon as possible after the termination of a registered grower agent's association with a license grower, the Licensee commits to		

	Yes	No
the following:		
a. Take custody of a terminated registered grower agent's identification card;	☒	☐
b. Obtain any keys or other entry devices from a terminated registered grower agent; and	☒	☐
c. Ensure a terminated registered grower agent can no longer gain access to the licensed premises.	☒	☐
10. The Licensee commits to requiring a prospective grower agent to submit to a drug screen before commencement of association.	☒	☐
11. The following points relate to the drug screen:		
a. The Licensee commits to have the prospective grower agent's drug screen be carried out following the procedures set forth in COMAR 17.04.09.04—.08.	☒	☐
b. In addition to the drugs to be screened in accordance with COMAR 17.04.09.06, the screen shall include any other drugs as required by the Commission.	☒	☐
c. Unless medically justified, a prospective grower agent who has a positive response to any tested substance on a drug screen that meets the requirements of COMAR 17.04.09.07 may not be registered by the Commission.	☒	☐
12. The Licensee commits to retaining training materials and training attendance records and make these available for inspection by the Commission.	☒	☐
13. The Licensee commits to having each registered grower agent declare in writing that the registered grower agent will adhere to the State alcohol and drug free workplace policy, as identified in COMAR 21.11.08.03.	☒	☐
14. The Licensee commits to retaining the declaration in a registered grower agent's personnel record.	☒	☐
15. Every year, on a date determined by the Commission,	☒	☐

	Yes	No
the Licensee commits to notifying the Commission that the Licensee has verified that no registered grower agent has been convicted of a felony drug offense.		
16. A Licensee commits to locating the licensed premises within Maryland.	☒	☐
17. In regards to the location of the licensed premises, the Licensee commits to the following:		
a. The premises and operations of a Licensee shall conform to local zoning and planning requirements.	☒	☐
b. The grower license shall be conspicuously displayed at each licensed premises.	☒	☐
c. A Licensee shall notify the Commission of proposed major renovations or modifications to a licensed premises.	☒	☐
d. No major renovation or modification shall be undertaken without notification to the Commission.	☒	☐

The undersigned attests that the Applicant organization will adhere to the statutory/regulatory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Signature _____ Date 11-6-15

Michael Bronfein
Printed Name

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Michael Bronfein

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

November 3, 2015
Date

Applicant Name Michael Bronfein
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of City Baltimore, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 3rd day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent David D. Smith
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

[signature] 11-4-15
Signature of Applicant Date

Applicant Name David D. Smith
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Harford, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 4th day of November, 2015, and to which witness my hand and seal.

Vicky D. Evans
Notary Public

Vicky D. Evans
Printed Name

VICKY D. EVANS
NOTARY PUBLIC
HARFORD COUNTY, MARYLAND

Stamp or Seal

My Commission Expires: August 15, 2018

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION- INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Jessica Bronfein

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

11/2/15
Date

Applicant Name
Printed Name of Applicant
Jessica A Bronfein

NOTARY

The undersigned, a Notary Public in and for the County of Onondaga, in the State of New York, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 2nd day of November, 2015, and to which witness my hand and seal.

Notary Public

Cara Sizing
Printed Name

CARA A SIZING
Notary Public State of New York
NO. 04SI6253386
Qualified in Onondaga County
My Commission Expires 12-27-19

Stamp or Seal

My Commission Expires: _____, 20____

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION- INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Rebecca Raphael

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

11-2-15
Date

Applicant Name Rebecca Raphael
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Onondaga, in the State of New York, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 2nd day of November, 20 15, and to which witness my hand and seal.

Notary Public

Cara Sizing
Printed Name

CARA A SIZING
Notary Public State of New York
NO. 04SI6253386
Qualified in Onondaga County
My Commission Expires 12-27-19

Stamp or Seal

My Commission Expires: _____, 20____

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION- INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Wendy Beth Branfein

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

10.30.15
Date

Applicant Name Wendy Beth Branfein
Printed Name of Applicant

Wendy Beth Brantein

NOTARY

The undersigned, a Notary Public in and for the County of New York, in the State of New York, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 30th day of October, 2015, and to which witness my hand and seal.

Notary Public

Onika D McLean

Printed Name

ONIKA D MCLEAN
Notary Public - State of New York
NO. 01MC6315372
Qualified in Kings County
My Commission Expires Nov 24, 2018

Stamp or Seal

My Commission Expires: November 24, 2018

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Michael Bruno

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

[signature] 10-31-15

Signature of Applicant — Date

Applicant Name
Printed Name of Applicant
Michael Bruno

NOTARY

The undersigned, a Notary Public in and for the County of Mercer, in the State of New Jersey, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 31 day of October, 2015, and to which witness my hand and seal.

Notary Public

Patrick P. O'Connor

Printed Name

Patrick P. O'Connor
Notary Public
New Jersey
My Commission Expires 6-23-2020
No. 50018143

Stamp or Seal

My Commission Expires: 6-23, 2020

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION- INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) John Cisar

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

John Cisar
Signature of Applicant

10/31/15
Date

John Cisar
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Broward, in the State of Florida, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 31 day of October, 2015, and to which witness my hand and seal.

Notary Public

Warren Laiahsang

Printed Name

WARREN LAIAHSANG
Notary Public, State of Florida
Commission# FF 89390
My comm. expires Feb. 3, 2018

Stamp or Seal

My Commission Expires: February 3, 2018

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Douglas DeLeaver
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

Nov 2 2015
Date

Douglas DeLeaver
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of City Baltimore, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 2nd day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Dennis DePaolo

I am an investor or an agent applying for a Medical Cannabis Choose an item. (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Dennis DePaolo
Signature of Applicant

10-31-15
Date

Applicant Name
Printed Name of Applicant Dennis DePaolo

DHMH–Maryland Medical Cannabis Commission
Application for Medical Cannabis Grower License

Dennis Depaolo

NOTARY

The undersigned, a Notary Public in and for the County of York, in the State of Maine, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 31st day of October, 2015 and to which witness my hand and seal.

Robin K. Came
Notary Public

Robin K. Came
Printed Name

ROBIN K. CAME
Notary Public , Maine
My Commission Expires June 16, 2018

Stamp or Seal

My Commission Expires: June 16, 2018

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Ryan Douglas

I am an investor or an agent applying for a Medical Cannabis Choose an item.
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

Nov 2 2015
Date

Applicant Name
Printed Name of Applicant

Ryan Douglas

NOTARY

The undersigned, a Notary Public in and for the County of Lanark, in the ~~State~~ Province of Ontario, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 2nd day of November, 2015, and to which witness my hand and seal.

Notary Public

Andrew J. P. Howard

Printed Name

Stamp or Seal

My Commission Expires: On death, 20____

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) Barbara Frush

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

11/3/2015
Date

Barbara Frush
Applicant Name
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of City of Balt., in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 3rd day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Brad Friedlander
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

11/2/15
Date

Brad Friedlander
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Baltimore, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 2 day of November, 2015, and to which witness my hand and seal.

Notary Public

Jennifer Barimah
Printed Name

JENNIFER BARIMAH
Notary Public
Baltimore County
Maryland
My Commission Expires Sept. 9, 2018

Stamp or Seal

My Commission Expires: September 9, 2018

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION- INVESTOR/GROWER AGENT

Investor/Agent: Ayana Lugo
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

November 4 2015
Date

Ayana Lugo
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of City Baltimore, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 4th day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/ GROWER AGENT

Investor/Agent: Investor/Agent EDWARD M. RUDNIC
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Choose an item. (Grower/ Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Applicant

Nov 2, 2015
Date

EDWARD M. RUDNIC
Applicant Name
Printed Name of Applicant

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles)

On November 02, 2015 before me, Luisa Maribel Alvizar, A Notary Public,
(insert name and title of the officer)

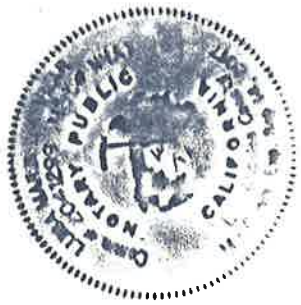
personally appeared Edward M. Rudnic,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

LUISA MARIBEL ALVIZAR
Commission # 2041299
Notary Public - California
Los Angeles County
My Comm. Expires Sep 14, 2017

Signature _____ (Seal)



FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION-INVESTOR/GROWER AGENT

Investor/Agent: Investor/Agent
(Investor/Agent's Name) GRANT SCHUSTER

I am an investor or an agent applying for a Medical Cannabis Grower (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

[signature] 11/3/15

Signature of Applicant Date

Applicant Name GRANT SCHUSTER
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of City of Baltimore, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 3rd day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 2

AUTHORIZATION FOR RELEASE OF INFORMATION-BUSINESS ENTITY

Business Entity Name: Curio Cultivation, LLC
Name of Person Completing Form: Michael Bronfein
(Authorized Representative)

Michael Bronfein is an Authorized Representative, empowered by the Business Entity to execute this form on its behalf.
Curio Cultivation, LLC is an Applicant for a Medical Cannabis Grower License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about the Business Entity. The Business Entity irrevocably gives its consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of the Business Entity; and (3) to have access to any and all information that the Business Entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the Business Entity.

By executing this Authorization, the Business Entity authorizes any of the following entities to release to the Commission any and all information about the Business Entity that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, the Business Entity expressly waives, releases, discharges and forever holds harmless and agrees to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Authorized Representative

11-6-15
Date

Michael Bronfein
Printed Name of Authorized Representative

NOTARY

The undersigned, a Notary Public in and for the County of City Baltimore, in the State of Maryland, certifies that the above named individual, as an Authorized Representative of Curio Cultivation LLC, appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 6th day of November, 2015, and to which witness my hand and seal.

Heather King
Notary Public

Heather King
Printed Name

Stamp or Seal

My Commission Expires: Oct. 30, 2016

FORM 3

Trade Secret & Financial Data Notification

Curio Cultivation, LLC is an Applicant for a Medical Cannabis Grower License. Curio Cultivation, LLC understands that the Commission is an entity of the State of Maryland and any documents or data that is submitted to the State of Maryland may be disclosed by the State pursuant to a Maryland Public Information Act ("MPIA") Request.

While the MPIA permits certain exclusions from disclosure, Curio Cultivation, LLC understands the State makes no guarantees or promises that such data will not be disclosed. Curio Cultivation, LLC has reviewed the MPIA, as it is available online at http://www.lexisnexis.com/hottopics/mdcode. Curio Cultivation, LLC understands that other helpful resources may be found at www.oag.state.md.us/Opengov.

Curio Cultivation, LLC understands that the documents or data it provides to the State of Maryland may not be confidential, or if confidential, may or may not be disclosed pursuant to a MPIA request.

Signature of Person or Authorized Representative

11-6-15
Date

Printed Name Michael Bronstein
Printed Name

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335

CURIO CULTIVATION, LLC

APPLICANT CONFIDENTIAL INFORMATION TABLE

Identification of Confidential Information	Page, question & line	Type of Privilege claimed
Applicant's Financial Statements	Addendum #3	Financial information and commercial information
Financial Commitment Letter of David D. Smith	Addendum #3	Financial information and commercial information
Letter from Gross Mendelsohn & Associates certifying availability of funds of David D. Smith	Addendum #3	Financial information
Letter from Rosen, Sapperstein, & Friedlander certifying availability of funds of Michael Bronfein	Addendum #3	Financial information
Letter from Rosen, Sapperstein, & Friedlander regarding the tax status of Michael and Jessica Bronfein	Addendum #5	Financial information
Letter from Gross Mendelsohn & Associates regarding the tax status of David and Jane Smith	Addendum #5	Financial information
Site Plan	Addendum Site Plan	Trade secrets and commercial information

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

November 3, 2015
Date

Name- Printed Michael Bronfein

Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] NA	[Type text]	[Type text]	[Type text]
[Type text] NA	[Type text]	[Type text]	[Type text]
[Type text] NA	[Type text]	[Type text]	[Type text]
[Type text] NA	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

11-4-15
Date

Name- Printed David D. Smith
Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

11-2-15
Date

Name- Printed
Name- Printed Jessica A. Bronfein

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] n/a	[Type text] n/a	[Type text] n/a	[Type text] n/a
[Type text] n/a	[Type text] n/a	[Type text] n/a	[Type text] n/a
[Type text] n/a	[Type text] n/a	[Type text] n/a	[Type text] n/a
[Type text] n/a	[Type text] n/a	[Type text] n/a	[Type text] n/a

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature _____ Date 11-2-15

Name- Printed Rebecca Raphael

Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

10.30.15
Date

Name- Printed
Name- Printed Wendy Brontein

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text]	[Type text]	[Type text]	[Type text]
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

[signature] 10-31-15

Name- Signature Date

Name- Printed

Name- Printed

Michael Bruno

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
N/A	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

10/31/15
Date

John Cisar
Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text]	[Type text]	[Type text]	[Type text]
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

Nov 2 2015
Date

Douglas DeLeaver
Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] Massachusetts Dept. Public Health	[Type text] Dispensary / Grow / Process	[Type text] Commonwealth Patient Center	[Type text] N/A
[Type text] Massachusetts DPH	[Type text] Dispensary / Grow / Process	[Type text] New England Patient Network	[Type text] N/A
[Type text] Massachusetts DPH	[Type text] Dispensary / Grow / Process	[Type text] Khem	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
b. A copy of documentation so indicating; or
c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Dennis DePaolo
Name- Signature

10-31-15
Date

Name- Printed
Name- Printed Dennis DePaolo

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text]	[Type text]	[Type text]	[Type text]
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

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c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

Nov 2 2015
Date

Name- Printed

Name- Printed Ryan Douglas

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

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[Type text]	[Type text]	[Type text]	[Type text]
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

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c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

R H
Name- Signature

11/5/2015
Date

BARBARA HAWKINS
Name- Printed

Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

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State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

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The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

11/2/15
Date

Brad Friedlander
Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

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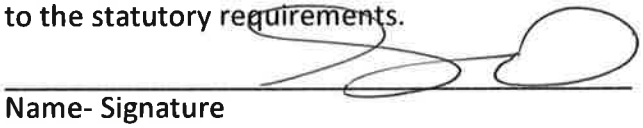

Name- Signature

November 4, 2015
Date

Ayana Lugo
Name- Printed

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

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State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

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c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

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Name- Signature

EDWARD M. RUDNIC

Nov 2, 2015
Date

FORM 4

Regulatory Agency Form

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

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State & Name of Agency	Type of License	Name of License	License or Registration #
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A
[Type text] N/A	[Type text] N/A	[Type text] N/A	[Type text] N/A

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

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The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Name- Signature

11/3/15
Date

Name- Printed GRANT SCHUSTER

Name- Printed

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☑	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☑	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☑
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☑	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☑
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☑	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☑
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☑	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☑	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☑	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☑	No ☐

Dated this 3rd day of November, 20 15

Signature of Owner/ Managing Director

Michael Bronfein
Owner/Managing Director
Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 3rd day of November, 20 15.

(SEAL)

Exp: 10/30/16

Heather Kurz
Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☑	No ☐
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3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☑
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☑	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☑
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☑	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☑
8. If you are employed by the State, please state the name, agency and position. N/A [Type text]		
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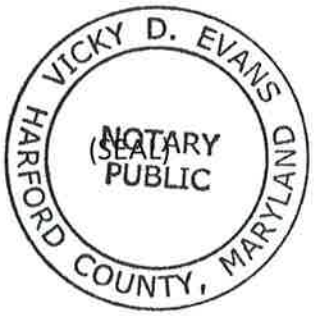
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☑	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☑	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☑	No ☐

Dated this 4th day of November, 2015

Signature of Owner/~~Managing Director~~

David Smith
Owner/Managing Director
Printed Name of Owner/~~Managing Director~~

Sworn to and subscribed before me on this 4th day of November, 2015.



Vicky D. Evans
Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
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7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
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10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 2 day of November, 2015

Signature of Owner/ Managing Director/Agent

Jessica Bronfein
Owner/Managing Director
Printed Name of Owner/ Managing Director/Agent

Sworn to and subscribed before me on this 2 day of November, 2015.

(SEAL)

Notary Public

CARA A SIZING
Notary Public State of New York
NO. 04SI6253386
Qualified in Onondaga County
My Commission Expires 12-27-19

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☑	No ☐
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3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☑
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10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☑	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☑	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☑	No ☐

Dated this 2nd day of November, 20 15

Signature of Owner/ Managing Director/Agent

Owner/Managing Director Rebecca Raphael
Printed Name of Owner/ Managing Director/Agent

Sworn to and subscribed before me on this 2 day of November, 20 15.

(SEAL)

Notary Public CARA A SIZING
Notary Public State of New York
NO. 04SI6253386
Qualified in Onondaga County
My Commission Expires 12-2019

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

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2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
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10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
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12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 30th day of October, 2015

Signature of Owner/ Managing Director /Agent

Wendy Branfein
Owner/Managing Director
Printed Name of Owner/ Managing Director /Agent

Sworn to and subscribed before me on this 30th day of October, 2015.

(SEAL)

Notary Public

ONIKA D MCLEAN
Notary Public - State of New York
NO. 01MC6315372
Qualified in Kings County
My Commission Expires Nov 24, 2018

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
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3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
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6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 31 day of October, 2015

Signature of Owner/ Managing Director /Agent

Michael Bruno
Owner/Managing Director
Printed Name of Owner/ Managing Director /Agent

Sworn to and subscribed before me on this 31 day of October, 2015.

(SEAL)

Patrick P. O'Connor
Notary Public
New Jersey
My Commission Expires 6-23-2020
No. 50018143

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 31 day of October, 20 15

Signature of Owner/ Managing Director/Agent

John Cisar
Printed Name of Owner/ Managing Director/Agent

Sworn to and subscribed before me on this 31 day of October, 20 15.

WARREN LAIAHSANG
Notary Public, State of Florida
Commission# FF 69390
My comm. expires Feb. 3, 2018

(SEAL)

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☒	No ☐
8. If you are employed by the State, please state the name, agency and position. MTA, Director of Farebox Recovery		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 2nd day of Nov, 20 15

Douglas Deleaver
Owner/Managing Director
Printed Name of Owner/ Managing Director /Agent

Signature of Owner/ Managing Director /Agent

Sworn to and subscribed before me on this 2nd day of November, 20 15.

10/30/2016
(SEAL)

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 31ST day of October, 2015

Dennis DePaolo
Signature of Owner/ Managing Director/Agent

Dennis DePaolo
Owner/Managing Director
Printed Name of Owner/ Managing Director/Agent

Sworn to and subscribed before me on this 31ST day of October, 2015.

(SEAL)

Robin K. Came
Notary Public

ROBIN K. CAME
Notary Public , Maine
My Commission Expires June 16, 2018

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 2 day of November, 2015

Signature of Owner/ Managing Director/Agent

Owner/Managing Director
Printed Name of Owner/ Managing Director Ryan Douglas /Agent

Sworn to and subscribed before me on this 2nd day of November, 2015.

(SEAL)

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 3rd day of November, 2015

Signature of Owner/ Managing Director

Owner/Managing Director
Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 3rd day of November, 2015.

(SEAL) Exp: 10/30/16

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 2 day of November, 20 15

Signature of Owner/ Managing Director/Agent

Brad Friedlander
Owner/Managing Director
Printed Name of Owner/ Managing Director/Agent

Sworn to and subscribed before me on this 2 day of November, 20 15.

JENNIFER BARIMAH
Notary Public
Baltimore County
Maryland
My Commission Expires Sept. 9, 2018
(SEAL)

Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 4th day of November, 2015

Signature of Owner/ ~~Managing Director~~ /Agent

Ayana Lugo
Printed Name of Owner/ Managing Director /Agent

Sworn to and subscribed before me on this 4th day of November, 2015.

(SEAL)
Exp: 10/30/16

Heather King
Notary Public

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒ N/A

6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐
7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
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10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐

12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 2ND day of NOVEMBER, 2015

Signature of Owner/ Managing Director/Agent
Managing Director

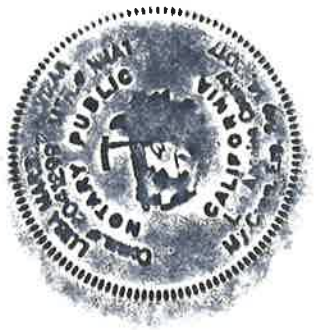
EDWARD M. RUDNE
Owner/Managing Director
Printed Name of Owner/ Agent

Sworn to and subscribed before me on this _____day of _____, 20_____.

*Please see Attachment with updated Notary wording for California.

(SEAL)

_____
Notary Public



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

LUISA MARIBEL ALVIZAR
Commission # 2041299
Notary Public - California
Los Angeles County
My Comm. Expires Sep 14, 2017

Subscribed and sworn to (or affirmed) before me on this 02nd day of November, 2015,
Date *Month* *Year*

by (1) Edward M. Rudnic

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

FORM 5

Investors, Agents, Owners & Managing Director Certification Statement Form

1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. [Type text]	Yes ☒	No ☐
2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports. [Type text]	Yes ☒	No ☐
3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation. [Type text]	Yes ☐	No ☒
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. [Type text]	Yes ☒	No ☐
5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation. [Type text]	Yes ☐	No ☒
6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation. [Type text]	Yes ☒	No ☐

7. Are you employed by the State of Maryland? If no, skip next question.	Yes ☐	No ☒
8. If you are employed by the State, please state the name, agency and position. [Type text] N/A		
9. I acknowledge that I fully understand that: Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.); Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	Yes ☒	No ☐
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes ☒	No ☐
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes ☒	No ☐
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission's decisions in selecting the Applicants shall be final.	Yes ☒	No ☐

Dated this 3rd day of November, 20 15

Signature of ~~Owner/ Managing Director~~ AGENT

GRANT SCHUSTER
~~Owner/Managing Director~~ AGENT
Printed Name of ~~Owner/ Managing Director~~

Sworn to and subscribed before me on this 3rd day of November, 20 15.

(SEAL)

Heather Kurz
Notary Public

Expires: 10/30/2016

10.62.08.05

1. Please provide a biography for the Applicant including the experience, knowledge and training in (a) horticultural production and (b) agricultural production. *

[Reference 10.62.08.05 of the regulations. Graded 0 to 5 scoring. Weighted 70% of the Commercial Horticulture or Agriculture subsection. Maximum length 2,250 words]

Curio has assembled an unparalleled team of operational executives, management team members, and subject matter experts with experience, knowledge and training in the fields of traditional and *Cannabis*-based agricultural and horticultural production. Features of the team include a tenured professor of Environmental Horticulture at the University of Florida, the current head of cultivation for a North America regulated medical *Cannabis* cultivator with a production capacity of 400,000 square feet, and the current Director of Cultivation at one of Maine's eight medical *Cannabis* dispensaries. The agricultural and horticultural team combines a PhD in Biological Sciences and a Master's in Plant Biology with real-life commercial applications, highlighting Curio's commitment to a research-based, medical plant and product production.

[redacted]

The Cultivation activities will be led by a highly experienced team of agronomist and commercial horticulturalists. Dr. John Cisar, a Ph.D. Agronomist and retired professor from University of Florida, will serve as the company's Chief Agronomist and will be responsible for optimizing nutrient and water management. Dr. Cisar is a noted expert in techniques focused on minimizing water and nutrients while optimizing plant yields. Ryan Douglas will serve as the General Manager of the cultivation division and will be responsible for overall operations and the quality of plant production. Mr. Douglas is currently the Master Cultivator at Tweed, an indoor medical *Cannabis* cultivation facility in North America with indoor cultivation space in excess of 400,000 square feet. Prior to entering the medical *Cannabis* industry, Mr. Douglas spent 15 years in positions of increasing responsibility in the commercial horticulture industry where he led large scale operations. Dennis DePaolo will serve as Assistant General Manager and Director of Plant Science. Mr. DePaolo currently serves as Master Cultivator for Maine Organic Therapy (medical *Cannabis* cultivator) and holds a Master's degree in Plant Science from University of Massachusetts. In addition to assisting Mr. Douglas in plant cultivation and production, Mr. DePaolo in concert with Dr. Cisar will be responsible for the continuing evolution of best practices in plant cultivation related to irrigation and nutrition optimization and research and development related to creating new breeds or strains, and plant yields.

The company's 55,000 square foot Baltimore County facility has been designed utilizing the most modern environmental controls and building automation systems, including state-of-the-art integrated security systems.

[redacted]

[redacted]

As Curio's Chief Agronomist, Dr. John Cisar will be responsible for optimizing plant, nutrient, and water management at the licensed grow facility. Dr. Cisar, currently acts as a private agronomic consultant and was a professor of Environmental Horticulture at the University of Florida from 1986-2014, focusing on environmentally sustainable turfgrass management systems with an emphasis on water conservation and water quality protection. He earned his B. A. in Botany from Rutgers University, M. S. in Floriculture and Ornamental Horticulture from Cornell University, and Ph. D. in Biological Sciences from the University of Rhode Island. Dr. Cisar conducted research and extension outreach on the environmental impacts of turfgrass management including nutrient management, water quality and conservation, soil water repellency, root-zone mixtures, cultivation, plant improvement, pest management, pesticide fate, and nutrient leaching. Dr. Cisar's research has identified optimal agronomic practices to provide superior performing sports turf systems with reduced inputs of nutrients, water and pesticides applied and improved the sustainability of turfgrass systems.

Dr. Cisar has worked on agronomic aspects of turfgrass management his entire career, beginning

with research on cool season turfgrass responses to moderate fertility as a graduate student at the University of Rhode Island. As a Professor of Turfgrass Management and Water at the University of Florida, his job duties included conducting research and providing extension outreach to support the large commercial turfgrass industry. As part of that effort, he conducted basic and applied research studies to develop resource-efficient sustainable turfgrass systems, experimental results of which have been reported in peer-reviewed journals. Dr. Cisar has extensive written and oral communication skills and has provided many presentations and demonstrations. His leadership experience includes mentoring graduate students, leading a large turfgrass program in south Florida, and providing statewide leadership at one of the largest Land-Grant University turfgrass programs as Turf Coordinator of the UF turfgrass program. Dr. Cisar has the skills and vision necessary to develop new agronomic products and methodologies for the 21st Century medical *Cannabis* industry.

Dr. Cisar was elected C-5 Turfgrass Division Board Representative of the American Society of Agronomy, 1999-2002. He is the current Treasurer of the International Turfgrass Society and is the Technical Editor for the Florida Turf Digest and Turfgrass Producer's Turf News. Dr. Cisar served as International Turfgrass Society Director from 1993-2001. Dr. Cisar was elected Fellow of the American Society of Agronomy in 2003. Dr. Cisar received the 2005 "Wreath of Grass Award", the highest honor from the Florida Turfgrass Association. In 2008, he was appointed affiliate faculty status in the Soil and Water Sciences Department, University of Florida. In 2009, Dr. Cisar was elected Fellow of the Crop Science Society of America. In 2011, Dr. Cisar was recognized by the Florida Golf Course Superintendent's Association with the "FGCSA Lifetime Service Award", the highest award offered by FGCSA.

As Curio's Cultivation General Manager, Ryan Douglas will be responsible for overall operations management, employee management and the quality of plant production. Mr. Douglas is currently the Master Cultivator at Tweed, the largest indoor medical *Cannabis* cultivation facility in North America, overseeing over 50 employees and managing upwards of 700,000 *Cannabis* plants annually, with indoor cultivation space in excess of 400,000 square feet. Prior to entering the medical *Cannabis* industry, Mr. Douglas spent 15 years in positions of increasing responsibility in the commercial horticulture industry where he led large-scale commercial horticultural operations. Mr. Douglas designed and operates a 1200-light, indoor growing facility that is compliant with Good Agricultural and Good Manufacturing Practices and generates 30,000 seedlings each year for shipment to the company's 9-acre greenhouse in Ontario. He is responsible for all post-harvest processing from indoor and outdoor cultivation sites; totaling approximately 13,000 lbs. of medical *Cannabis* produced each year. In his time with Tweed, Mr. Douglas has programmed stock plant production for maximum cutting/clone numbers with minimal inputs and utilized lab testing to eliminate nutrient guesswork and misdiagnosis

Mr. Douglas previously worked in the medical *Cannabis* industry in the United States, where he held the position of Cultivation Manager for Remedy Compassion Center in Auburn, Maine, where he introduced commercial greenhouse techniques to the recently licensed, indoor producer of medical *Cannabis*. Before entering the *Cannabis* industry (1998-2012), Mr. Douglas worked as a commercial greenhouse grower of ornamental and edible crops in New Mexico, Mississippi, Massachusetts and Maine, which included executing a greenhouse production plan for 600,000 vegetable seedlings; monitoring water quality and nutrient levels for two acres of soil-less plant

production; and managing disease identification and pest management for 100,000 indoor potted plants. Mr. Douglas has a Bachelor's degree from Antioch College in Ohio and Horticultural certificates in Flower and Foliage Production, Integrated Pest Management, and Greenhouse Construction from the National Learning Service Center in Bogotá, Colombia.

As Curio's Assistant General Manager and Director of Plant Science, Mr. DePaolo, in concert with Dr. Cisar, will be responsible for the continuing evolution of best practices in plant cultivation related to irrigation, nutrition and yield optimization and research and development related to creating new genetic species of medical *Cannabis*. Mr. DePaolo currently serves as Master Cultivator for Maine Organic Therapy, a medical *Cannabis* cultivator in Maine, and holds a Bachelor's Degree from SUNY Cortland and a Master's in Plant Biology from UMass Amherst. Mr. DePaolo also owns and operates *Cultivate,* a medical *Cannabis* consulting firm, which specializes in plant cultivation and is currently designing and managing the construction of a 116,000 square foot medical *Cannabis* cultivation facility in Bridgton, ME.

In addition to his role in the development of best practices for Curio, Mr. DePaolo will be assisting Mr. Douglas in plant cultivation and production and overall management of the licensed grow facility. Mr. DePaolo brings 15 years of experience in indoor cultivation using both organic and inorganic methods. His expertise in growing and breeding *Cannabis* for unique and valuable medicinal properties will enable him to lead Curio's research efforts in coordination with the Scientific Advisory Board. Over the past decade Mr. DePaolo has developed his knowledge of plant sciences through a combination of academic resources as well as hands-on experiences working in many plant laboratories and greenhouses across the Northeastern United States, including SUNY Cortland, The Boyce Thompson Plant Research facility at Cornell University, and UMASS Amherst where he has obtained a Masters degree in plant biology focusing on nutrient uptake in plants. Dennis has a strong understanding of plant genetics and molecular biology and how biochemical pathways control plant growth, yield and biosynthesis of medicinal compounds. He has also worked on plant-insect interactions and has been published academically for his work on genetic regulation of Vitamin C biosynthesis in higher plants. Mr. DePaolo is a sustaining member of the International Cannabinoid Research Society (ICRS) and is well versed in growth methodologies, nutrient uptake and the environmental needs of *Cannabis*. Mr. DePaolo will significantly aid Curio's science-based efforts by promoting breeding using *Cannabis* genomics to meet the needs of the Maryland patient population.

Curio believes the agricultural and horticultural experience displayed above combined with the credentials of the Scientific Advisory Board, which include an Albert Lasker Medical Research Award winner, the Dean of University of Maryland's School of Pharmacy, a Professor at the Johns Hopkins School of Medicine, the Director of Hospice and Palliative Care for the University of Pennsylvania, and experience taking several companies and pharmaceutical products to the public space, position the company well to usher the regulated medical *Cannabis* industry into a new era based in science, medical research and progressive product development.

2. Please provide an executive summary of a business plan that demonstrates the likelihood of success, a sufficient business ability and experience on the part of the Applicant. In the executive summary of the business plan the Applicant should also explain the employee working conditions, benefits and training. *

[Reference 10.62.08.05 of the regulations. Graded 0 to 5 scoring. Weighted 25% of the Business and Economic subsection. Maximum length 3,940 words]

Curio is applying for Grower, Processor and Dispensary Licenses. If awarded all three licenses, Curio will pursue a multidimensional, vertically integrated strategy that effectively exploits the synergies among its three planned operating divisions: Cultivation, Processing, and Dispensing. If Curio is awarded only the Grower License, the business plan described below demonstrates its ability and experience with respect to that business as well. Curio will place a robust focus on science and product development to drive all of the Company's strategies. The company has assembled an impressive group of leading agronomists, horticulturalists, and scientists to help guide product development and plant cultivation. This strategy will result in the company producing branded products in both artisanal flowers and manufactured products. In addition, the company is being led by a proven pharmaceutical services executive who has co-founded two national Long Term Care pharmacies, NeighborCare and Remedi SeniorCare. The company has also arranged all necessary financing for its business plan – even assuming it is awarded all three

[redacted]

The cultivation activities will be led by a highly experienced team of agronomists and commercial horticulturalists. Dr. John Cisar, a Ph.D. Agronomist and retired professor from University of Florida, will serve as the company's Chief Agronomist and will be responsible for optimizing nutrient and water management. Dr. Cisar is a noted expert in techniques focused on minimizing water and nutrients while optimizing plant yields. Ryan Douglas will serve as the General Manager of the cultivation division and will be responsible for overall operations and the quality of plant production. Mr. Douglas is currently the Master Cultivator at Tweed, the largest indoor medical *Cannabis* cultivation facility in North America with indoor cultivation space in excess of 400,000 square feet. Prior to entering the medical *Cannabis* industry, Mr. Douglas spent 15 years in positions of increasing responsibility in the commercial horticulture industry where he led large scale operations. Dennis DePaolo will serve as Assistant General Manager and Director of Plant Science. Mr. DePaolo currently serves as Master Cultivator for Maine Organic Therapy (medical *Cannabis* cultivator) and holds a Master's degree in Plant Science from University of Massachusetts. In addition to assisting Mr. Douglas in plant

cultivation and production, Mr. DePaolo in concert with Dr. Cisar will be responsible for the continuing evolution of best practices in plant cultivation related to irrigation and nutrition optimization and research and development related to creating new breeds or strains, and plant yields.

[redacted]

[redacted]

If Curio is also awarded a Processing License, its cultivation operation will benefit from its affiliated processing division. Once cultivated, certain plants will be converted to a form (*Cannabis* oil) that can be divided into its component elements reformulated and infused into consumable products and manufactured into specific dosage forms (pills, capsules, ointments, elixirs, etc.). This "extraction and infusion" process will be conducted in the company's manufacturing facility utilizing lean manufacturing and GMP (Good Manufacturing Processes) to ensure the precise extraction of active ingredients and tailoring of product delivery to the specific application (e.g. eye drops for glaucoma, sustained release for nausea, pain, etc.)

[redacted] In addition to its focus on developing both generic and proprietary products, the company has entered into an exclusive licensing and manufacturing agreement with Dixie Brands. Dixie Brands is the leading manufacturer of infused *Cannabis* based products in the US. Initially, Curio will manufacture and distribute, 16 Dixie Brands products. This will allow the company to build its statewide distribution network of dispensaries in which it will sell its branded, proprietary products as they are brought to market.

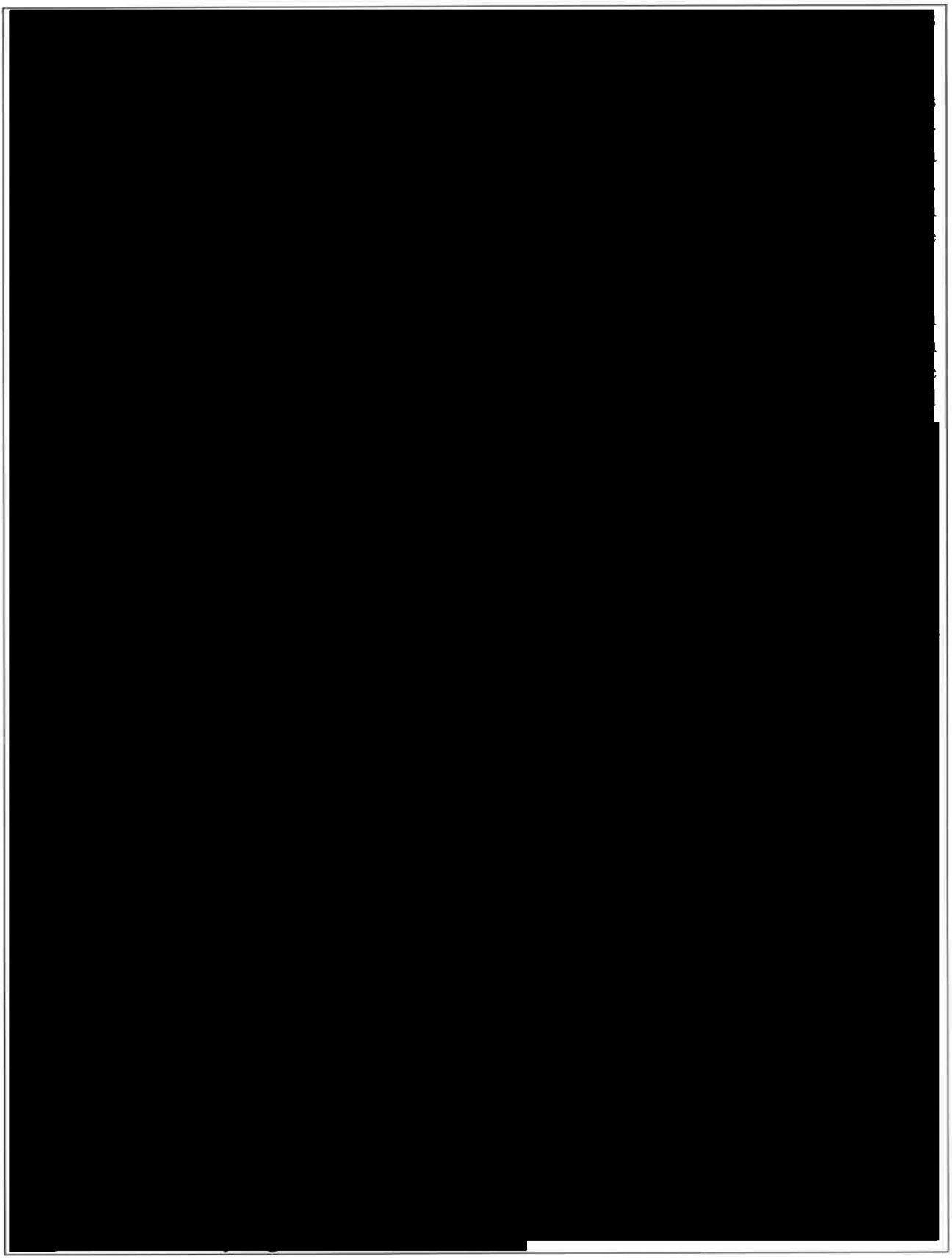
If Curio is awarded all three licenses, the company's flowers and manufactured products will be sold through the company's branded wellness center concept: Curio Wellness. Unlike a traditional "dispensary," these environments are intended to provide consumers a holistic education and approach to treating their medical needs. Patient education and consultative personnel will enhance the Wellness Center experience and define the Curio Brand for physicians and patients alike. In addition to providing an array of *Cannabis*-based products, the wellness center will offer homeopathic and herbal remedies, and a knowledgeable staff trained to assist patients in choosing and administering our products. Complementing these product lines will be acupuncture and a massage studio, all in a "spa" like setting. The look and feel is intended to be urbane and provide the patient with a comforting experience.

In order to offer the highest quality of care, Curio patient associates will go through extensive educational training designed and implemented by Curio's Clinical Educator, Dr. Barbara Fivush, an award winning medical educator at Johns Hopkins University Medical School. With this training, each patient associate may safely and effectively tailor each consultation to the individual patient or caregiver's needs.

Educational services will be augmented by MyCurio, Curio's web-based data portal. MyCurio will be used by agents, patients, and physicians to access a rich repository of information regarding *Cannabis* use, dosing, interactions, side effects, and other information which may inform their ability to effectively administer their medicine. Additionally, feedback provided by patients and physicians through MyCurio will influence plant and product development.

The Company believes its brand, Curio, represents a promise made to its patients and their physicians for reliable, predictable, consistently high quality products delivered in an environment of knowledgeable and caring employees. We simply go the extra mile in everything we do.

Building on its brand, Curio plans to develop a best in class direct sales effort to drive top line growth of its medical *Cannabis* businesses. Given the current limitation on number of dispensaries, the company will sell through multiple channels, including owned as well as non-owned dispensaries. [redacted]



[redacted]

In order to assure safety for our employees and our patients, we have developed a best in class

security process lead by Chief Douglas DeLeaver, a 22 year veteran of the Maryland State Police and nationally recognized law enforcement educator. Chief DeLeaver has developed and will lead a multifaceted security strategy which begins with in-depth employee training and is augmented by state-of-the-art technology.

Curio's Culture of caring and accountability will be embodied in our respect for each other and an equal respect for the broader members of our community. To that end, we will encourage and facilitate community involvement on an individual and collective basis. We intent to be sponsors of programs for which our employees volunteer their time and have created a corporate partnership with the Nikki Perlow Foundation, a 501(c) 3 focused on assisting young adults seeking treatment for addiction and recovery.

The company will be led by a team of proven business executives from multiple disciplines. Michael Bronfein, CEO, is a serial entrepreneur in healthcare and private equity with a specific focus on building branded companies of enduring value. This capability is best demonstrated by two companies he co-founded and operated as CEO, NeighborCare and Remedi SeniorCare. In both cases, the companies enjoyed disproportionate growth and market share and are considered to be employers of choice in their industries. While at NeighborCare, he was awarded the Ernst & Young Entrepreneur of the Year award in 1994. Michael is a graduate of the University of Baltimore with a BS in Accounting (76) and is a Certified Public Accountant (non-practicing).

Leading the financial management will be Brad Friedlander, CFO. Mr. Friedlander has a diverse background in accounting, finance, information technology and operations. Prior to this role, Mr. Friedlander served as the Chief Information Officer for Lightning Golf & Promotions, Inc. where he helped orchestrate the sale of the company to InnerWorkings. As CIO, Mr. Friedlander was responsible for all IT and accounting functions, including annual financial statements, internal and external procurement systems and inventory management. Brad graduated summa cum laude from The George Washington University in 2003 with a Bachelors in Business Administration, concentrating in finance. In 2005 he received his MBA from Loyola University in Maryland.

Chief Agronomist, Dr. John Cisar, was a professor of Environmental Horticulture, at the University of Florida, focusing on environmentally sustainable turfgrass management systems with an emphasis on water conservation and water quality protection. He earned his B. A. from Rutgers University, M. S. from Cornell University and Ph. D. from the University of Rhode Island. Dr. Cisar conducted research and extension outreach on the environmental impacts of turfgrass management including nutrient management, water quality and conservation, soil water repellency, root-zone mixtures, cultivation, plant improvement, pest management, pesticide fate, and nutrient leaching. Dr. Cisar's research has identified optimal agronomic practices to provide superior performing sports turf systems with reduced inputs of nutrients, water and pesticides applied and improved the sustainability of turfgrass systems.

Ryan Douglas, Cultivation General Manager, has worked in the horticulture field since 1998 and has more than 15 years of experience running commercial growing operations, managing up to 700,000 plants annually. In his current role as Master Grower for Tweed Inc., Ryan manages cultivation for Canada's largest licensed producer of medical *Cannabis*, with a production

capacity of more than 400,000 square feet. Ryan designed and operates a 1200-light, GMP compliant indoor growing facility and generates 30,000 seedlings each year for shipment to the company's 9-acre greenhouse in Ontario. He is responsible for all post-harvest processing from indoor and outdoor growing sites, totaling approximately 13,000 lbs. of medical *Cannabis* each year. Ryan previously worked in the medical *Cannabis* industry in the U.S., where he held the position of Cultivation Manager for Remedy Compassion Center in Auburn, Maine. There he introduced commercial greenhouse techniques to a recently licensed, indoor producer of medical *Cannabis*. Ryan has a Bachelor's degree from Antioch College in Ohio and Horticultural certificates from the National Learning Service Center in Colombia.

Dennis DePaolo, Assistant General Manager and Director of Plant Sciences is currently the Director of Cultivation at Maine Organic Therapy (a medical *Cannabis* cultivator). Dennis brings 15 years of experience in indoor cultivation using both organic and inorganic methods. His expertise in growing and breeding *Cannabis* for unique and valuable medicinal properties will enable him to lead Curio's research efforts. Dennis holds a Bachelor's Degree from SUNY Cortland and a Master's in Plant Biology from UMass Amherst.

Grant Schuster, Inventory Manager and Director of Lean Operations, joins Curio after working for several years in the operations in the food and beverage industry. As a certified Lean Six Sigma practitioner, where he led Chesapeake Spice Company's implementation of its lean management system. Mr. Schuster also created a company-wide, BRC compliant training program. Grant Schuster is a Baltimore native and received his Bachelor's in Business Administration from Emory University's Goizueta Business School in 2013.

In addition to the above, the Curio team is comprised of Dr. Ed Rudnic, Processing General Manager, a 30 year veteran of the pharmaceutical manufacturing industry, Michael Bruno, Director of Human Resources, a 30 year veteran of both healthcare and technology companies with a proven track record in creating high performing teams; Wendy Bronfein, Marketing Director, a seasoned brand executive with a diverse background in creative, business and writing who currently serves as Creative Director for America's #1 daytime entertainment series, *Live with Kelly & Michael*. Wendy's 16 years of defining brands is complemented by an MBA from NYU's Stern School of Business specializing in entrepreneurship/innovation and marketing; Rebecca Bronfein Raphael, Dispensary General Manager, currently serves as sales director for Artsy.net the fastest growing online arts website serving over 250,000 users worldwide and is a graduate of New York University's Gallatin School; Ayana Lugo, Director of Business Development, is currently a property and asset manager for Premier Rides and previously a top performing sales executive in the residential real estate industry; Chief Doug DeLeaver, Security Director, has over 40 years of experience as a Law Enforcement Officer in the State of Maryland. Chief DeLeaver has worked narcotics, contract murders, and intelligence and hostage negotiations. Chief DeLeaver served as President of the National Organization of Black Law Enforcement Executives, as well as the President of Maryland Chiefs Association in 2007.

3. Please certify adequate capitalization and attach relevant documentation. *

[Reference 10.62.08.05 of the regulations. Graded 0 to 5 scoring. Weighted 25% of the Business and Economic subsection. Maximum length 8.75 pages]

Please see attached CONFIDENTIAL documentationcertifying adequate capitalization.

4. Please certify residency for owners and investors in the State of Maryland and attach relevant documentation. *

[Reference 10.62.08.05 of the regulations. Graded yes/no. Weighted 20% of the Additional Factors subsection. Maximum length 1 page]

Please see attached property tax bill demonstrating Maryland residency.

5. Please certify that the Applicant is not in arrears regarding any tax obligation in Maryland and other jurisdictions and attach relevant documentation. *

[Reference 10.62.08.05 of the regulations. Graded yes/no. Weighted 40% of the Additional Factors subsection. Maximum length 2.25 pages]

Please see attached good standing certificate of Applicant and certifications from owners' certified public accountants.

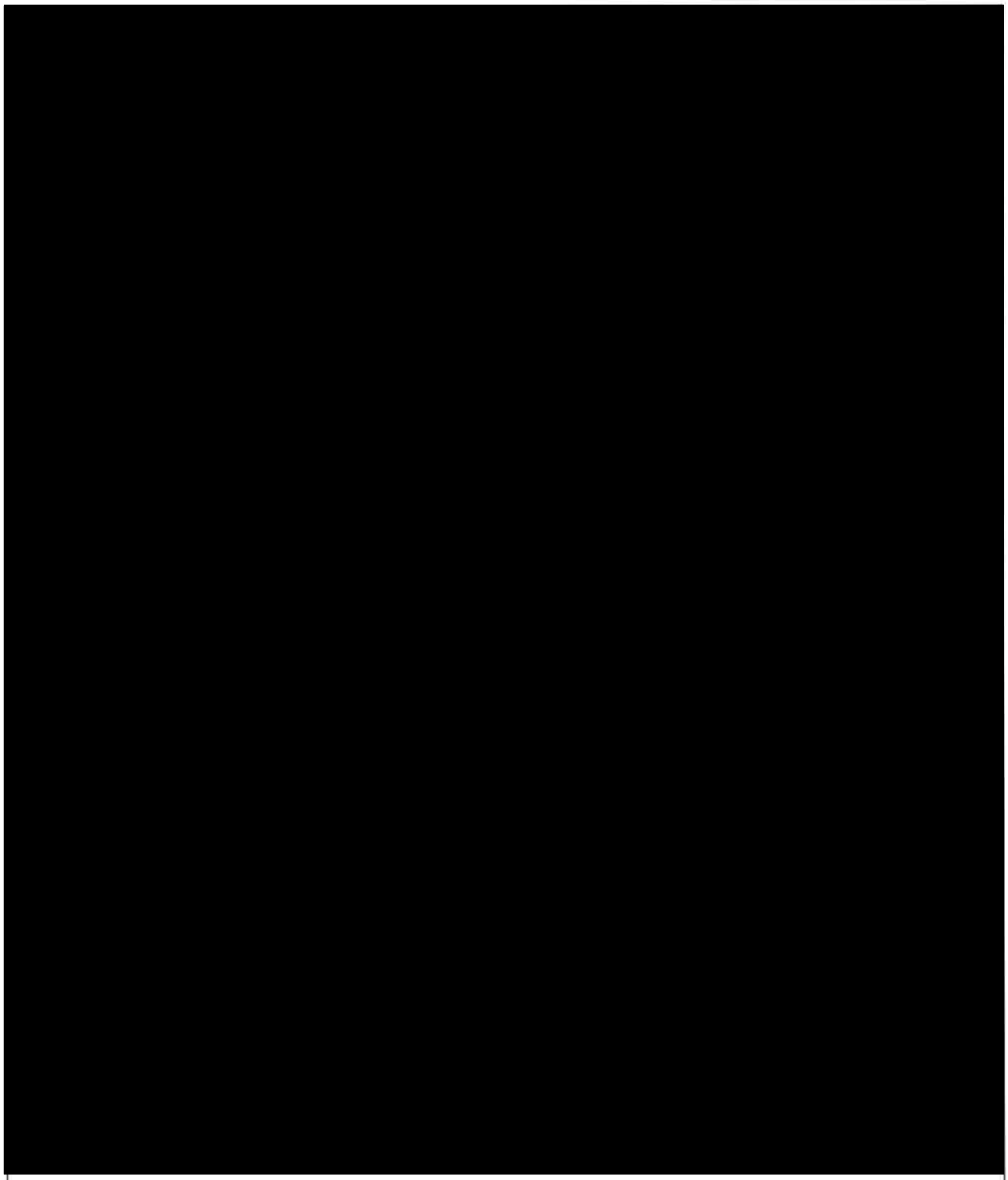
6. Please provide a list of proposed medical cannabis varieties proposed to be grown with cannabinoid profiles including: (1) varieties with high cannabidiol content; (2) whether the strain has any demonstrated success in alleviating symptoms of specific diseases or conditions. *

(1) [Reference 10.62.08.05 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Additional Factors subsection. Maximum length 450 words]

(2) [Reference 10.62.08.05 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Additional Factors subsection. Maximum length 450 words]

(1) COMPANY understands that, in order to produce effective medical *Cannabis* products for the diverse patient population and multitude of qualifying conditions in Maryland, a variety of *Cannabis* genetics with an array of cannabinoid profiles must be cultivated in the licensed grow facility. [redacted]

[redacted]



(2) While COMPANY is aware of many international studies utilizing *Cannabis* successfully in alleviating symptoms of specific diseases or conditions, very few of them are based on the use of a specific cannabinoid or terpene, or considerate of the entourage effect potential, which is a main driver in COMPANY's desire to create *MyCurio*, Curio's web-based data portal. MyCurio will be used by agents, patients, and physicians to access a rich repository of information

regarding cannabis use, dosing, interactions, side effects, and other information, which may inform their ability to effectively select and administer their medicine. Additionally, feedback in the form of qualitative and quantitative data provided by patients and physicians through MyCurio will influence future plant and product development.

Many general study findings exist in exploring cannabinoid agonists-, antagonists-, cannabinoid-related compounds found in *Cannabis* as a medicine, including the ability of terpenes and cannabinoids to produce a synergy with respect to treatment of inflammation related to low blood flow, depression, anxiety, addiction, epilepsy, fungal and bacterial infections and kill respiratory pathogens, including MRSA, the antibiotic-resistant bacteria, that in recent years has claimed the lives of tens of thousands of Americans. Specifically related to the qualifying conditions present in Maryland, *Cannabis* has been proven to: enhance cortical activity and reducing ocular hypertension in glaucoma patients (THC, CBN - *Pharmazie*. 2002;57:108–114); reduce nausea and vomiting in patients afflicted with cancer, cachexia, hepatitis C and HIV/AIDS (Cannabinoids in general - *Schmerz*. 2004;18:197–202); reduce severe, debilitating and chronic pain (THC - *Anaesthesia*. 2004;59:440–452); enhance the anticonvulsant effects of drugs in major seizures and reduce their effects in minor seizures (CBD - *Pharm Pharmacol*. 1977;29:500–501); significantly reduce spasticity relating to severe and persistent muscle spasms (THC - *Pharmacol.* 1981;21:413S–416S); be effective in treating neuropathic pain in multiple sclerosis patients (THC, CBD - *Neurology.* 2005;65:812–819); achieve complete remission of Crohn's disease (THC - *Clin Gastroenterol Hepatol*. 2013:11:1276-1280); and inhibit acetylcholinesterase (AChE) and prevent AChE-induced amyloid beta-peptide (Abeta) aggregation, the key pathological marker of Alzheimer's disease (*Mol Pharm.* 2006;3:773–777). Other studies have shown: the ability of *Cannabis* to cut lung cancer tumor growth in half; THCV to block the psychoactive effect of THC, relieve the symptoms of Parkinson's disease and protect against liver damage; and CBG's unique profile of activity at adrenaline and serotonin receptors makes it a prime candidate for treating pain.

These are just a few of the thousands of studies that exist surrounding the use of certain cannabinoids and *Cannabis* in general in the treatment of the qualifying conditions in Maryland, but more cannabinoid-specific studies are needed to ensure the most appropriate *Cannabis* medicines are delivered via the most efficient delivery methods for treating specific conditions.

10.62.09.07

7. Please explain how the Applicant would train all registered grower agents on Federal and State medical cannabis laws and regulations, as well as other laws and regulations pertinent to the grower agent's responsibilities. *

[Reference 10.62.09.07 of the regulations. Graded yes/no. Weighted 12.5% of business and economic subsection. Maximum length 1,575 words]

Given the regulatory regime, both state and federal, under which the cultivation facility operates, the company has established a robust and detailed process for creating training materials under the purview of the HR manager and in concert with the Chief Compliance Officer ("CCO"). The company has created an enhanced set of standard operating procedures related to agent education with detailed, targeted training in the form of both instructor-led classroom lessons and self-paced computer learning modules (Curio College). This will include ongoing educational campaigns and goal-driven knowledge-building efforts that are encouraged by management. All

such training efforts will be documented in detail, including all training materials and attendance records.

COMPANY will employ a series of training requirements that all registered grower agents ("agents") must complete in order to ensure a full understanding of Federal and State medical *Cannabis* laws and regulations, as well as other laws and regulations pertinent to the agent's responsibilities. Training is a critical component of COMPANY's grow operations. COMPANY will train all agents as required to perform job duties and functions safely and in compliance with applicable laws and regulations. COMPANY employs a strategy of module-based training, with each module covering a single topic in-depth for general training or for job-specific training and will be tracked and documented for reporting and management purposes. The CCO and Compliance Committee ("Committee") are responsible for the oversight and implementation of an overall Training Plan, including specific training modules related to federal, state and local *Cannabis* laws. Agents are required to complete and pass a series of tests, complete a biannual training course administered by the Committee, and continuously receive up-to-date training provided by other managers, and, if necessary, third-party trainers, to encourage and educate on industry best practice standards related to *Cannabis* laws.

COMPANY orientation for new agents will include a summary overview of all training modules and a review of any applicable municipality laws, the Code of Maryland Regulations pertaining to medical *Cannabis*, and an overview of the current conflict between State and Federal laws regarding *Cannabis*. Due to the Federal government regulating *Cannabis* as a Schedule 1 drug through the Controlled Substances Act, which does not recognize the difference between medical and recreational use of *Cannabis*, agents must fully understand the potential risk associated with being a participant in Maryland's medical *Cannabis* program. The COMPANY is committed to the furtherance of the regulated *Cannabis* industry and will incorporate the standards of OSHA and FDA as it relates to botanical cultivation for pharmaceuticals, including processes and best practices wherever appliacble throughout the operations of the COMPANY.

In addition to federal, state and local laws and regulations pertaining to the operations of the facility, agents employed in the grow facility are required to have a working knowledge of COMPANY policies and standard operating procedures, as well as worker safety, security (including prevention of diversion and theft), emergency management (including, weather, fires and chemical spills), recalls and withdrawals, inventory control, and the therapeutic applications of medical *Cannabis*. No agent or consultant will begin working prior to receiving orientation. All changes to laws and COMPANY policies and procedures will be communicated to all agents as soon as possible and an acknowledgement of understanding will be documented for each individual. Any variances from the policies and procedures will be approved by the Committee, reported to the CCO and properly documented internally. Agents will receive updated training biannually, or as often as necessary, to maintain a safe and compliant growing operation. Subject matter experts will review all COMPANY standard operating procedures annually for revision and improvement.

The CCO oversees the COMPANY's activities in the area of compliance via a Compliance Program, as compliance infractions would impact the COMPANY's business operations or public image. The CCO will work with the Committee and the Human Resources Manager to

craft training that meets educational objectives in terms of compliance with pertinent regulations from the Commission and other oversight bodies. In addition, COMPANY will maintain active and ongoing memberships with the National Cannabis Industry Association, American's for Safe Access' Patient First Certification and the American Herbal Products Association. Each Association holds local seminars across the country to educate members on industry best practices, as well as current Federal and State *Cannabis* laws and how they are evolving, including relevant trends in public policy and government oversight in Maryland.

Specialized areas of training provided by other managers or third-party consultants will be determined, as necessary, by the CCO. *Cannabis* law provisions and related training will be continuously evaluated and improved to ensure curricula is updated, consistent and thoroughly covers the strategy. Input from agents on training deficiencies will be considered when modifying training modules or schedules. The Committee will determine the need for retraining agents after each training module update or modification. The Committee will also ensure training content and presentations from third-party trainers meet the needs and requirements of COMPANY. The CCO, Committee, and other members of the executive management team will receive training and guidance from contracted consultants as well as external resources, as necessary. Training will be tailored to the roles and responsibilities of the job function of each agent. In addition, each member of the board of directors will be subject to annual education and certification related to regulatory compliance.

COMPANY will employ Training Needs Assessments, which focus on gathering data that is useful to agents and trainers in improving behaviors and skills directly linked to the training program in which they are participating. These agent assessment tools provide each participant with an opportunity to receive feedback from those who see their performance regularly so that they can create an action plan to apply COMPANY training most effectively. At least annually, all agents will be assessed using a Skills Gap Analysis, which will help determine gaps in agent skills and understanding to help optimize organizational growth and compliance. For each agent position, a custom assessment benchmark will be established to test all employees, comparing results and using them to better understand gaps in skills and understanding for future modification of training programs. Employee annual appraisals will also be conducted to help determine which employees have the skills necessary for promotion or taking on additional responsibilities. Additionally, qualitative assessments will be utilized to test agents on required soft skills such as communication, leadership, management and organizational skills.

New agent orientation includes a summary overview of all training modules and a review of the Onboarding and Training Manual ("O&T Manual"). The O&T Manual provides in-depth information on grow facility policies and procedures and outlines mandatory training, including the strategy. Each agent must receive, read, and acknowledge their understanding of the material covered in the O&T Manual. All agents will be trained by the Committee, in coordination with the Human Resources Manager, as well as any other relevant management personnel, and must continually demonstrate a working knowledge of training materials as a condition of employment.

The Committee will regularly review information from external sources including unit managers, law enforcement, trade associations, advocacy groups, list serves and patients and caregivers

related to COMPANY policies and procedures and report findings to the CCO. The CCO will review all findings and, if necessary, will coordinate any recommended changes or additions to the Compliance Program with the Committee.

8. Please explain how the Applicant would train all registered grower agents on standard operating procedures and provide a summary of the training. *

[Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 25% of Business and Economic subsection. Maximum length 1,575 words]

COMPANY will employ a series of training requirements that all registered grower agents ("agents") must complete in order to ensure a full understanding of COMPANY policies and standard operating procedures, as well as other best practices, laws and regulations pertinent to the agent's responsibilities. Training is a critical component of COMPANY's grow operations. COMPANY will train all agents as required to perform job duties and functions safely and in compliance with applicable laws and regulations. COMPANY employs a strategy of module-based training, with each module covering a single topic in-depth for general training or for job-specific training and will be tracked and documented for reporting and management purposes, utilizing the Curio College web-based learning platform. The Company will promote a culture of continuous learning and employee engagement through its lean management system. The Curio College Learning Platform is a vehicle by which the company will continuously update and enhance its training materials regarding SOPs, regulatory compliance, and industry information. Weekly staff meetings (known as "What did I learn this week?") will be conducted by the CEO in which feedback and learning from all agents will be encouraged and discussed. The Chief Compliance Officer ("CCO") and Corporate Compliance Committee ("Committee") are primarily responsible for the development and implementation of an overall Training Plan, including specific training modules related to COMPANY policies and procedures related to each agent position. Agents are required to complete and pass a series of tests, complete a biannual training course administered by the Committee, and continuously receive up-to-date training provided by other managers and if necessary, third-party trainers, to encourage and practice industry best standards related to COMPANY policies and procedures. Subject matter experts will review all COMPANY standard operating procedures at least annually for revision and improvement.

New agent orientation will include a summary overview of all training modules, which include: compliance, regulation, and law; standards of conduct and reasons for dismissal; agent's role in COMPANY's overall operations, *Cannabis* science and COMPANY's commitment to science-based operations; therapeutic applications of *Cannabis* as a medicine; cultivation safety; cultivation security; emergency management; the agent's role in inventory management and diversion prevention; recordkeeping; controlled access management; sanitation and hygiene; quality assurance and quality control; recall and withdrawal; *Cannabis* cultivation methods; propagation and cloning; plant care; cultivation environment; methods of fertilization; the nutritional requirements of *Cannabis* plants at various growth stages, including without limitation, proper mixing and application of nutrients, irrigation practices, and signs of nutrient deficiencies and toxicities; the methods for recognizing and treating insect infestation and disease in *Cannabis* plants and the procedures for responsible eradication and the safe disposal of plants and products affected; room care; the safe handling of equipment, including without limitation, lamps, electrical ballasts, pumps, fans, cutting implements, and other equipment for

cultivation; harvest and post-harvest processing; and COMPANY's focus on quality operations and preventing product contamination.

All persons employed in the grow facility are required to have a working knowledge of the Federal laws and regulations pertaining the use of pesticides, Good Agricultural Practices and Good Handling Practices. Because of the federal illegality of *Cannabis*, COMPANY is not bound by many Federal agency and department requirements such as those under the supervision of the Occupational Safety and Health Administration, the United States Department of Agriculture or the Federal Drug Administration, for example. However, COMPANY is committed to the furtherance of the regulated *Cannabis* industry and will incorporate these standards, processes and best practices wherever appliacble throughout the training and operations of the company.

No agent or consultant will work on-site prior to receiving orientation training or when any required critical training is two weeks or more past due. All changes to laws and COMPANY policies and procedures will be communicated to all agents as soon as possible and an acknowledgement of understanding will be documented for each individual. Any variances from the policies and procedures will be approved by the Committee, reported to the CCO and properly documented internally. Agents will receive updated training annually and more often as necessary to maintain a safe and compliant growing operation.

The Committee oversees the company's activities in the area of compliance via a Corporate Compliance Program, as compliance infractions would impact the COMPANY's business operations or public image, in light of applicable government and industry standards. The Committee will work with the Human Resources Manager to craft training that meets all grower agent educational objectives in terms of compliance with pertinent regulations from the Commission and other oversight bodies. In addition, the COMPANY will maintain an active and ongoing membership in the National Cannabis Industry Association, American's for Safe Access' Patient First Certification and the American Herbal Products Association, all of which hold local seminars across the country to educate members on industry best practices, as well as Federal and State *Cannabis* laws as they exist today and how they are evolving.

Specialized areas of training provided by other managers or third-party consultants will be determined, as necessary, by the CCO. *Cannabis* law provisions and related training will be continuously evaluated and improved to ensure curricula is updated, consistent and thoroughly covers the strategy. Input from agents on training deficiencies will be considered when modifying training modules or schedules. The Committee will determine the need for retraining agents after each training module update or modification. The Committee will provide all relevant and adequate training for each individual involved in grow operations, and will ensure training content and presentations from third-party trainers meet the needs and requirements of COMPANY. The Committee, CCO and other members of the executive management team will receive training and guidance from contracted consultants as well as external resources, as necessary. Training will be tailored to the roles and responsibilities of the job function of each agent.

COMPANY will employ Training Needs Assessments, which focus on gathering data that is

useful to agents and trainers in improving behaviors and skills directly linked to the training program in which they are participating. These agent assessment tools provide each participant with an opportunity to receive feedback from those who see their performance regularly so that they can create an action plan to apply COMPANY training most effectively. Understanding people learn at different levels and paces, all new agent hires will be screened by the Human Resources Manager to determine specific training needs for each individual. At least annually, all agents will be assessed using a Skills Gap Analysis, which will help determine gaps in agent skills and understanding to help optimize organizational growth and compliance. For each COMPANY position a custom assessment benchmark will be established to test all employees against, comparing results and using them to better understand gaps in skills and understanding for future modification of training programs. Employee appraisals will also be conducted annually to help determine which employees have the skills necessary for promotion or taking on other additional responsibilities and include qualitative assessments, which will test agents on required soft skills such as communication, leadership, management and organizational skills.

New agent orientation includes a summary overview of all training modules and a review of the Onboarding and Training Manual ("O&T Manual"). The O&T Manual provides in-depth information on grow facility policies and procedures and outlines mandatory training, including the strategy. Each agent must receive, read, and acknowledge their understanding of the material covered in the O&T Manual. All agents will be trained by the Committee, in coordination with the Human Resources Manager, as well as any other relevant management personnel, and must continually demonstrate a working knowledge of training materials as a condition of employment.

All agents will receive a position specific O&T Manual, the COMPANY Employee Manual, and attend and complete all new agent orientation prior to commencing employment. Orientation is a formal welcoming process that is designed to make the new grower agent feel comfortable, informed about COMPANY, and prepared for their position. New grower agent orientation is conducted by the HR Manager, in coordination with the relevant management representative(s), and includes an overview of COMPANY's history, an explanation of COMPANY's core values, vision, and mission; and COMPANY's goals and objectives. In addition, the new grower agent will be: given an overview of benefits, tax, and legal issues; provided time to complete any necessary paperwork; given all codes, access cards, keys, and procedures needed to navigate within the workplace; introduced to the support staff and management personnel throughout the facility; instructed regarding the job description; informed about COMPANY evaluation procedures; and helped with getting started on specific job functions.

Because of the nature of the business of the grow facility, it will enhance standard operating procedures education with detailed, targeted training in the form of both instructor-led classroom lessons and self-paced computer and web-based modules via the Curio College learning platform. This will include ongoing educational campaigns and goal-driven knowledge building efforts that are encouraged by management. All such training efforts will be documented in detail, including all training materials and attendance records, and made available to the Commission upon request.

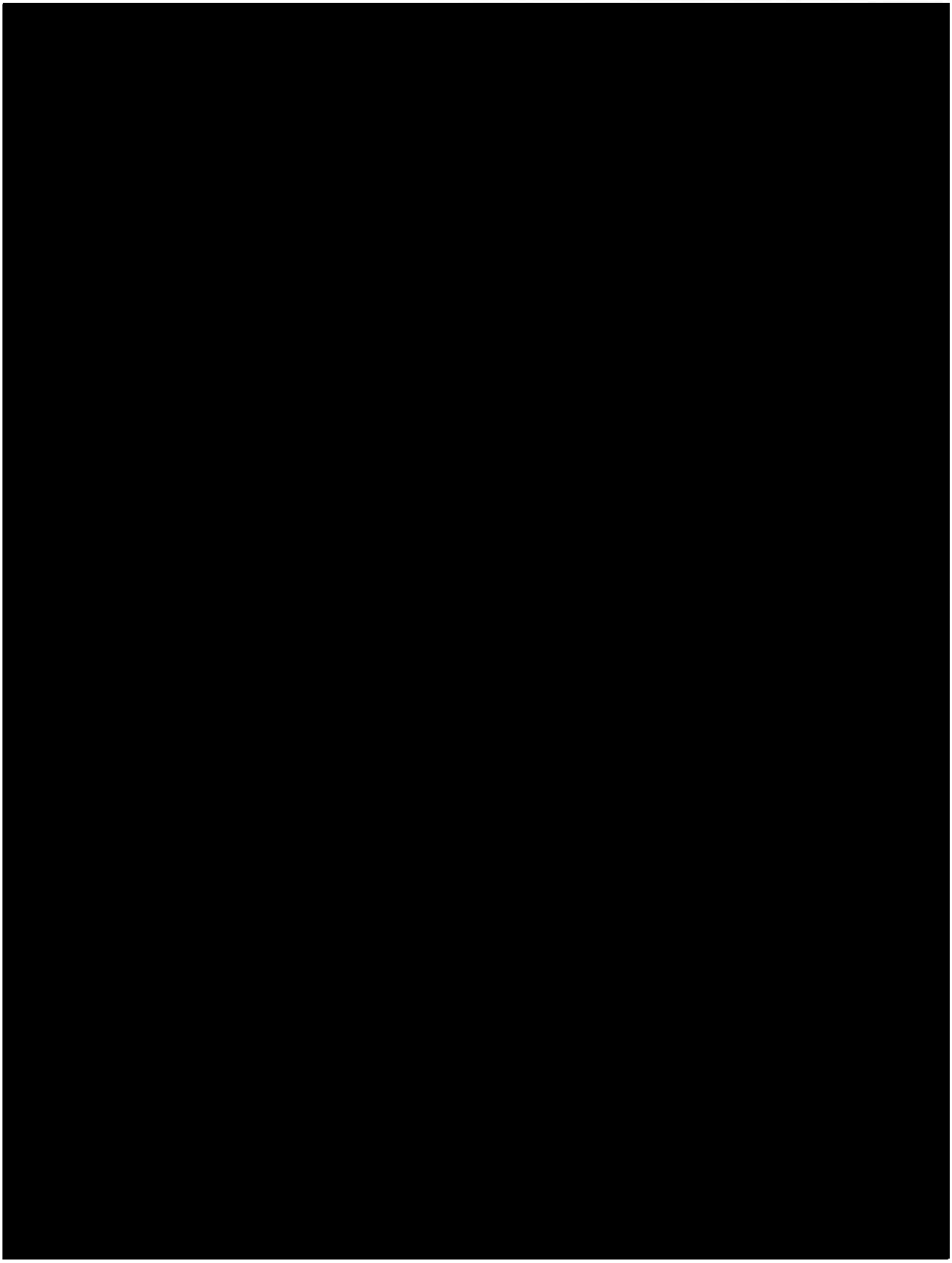
The Committee will regularly review information from external sources including unit managers,

law enforcement, trade associations, advocacy groups, list serves and patients and caregivers related to COMPANY policies and procedures and report findings to the CCO. The CCO will review all findings and, if necessary, will coordinate any recommended changes or additions to the Training Plan with the Committee.

9. Please explain how the Applicant would train all registered grower agents on detection and prevention of diversion of medical cannabis. *

[Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 9.5% of Safety and Security subsection. Maximum length 1,285 words]

[redacted]

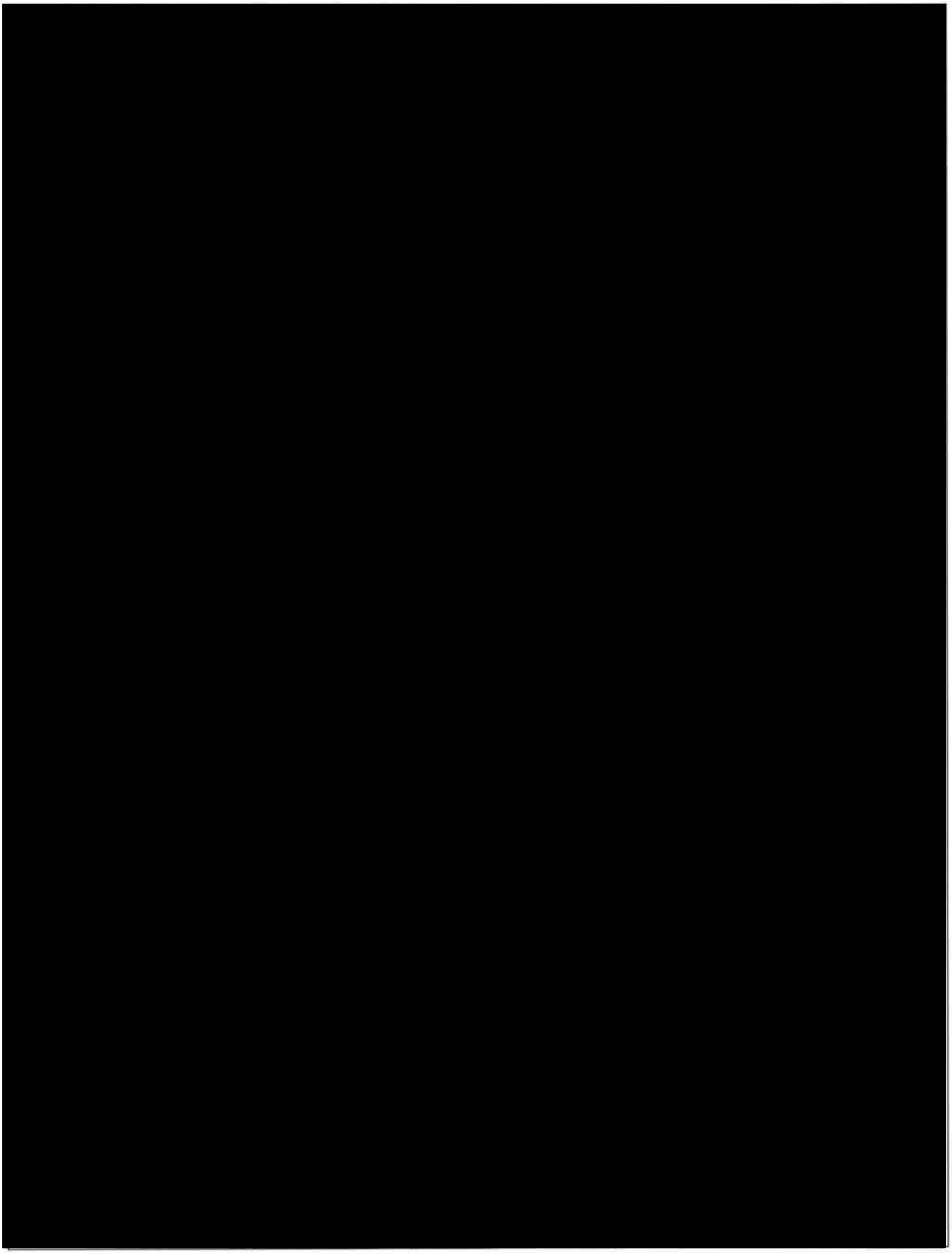


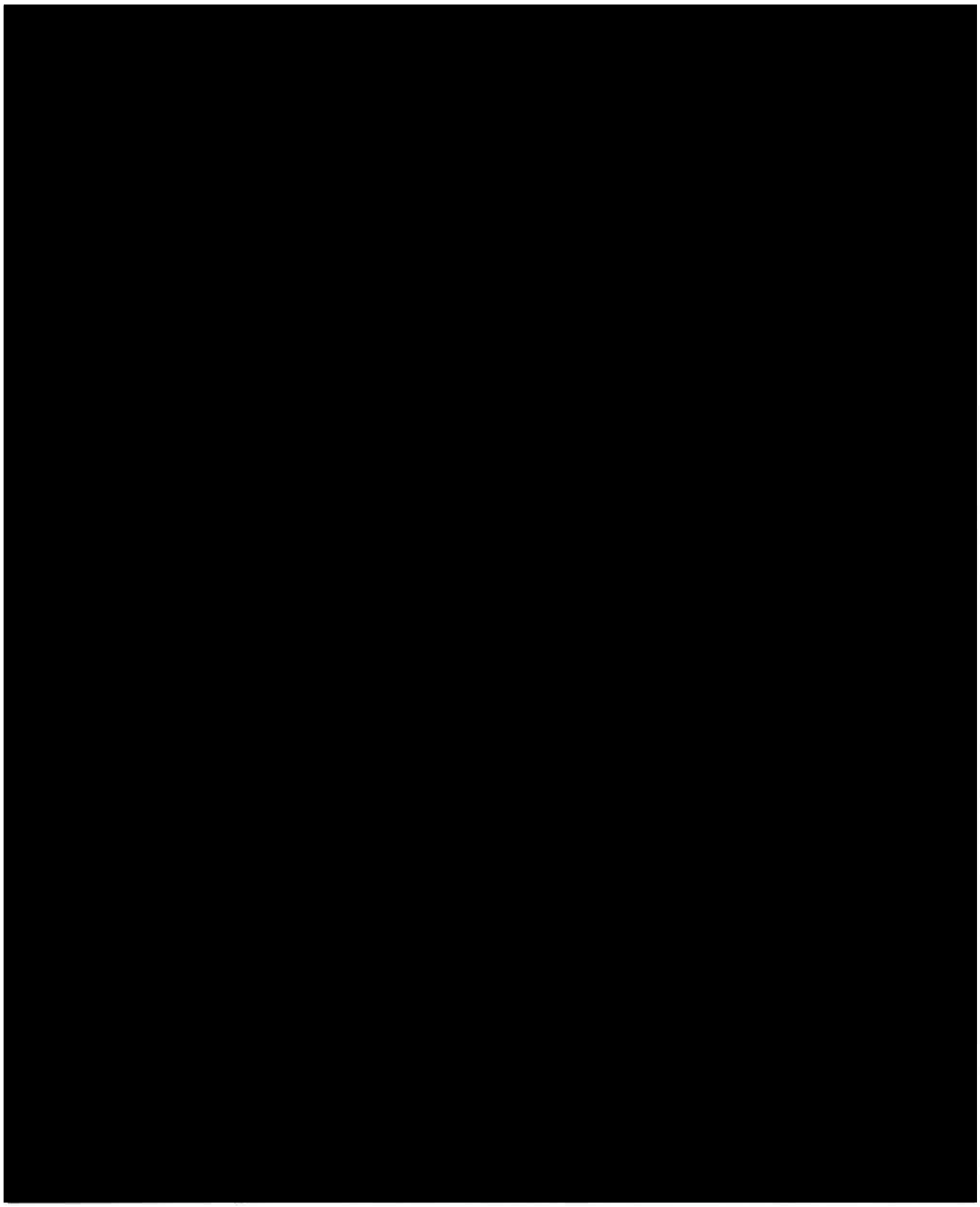
[redacted]

10. Please explain how the Applicant would train all registered grower agents on security procedures. *

[Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 9.5% of Safety and Security subsection. Maximum length 1,285 words]

[redacted]

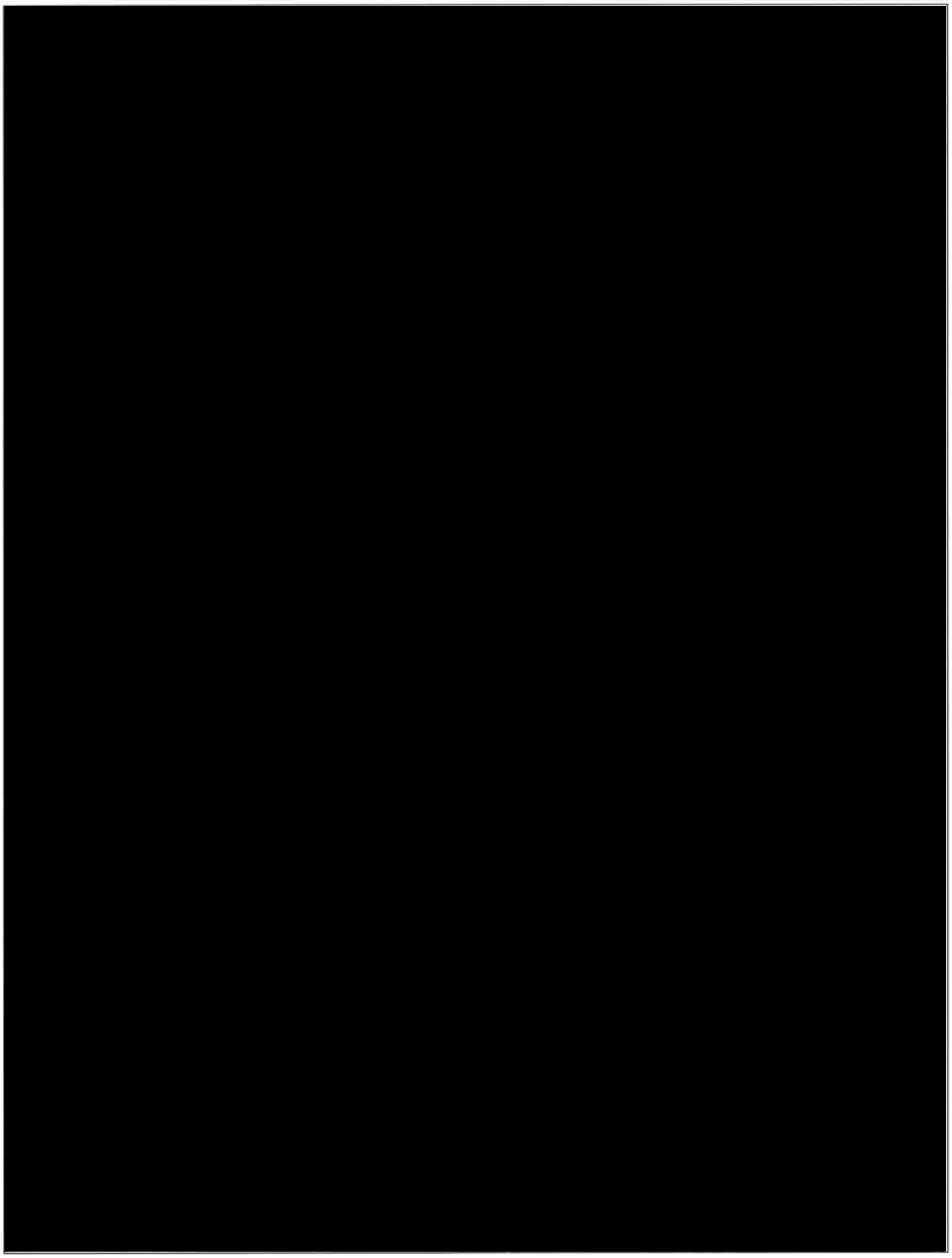


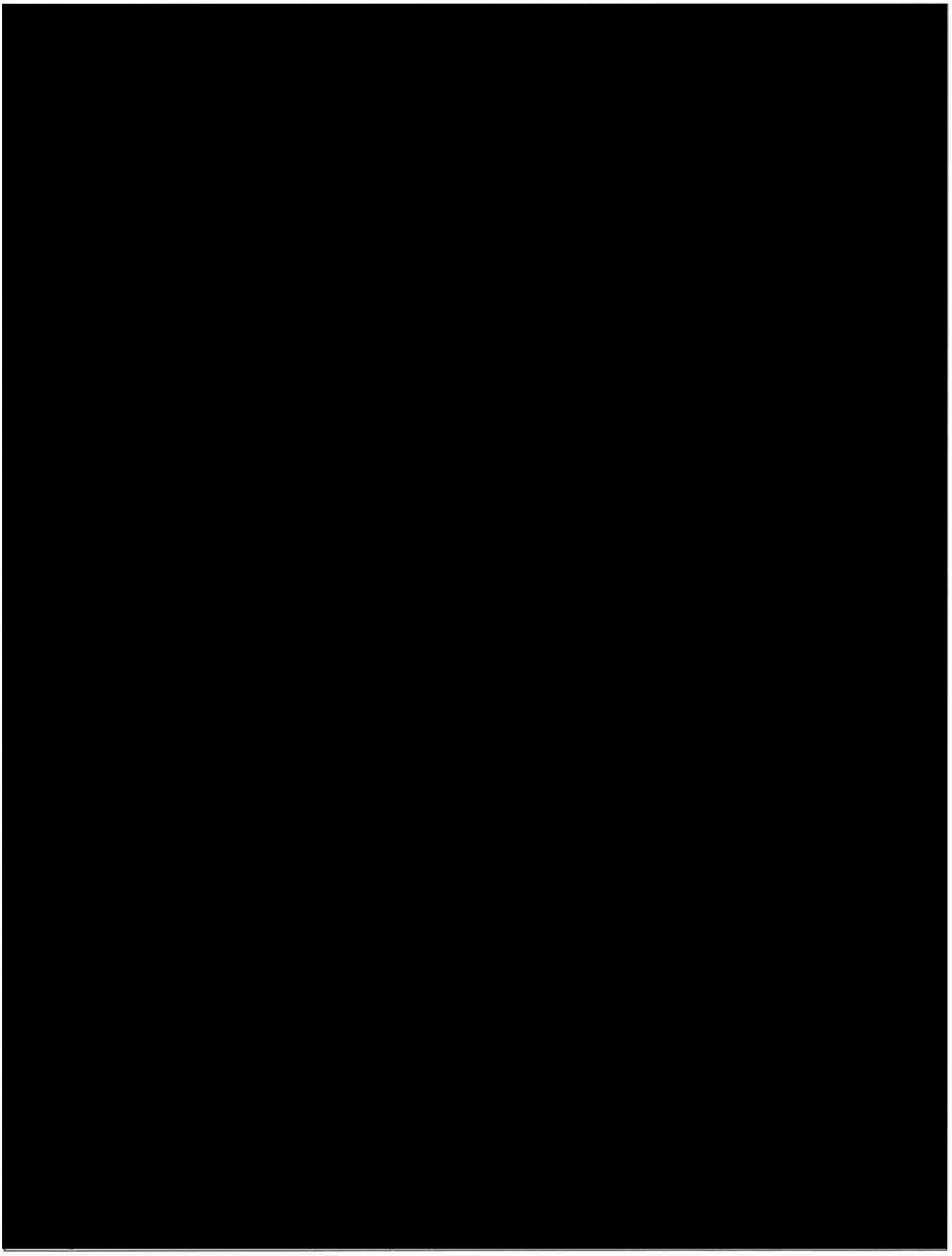


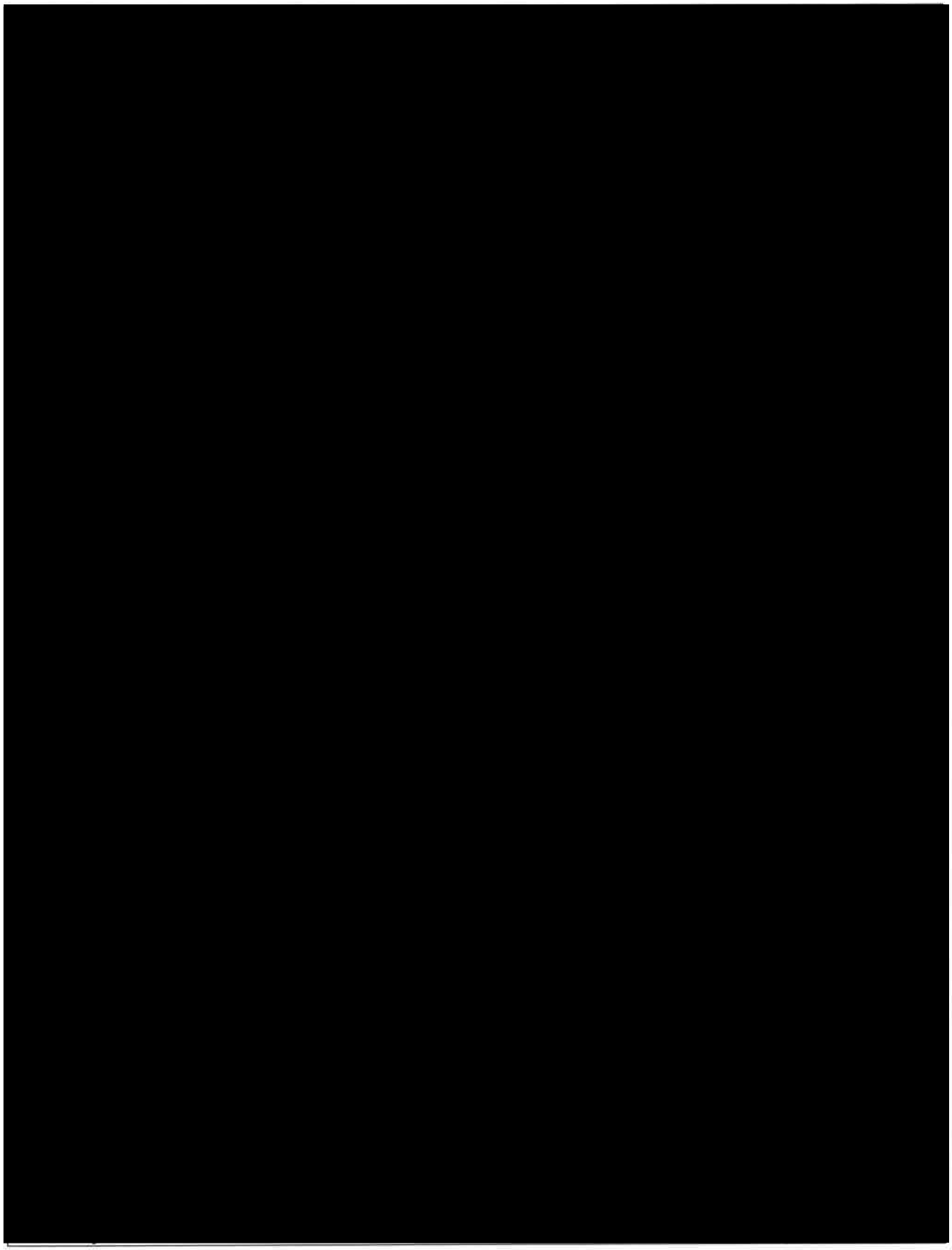
11. Please explain how the Applicant would train all registered grower agents on safety procedures, including responding to a (1) medical emergency, (2) a fire, and (3) a chemical spill. *

(1) [Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of Safety and Security subsection. Maximum length 675 words]
(2) [Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of Safety and Security subsection. Maximum length 675 words]
(3) [Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of Safety and Security subsection. Maximum length 675 words]

[redacted]







[redacted]

12. Please explain how the Applicant would train all registered grower agents on safety procedures, including responding to threatening events including an armed robbery, an invasion, a burglary, and any other criminal incident. *

[Reference 10.62.09.07 of the regulations. Graded 0 to 5 scoring. Weighted 5.5% of Safety and Security subsection. Maximum length 745 words]

COMPANY will employ a series of training requirements that all registered grower agents ("agents") must complete and pass to implement best practices, sustainability, health and safety in the workplace, including responding to threatening events including an armed robbery, an invasion, a burglary, and any other criminal incident. COMPANY is committed to training all agents on the skillsets required to perform job duties safely and in compliance with applicable laws and regulations. Before being allowed access to the grow facility, all agents will receive emergency response and safety procedure training as a part of a comprehensive safety training program.

[redacted]

10.62.10.03

13. Please explain how the Applicant would securely surround licensed premises for field cultivation of medical cannabis with fencing and gates to prevent unauthorized entry. *

[Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

Not applicable because all cultivation will occur indoors.

14. Please describe how the fencing and gates will be equipped with a security alarm system that (1) covers the entire perimeter, (2) is continuously monitored, and (3) is capable of detecting power loss. *

(1) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(3) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

Not applicable because all cultivation will occur indoors.

15. Please describe how the premises will be protected by a video surveillance recording system to ensure (1) surveillance of the entire perimeter of the area of cultivation, (2) surveillance over all portions of the security fence and all gates, and (3) adherence to the video surveillance requirements of this chapter. *

(1) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(3) [Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

Not applicable because all cultivation will occur indoors.

16. Please explain how a video surveillance system will be supported by adequate security lighting which may be modified as necessary to include motion control sensors, to protect light-dark cycles for proper cultivation. *

[Reference 10.62.10.03 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

Not applicable because all cultivation will occur indoors.

10.62.10.04

17. Please explain how the Applicant would construct a licensed premises to prevent unauthorized entry. *

[Reference 10.62.10.04 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

[redacted]

[redacted]

10.62.10.05

18. Please describe how the Applicant's lighting fixtures will be designed and installed to ensure proper surveillance. (Note: this regulation does not apply to lighting in areas of the premises used to cultivate medical cannabis.) *

[Reference 10.62.10.05 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

10.62.10.06

19. Please describe how the Applicant would maintain a security alarm system that covers all perimeter entry points and portals at all premises. *

[Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

[redacted]

[redacted]

20. Please describe how the security system will be (1) continuously monitored, (2) capable of detecting smoke and fire, and (3) capable of detecting power loss. *

(1) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words] (3) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

[redacted]

21. Please describe how the security alarm system will include panic alarm devices mounted at convenient, readily-accessible locations throughout the licensed premises. *

[Reference 10.62.10.06 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

[redacted]

22. Please describe how a second, independent security alarm system will be used to protect (1) a location where records are stored on-site, (2) a location where records are store off-site, and (3) a cabinet or room that holds medical cannabis. *

(1) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

(2) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

(3) [Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

[redacted]

23. Please describe how the security alarm system shall remain operational until the licensed premises no longer has any medical cannabis, seeds, or cuttings on the premises. *

[Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

COMPANY will ensure that all primary, secondary and independent surveillance, alarm control and access control security systems, their components and power backup redundancies will remain fully operational until approval in writing is provided by the Commission that the licensed premises no longer has any medical *Cannabis*, seeds, or cuttings on the premises and is no longer operational, which will occur following a final inspection by the Commission. Until the Commission provides approval to COMPANY to cease operation of security systems all monitoring and notification functionality will remain operational at the grow facility and all system maintenance, testing and upgrades will occur as scheduled. [redacted]

24. Please describe how the security alarm system will be equipped with auxiliary power sufficient to maintain operation for at least 48 hours. *

[Reference 10.62.10.06 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

10.62.10.07

25. Please describe how the Applicant will maintain a motion-activated video surveillance recording system at all premises that (1) records all activity in images of high quality and

high resolution capable of clearly revealing facial detail, (2) operates 24-hours a day, 365 days a year without interruption, and (3) provides a date and time stamp for every recorded frame. *

(1) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]
(3) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

26. Please explain how the Applicant will post appropriate notices advising visitors of the video surveillance. *

[Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

COMPANY will ensure that all appropriate and required notices advising visitors of video surveillance will be clearly posted at entry and visitor check-in. The security agent facilitating visitor check-in will also verbally notify all visitors that they are under video surveillance while on the premises. All visitors will be required to sign in on a visitor log upon entering the facility, which will include a notice of disclaimer acknowledging surveillance.

27. Please explain how the surveillance camera will be located and operated to capture each exit from the premises. *

[Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

28. Please explain how the surveillance camera will capture activity at each entrance to an area where medical cannabis is grown, tested, cured, manufactured, processed, or stored. *

[Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

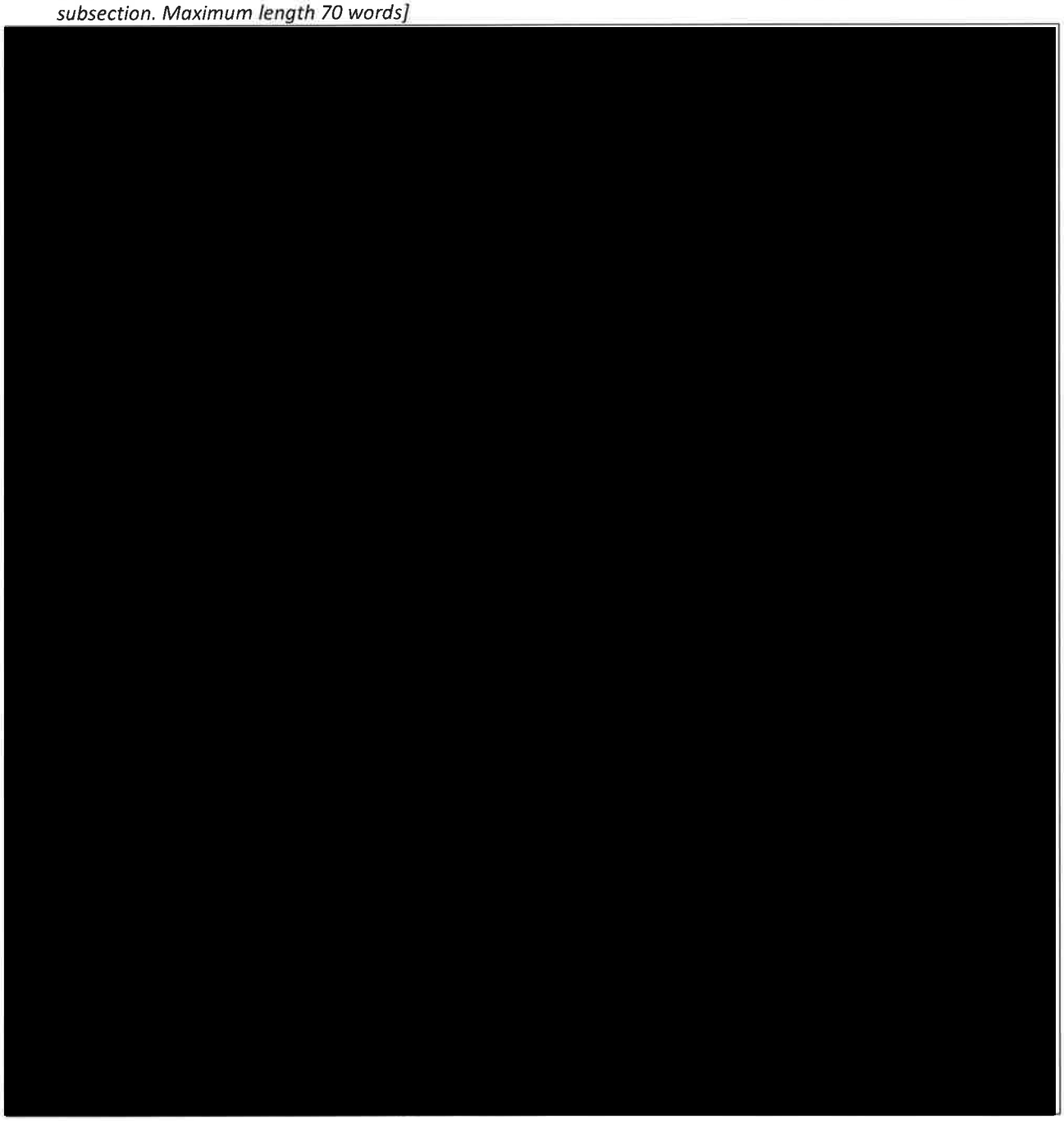
29. Please describe how a recording of all images captured by each surveillance camera shall be kept (1) at the licensed premises and (2) at an off-site location. *

(1) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]
(2) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

[redacted]

30. Please describe how the storage of all recordings will be (1) access-limited, (2) secured by a security alarm system that is independent of the main premises security alarm system, (3) in a format that can be easily accessed for investigational purposes, and (4) retained for a minimum of 30 calendar days. *

(1) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(3) [Reference 10.62.10.07 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(4) [Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]



31. Please describe how any recording of security video surveillance shall be made available to the Commission or law enforcement agency for just cause as requested. *

[Reference 10.62.10.07 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

[redacted]

10.62.10.08

32. Please explain how a registered grower Applicant will, when visitors are admitted to a non-public area of the premises of a Licensee, (1) log the visitor in and out, (2) retain with the log a photocopy of the visitor's government-issued identification, (3) continuously visually supervise the visitor while on the premises, and (4) ensure that the visitor does not touch any plant or medical cannabis. *

(1) [Reference 10.62.10.08 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.10.08 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(3) [Reference 10.62.10.08 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]
(4) [Reference 10.62.10.08 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

[redacted]

[redacted]

(4) COMPANY will ensure when visitors are admitted to a non-public area of the premises that they do not touch any plant or medical *Cannabis*. Each authorized visitor on the premises of the licensed grow facility will be continuously visually supervised and accompanied at all times by the host agent and will not be granted access to any room holding medical *Cannabis* unless absolutely necessary. The escorting agent assigned to the visitor is responsible for ensuring that all authorized visitors understand all applicable rules and regulations that prohibit all contact with any plant or medical *Cannabis*, with the visitor signing a statement acknowledging such. [redacted]

33. Please explain how the Applicant will maintain a log of all visitors to non-public areas for two years. *

[Reference 10.62.10.08 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

COMPANY will ensure that all logs and records related to visitor access to non-public areas will be securely stored and maintained for a minimum of five years. [redacted] COMPANY will ensure these records can be made available to the Commission and law enforcement immediately upon request.

10.62.11.02

34. Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including all aspects of the (1) irrigation, propagation, cultivation, and fertilization, (2) harvesting, drying, and curing, (3) rework or

processing, (4) packaging, labeling, and handling of medical cannabis byproduct, and (5) waste products, and the control thereof, to promote good growing and handling practices. *

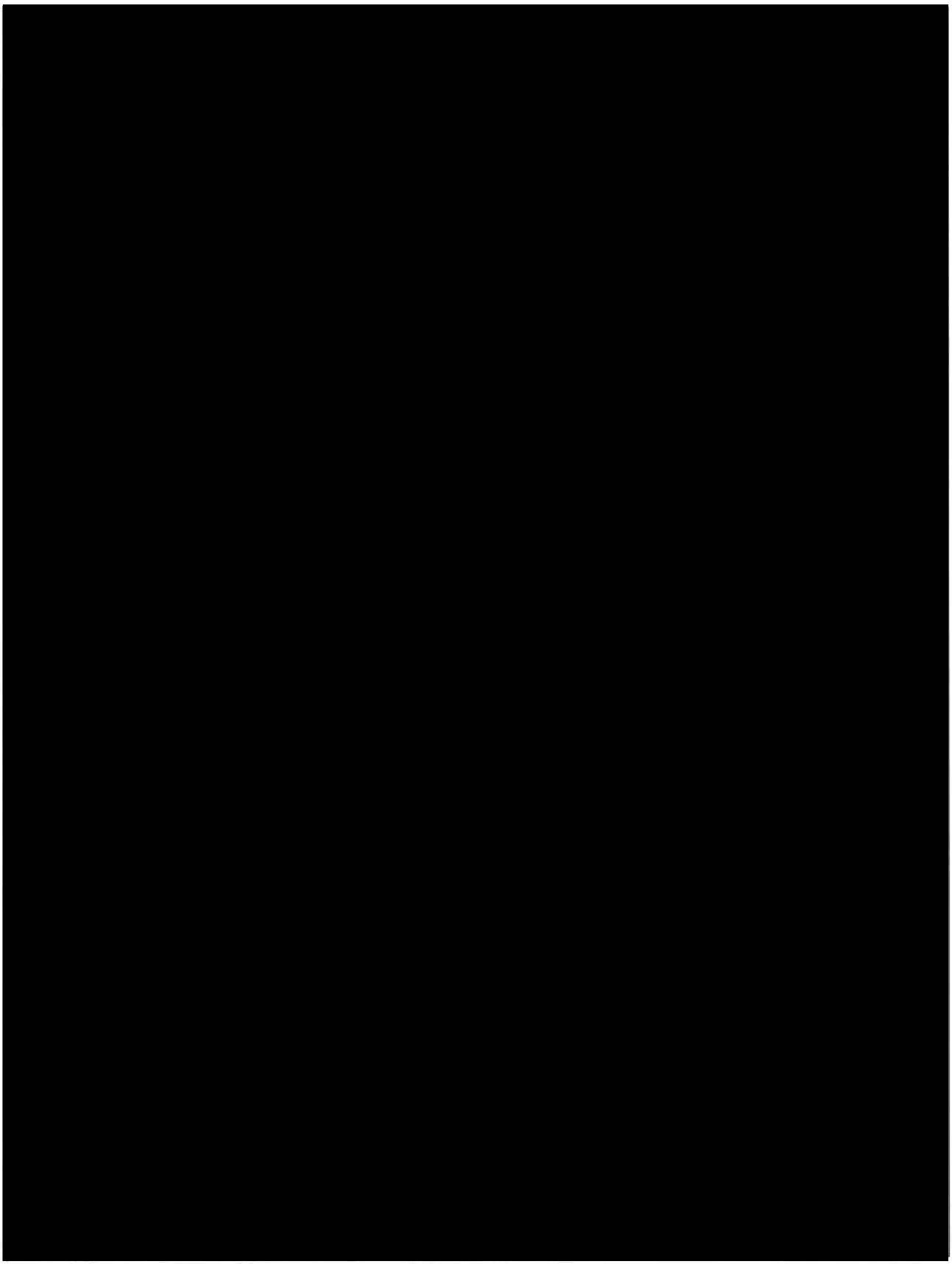
(1) [Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 15% of Operational subsection. Maximum length 2,025 words]
(2) [Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 15% of Operational subsection. Maximum length 2,025 words]
(3) [Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 15% of Operational subsection. Maximum length 2,025 words]
(4) [Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 15% of Operational subsection. Maximum length 2,025 words]
(5) [Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 7.5% of Production Control subsection. Maximum length 475 words]

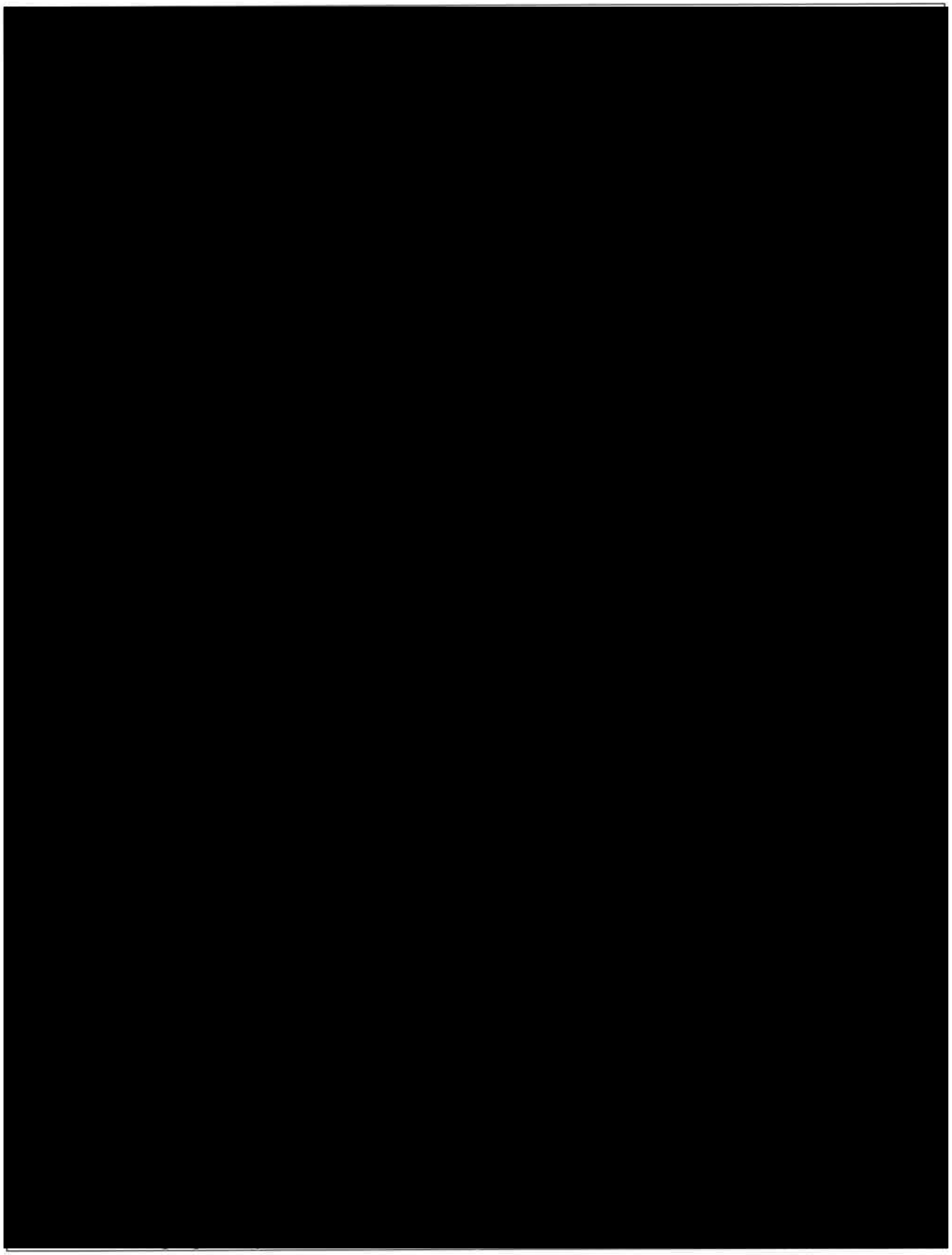
(1) COMPANY has developed written Standard Operating Procedures ("SOPs"), which are available in their full format upon request, to promote good growing and handling practices, including all aspects of irrigation, propagation, cultivation, and fertilization. COMPANY will leverage its tenured team of agricultural and horticultural professionals to refine and implement these SOPs and use them as a foundation for training all registered grower agents ("agents"). The Compliance Committee is responsible for ensuring all SOPs are reviewed by subject matter experts at least annually for accuracy and adherence to compliance and best practices.

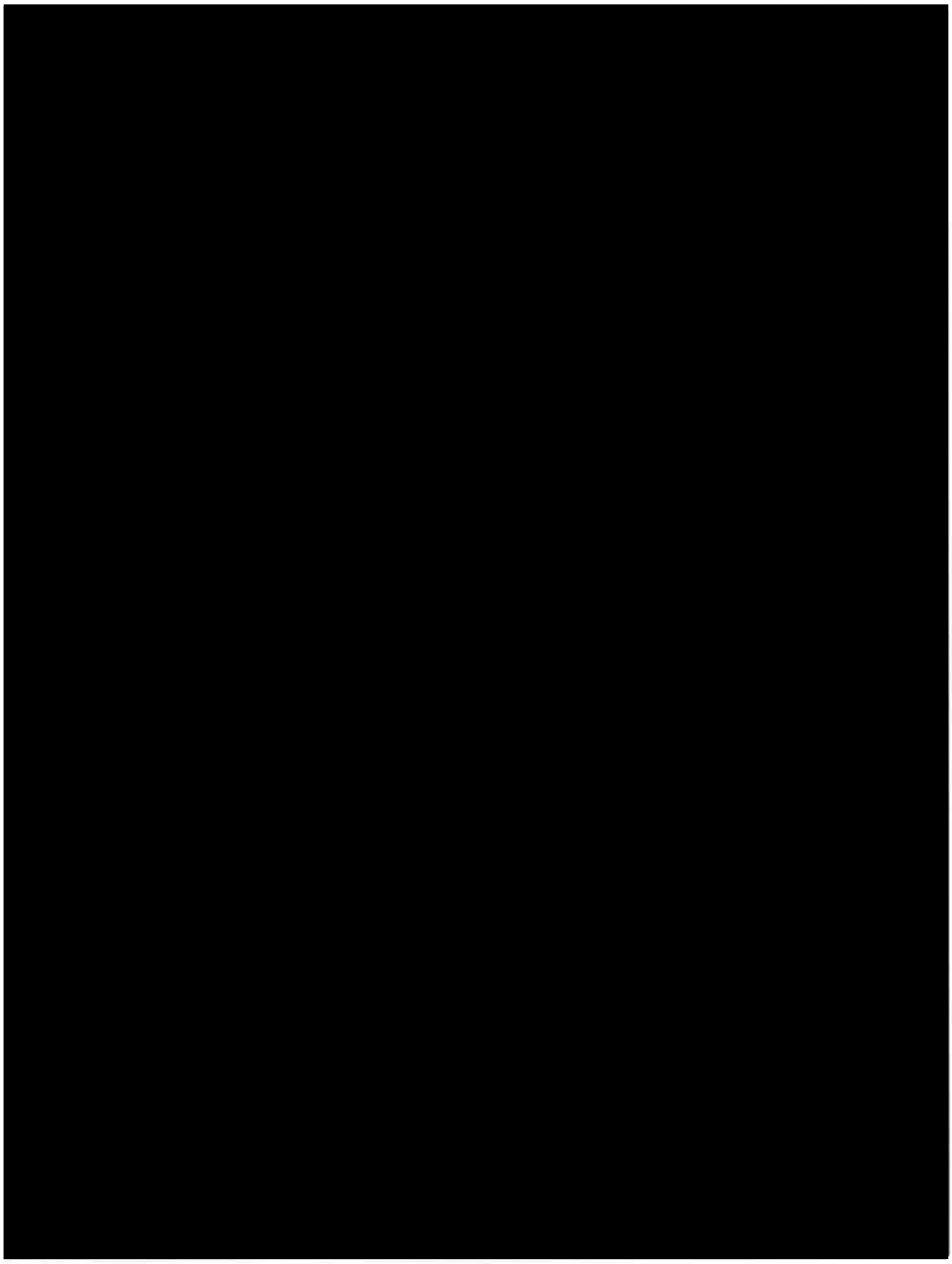
In an effort to cultivate safe and medicinally effective medical *Cannabis* ("*Cannabis*"), COMPANY will implement a wide variety of holistic management practices. The Chief Agronomist, in conjunction with the Cultivation General Manager ("CGM"), members of the Scientific Advisory Board, and *Cannabis* consultants Denver Relief Consulting, has developed and will implement a Cultivation Production Management Plan ("Management Plan") that ensures consistent, healthy, and safe *Cannabis* crops. The Management Plan will also incorporate Good Agricultural Practices, Good Handling Practices and Good Manufacturing Practices to ensure product safety and adherence to best practices of traditional agricultural operations.

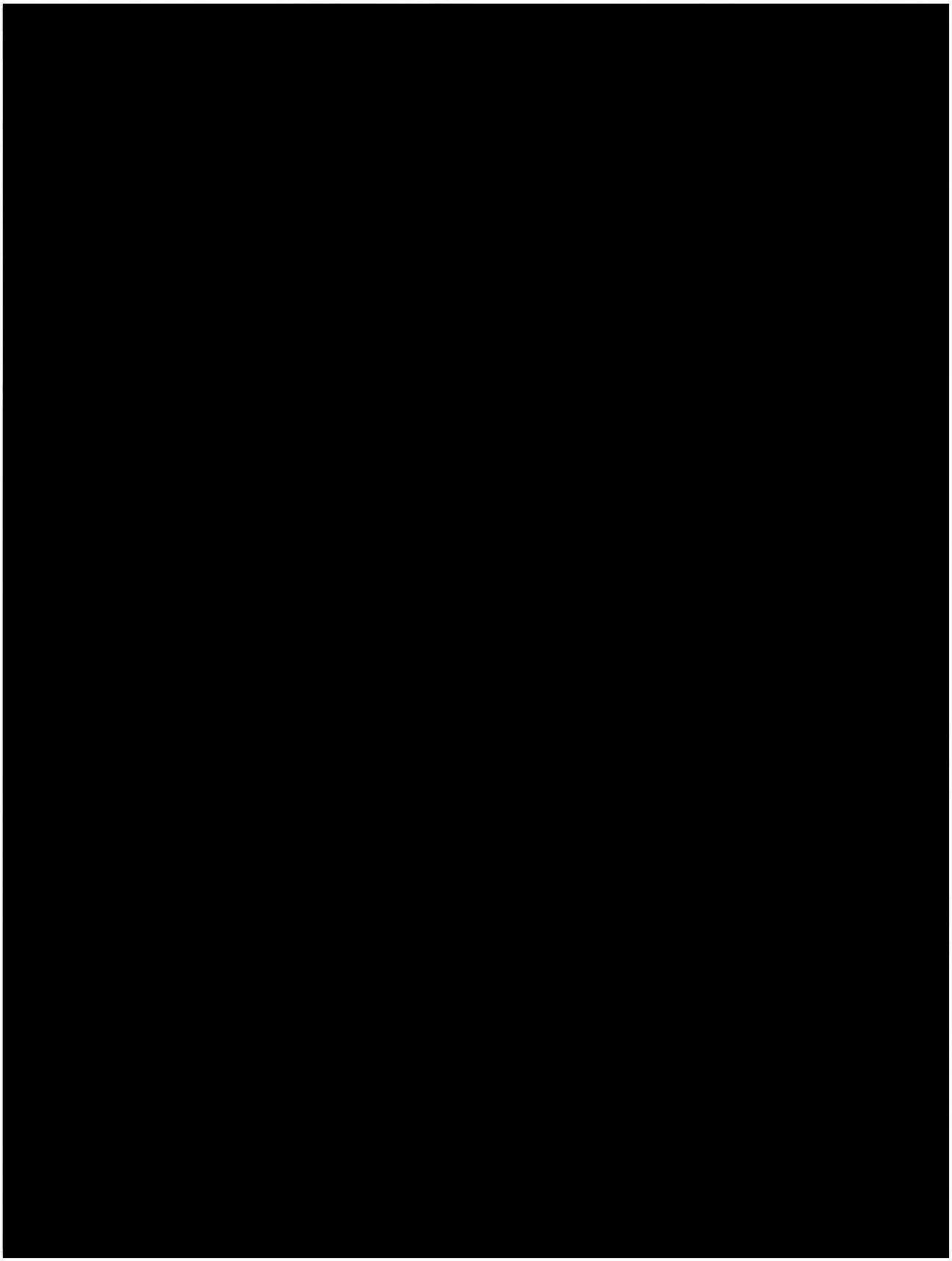
The Chief Agronomist, CGM, and Denver Relief Consulting will collaborate in the development of plant care procedures and checklists, as well as room care procedures and checklists for each grow room space. These items will include step-by-step instructions for caring for plants in each phase of growth, including optimal environmental conditions and checklists for guiding and documenting execution of daily and weekly plant care tasks. As the sanitary and mechanical condition of the cultivation spaces can greatly impact plant health, room care procedures and checklists will be developed for the maintenance and sanitation of each grow room.

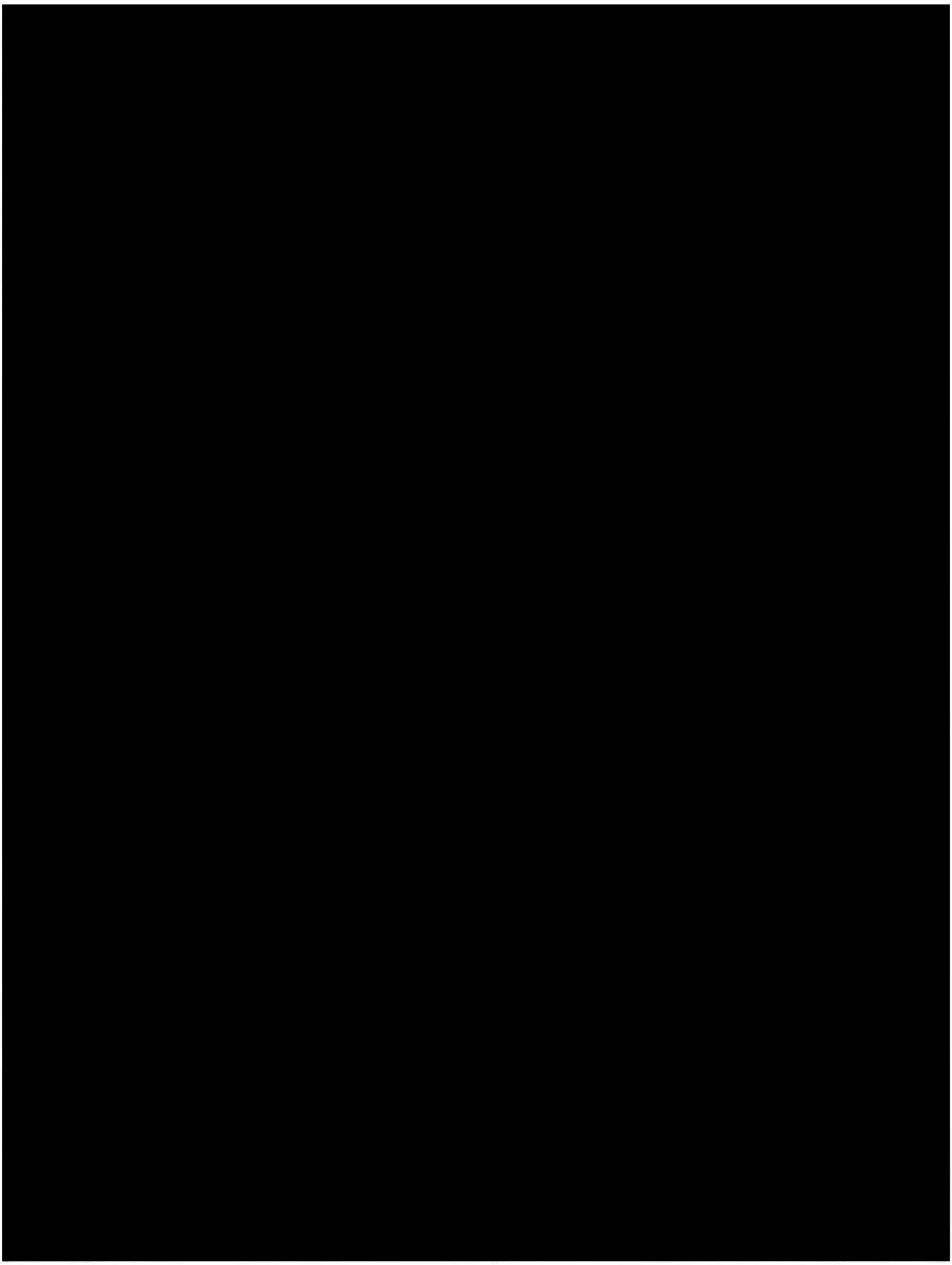
The CGM will be responsible for ensuring a healthy cultivation environment, with all agents being participants in the management of processes for optimal growing conditions. COMPANY has developed a Plant Health Care Checklist, which is a guideline for environmental awareness and general operating procedures. The CGM will assign responsibility of tasks, determine frequency, and monitor ongoing performance. All agents must comply with these procedures as a condition of employment.

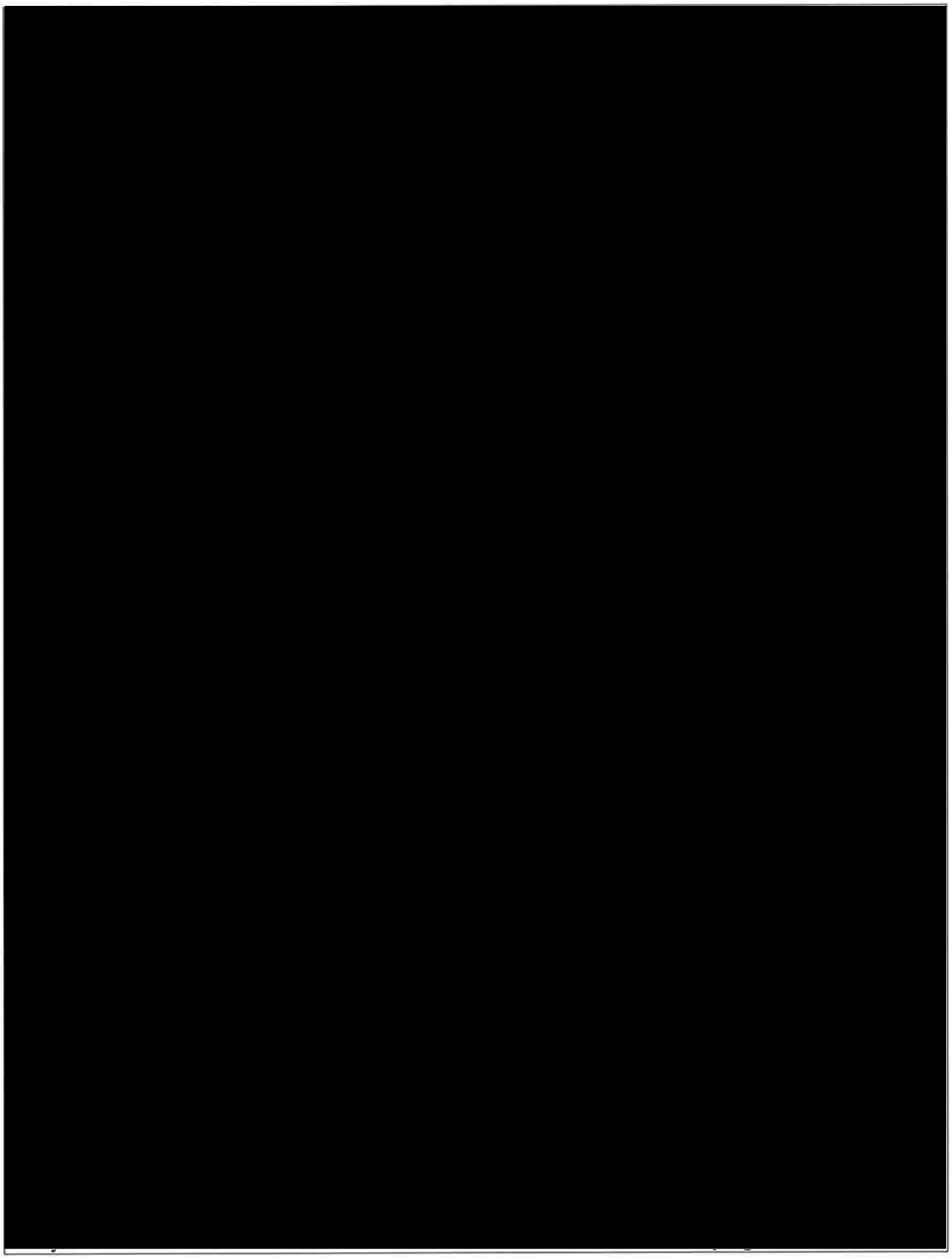


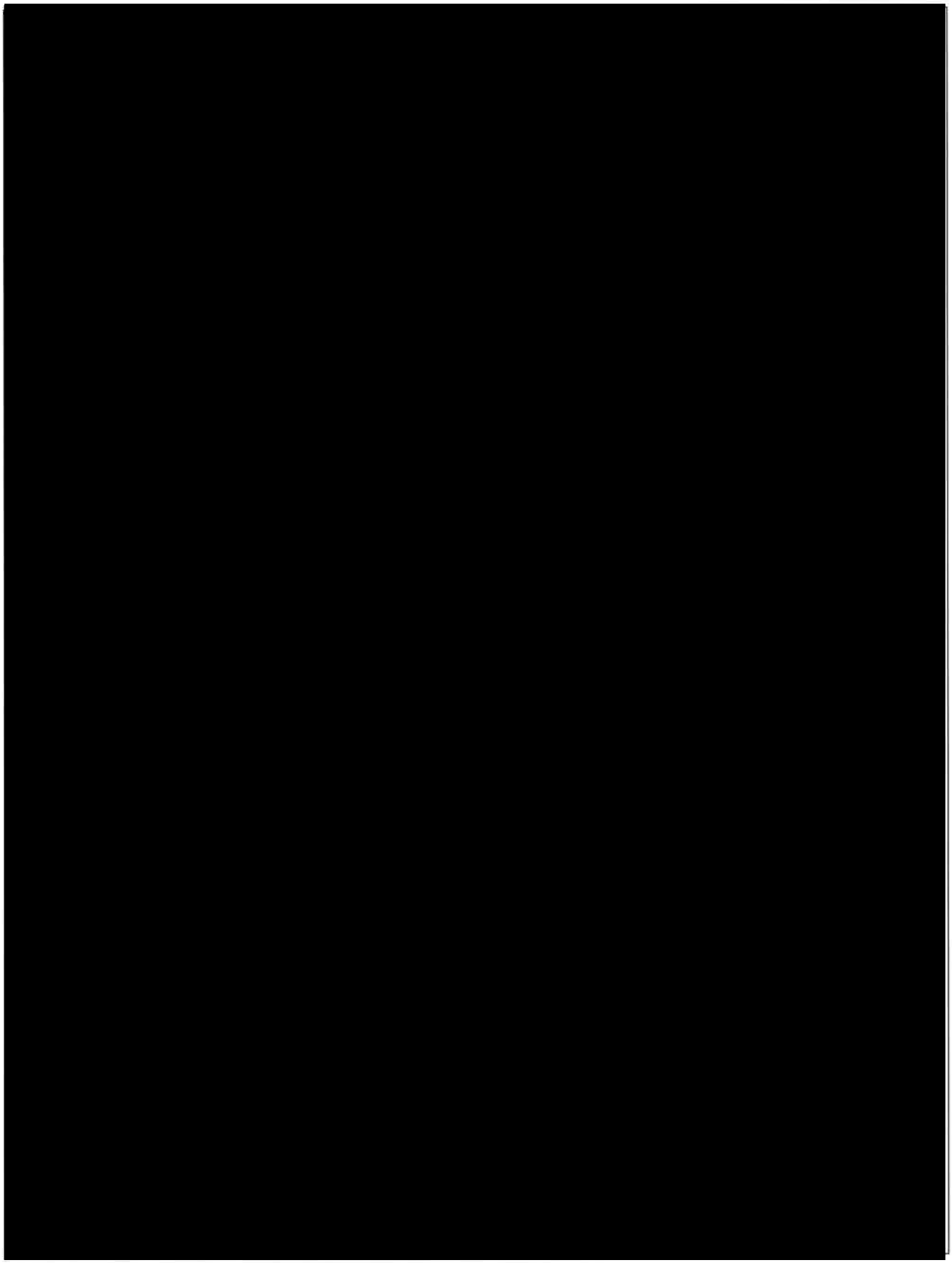


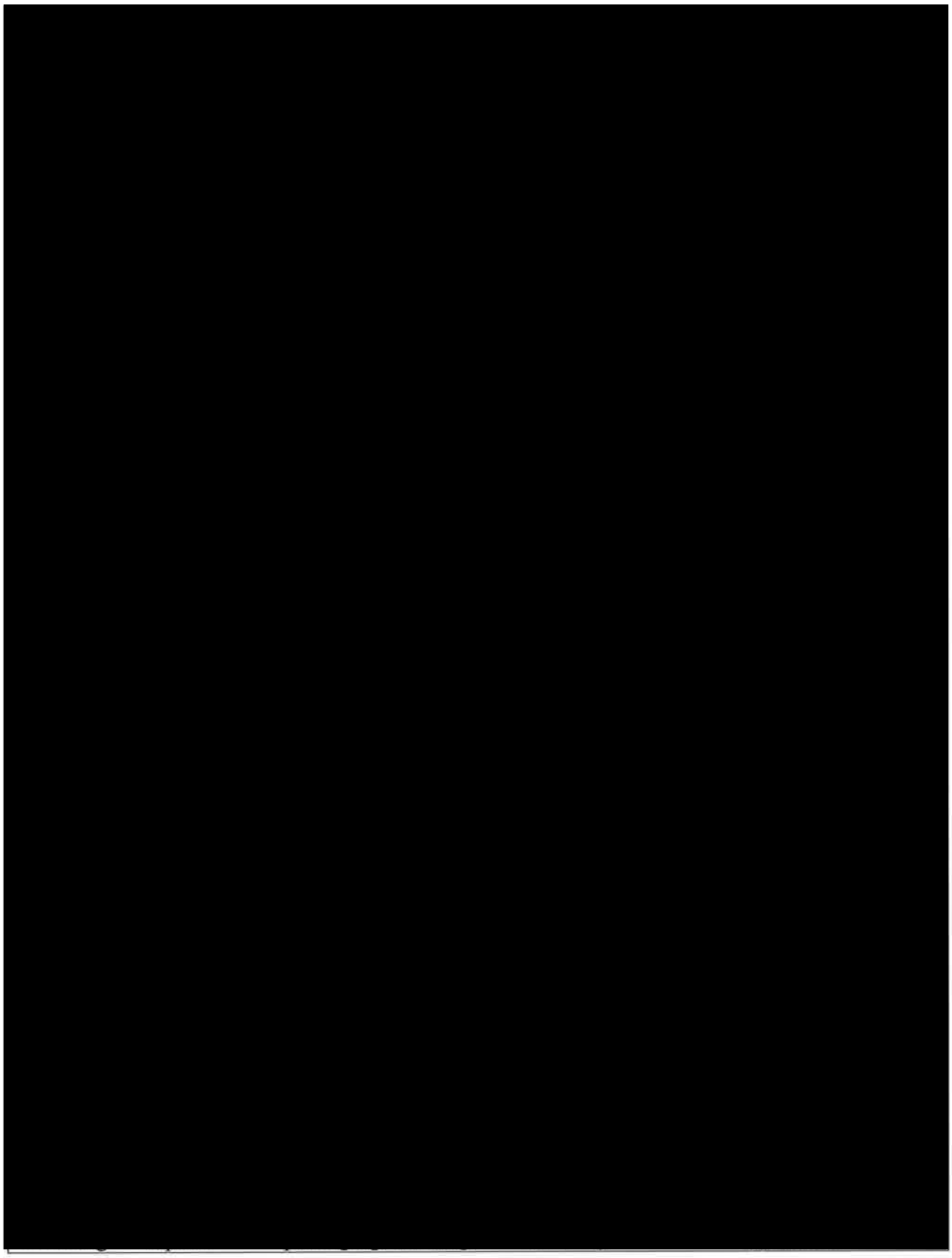












[redacted]

The Compliance Committee, in conjunction with the CCO, Inventory Manager and Packaging Manager, has developed and will implement a Packaging and Labeling Plan that ensures compliant and safe *Cannabis* byproduct through the handling, processing, packaging and labeling processes. The Packaging and Labeling Plan will also incorporate Good Agricultural Practices, Good Handling Practices and Good Manufacturing Practices to ensure product safety and adherence to best practices of traditional agricultural, manufacturing and pharmaceutical operations.

The Packaging Manager will collaborate with the Quality Control Team and Inventory Manager in the development of *Cannabis* byproduct packaging and labeling care procedures and checklists, as well as room care procedures and checklists for each processing, packaging and storage room. These items will include step-by-step instructions for caring for and handling byproduct in each phase of post-harvest processing, packaging and labeling, including checklists for guiding and documenting execution of daily and weekly byproduct care tasks. As the sanitary and mechanical condition of the cultivation processing and packaging spaces can greatly impact product quality, room care procedures and checklists will be developed for the maintenance and sanitation of each post-harvest processing and packaging room. The Packaging Manager will ensure the use of sterile gloves and sanitized utensils for packaging *Cannabis* products. Packaging will take place on a work surface that has been sanitized prior to packaging operations and after any contact with raw *Cannabis* or other potential contaminants. The use of equipment in packaging operations is limited to a responsible, trained Packaging Agent familiar with any potential hazards of the operation.

The Packaging and Labeling Plan details measures, which will ensure all *Cannabis* products are free of contaminants, are in compliance with state requirements and within reduced oxygen packaging to ensure shelf life stability. Reduced oxygen packaging is a packaging procedure which results in a reduced oxygen level in the sealed package and decreases the amount of competing spoilage bacteria normally found in certain products. The resulting package combats product degradation and contamination and in many cases will extend the shelf life of the *Cannabis* product. The Packaging Manager will employ any of the following methods of reduced oxygen packaging with approval from the Quality Control Team: modified atmosphere packaging, a packaging method in which a combination of gases such as oxygen, carbon dioxide, and nitrogen are introduced into the package at the time of closure; controlled atmosphere packaging, a packaging method in which selected atmospheric concentrations of gases are maintained throughout storage. Gas may either be evacuated or introduced to achieve the desired atmosphere; or vacuum packaging, rigid or flexible containers from which substantially all air has been removed before sealing. Carbon dioxide or nitrogen may be introduced into the container. The Packaging Manager will ensure all agents and management personnel conducting reduced oxygen packaging operations are fully trained in the proper procedures.

All packaging operations will take place on sanitized work surfaces, supervised by the Packaging Manager, and performed utilizing a properly registered NTEP Legal for Trade scale, which will be integrated into the ADPS. COMPANY's Packaging and Labeling Plan illustrates a commitment to compliance, safety, protecting children from accessing *Cannabis* products, and the implementation of industry best practices in all aspects packaging and labeling operations. For the purposes of the Packaging and Labeling Plan "Child-resistant" means special packaging that is designed or constructed to be significantly difficult for children under five years of age to open and not difficult for normal adults to use properly according to American Society for Testing and Materials (ASTM) classification standard D3475-14. The LICENSE TYPE facility will also ensure that all child resistant packaging is closable for any product intended for more than a single use or containing multiple servings, and labeled properly.

COMPANY will ensure *Cannabis* byproduct prepared for distribution to a Licensed Dispensary will also include a securely attached label that will bear a clear warning: that the contents may be lawfully consumed only by the qualifying patient named on the attached label; that it is illegal for any person to possess or consume the contents of the package other than the qualifying patient; that it is illegal to transfer the package or contents to any person other than for a caregiver to transfer it to a qualifying patient; and to keep the package and its contents away from children. Additionally, this packaging will bear; the Maryland Poison Control Center emergency telephone number; a number to COMPANY's 24-hour adverse event notification hotline; if applicable, any allergen warning or nutrition labeling required by law; if applicable, a listing of the non-medical *Cannabis* ingredients; a conspicuous itemization, including weight, of all cannabinoid and terpene ingredients specified for the product; and a personalized label for the

qualifying patient.

COMPANY will ensure each package of *Cannabis* for distribution to a qualifying patient or caregiver may not bear: any resemblance to the trademarked, characteristic or product-specialized packaging of any commercially available candy, snack, baked good or beverage; any statement, artwork or design that could reasonably mislead any person to believe that the package contains anything other an a *Cannabis* finished product; any seal, flag, crest, coat of arms, or other insignia that could reasonably mislead any person to believe that the product has been endorsed, manufactured, or used by any State, county or municipality or any agency thereof; any cartoon, color scheme, image, graphic or feature that might make the package attractive to children; contain any false or misleading statement or design; or include any statement, image or design that may not be included on the package.

Each package in a shipment of products containing *Cannabis* will be labeled with, at a minimum,: the date and time of the sealing of the package for shipment; the name and signature of the registered grower agent, registered processor agent, or registered dispensary agent who prepared the package and sealed the package; the name and address of the shipping licensee; the shipment identification number; a description, including the weight, of each item, contained in the package; and the name and address of the licensee, or other party if applicable, to receive the shipment. The label shall be made of weather-resistant and tamper-evident materials and shall be conspicuously placed on a package.

COMPANY will ensure all information printed on the package will be in English, in letters at least one-sixteenth of an inch high. If a statement of the presence of any cannabinoid is expressed as a percentage of the total weight of the contents and the concentration of the cannabinoid is less than one percent (1%), the percentage shall be written with a leading zero before the decimal point.

No COMPANY *Cannabis* product may be labeled as "organic" unless it is compliant with National Organic Standards. Because third-party certification is not yet available for *Cannabis* products, no "certified organic" labeling may be used at present, though Clean Green Certification will be pursued for products that meet those requirements. The COO must approve any "organic" labeling used when third-party certification becomes available.

The Packaging Manager, in coordination with the Compliance Committee, is responsible for compliant labeling in the grow facility and will maintain strict control over labeling materials used during labeling operations. All printed labels must be obtained from a source approved by and integrated with the ADPS, allowing assurance of the accuracy of label information, use on COMPANY equipment and the ability to track the product through transport and distribution. The Packaging Manager, in coordination with the Quality Control Team and CCO, will approve all packaging and labeling processes and materials in the grow facility. It is COMPANY policy that: written procedures for the receipt, identification, storage, handling, sampling, examination and testing of all packaging and labeling components must be maintained by the CCO; labeling and packaging materials must be approved and released for use by the CCO. Any packaging or labeling materials that do not meet requirements must be rejected, separated from approved materials, marked as unusable and disposed of by the Packaging Manager in accordance with the

Waste Disposal Plan; packaging and labeling materials for each type, strength, dosage and quantity of *Cannabis* or *Cannabis* product will be stored separately to prevent errors in selection; and the Packaging Manager will destroy obsolete and outdated labeling and packaging materials.

All packaging operations will be executed by a Packaging Agent under the supervision of the Packaging Manager and performed utilizing a NTEP Legal for Trade scale. Such scales will be fully integrated with the ADPS by the Inventory Manager, in coordination with the Compliance Committee, allowing immediate entry of accurate weights in the system. The CCO will ensure the following for each commercial weighing and measuring device used in the grow facility: the commercial device is licensed pursuant to the Weights and Measures Act; documentation of the licensure of the commercial device is maintained on the licensed premises at all times; and a copy of the commercial device license can be made available immediately upon request by the Commission or other relevant authority figure.

(5) COMPANY has developed written SOPs to promote good growing and handling practices, including all aspects of waste products, and the control thereof, to promote good growing and handling practices, which are available in their full format upon request. COMPANY will leverage its tenured team of professionals and subject matter experts to refine and implement these SOPs and use them as a foundation for training all registered grower agents. The Compliance Committee is responsible for ensuring all SOPs are reviewed by subject matter experts at least annually for accuracy and adherence to compliance and best practices.

The CGM, in conjunction with the Chief Compliance Officer ("CCO") and Inventory Manager, has developed and will implement a Waste Disposal Plan that is fully compliant with Commission regulations and local laws. The Waste Disposal Plan will incorporate Good Agricultural Practices, Good Handling Practices and Good Manufacturing Practices to ensure product safety and adherence to best practices of traditional agricultural, manufacturing and pharmaceutical operations. All green waste generated from normal grow facility activities, excess production, contamination, adulteration, product expiration, or lack of suitability for human consumption will be securely stored, rendered unusable, and disposed of in an approved manner. COMPANY will implement best practices to streamline effective and responsible waste disposal procedures in an effort to prevent unauthorized diversion, misuse, product loss, or environmental contamination.

COMPANY will not produce or maintain quantities of *Cannabis* in excess of what is needed for normal, efficient operation and to meet the needs of patients. Prior to disposal, green waste will be securely stored in a locked compartment that is located in an area under video surveillance and kept quarantined from all usable *Cannabis* products and *Cannabis* plants in order to prevent contamination. Prior to disposal, *Cannabis* waste will be rendered unusable and returned to the secure storage location immediately after being rendered unusable. After being rendered unusable, mixed *Cannabis* waste will be securely stored until it is transported by Veterans Compost, who will remove all destroyed green waste mixture from the licensed premises on a weekly basis for disposal by composting.

The secure area used for the storage and mixing of *Cannabis* waste will be securely locked and protected from unauthorized entry, other than during the time required to move or render

Cannabis unusable, or prepare mixed waste for transport to the specified disposal facility. Green waste will be stored and disposed of in a manner that: minimizes the development of odors that could present a public nuisance; minimizes the potential for such waste to attract, harbor, or become a breeding place for pests; protects against contamination of *Cannabis*, contact surfaces, other areas of the licensed premises, water supplies, site grounds; and prevents diversion, theft, or loss of *Cannabis* waste; and ensures traceability through internal documentation and real-time electronic tracking in the ADPS.

35. Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requiring that each individual engaged in the cultivation, manufacturing, handling, packaging, and testing of medical cannabis has the training, education, or experience necessary to perform assigned functions. *

[Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 30% of Commercial Horticulture or Agriculture subsection. Maximum length 2,025 words]

COMPANY has developed written standard operating procedures ("SOPs"), which are available in their full format upon request, to promote good growing and handling practices, including requiring that each individual engaged in the cultivation, manufacturing, handling, packaging, and testing of medical *Cannabis* has the training, education, or experience necessary to perform assigned functions. COMPANY will leverage its tenured team of agricultural, horticultural, manufacturing and pharmaceutical professionals to refine and implement these SOPs and use them as a foundation for training all registered grower agents ("agents"). The Corporate Compliance Committee ("Committee") is responsible for ensuring all SOPs are reviewed by subject matter experts at least annually for accuracy and adherence to compliance and best practices. COMPANY will also maintain an active role and ongoing membership in the National Cannabis Industry Association, American's for Safe Access' Patient First Certification and the American Herbal Products Association, all of which hold local seminars across the country to educate members on industry best practices, as well as federal and state *Cannabis* laws as they exist today and how they are evolving.

In an effort to cultivate safe and medicinally effective *Cannabis*, COMPANY will implement a wide variety of holistic management and training practices and incorporate them into the SOPs. The Chief Agronomist, in conjunction with the Cultivation General Manager ("CGM"), members of the Scientific Advisory Board, and *Cannabis* consultants Denver Relief Consulting, has developed and will implement a Cultivation Production Management Plan ("Management Plan") that ensures consistent, healthy, and safe medical *Cannabis* crops. The Management Plan will also incorporate Good Agricultural Practices ("GAPs"), Good Handling Practices ("GHPs") and Good Manufacturing Practices ("GMPs") to ensure product safety and adherence to best practices of traditional agricultural and manufacturing operations. No agent will work on-site prior to receiving orientation training or when any required critical training is eight weeks or more past due. All changes to laws and COMPANY policies and procedures will be communicated to all agents as soon as possible and an acknowledgement of understanding will be documented for each individual. Any variances from the policies and procedures will be approved by the Committee, reported to the CCO and properly documented internally. Agents will receive updated training annually and more often as necessary to maintain a compliant,

efficient and successful growing operation.

COMPANY understands that compliant, efficient and successful operations begin with hiring the right people for the job and will employ a thorough staff identification and acquisition process managed by the Human Resources Manager ("HRM"), which will ensure only the most qualified candidates are considered for employment. The acquisition process will begin with identifying the needs of the company and preparing a job classification and job description for the role to be filled, which will be used to solicit candidates externally and internally for the position. Job descriptions will include a candidate's desired level of education and work experience, as well as other applicable and relevant certifications, experience and training. COMPANY will lean on its experienced executive, advisory and management team members to identify candidate qualities that are in line with the furtherance of the mission of COMPANY. These hiring policies will be incorporated into the SOP for HR.

Ideal agent qualifications include: Occupational Safety and Health Administration certification in Safety Training; ideally experience working in or managing a large-scale grow operation, preferably under the oversight of the United States Department of Agriculture, that has a clean history of compliance; a minimum of an Associate's degree (minimum of a Bachelor's degree for all management level candidates) in plant biology, physiology, biological sciences, or agricultural sciences; demonstrated personnel management experience; experience in utilizing GAPs, GHPs and GMPs; excellent multi-tasking and organizational skills; manufacturing experience, preferably under the oversight of the Food and Drug Administration; advanced knowledge of plant cultivation and grow facility operations; demonstrated experience managing agents and operations; demonstrated experience in a position requiring critical-thinking, problem-solving, planning, and assessment; computer literacy in word processing, point-of-sale systems, and database management; and knowledge of medical *Cannabis* policy and law.

Once candidates have been identified, the HR SOP will provide that the HRM, in coordination with guidance provided by the CGM and other COMPANY professional, will review resumes, cover letters, and required job applications for qualified candidates, including those with relevant experience and those with complementary skills and a strong potential for growth. The HRM will perform and record in the Job Candidate Log reference checks on qualified candidates, including verification of address, education and of former and current employment, including recording any information from former supervisors on the candidate's performance, if available. Candidates who pass first muster will have an initial, in-person interview with the HRM, at which point the HRM will identify strong candidates to fill the open position. The HRM will then schedule in-person second interviews with strong candidates, which will be conducted by the CGM in the presence of the HRM, at which point a first choice candidate will be selected. Upon passing of a criminal background check, a formal offer will be presented to the first choice candidate.

Once an agent has been hired, the HR and Security SOPs will provide that COMPANY will employ a series of training requirements that all agents must complete in order to ensure a full understanding of COMPANY policies and standard operating procedures, as well as other best practices, laws and regulations pertinent to the agent's responsibilities. Training is a critical component of COMPANY's grow operations. COMPANY will train all agents as required to

perform job duties and functions safely and in compliance with applicable laws, regulations and best practices. COMPANY employs a strategy of module-based training, with each module covering a single topic in-depth for general training or for job-specific training and will be tracked and documented for reporting and management purposes. The Chief Compliance Officer ("CCO") and Committee are primarily responsible for the development and implementation of an overall Training Plan, including specific training modules related to COMPANY policies and procedures related to each agent position. Agents are required to complete and pass a series of tests, complete a biannual training course administered by the Committee, and continuously receive up-to-date training provided by other managers and if necessary, third-party trainers, to encourage and practice industry best standards related to COMPANY policies and procedures. The applicable SOPs will so provide.

All agents will receive a position specific O&T Manual, the COMPANY Employee Manual, and attend and complete all new agent orientation prior to commencing employment. Orientation is a formal welcoming process that is designed to make the new agent feel comfortable, informed about COMPANY, and prepared for their position. New agent orientation is conducted by the Committee, in coordination with the relevant management representative(s), and includes an overview of COMPANY's history, an explanation of COMPANY's core values, vision, and mission; and COMPANY's goals and objectives. In addition, the new agent will be: given an overview of benefits, tax, and legal issues; provided time to complete any necessary paperwork; given all codes, access cards, keys, and procedures needed to navigate within the workplace; introduced to the support staff and management personnel throughout the facility; instructed regarding the job description; informed about COMPANY evaluation procedures; and helped with getting started on specific job functions.

New agent orientation will include a summary overview of all training modules, which include: compliance, regulation, and law; standards of conduct and reasons for dismissal; agent's role in COMPANY's overall operations, *Cannabis* science and COMPANY's commitment to science-based operations; therapeutic applications of *Cannabis* as a medicine; cultivation safety; cultivation security; emergency management; the agent's role in inventory management and diversion prevention; recordkeeping; controlled access management; sanitation and hygiene; GAPs, GHPs and GMPs; quality assurance and quality control; recall and withdrawal; *Cannabis* cultivation methods; propagation and cloning; plant care; cultivation environment; methods of fertilization; the nutritional requirements of *Cannabis* plants at various growth stages, including without limitation, proper mixing and application of nutrients, irrigation practices, and signs of nutrient deficiencies and toxicities; the methods for recognizing and treating insect infestation and disease in *Cannabis* plants and the procedures for responsible eradication and the safe disposal of plants and products affected; room care; the safe handling of equipment, including without limitation, lamps, electrical ballasts, pumps, fans, cutting implements, and other equipment for cultivation; harvest and post-harvest processing; and COMPANY's focus on quality operations and preventing product contamination. The Committee will work with the HRM to craft training that meets all agent educational objectives in terms of compliance with pertinent regulations from the Commission and other oversight bodies.

To ensure all training programs are up to date and maintain their effectiveness COMPANY will implement Training Needs Assessments, which focus on gathering data that is useful to agents

and trainers in improving behaviors and skills directly linked to the training program in which they are participating. These agent assessment tools provide each participant with an opportunity to receive feedback from those who see their performance regularly so that they can create an action plan to apply COMPANY training most effectively. Understanding people learn at different levels and paces, all new agent hires will be screened by the HRM to determine specific training needs for each individual. At least annually, all agents will be assessed using a Skills Gap Analysis, which will help determine gaps in agent skills and understanding to help optimize processes, organizational growth and compliance. For each COMPANY position a custom assessment benchmark will be established to test all employees against, comparing results and using them to better understand gaps in skills and understanding for future modification of training programs. Employee appraisals will also be conducted to help determine which employees have the skills necessary for promotion or taking on other additional responsibilities and include qualitative assessments, which will test agents on required soft skills such as communication, leadership, management and organizational skills.

Specialized areas of training provided by other managers or third-party consultants will be determined, as necessary, by the CCO. *Cannabis* law provisions and related training will be continuously evaluated and improved to ensure curricula is updated, consistent and thoroughly covers the strategy. Input from agents on training deficiencies will be considered when modifying training modules or schedules. The Committee will determine the need for retraining agents after each training module update or modification. The Committee will provide all relevant and adequate training for each individual involved in grow operations, and will ensure training content and presentations from third-party trainers meet the needs and requirements of COMPANY. The Committee, CCO and other members of the executive management team will receive training and guidance from contracted consultants as well as external resources, as necessary. Training will be tailored to the roles and responsibilities of the job function of each agent.

Because of the nature of the business of the grow facility, it will enhance standard operating procedures education with detailed, targeted training in the form of both instructor-led classroom lessons and self-paced computer and web-based modules. This will include ongoing educational campaigns and goal-driven knowledge building efforts that are encouraged by management. All such training efforts will be documented in detail, including all training materials and attendance records, and made available to the Commission upon request. The Committee must regularly review information from external sources including unit managers, law enforcement, trade associations, advocacy groups, list serves and patients and caregivers related to COMPANY policies and procedures and report findings to the CCO. The CCO will review all findings and, if necessary, will coordinate any recommended changes or additions to the Training Plan with the Committee.

36. Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requiring that all registered grower agents practice good hygiene and wear protective clothing as necessary to protect the products as well as themselves from exposure to potential contaminants. *

[Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 12.5% of Business and Economic subsection. Maximum length 1,800 words]

COMPANY has developed written standard operating procedures ("SOPs") , which are available in their full format upon request, to promote good growing and handling practices, including requiring that all registered grower agents ("agents") practice good hygiene and wear protective clothing as necessary to protect the products as well as themselves from exposure to potential contaminants. COMPANY will leverage its tenured team of agricultural, horticultural, manufacturing and safety professionals to refine and implement these SOPs and use them as a foundation for training all agents. The Corporate Compliance Committee is responsible for ensuring all SOPs are reviewed by subject matter experts at least annually for accuracy and adherence to compliance and best practices.

In an effort to develop compliant, safe and sanitary operations, COMPANY will implement a wide variety of hygienic and safety training practices and assemble a Quality Control Team ("QCT") comprised of executive team members and agents to regularly review facility and worker conditions and product quality and safety. The Cultivation General Manager ("CGM"), in conjunction with the QCT and subject matter experts, has developed and will implement Quality Control and Worker Safety Plans that ensure hygienic and safe operations. These plans will incorporate industry best practices; Good Agricultural Practices; Good Handling Practices; and Good Manufacturing Practices, as well as applicable rules and regulations established by the Environmental Protection Agency, including the Federal Insecticide, Fungicide, and Rodenticide Act; the United States Department of Agriculture; the Food and Drug Administration; and the local health department to ensure agent and product safety and adherence to best practices of traditional agricultural and manufacturing operations.

The CGM, in coordination with the Corporate Compliance Committee ("Committee"), must ensure that agents are trained in proper personal hygiene, with specific attention to preventing microbial contamination of handled *Cannabis*. No agent may work on-site prior to receiving orientation training or when any required critical training is eight weeks or more past due. All changes to laws and COMPANY policies and procedures will be communicated to all agents as soon as possible and an acknowledgement of understanding will be documented for each individual. Any variances from the policies and procedures will be subject to Committee approval, reported to the Chief Compliance Officer, and properly documented internally. Agents will receive updated training annually and more often as necessary to maintain a compliant, efficient and successful growing operation.

The CGM and QCT will collaborate in the development of worker hygiene and safety checklists, as well as room care procedures and checklists for each space within the grow facility. These items will include step-by-step instructions for proper agent hygiene, personal protective equipment ("PPE"), and best practices associated with agent and product safety, as well as checklists for guiding and documenting the execution of daily and weekly hygiene and safety maintenance tasks. As the sanitary and mechanical condition of the cultivation spaces can greatly impact agent and plant health, sanitation and maintenance procedures and checklists will be developed for the maintenance and sanitation of each production space. Each COMPANY agent who engages in medical *Cannabis* production activities must wear a clean, COMPANY-provided pocketless, uniform appropriate for the duties performed, as well as the PPE listed in each procedure and required by each Material Safety Data Sheet to protect agents and *Cannabis* from contamination. PPE shall be clean or new prior to each use and includes, at a minimum: nitrile

gloves; lab coat with long sleeves; hairnets and/or beard nets; appropriate footwear; safety glasses (if necessary or desired); and disposable respirator (if necessary or desired).

All PPE will be provided, used, and maintained in a sanitary and satisfactory condition. PPE will be required wherever hazards of processes or environment, chemical hazards, or mechanical irritants may be encountered and may cause injury or impairment in the function of any part of the body through absorption, inhalation or physical contact. The CGM will provide all PPE for agents and will be responsible for assuring the adequacy of the equipment, including proper maintenance, fit and sanitation. All PPE will be of safe design and construction for the work to be performed. The Committee, in coordination with the CGM, will assess the grow facility to determine if hazards are present or are likely to be present which necessitate the use of PPE. If such hazards are present, or likely to be present, the CGM will: select, and have each affected agent use the types of PPE that will provide protection from the hazards identified in the hazard assessment; communicate selection decisions to each affected agent; and select PPE that properly fits each affected agent.

All contact surfaces will be clean to the sight and touch before and after each procedure. If a surface has been used during a cultivation procedure, it must be thoroughly wiped down using a cleaning cloth and a measured, EPA-approved chlorine-bleach solution in accordance with the manufacturer's label use instructions. All equipment will be sanitized, maintained, and calibrated in accordance with manufacturer recommendations. All equipment, including measurement devices, will be regularly calibrated and checked to ensure accuracy and proper performance, with third-party calibration services will be utilized as necessary or desired. The CGM will create a sanitation, maintenance, and calibration schedule and all cleaning/sanitation, maintenance, and calibration of equipment will be recorded in internal logs.

All cleaning utensils and substances must be approved by the CGM and comply with all local and state laws and regulations. All utensils, equipment, and contact surfaces must be inspected for cleanliness by agents prior to use, and sanitation procedures regarding utensils, equipment, and contact surfaces used during the procedure must be executed once the procedure is complete. Utensils, equipment, and contact surfaces must be cleaned and sanitized by the agents who are responsible for using the materials during a cultivation procedure. Before any cultivation procedure is performed, the agent must inspect all utensils, equipment, and contact surfaces to ensure cleanliness before use.

Each agent engaged in the cultivation of *Cannabis* will ensure that after being cleaned, surfaces of equipment and utensils that have direct contact with *Cannabis* products are sanitized in: hot water manual operations by immersion for at least 30 seconds with a temperature of 170°F or above; hot water mechanical operations by being cycled through equipment that is set up and achieving a utensil surface temperature of 160°F, as measured by an irreversible registering temperature indicator; or chemical manual or mechanical operations, including, without limitation, the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods using a solution as specified on the manufacturer's label use instructions that are approved by the EPA, by providing an exposure time of at least 10 seconds for a standard chlorine solution, an exposure time of at least seven seconds for a chlorine solution of 50 mg/L that has a pH of 10 or less and a temperature of at least 100°F or a pH of

eight or less and a temperature of at least 75°F, or an exposure time of at least 30 seconds for any other chemical sanitizing solutions.

After each procedure, the agent must wash, rinse, and sanitize all bins, tools, utensils, removable equipment components, and all other items used during the cultivation procedure using a three-compartment sink and the following procedure: rinse, scrape, or soak all items before washing; wash items in the first sink in a detergent solution; use a brush, cloth, or scrubber to loosen and remove soil; replace the detergent solution when the suds are gone or when the water appears dirty; and rinse the washed items in the second compartment by immersing them in clean rinse water, ensuring that all traces of plant media or matter and detergent are removed. To sanitize the washed and rinsed items, immerse them in hot water contained in the third compartment. The chemical sanitizer must be mixed at the proper concentration (follow the manufacturer's directions to assure the proper concentration). All washed, rinsed, and sanitized items should be placed on a clean drain board to air dry. The agent must thoroughly wipe down all contact surfaces used or exposed during the cultivation procedure using a measured, EPA-approved chlorine-bleach solution in accordance with the manufacturer's label use instructions and COMPANY policy. The CGM and other grow facility managers are responsible for ensuring that the procedures listed above are followed before and after each cultivation procedure.

Each agent must clean his/her hands and exposed portions of his/her arms in a hand-washing sink: before beginning any cultivation procedure, including, without limitation, working with plants, equipment, or utensils; as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; after handling soiled equipment or utensils; after touching bare human body parts other than his/her clean hands and exposed portions of arms; and after using the toilet facilities.

Each agent engaged in the cultivation of medical *Cannabis* shall clean his/her hands and the exposed portions of his/her arms for at least 20 seconds, using a cleaning compound in a hand-washing sink that is appropriately equipped. Each agent engaged in the cultivation of *Cannabis* shall use the following cleaning procedure, in the order stated, to clean his/her hands and the exposed portions of his/her arms, including, without limitation, surrogate prosthetic devices for hands and arms: rinse under clean, running warm water; apply an amount of cleaning compound recommended by the manufacturer of the cleaning compound; and rub together vigorously for at least 15 seconds while paying particular attention to removing soil from underneath the fingernails during the cleaning procedure and creating friction on the surfaces of the hands and arms, fingertips, and areas between the fingers; thoroughly rinse under clean, running warm water; and immediately follow the cleaning procedure with thorough drying.

Agents who have or appear to have a health condition that may adversely affect the safety or quality of the medical *Cannabis* products cultivated by COMPANY are prohibited from having direct contact with any *Cannabis* or equipment or materials for processing *Cannabis* until the CGM determines that the health condition of the agent will not adversely affect the *Cannabis* and other agents. The CGM must follow the instructions listed in the COMPANY procedure for "Agent Illness and Exposure." Any agent who knows or has reason to believe that an agent has contracted any disease that is potentially transmissible through *Cannabis* or has become a carrier of such disease, must report to the local health department. If the local health department is

unavailable or unsure of how to handle such reports from a licensed *Cannabis* business, the Commission will be contacted immediately. The QCT will ensure hygiene policies are enforced including, but not limited to, personnel health and cleanliness, hand washing areas, and hand washing requirements.

37. Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requirements for receipt of material, including how the Applicant will quarantine material that is received to be used to produce medical cannabis, including a description of the physical location of the quarantine. *

[Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will establish written, templated, expert reviewed (annually) Standard Operating Procedures for good growing and handling based on accepted industry standards adhering to Maryland regulations. COMPANY will quarantine all received supplies, media, and crop inputs used to produce medical *Cannabis* in an isolated Received Materials Quarantine Area adjacent to the loading dock to physically segregate materials until approved for transfer into regular inventory. The Inventory Manager is responsible for ordering, coordinating shipments and confirming order contents and quantities. All quarantined materials will be inspected for damage, missing information, non-compliance with labeling, defects, foreign materials, contamination, and compliance with COMPANY specifications. [redacted]

38. Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requirements for receipt of material, including how the Applicant will inspect material for defects, contamination, and compliance with an Applicant's specifications. *

[Reference 10.62.11.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure the inspection of all received supplies, media, crop inputs and other materials for quality, correctness and adherence to company specifications. The Cultivation General Manager, in coordination with the Inventory Manager, is responsible for ordering and confirming order contents and quantities. The record of order will be confirmed against the packing slip for all received material confirming that the vendor name, product names and quantities, purchase order number, receipt date, and price on the packing slip.

[redacted]

materials will be maintained in the Automatic Data Processing system for a minimum of five years.

39. Please describe how the requirement for receipt of material mandating that material may not be released from quarantine until the material (1) passes inspection and (2) is determined to be acceptable for use as intended. *

(1) [Reference 10.62.11.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.11.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure that all received materials will be kept in quarantine until approved by the Quality Control Team ("QCT"). The QCT will inspect for damage, missing information, non-compliance with labeling, defects, foreign materials, contamination, and compliance with company specifications before approving for transfer into regular inventory areas. Received materials that do not pass inspection will be immediately returned to the supplying vendor or disposed of accordingly.

(2) COMPANY will ensure that all received materials will be kept in quarantine until it is determined to be acceptable for use as intended by the Quality Control Team ("QCT"). The QCT will inspect for damage, missing information, non-compliance with labeling, defects, foreign materials, contamination, and compliance with company specifications and determine if any deficiencies prevent the materials from being approved for transfer into regular inventory areas.

10.62.11.03

40. Please describe how the Applicant will keep an on-site, a record of water quality testing, and make the record available for inspection. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure water quality testing will occur and that all related records will be made available for inspection on demand. The Compliance Manager will request independent water quality testing on at least a bi-annual basis and, in any event, no less frequently than required by law and will obtain public reports of water quality and water quality issues from the municipality. Water quality must be consistent with U.S. EPA microbial standards for drinking water in order to be used in production. COMPANY may test more frequently than bi-annually if the water is giving off an odor, after a water line break in the area, when COMPANY receives a report of local water quality-related issues, after substantial local flooding, when indicated by in-house water assessments, and for other reasons, as determined by the Quality Control Unit. The Compliance Manager will maintain records on-site of all water quality testing and incidents in the Automatic Data Processing system for a minimum of five years and make records available for inspection on demand.

41. Please describe how the Applicant, as part of standard operating procedure, will

a. adopt a nutrient management plan prepared by a certified management consultant, *

(a) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(a) COMPANY has developed Standard Operating Procedures, including the adoption of a completed Nutrient Management Plan ("NMP") from a Baltimore County certified nutrient management consultant. The NMP focuses on nutrients, their use, management and control. There are two main nutrients of concern for the industry, nitrogen and phosphorous. Closely linked to these nutrients is sediment, which is often a "carrier" of the nutrients to a water body. COMPANY will incorporate best practices to reduce environmental burden with a specific focus on irrigation management, [redacted]

b. use fertilized or hydroponic solution of a type, formulation, and at a rate to support healthy growth of medical cannabis, and *

(b) [Reference 10.62.11.03 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Operational subsection. Maximum length 135 words]

[redacted]

c. maintain records of the type and amounts of fertilizer and any growth additives used. *

(c) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

(c) COMPANY is research-driven in its intent to create the highest quality *Cannabis*, which starts with robust data collection and analysis. [redacted] optimization of crop inputs will be regularly monitored and revised by the Chief Agronomist to achieve maximum efficiency and environmental stewardship of operations.

42. Please describe how the Applicant will specify the use of growing media or hydroponic solution in the standard operating procedure. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

[redacted]The Standard Operating Procedure will provide guidelines for proprietary media mixing, packing, and amendments with inorganic materials, fertilizer and watering. Detailed instruction on operation of the system, nutrient dosing procedures and monitoring of hydroponic nutrients will be provided in the Standard Operating Procedure. The dominant media blend being implemented is a predominantly [redacted] The media blend will follow the USDA organic standards for production.

43. Please describe how, unless the medical cannabis is field grown, the Applicant will install, as part of the standard operating procedure, a system to monitor, record and regulate (1) temperature, (2) humidity, (3) ventilation, and (4) lighting if needed. *

(1) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(2) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(3) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(4) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(1) COMPANY will ensure it cultivates medical *Cannabis* only in clean rooms under strict temperature control and monitoring, including recording and regulating grow, process and storage room conditions in accordance with company policies and best practices. [redacted]

(2) COMPANY will ensure it cultivates medical *Cannabis* only in clean rooms under strict relative humidity control and monitoring, including recording and regulating grow, process and storage room conditions in accordance with company policies and best practices. [redacted]

addressed immediately by staff. Maintaining strict environment controls through twenty-four hour monitoring, text alerts and audible alarms will promote impeccable environmental conditions and prevent the potential for environmental and pest issues.

[redacted]

44. Please describe how, unless the medical cannabis is field grown, the Applicant will seal or screen the premises ventilation system with a mesh or filtering system fine enough to exclude most plant pests. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY ensures it cultivates medical *Cannabis* only in tightly sealed, positively pressured clean rooms under strict ventilation control and monitoring, including consideration for certain biosafety level inclusions to mitigate odor, and the introduction and spread of pests and disease.

[redacted]

45. Please describe how the Applicant will use, as part of the standard operating procedure, integrated pest management practices and techniques to identify and manage plant pathogen and pest problems, including (1) a door control system sufficient to prevent pest entry, (2) regular visual inspection of plants and growing areas for the presence of pests, (3) the use of sticky cards in areas, and (4) identification and recording of all pests or pathogens detected and the measures taken for control. *

(1) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(3) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(4) [Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

46. Please explain how pesticide applicators and Applications will follow State and federal pesticide requirements for any pesticide applied. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will enforce a strict Integrated Pest Management program and only use pesticide applications as a last resort. If pesticides are used COMPANY will ensure all applicators and applications will follow applicable federal, State and local laws including, but not limited to, the Federal Insecticide, Fungicide, and Rodenticide Act, Occupational, Safety and Health Act and those enforced by the Maryland Department of Agriculture, as well as strict COMPANY policies.

47. Please explain how sanitation will be in compliance with the Applicant's standard operating procedures. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 70 words]

COMPANY ensures it cultivates *Cannabis* in clean rooms where impeccable sanitary conditions are maintained in accordance with COMPANY biosecurity and sanitation policies and procedures. The Standard Operating Procedure provides guidelines for sanitation activities for all surfaces in the facility that must be adhered to by all agents. SOP compliance will be documented via written daily checklist verifying the completion of sanitation steps signed by the completing agents and their supervisors.

48. Please describe how the Applicant will weigh, document, and destroy all green waste in accordance with the standard operating procedure. *

[Reference 10.62.11.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure all green waste is weighed and documented in the Automated Data Processing system prior to being transferred to the Secure Waste Storage. All green waste will be ground, rendered unusable and incorporated with non-*Cannabis*, compostable waste until the mixture contains less than 50% *Cannabis* plant material. Veterans Compost will remove all green waste mixture from the licensed premises on a weekly basis for disposal.

10.62.11.04

49. Please describe the maintenance method the Applicant will use to prevent contamination of equipment that comes in contact with medical cannabis. *

[Reference 10.62.11.04 of the regulations. Graded Yes or No. Weighted 5% of Operational subsection. Maximum length 675 words]

COMPANY will ensure regular scheduled maintenance and sanitation procedures will be employed to prevent contamination of equipment that comes in contact with medical *Cannabis*. In all phases of the cultivation process, all *Cannabis* plants and products will be maintained in enclosed clean rooms, and will never come in contact with any equipment, supplies or utensils that have not been maintained in accordance with COMPANY policies and procedures regarding sanitation to prevent contamination. The clean rooms and all equipment within cultivation areas will be designed, maintained, sanitized and calibrated in accordance with the manufacturer's instructions and applicable standards set forth in ISO 14644. External and internal sources of contamination will be controlled through a variety of methods, including the use of construction materials that meet clean room standards, antimicrobial surfaces, the required use of sanitary garments, materials, and equipment, the installation of equipment designed to minimize contaminants, and the implementation of procedures for preventing and limiting contamination.

Clean rooms will be constructed using smooth, easily cleanable materials, all floors will be sealed and all doors will seal tightly. The number of joints, cracks and crevices in the walls, floors, and ceilings will be reduced during facility build out, ensuring efficient maintenance is possible during operations. These clean rooms will be subject to stringent sanitation requirements, including scheduled floor to ceiling cleansing and decontamination, including hot steam sterilization, and will have sanitary features built into their very design. Each person entering the grow facility will be required to pass through the decontamination area and change into COMPANY-provided garments in an effort to prevent potential contaminants from entering

the licensed premises. Measures for maintaining the clean room cultivation environment are incorporated into the cultivation equipment maintenance and sanitation policies and procedures.

The cultivation production areas will be suitable in size, design, and construction for efficient and safe cultivation operations. Operations must have sufficient space to promote safe and orderly processes and prevent cross-contamination between production spaces. The Cultivation General Manager ("CGM") will ensure any repairs necessary are made as soon as possible to maintain the safe and sanitary condition of the cultivation production areas. If a condition exists that prohibits the safe and sanitary cultivation of *Cannabis*, the CGM, in his or her discretion, may suspend cultivation operations until resolved. The CGM, in coordination with the Quality Control Team, will ensure all cultivation production areas are maintained in a manner that prevents the contamination of any product constituents, tools or contact surfaces. The CGM is responsible for scheduling and overseeing repairs and maintenance of the grow facility and all cultivation equipment, supplies and utensils. Written procedures will be established and implemented for the sanitation, maintenance, and calibration of all systems and equipment, which will include, without limitation: assignment of responsibility for cleaning and maintaining systems and equipment; a description in sufficient detail of the methods, equipment and materials used in cleaning and maintenance operations; the methods of disassembling and reassembling equipment as necessary to ensure proper cleaning and maintenance; protection of clean equipment from contamination before use; periodic inspection of all equipment and systems for proper function, accuracy, and condition; and how all equipment, including measurement devices, will be regularly calibrated to ensure accuracy and proper performance. The CGM will create a sanitation, maintenance and calibration schedule and all cleaning, sanitation, maintenance and calibration of equipment will be logged in the Automated Data Processing ("ADP") system.

During the daily walk-through inspection of the cultivation production areas, the CGM will, at a minimum, assess whether the following requirements are met and log them in the ADP system: floors, walls, and ceilings are clean and in good repair; fixtures, ducts, and pipes do not contaminate product constituents or contact surfaces by dripping, other leakage, or condensation; aisles or working spaces between equipment are adequately unobstructed and permit all persons to work and protect against contamination of constituents, contact surfaces, and garments; and equipment is functioning properly, in the specified location, up-to-date with a required maintenance schedule and with required items to perform that maintenance, and maintained in a sanitary condition.

50. Please describe how the Applicant will maintain cleaning and equipment maintenance logs. *

[Reference 10.62.11.04 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will ensure all cleaning, maintenance and sanitation policies and procedures will be implemented, verified by daily inspection and logged in the Automated Data Processing ("ADP") system. Documentation will include the agent name, date, and type of procedure executed. All utensils, equipment, and contact surfaces will be inspected for cleanliness prior to use and sanitation procedures regarding utensils, equipment, and contact surfaces used during cultivation operations will be executed before and after every use, and documented in the

equipment maintenance and sanitation logs within the ADP system. The Cultivation General Manager and Chief Compliance Officer will conduct regular audits of the equipment maintenance and sanitation logs to verify that all cleaning, maintenance and sanitation procedures, including daily inspections have been accurately and consistently documented. All logs will be maintained for a minimum of five years.

51. Please describe how the Applicant will have any scale, balance, or other measurement device, and any automatic, mechanical, or electronic equipment, routinely calibrated by a calibration laboratory accredited to International Organization for Standardization (ISO) standard ISO/IEC 17025 by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Agreement. *

[Reference 10.62.11.04 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure that every scale, balance, or other measurement device ("devices"), and any automatic, mechanical, or electronic equipment ("equipment"), will be calibrated at least bi-annually, and not less frequently than required by law, by a calibration laboratory accredited to International Organization for Standardization (ISO) standard ISO/IEC 17025 by an accreditation body that abides by the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Agreement. Agents will periodically verify all devices and equipment for proper function and accuracy according to standards set forth by the National Institute of Standards and Technology ("NIST"). COMPANY will participate in NIST's Measurement Assurance Program between calibrations. COMPANY will record verification and calibration activities in the Equipment Calibration Log in the Automated Data Processing system. The Cultivation General Manager and Corporate Compliance Committee will conduct regular inspections and audits of all devices and equipment and verify against maintenance and calibration logs and records to ensure their proper function and up to date calibration. All logs and records will be maintained for no less than five years.

10.62.12.02

52. Please describe how the Applicant will use a perpetual inventory control system that identifies and tracks the Applicant's stock of medical cannabis from the time the medical cannabis is propagated from seed or cutting to the time it is delivered to a licensed dispensary, licensed processor, or a qualifying patient or caregiver. *

[Reference 10.62.12.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will utilize Automated Data Processing system ("ADP") to track and manage all inventory associated with medical *Cannabis* plants and products from propagation to distribution to a licensee. The Cultivation General Manager, in coordination with the Corporate Compliance Committee and Inventory Manager, is responsible for ensuring the accurate real-time reporting of all *Cannabis* inventories and the maintenance of adequate documentation of the chain of custody throughout the cultivation process. The ADP system will be used in the detailed management of records related to *Cannabis* plants in any phase of development such as clones, vegetative, flowering and mother plants; *Cannabis* products in process; finished *Cannabis* and *Cannabis* products; all quarantined, damaged, defective, expired or contaminated *Cannabis* and *Cannabis* products awaiting testing and disposal; acquisitions; harvests; sales; shipments or

transfers; and disposals of unusable *Cannabis*. At least twice a month, the Inventory Manager will conduct an inventory audit in the grow facility using RFID technology to compare physical inventory counts with electronic inventory records in the ADP system.

53. Please describe how, in the event of a serious adverse event, an inventory control system will be capable of tracking medical cannabis from a qualifying patient back to the source of medical cannabis. *

[Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure that once notification of a serious adverse event ("event") has been received, it is the responsibility of the Corporate Compliance Committee ("Committee"), in coordination with the Chief Compliance Officer ("CCO"), to begin an accurate and detailed documentation review of product tracking within the Automated Data Processing ("ADP") system. The CCO will gather batch/lot and product identifiers from complainant and conduct tracking of product in the ADP system back to the source of the affected medical *Cannabis*. The CCO will identify all potentially affected product(s), product identifiers(s) and production date(s); determine the quantity of affected product(s) produced; determine from the ADP system logs what crop input, plant activity, or other action may have caused the product to become affected and when; and determine from the ADP system the remaining quantity of the affected product(s) in inventory. Products believed to be affected will be quarantined, marked as such in the ADP system and retention samples from all potentially affected products will be retested and verified for quality and safety.

54. Please describe how the inventory control system will be designed to promptly identify a discrepancy in the stocks. *

[Reference 10.62.12.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure the Automated Data Processing ("ADP") system, will be designed to promptly identify a discrepancy in inventory related to *Cannabis* plants, in process *Cannabis* and finished *Cannabis* products. The Inventory Manager ("IM") will be responsible for ensuring the ADP system is maintained properly and provides adequate documentation of the chain of custody throughout the cultivation process. The physical location and counts of *Cannabis* plants and products will be recorded at all times to allow COMPANY to promptly identify discrepancies from error, diversion, theft, or loss. Bi-monthly, the IM will conduct a comprehensive inventory reconciliation audit, using RFID technology, of all physical *Cannabis* plants and products at the grow facility, which will be recorded in the ADP system and matched against ADP system electronic inventory counts. A reconciliation report produced by the ADP system will identify all discrepancies, which will be investigated by the IM in coordination with the Corporate Compliance Committee, utilizing the seed-to-sale tracking documentation within the ADP system, including count, location, and distribution records.

10.62.12.03

55. Please describe how, upon receipt of raw material for cultivation, the Applicant will record in the inventory control (1) the date delivered, and (2) the number of cuttings or seeds delivered or the weight of the seeds for each variety in the shipment. *

(1) [Reference 10.62.12.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.12.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

[redacted]

10.62.12.04

56. Please describe how as soon as is practical, the Applicant will, for each plant, (1) create a unique identifier for each plant, (2) assign each plant to a batch, (3) enter information regarding the plant into the inventory control system, (4) create a tag with the unique identifier and batch number, and (5) securely attach the tag to a plant container or plant. *

(1) [Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(3) [Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(4) [Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(5) [Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will be entered into the Automated Data Processing system and assigned a system-generated unique identifier. Identifier information will include, but is not limited to, system-generated code, date of coding, agent name that made the code, strain, and location.

(2) COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will be entered into the Automated Data Processing system and assigned a batch number dependent on its strain type and life-cycle plan for that batch. Batches will be contained to one room in accodance with a standard operating procedure regarding the creation, size, and location of a batch.

(3) COMPANY will ensure that immediately upon propagation and the assignment of a unique identifier in the inventory control ("ADP") system, each plant will be tracked separately in the ADP system with regard to strain type, planned resultant end product produced from plant, physical location, movements within licensed premises, crop input applications, harvest, post-

harvest processing, packaging and distribution, as well as accompanying dates and agents associated with each entry.

(4) COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will receive a tamper-evident, water-resistant, barcoded, RFID plant tag with a unique identifier, COMPANY batch number and strain name present on each, which can be scanned by the Automated Data Processing system. COMPANY will utilize proprietary plant tags provided by the ADP system unless the Commission requires a different plant tag type.

(5) COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will receive a tamper-evident, water-resistant plant tag that will be applied to the base of the plant, above the media. If a cutting or seedling cannot support the application of a physical tag, it will be affixed to the container holding the cutting or seedling until it can be applied to the plant.

57. Please describe how as soon as is practical, the Applicant will, for each plant, have tags that are indelible and tamper-evident. *

[Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will receive an indelible, tamper-evident, temperature-resistant, water-resistant, barcoded, RFID plant tag with a unique identifier, COMPANY batch number and strain name present on each, which can be scanned by the Automated Data Processing system. COMPANY will utilize proprietary plant tags provided by the ADP system unless the Commission requires a different plant tag type.

58. Please describe how as soon as is practical, the Applicant will, for each plant, have tags that are made of a material that resists variation in temperature and moisture. *

[Reference 10.62.12.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure that immediately upon propagation, whether by cutting or seed, each plant or seedling will receive an indelible, tamper-evident, temperature-resistant, water-resistant, barcoded aluminum, RFID plant tag with unique identifier, COMPANY batch number and strain name present on each, which can be scanned by the Automated Data Processing system. COMPANY will utilize proprietary plant tags provided by the ADP system unless the Commission requires a different plant tag type.

10.62.12.05

59. Please describe how, upon completion of curing or drying of each batch, the Applicant will proceed to weigh medical cannabis to update inventory control for the batch. *

[Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY ensures upon completion of drying or curing that all medical *Cannabis* will be immediately weighed per batch with an NTEP-certified, regularly serviced scale and all weights will be recorded in the Automated Data Processing system. Any waste generated during this process will also be recorded. Weights will be compared against historically generated data of

wet-to-dry plant ratios per strain in an effort to identify potential theft or diversion.

60. Please describe how the Applicant will, at least monthly, conduct a physical inventory of the stock and compare the physical inventory of stock with inventory control. *

[Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure the Inventory Manager, in coordination with the Cultivation General Manager and Corporate Compliance Committee, will conduct a physical inventory reconciliation audit of all *Cannabis* plants and products on the licensed premises at least twice per month. The audit will be accomplished using RFID technology applied to all plants and products to efficiently compare physical inventory counts with electronic inventory records in the Automated Data Processing system.

10.62.12.06

61. Please describe how the Applicant will conduct an investigation of a discrepancy within 1 business day, if the Applicant discerns a discrepancy between the inventory of stock and inventory control outside of normal weight loss due to moisture loss and handling. *

[Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

COMPANY will ensure that if a discrepancy outside of normal weight variations due to moisture content or handling is identified during an inventory reconciliation audit, the Inventory Manager, in coordination with the Corporate Compliance Committee will conduct an investigation within 24 hours to determine the reason for the discrepancy. Physical stock inventory counts and real-time, electronic inventory will be compared, crosschecking periodic physical and RFID inventory counts with electronic inventory records, allowing for identification, documentation and immediate reporting of discrepancies. If the discrepancy is due to suspected criminal activity, the Chief Compliance Officer and Security Director will be notified to review the report of discrepancy, notify the Commission and law enforcement agencies and coordinate the appropriate corrective measures. COMPANY will regularly review policies and procedures to determine if adjustments are necessary to prevent future incidents.

62. Please describe the process the Applicant will follow in reporting a theft or diversion to the (1) Commission and (2) Maryland State Police within 1 business day. *

(1) [Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

(2) [Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

[redacted]

[redacted]

63. Please describe how the Applicant will, upon discovering a discrepancy and within 30 business days, (1) complete an investigation, (2) amend the Applicant's standard operating procedures, if necessary, and (3) send a report of the audit to the Commission. *

(1) [Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(2) [Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]
(3) [Reference 10.62.12.05 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

(1) COMPANY will ensure that, upon discovering a discrepancy in inventory, the Chief Compliance Officer ("CCO"), in coordination with the Security Director, Corporate Compliance Committee and Inventory Manager, will complete a thorough investigational audit into the discrepancy within 30 business days. The CCO will also communicate with Maryland State Police and the Commission if they can aid in the investigation. Investigations will include agent interviews; a review of inventory control records, surveillance footage, access control records, and environmental monitoring; proposed changes to COMPANY standard operating procedures, physical security, security systems or other technologies; and the completion of a formal discrepancy report by the CCO, which will include the findings of the investigation and the proposed corrective action to be taken.

(2) COMPANY will ensure that, upon discovering a discrepancy in inventory, the Chief Compliance Officer ("CCO"), in coordination with the Security Director, Corporate Compliance Committee ("CCC") and Inventory Manager, will review current COMPANY standard operating procedures ("SOP") and determine whether an amendment is required to mitigate the potential for future discrepancies, as well as physical security, security systems or other technologies that may benefit this effort. COMPANY will review all proposed SOP changes with appropriate company specialty advisors and, if possible, Maryland State Police and the Commission to ensure the best solution for change is enacted. Upon amendment of any SOP, the CCC, in coordination with the Human Resources Manager, will be responsible for training all affected agents on the new policies and procedures and ensuring their full comprehension of the changes implemented.

(3) COMPANY will ensure that, upon completion of the investigational audit, a full report of the audit including all supporting evidence, documents and amended standard operating procedures will be delivered to the Commission in an approved format by the Chief Compliance Officer within 30 days of discovering the discrepancy. All records related to investigational audits and communications with the Commission will be retained in perpetuity.

10.62.12.07

64. Please describe how the Applicant shall respond to the return of any medical cannabis from a qualifying patient or a caregiver to be destroyed. *

[Reference 10.62.12.07 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure that, upon notification from a dispensary that a patient or caregiver has returned any medical *Cannabis* product, transportation agents will be deployed to procure the returned product from the dispensary. Once at COMPANY's grow facility, all product will be disposed of in accordance with COMPANY's green waste disposal procedures, including grinding it, rendering it unusable and mixing with post-consumer waste prior to placing into secure waste storage.

10.62.12.08

65. Please describe how the Applicant will ensure that the Applicant or a registered grower agent thereof will not distribute any medical cannabis to any person if the Licensee or registered grower agent knows, or may have reason to know, that the distribution does not comply with any provision of the Health -General Article, Title 13, Subtitle 33, Annotated Code of Maryland or this subtitle. *

[Reference 10.62.12.08 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY's Transportation Manager ("TM") will enforce strict policy regarding the distribution of medical *Cannabis* to a licensed processor or dispensary by a registered transportation agent ("agent"). A [redacted]

66. Please describe how the Applicant will insure that Applicant or a registered grower agent thereof will not distribute any medical cannabis to any person if the Licensee or registered grower agent knows, or may have reason to know, that the medical cannabis does not comply with any provision of the Health – General Article, Title 13, Subtitle 33, Annotated Code of Maryland or this subtitle. *

[Reference 10.62.12.08 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 135 words]

COMPANY's Cultivation General Manager will enforce strict policy regarding the approval of medical *Cannabis* for distribution to a licensed processor or dispensary. All finished medical *Cannabis* is required to be tested by an independent testing laboratory for adherence to intended product specifications, including conformity with cannabinoid and terpene profiles and

confirmation that product is free of contaminants and safe for consumption. Any medical *Cannabis* that does not meet specification and is not provided with a passing certificate of analysis will be quarantined until destroyed and disposed of. Any attempt by a registered grow agent to distribute a product that does not meet specifications or does not comply with any provision of the Health -General Article, Title 13, Subtitle 33, Annotated Code of Maryland or this subtitle will be terminated in accordance with COMPANY policy.

10.62.13.01

67. Please describe how the Applicant intends to, before shipping an order of products containing medical cannabis, if necessary, repackage the shipment into a container that is (1) constructed of tamper-evident opaque material and (2) sealed with tamper-evident tape. *

(1) [Reference 10.62.13.01 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(2) [Reference 10.62.13.01 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

[redacted]

68. Please describe how the Applicant would ship multiple packages that are being shipped to the same recipient within one large opaque tamper-evident container. *

[Reference 10.62.13.01 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will utilize proprietary secure, opaque, tamper-evident (digitally and physically), shipping containers to store multiple packages containing medical *Cannabis* during transportation to a single recipient, which will be securely mounted to the interior of a non-descript transportation vehicle. These containers are designed and manufactured specifically for the secure transport of medical *Cannabis* products, exceed State regulatory requirements, and have a software application that offers COMPANY dual-authentication access, real-time GPS tracking. This system provides notifications and alerts on computers and mobile devices related

[redacted]

10.62.13.02

69. Please describe how the Applicant will label each package in a shipment of products containing cannabis with (1) the date and time of the sealing of the package for shipment, (2) the name and signature of the registered grower agent, registered processor agent, or registered dispensary agent who prepared the package and sealed the package, (3) the name and address of the shipping Licensee, (4) the shipment identification number, (5) A description, including the weight, of each item, contained in the package, and (6) the name and address of the Licensee, or other party if applicable, to receive the shipment. *

(1) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(2) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(3) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(4) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(5) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(6) [Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(1) COMPANY will ensure that all packages containing medical *Cannabis* products being prepared for shipment will clearly indicate the date and time of the sealing of the package for shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package along with all product information required by the Commission, including the date and time of the sealing of the package for shipment.

(2) COMPANY will ensure that all packages containing medical *Cannabis* products being prepared for shipment will clearly indicate the name and signature of the registered grower agent who prepared and sealed the package for shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package along with all product information required by the Commission, including the name and signature of the registered grower agent who prepared and sealed the package for shipment.

(3) COMPANY will ensure that all packages containing medical *Cannabis* products being

prepared for shipment will clearly indicate the name and address of COMPANY's licensed facility where the package was sealed for shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package along with all product information required by the Commission, including the name and address of COMPANY's licensed facility where the package was sealed for shipment.

(4) COMPANY will ensure that all packages containing medical *Cannabis* products being prepared for shipment will clearly indicate the shipment identification number of the package sealed for shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package along with all product information required by the Commission, including the shipment identification number of the package sealed for shipment.

(5) COMPANY will ensure that all packages containing medical *Cannabis* products being prepared for shipment will clearly indicate the description, including the weight, of each item, contained in the package sealed for shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package along with all product information required by the Commission, including the description and weight of each item contained in the package sealed for shipment.

(6) COMPANY will ensure that all packages containing medical *Cannabis* products being prepared for shipment will clearly indicate the name and address of the Licensee to receive the shipment. COMPANY will utilize its Automated Data Processing ("ADP") system to track and manage all medical *Cannabis* plant and product inventory and to produce all labels required for compliance, including those required to prepare packages for shipment. All final packages containing *Cannabis* will be recorded within the ADP system and assigned a unique package number at the time of sealing, which will be printed on a label affixed to the package, along with all product information required by the Commission, including the name and address of the Licensee to receive the shipment.

70. Please describe how the labels will be made of weather resistant and tamper-evident materials. *

[Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will employ best practices by endorsing industry and legal procedures to implement a secure packaging and labeling control system to protect, monitor, and record packaged medical *Cannabis* products. The Corporate Compliance Committee will ensure that all labels used on medical *Cannabis* product packaging will be barcoded, indelible, non-removable, tamper-evident, water-resistant, fade-resistant and composed of vinyl, and will be procured from authorized, accredited, and licensed third-party vendors producing labels in compliance with regulations set forth by the Commission. The Automated Data Processing system employed by COMPANY will create and print all labels used in labeling of packages for shipment, ensuring correct, consistent and compliant content is printed each and every time.

71. Please describe how the labels will be conspicuously placed on a package. *

[Reference 10.62.13.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will employ best practices by endorsing industry and legal procedures to implement a secure packaging and labeling control system to protect, monitor, and record packaged medical cannabis products. The Corporate Compliance Committee will ensure that all labels used on medical cannabis product packaging will be barcoded, indelible, non-removable, tamper-evident, water-resistant, fade-resistant and composed of smear resistant material, and will be procured from authorized, accredited, and licensed third-party vendors producing labels in compliance with regulations set forth by the Commission. All labels will be conspicuously placed on front-facing side of packages and containers containing medical cannabis, include all information required by the Commission and will be printed in text that is of sufficient font, size and clarity to be easily read.

10.62.15.01

72. Please describe how the Applicant will ensure to cultivate each plant and produce each batch of medical cannabis in conformity with the standard operating procedures. *

[Reference 10.62.15.01 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure it cultivates each plant and produces each batch of medical *Cannabis* in conformity with standard operating procedures. All medical *Cannabis* will be grown and processed in clean rooms under strict environmental control and monitoring in accordance with company policies and procedures. The Cultivation General Manager will be responsible for ensuring all environmental conditions, crop applications, processes and movements of *Cannabis* plants and product through all phases, as well as all maintenance and logs, are recorded in the Automated Data Processing System for verification of compliance and adherence to COMPANY policies and procedures. All records will be verified by the Quality Control Team ("QCT"), in coordination with Corporate Compliance Committee, to ensure adherence of company policy throughout the production of each plant and batch of medical *Cannabis*. If it is determined by the QCT that standard operating procedures were deviated from and product specifications are not met, the affected plants and batches will be disposed of according to the Waste Disposal Plan.

73. Please describe how the Applicant will record the cultivation process in accordance to standard operating procedures to ensure (1) consistency of the batch with the variety and (2) accuracy of the day-to-day production. *

(1) [Reference 10.62.15.01 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.15.01 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure all propagation, plant movements, crop applications and processes related to *Cannabis* plants and product through all phases, as well as all maintenance and logs, are manually entered in the Automated Data processing System for verification of compliance and adherence to COMPANY policies and procedures. Records of each batch will be reviewed and verified by the Quality Control Team to ensure consistency of the batch with the variety.

(2) COMPANY will ensure all environmental conditions, crop applications, processes and movement of *Cannabis* plants and product through all phases, as well as all maintenance and logs, are manually entered in the Automated Data Processing System for verification of compliance and adherence to COMPANY policies and procedures. Records of each batch will be reviewed and verified by the Quality Control Team to ensure accuracy of day-to-day cultivation operations.

74. Please describe how the Applicant will record any deviation defined as a material change from the standard operating procedure which would impact the quality of the batch in the log. *

[Reference 10.62.15.01 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure registered grow agents will notify the Cultivation General Manager ("CGM") immediately upon occurrence of any deviation defined as a material change to the standard operating procedures, which may impact the quality of a batch. The CGM will ensure the deviation and supporting documentation will be manually recorded immediately within the Automated Data Processing System. Upon completion of the affected batch, it will be quarantined until the Quality Control Team ("QCT") can review records of all deviations and third-party testing reports to determine if the batch meets the intended product specifications. If the specifications are not met, the QCT will present a report to the Chief Compliance Officer who will determine whether the batch should be reworked in an attempt to meet intended product specifications or whether it should be destroyed and disposed of. If, after the batch has been reworked it still does not meet the intended product specifications, it will be destroyed and disposed of in accordance with the Waste Disposal Plan.

75. Please describe how the Applicant will not release any batch of medical cannabis if there was any deviation in production of the batch from the standard operating procedure unless (1) after independent testing of the batch in accordance with the criteria set forth in Regulation .04 of this chapter the batch is tested by an independent testing laboratory and the Licensee determines, as a result of such testing, that the batch meets the specification for the variety and (2) the determination is recorded. *

(1) [Reference 10.62.15.01 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.15.01 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure that each completed batch of medical *Cannabis* will be quarantined if there was any deviation in the production of the batch from the standard operating procedures. Such batch will be held until independent testing laboratory results confirm it meets the intended product specifications and the Quality Control Team, in coordination with the Chief Compliance Officer, releases it for further processing or distribution.

(2) COMPANY will ensure that each completed batch of medical *Cannabis* will be quarantined if there was any deviation in the production of the batch from the standard operating procedures. Such batch will be held until independent testing laboratory results confirm it meets the intended product specifications and the Quality Control Team, in coordination with the Chief Compliance Officer, records the determination for release in the Automated Data Processing System.

10.62.15.02

76. Please describe how the Applicant will, during the process of cultivation, regularly inspect each plant to ensure proper growth and absence of pests and disease. *

[Reference 10.62.15.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure regular inspection of each plant in all stages for all pests and diseases and to ensure proper growth. Vegetative and flowering stages will be monitored for maturation, nutrient deficiencies and pests. Registered, trained grow agents will implement a sustainable Integrated Pest Management Plan to manage pests. The first method of control will be regular monitoring and early detection of problems, which will also be applied to the identification and prevention of diseases and insects in the grow facility. COMPANY has developed a Plant Health Care Checklist as a guideline for environmental stewardship and standard operating procedures, and will assign responsibility of daily inspections to agents under the supervision of the Cultivation General Manager. COMPANY agents will record observations, potential issues, positive identifications, indicators of the extent of the damage or infestation, plant tracking using unique identifiers, and other relevant information daily in a Pest and Disease Inspection Log within the Automated Data Processing System to track patterns and ensure quick action in the event of an outbreak.

10.62.15.03

77. Please describe how the Applicant will hold medical cannabis in secure, segregated storage until released for distribution. *

[Reference 10.62.15.03 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

[redacted]

[redacted]

10.62.15.04

78. Please describe how the Applicant will select and utilize an independent testing laboratory that has adopted a standard operating procedure to test medical cannabis and medical cannabis concentrate that is approved by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure it selects and utilizes an independent testing laboratory ("laboratory") that has adopted a standard operating procedure to test medical *Cannabis* and medical *Cannabis* concentrate that is approved by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation ("ILAC") Mutual Recognition Arrangement. The Chief Compliance Officer, in coordination with Corporate Compliance Committee and members of the Scientific Advisory Board, will select a laboratory registered with the State to perform statistically valid sampling methods to test, evaluate, and analyze *Cannabis* batch samples to determine if pre-condition requirements established by the Commission and intended product specifications are met, prior to beginning operations at the licensed premises. [redacted]

79. Please describe how the Applicant will select and utilize an independent testing laboratory to obtain samples of each batch according to a statistically valid sampling method by an agent of an independent testing laboratory. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY will ensure it selects and utilizes an independent testing laboratory ("laboratory") to obtain samples of each batch according to a statistically-valid sampling method by an agent of a laboratory. The Chief Compliance Officer, in coordination with Corporate Compliance Committee and members of the Scientific Advisory Board, will select a laboratory registered with the State to perform statistically valid sampling methods to test, evaluate, and analyze *Cannabis* batch samples prior to beginning operations at the licensed premises. Upon licensure, the Chief Compliance Officer will review a list of those laboratories approved and registered by the State, request sampling methodology standard operating procedures for review, and develop a scoring rubric to compare each based on several factors, including sampling methods, which will be compared against industry best practices by COMPANY's Chief Science Officer and members of the Scientific Advisory Board. The selection process and updating the rubric will occur annually at a minimum, and sampling methods will be verified on the licensed premises by the Quality Control Team.

80. Please describe how the Applicant will utilize the independent lab to analyze the samples according to (1) the most current version of the cannabis inflorescence monograph published by the American Herbal Pharmacopeia (AHP); or (2) a scientifically valid methodology that is equal or superior to that of the AHP monograph. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY will utilize an independent testing laboratory ("laboratory") to analyze testing samples in accordance with, or exceeding, the most current version of the *Cannabis* inflorescence monograph published by the American Herbal Pharmacopeia ("AHP"). The Compliance Officer, in coordination with the Scientific Advisory Board, will verify analyses of samples performed by the laboratory to ensure accordance with the guidelines set forth by the AHP, quarterly at a minimum.

81. Please describe how the Applicant will assure the laboratory is following their standard operating procedure to confirm or refute the original result in the event of a test result which falls out of specification. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY's Chief Compliance Officer will assure that an independent testing laboratory ("laboratory") will follow standard operating procedures ("SOPs") to confirm or refute original test results of product in the event a result falls out of specification, by retaining a sample of all batches for verification by a second laboratory, if needed. COMPANY will also require that laboratory SOPs are included as addenda to the services contract executed with the laboratory.

82. Please describe how the Applicant will interact with the laboratory to issue a certificate of analysis. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY's Chief Compliance Officer will ensure that any independent testing laboratory contracted and utilized for medical *Cannabis* sampling and testing services include in their services agreement, and be bound to a requirement, that a certificate of analysis will be issued and provided to COMPANY's Quality Control Team for each test accomplished. Each certificate

of analysis will be uploaded to COMPANY's Automated Data Processing System in the corresponding batch record.

83. Please describe how the Applicant will interact with the laboratory to destroy the remains of the sample of medical cannabis after analysis is completed. *

[Reference 10.62.15.04 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY's Chief Compliance Officer will ensure that any independent testing laboratory contracted and utilized for medical *Cannabis* sampling and testing services include in their services agreement, and be bound to a requirement, that all testing sample remains will be destroyed according to COMPANY's Waste Disposal Plan, which will be in accordance with State regulations and included as an addendum to the services contract.

10.62.15.05

84. Please describe how the Applicant will interact with an independent testing laboratory to issue a certificate of analysis for each batch, with supporting data, to report. *

[Reference 10.62.15.05 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY's Chief Compliance Officer will ensure that independent testing laboratories utilized for sampling and testing services include in their services agreement that a certificate of analysis will be issued to COMPANY's Quality Control Team for each test, to report batch conformance to THC, THCA, CBD, CBDA, CBG and CBN, and that terpene profiles are in accordance with and contaminants do not exceed the levels as required by the AHP monograph.

10.62.15.06

85. Please describe how the Applicant will, upon review of the certificate of analysis and determination that a batch meets the specification for the variety,

a. assign an expiration date to the batch, *

(a) [Reference 10.62.15.06 of the regulations. Graded 0 to 5 scoring. Weighted 5% of Operational subsection. Maximum length 675 words]

(a) COMPANY ensures that, upon review of the certificate of analysis from an independent testing laboratory and determination that a batch meets the intended specification for the variety, the Quality Control Team will assign the batch an expiration (best if used by) date, which will be established at six months from the date of harvest. The intent of the expiration date is to assure the medical *Cannabis* products sold by COMPANY meet applicable standards and product specifications related to safety, identity, strength, quality, and purity at the time of use, as determined by appropriate stability testing. Currently there are no tested, established and verified expiration dates for medical *Cannabis* flower products. Challenges to establishing these dates include: complex product matrices; duration of studies make it difficult to obtain data quickly, especially in a young regulated industry; lack of accurate and scientifically valid methods (AOAC International or FDA) for many botanical/herbal products, especially *Cannabis*; many botanical/herbal products have no testable marker compounds; no current regulatory guidance; manufacturing and mixing challenges that create variability; and varied and ever-evolving packaging materials for the *Cannabis* industry.

The shelf life of a product specifies the period of time which a product can be stored, under specific conditions, and remain in optimum condition and suitable for consumption. Product stability refers to the extent to which a product retains, within specified limits, throughout its period of storage and use, the same properties and characteristics possessed at the time of packaging. COMPANY's *Cannabis* consultants Denver Relief Consulting have conducted in-house shelf life testing at their licensed facilities in Denver, CO, as well as with clients throughout North America, and found that maintaining medical *Cannabis* under certain conditions can extend product stability to well over 12 months after harvest. These conditions include storing medical *Cannabis* in packaging that is: opaque (absence of light), airtight and with a moisture barrier; held in a room at 65-69°F and with a relative humidity between 45-50%; flushed with nitrogen using a variety of reduced oxygen packaging methods. To ensure medical *Cannabis* maintains its shelf life, COMPANY has adopted a practice of determining expiration dates at six months after time of harvest, which will ensure impeccable quality control in all finished product sold to patients. If COMPANY is unable to distribute medical *Cannabis* prior to its expiration date, that product will be distributed to a Licensed Processor for concentrate and infused product production.

All expiration dates will be related to ideal storage conditions, which will be provided to licensees and patients. Samples of all batches will be retained to support expiration dates imposed by COMPANY. COMPANY understands much will be learned about *Cannabis* stability in the coming years as the regulated industry continues to progress and will develop a written testing program designed to continually assess the stability characteristics of medical *Cannabis* and use the results of the stability testing to determine appropriate storage conditions and expiration dates. This program will consider guidelines established by International Conference on Harmonization and the United States Pharmacopeia. COMPANY will also engage in the execution of additional real-time or accelerated studies to verify shelf life if approved independent testing laboratories in the state are capable of offering these services. Testing will include consideration for: stability indicating components to be tested, which are susceptible to change during storage and are likely to influence quality, safety and/or efficacy; scientifically valid quantitative analytical methods that can detect changes over time in the chemical, physical or microbiological properties of the product; other relevant analyses at all relevant intervals; physical properties such as appearance, dissolution, hardness, etc.; microbiology; and water activity. All data related to the issuance of expiration dates and stability and shelf life testing will be recorded in the Automated Data Processing System in the corresponding batch record.

b. release the batch for distribution, and *

(b) [Reference 10.62.15.06 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(b) COMPANY will ensure that, upon review of the certificate of analysis from an independent testing laboratory and determination that a batch meets the intended specification for the variety, the Inventory Manager will release the batch for distribution. Upon receipt of the certificate of analysis, the Quality Control Team will compare the results against the intended product specification. If the intended specification for the batch is not met, it will be retested and maintained in quarantine. If the analysis confirms the batch meets specification, it will be

released for distribution, by means of the Inventory Manager notifying the Cultivation General Manager that the batch can be removed from quarantine; by uploading the certificate to the corresponding batch record in the Automated Data Processing ("ADP") system; and by removing the batch hold in the ADP system.

c. revise the status of the batch in the inventory control. *

(c) [Reference 10.62.15.06 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(c) COMPANY will ensure that, upon review of the certificate of analysis from an independent testing laboratory and determination that a batch meets the intended specification for the variety, the Inventory Manager will revise the status of the batch in the Automated Data Processing system by removing the hold on the batch, marking it as "ready for distribution and uploading the certificate of analysis to the corresponding back record.

86. Please describe how the Applicant will, upon receipt of test results that do not meet specifications, if they so choose, rework or reprocess the batch according to their standard operating procedure. Then describe how the reworked or reprocessed batch will be resampled and retested by the independent testing laboratory to ensure that all required specifications are met. *

[Reference 10.62.15.06 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY ensures that the Quality Control Team ("QCT") will, upon receipt of test results that do not meet specifications, direct a second independent testing laboratory to resample and retest the nonconforming batch. If, upon retesting, the product specifications are not met, the Chief Compliance Officer, in coordination with the QCT, will determine whether the reason for non-conformance precludes the batch from being processed into concentrates or infused products. Though COMAR 10.62.15.06B allows a licensed grower to rework or reprocess a lot when test results reveal that the lot fails to meet specifications for the product, COMPANY policy currently prohibits reworking and reprocessing of non-conforming lots in the grow facility. If the reason for nonconformance was due to missed specifications related to cannabinoid or terpene profiles, and not due to contamination related concerns, the use of supercritical fluid CO2 fractionation by a Licensed Processor to process nonconforming *Cannabis* could result in a *Cannabis* extract that can be used to adequately meet intended product specifications for a *Cannabis* concentrate or infused product.

87. Please describe how the Applicant will retain every certificate of analysis. *

[Reference 10.62.15.06 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure that, immediately upon receipt of a certificate of analysis from an independent testing laboratory, the Inventory Manager will upload the certificate of analysis to the Automated Data Processing System in the corresponding batch record. All certificates of analysis will be retained by COMPANY for a minimum of five years in the Automated Data Processing System and at COMPANY's secure offsite records storage location.

10.62.15.07

88. Please describe how the Applicant will provide a sample from each released batch to an independent testing laboratory sufficient to perform stability testing at 6-month intervals to (1) Ensure product potency and purity (2) Provide support for expiration dating. *

(1) [Reference 10.62.15.07 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.15.07 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure the retention of a sample in secure product storage by the Quality Control Team from each released batch of medical *Cannabis* for the purpose of providing it to an independent testing laboratory at 6-month intervals in order to perform potency and purity stability testing. All samples will be stored in reduced oxygen packaging and flushed with nitrogen to match conditions of medical *Cannabis* distributed by COMPANY.

(2) COMPANY will ensure the retention of a sample from each released batch to provide it to an independent testing laboratory at product date of expiration in order to provide support for that imposed date of expiration. All samples will be stored in reduced oxygen packaging and flushed with nitrogen to match conditions of medical *Cannabis* distributed by COMPANY, to ensure product specifications are still met at date of expiration.

89. Please describe how the Applicant will retain a sample from each released batch (1) sufficient to provide for follow-up testing if necessary, (2) properly store the sample for one year past the date of expiration of the batch. *

(1) [Reference 10.62.15.07 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.15.07 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure the retention of released batch samples sufficient in size to provide for follow-up testing if necessary, to verify and test one year beyond expiration dates, and to retest failed batches. COMPANY's Chief Compliance Officer will coordinate with the independent testing lab to determine what quantity of *Cannabis* is necessary to fulfill the testing obligations, and implement this amount as company policy for sample retention size.

(2) COMPANY will ensure the retention, tracking and proper storage conditions of released batch samples for the purpose of testing one year beyond COMPANY-imposed product expiration dates. All samples will be kept in secure product storage, retained in reduced oxygen packaging and flushed with nitrogen to match the conditions of COMPANY-distributed medical *Cannabis* to ensure the quality and purity of the sample is retained during that period.

10.62.15.08

90. Please describe how the Applicant will submit a list of the products and their specifications that the Licensee offered for distribution in the previous quarter to the Commission on a quarterly basis. *

[Reference 10.62.15.08 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will ensure the Chief Compliance Officer will submit a list of the products and their specifications that COMPANY offered for distribution in the previous quarter to the Commission in an approved format, on a quarterly basis, or as often as requested by the Commission. The Automated Data Processing ("ADP") system (MJ Freeway) employed by COMPANY will log and record all production and distribution logs, including date of distribution; receiving entity; strain name; batch identifier; and quantity, and will be capable of producing a report of all products distributed in a given timeframe, along with their specifications, certificates of analysis, invoices, transportation manifests and other supporting documentation. All records related to distributed products and their specifications will be retained in the ADP system and offsite in secure records storage for a minimum of five years.

10.62.17.01

91. Please describe how the Applicant, as a member of one of the following - a licensed grower, licensed processor, licensed dispensary, certifying physician, and the Commission- shall establish a procedure to receive, organize, store and respond to all oral, written, electronic or other complaints regarding medical cannabis and adverse events. *

[Reference 10.62.17.01 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure procedures are established by the Clinical Educator to receive, organize, store and respond to all oral, written, electronic or other complaints regarding medical *Cannabis* and adverse events. Medical *Cannabis* product final packaging will include a label with a 24-hour hotline and web address that will be directed to the Clinical Educator for all product complaints. Product complaints include those regarding dispensing errors, patient adverse reactions, and quality.

10.62.17.02

92. Please describe how the Applicant will, in the event a complaint associated with a serious adverse event, promptly report the complaint to, (1) the Commission, (2) either the licensed grower from which the medical cannabis originated, or the licensed processor from which the medical cannabis concentrate originated, (3) the certifying physician caring for the qualifying patient. *

(1) [Reference 10.62.17.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.17.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(3) [Reference 10.62.17.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will ensure, in the event a complaint associated with a serious adverse event, it will immediately report the complaint to the Commission. The Clinical Educator, in conjunction with the Product Recall & Withdrawal Team, is responsible for receiving, logging and managing complaints, determining whether they should be classified a serious adverse event and, if so, notifying the Commission in an approved form of communication.

(2) COMPANY will ensure any complaint associated with a serious adverse event will be immediately reported to the licensee from which the medical *Cannabis* product was derived. The Clinical Educator, in conjunction with the Product Recall & Withdrawal Team, is

responsible for receiving, logging and managing complaints, determining whether they should be classified a serious adverse event and, if so, notifying the licensee via phone and in writing.

(3) COMPANY will ensure any complaint associated with a serious adverse event will be immediately reported to the certifying physician caring for the qualifying patient. The Clinical Educator, in conjunction with the Product Recall & Withdrawal Team, is responsible for receiving, logging and managing complaints, determining whether they should be classified a serious adverse event and, if so, notifying the certifying physician via phone and in writing.

10.62.17.03

93. Whenever a complaint regarding the quality or safety of medical cannabis is received by a licensed grower, licensed processor or licensed dispensary, a Licensee shall, within 24 hours, review the complaint to determine if it is substantive or reports a serious adverse event. Please describe the process that the Applicant will complete for the above review. *

Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

Company views adverse events very seriously. Any communication regarding the quality or safety of medical *Cannabis* will be responded to within 4 hours of the report to determine if it is substantive and will immediately engage the Clinical Educator in leading a full assessment and invoking Company's Adverse Event Standard Operating Procedure. The Clinical Educator in conjunction with the Cultivation and Processor GM's evaluate the nature of the complaint, gather additional information regarding additional products/medicines the patient may be consuming and determine a course of action to assure public safety.

The review will include gathering information from complainant about the nature of the *Cannabis* product complaint, coordinating with COMPANY agents and advisors needed to conduct a product complaint investigation, conducting a thorough investigation into the complaint, determining the nature and potential causes of the problem and determine whether any other *Cannabis* products may potentially be affected. All information gathered will be entered into the Complaint Log and the Clinical Educator will determine the appropriate action that needs to be taken.

94. If the Applicant determines that a complaint is substantive or reports a serious adverse event, please describe how the Applicant will promptly determine the batch number or lot number of the medical cannabis, the medical cannabis finished product, and medical cannabis concentrate that is the subject of the complaint. *

[Reference 10.62.17.03 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure when a complaint is substantive or reports a serious adverse event, the batch/lot number of the medical *Cannabis* in question will be promptly identified. This unique batch/lot number will be clearly visible on the labeling on any package distributed from the licensed premises, which can be verified using the Automatic Data Processing system, which will track batch/lots with full chain of custody tracking from propagation to distribution.

95. If the Applicant determines that a complaint is substantive or reports a serious adverse event, please describe how the Applicant will investigate the record and circumstances of the production of the batch and lot to determine

a. if there was a deviation from the standard operating procedure in the production of the medical cannabis by reviewing production logs, *

(a) [Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

(a) COMPANY will investigate the record and circumstances of the production of the batch and lot to determine if there was a deviation from the standard operating procedure ("SOP") in the production of the medical *Cannabis* by reviewing production logs located within the Automatic Data Processing ("ADP") system. The investigation will include gathering information from complainant about the nature of the *Cannabis* product complaint, promptly determining the batch/lot number of the product that is the subject of the complaint, investigating batch/lot production logs in the ADP system to determine if there was deviation from standard operating procedure during production and submit a portion of the retention sample of the batch/lot to an independent testing laboratory for follow-up testing to determine if the sample meets specification. The ADP system (MJ Freeway) will track all plants individually from seed to sale, including the documentation of all crop inputs, media, environmental conditions, location, movement, processing and packaging, aiding in the identification of SOP deviation that may have led to the serious adverse event.

b. if the sample meets specification by submitting parts of the retention samples of the batch and lot to an independent testing laboratory. *

(b) [Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(b) COMPANY will investigate the record and circumstances of the production of a batch/lot to determine if the sample meets specification by submitting part of the retention sample of the affected batch/lot to an independent testing laboratory ("Lab"). The automated data processing system will store initial test results and retention sample identifiers within the log for each batch/lot, enabling COMPANY to immediately identify retention samples for retesting with a Lab.

96. If sample analysis of a batch or lot with reported complaints reveals that the batch or lot fails to meet specification, please describe how the Applicant will (1) order a recall of all products derived from or included in the batch or lot, (2) notify all patients, caregivers, and dispensaries who may have obtained medical cannabis products from such a batch or lot of the recall, and (3) offer and pay reimbursement for any returned medical cannabis. *

(1) [Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.17.03 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]
(3) [Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(1) COMPANY will deploy the Recall and Withdrawal Team to determine the affected batch/lot that fails to meet specification, detain and segregate all products to be recalled which are in company's control, coordinate and monitor the recovery of all affected product outside of

company's control and conduct a reconciliation of the total quantity of recalled product in inventory against the total quantity produced to ensure public safety.

(2) COMPANY will deploy the Recall and Withdrawal Team ("the Team") to determine from the Automatic Data Processing ("ADP") system the contact information for all patients, caregivers and licensees that purchased the recalled batch/lot and will send a Notification of Recall to the affected with the product information necessary to properly identify the recalled batch/lot, which includes the name and product identifier of the recalled product(s), production date(s), reason for recall, quantity of recalled product(s) distributed and site(s) of distribution. The team will coordinate and monitor the recovery of all recalled products from licensees and patients, which will be picked up by transportation agents or returned by patients, caregivers or licensees to the origin licensee of sale. On an ongoing basis, using the ADP system, the Team will conduct a reconciliation of the total quantity of recalled product in inventory against the total quantity produced, and report the effectiveness and outcome of the recall to the Chief Compliance Officer.

(3) COMPANY will deploy the Recall and Withdrawal Team to offer all affected patients, caregivers and licensees financial reimbursement of the original purchase price of the returned recalled product. Reimbursement will be offered in the form of a credit (if permitted by the Commission) at the location of origin of the sale, in coordination with the dispensing licensee, or via company check mailed to the address of the affected party.

97. In a case of a report of a serious adverse event or a substantive complaint, if the investigation reveals a deviation from the standard operating procedure in the production of the batch or lot, please describe how the Applicant would

a. order a recall of all products derived from or included in the batch or lot, *

(a) [Reference 10.62.17.03 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

(a) Utilizing the Product Recall and Withdrawal Standard Operating Procedure, COMPANY will deploy the Recall and Withdrawal Team under the direction of the Clinical Educator to determine the affected batch/lot that fails to meet specification. The Cultivation GM will detain and segregate all products to be withdrawn/recalled which are in company's control, coordinate and monitor the recovery of all affected product outside of company's control and conduct a reconciliation of the total quantity of withdrawn/recalled product in inventory against the total quantity produced. Written notifications will be emailed or mailed to purchasers and their physicians immediately upon discovery of the necessity for recall. In addition to written notification, Company will immediately call all patients, caregivers, and their physicians and licensees who purchased the product and inform them to cease consumption or further sale immediately, to make arrangements to retrieve the product in a manner most convenient for the purchaser and provide replacement product or refund whichever the purchaser chooses.

b. notify all patients, caregivers, and dispensaries who may have obtained medical cannabis products from such a batch or lot of the recall, and *

(b) [Reference 10.62.17.03 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

(b) Utilizing the Product Recall and Withdrawal Standard Operating Procedure, COMPANY will deploy the Recall and Withdrawal Team ("the Team") to determine from the Automatic Data

Processing ("ADP") system (MJ Freeway) the contact information for all patients, caregivers and licensees that purchased the withdrawn/recalled batch/lot and will send within 24 hours of the recall, via email or mail, a Notification of Recall to the affected with the product information necessary to properly identify the withdrawn/recalled batch/lot, which includes the name and product identifier of the withdrawn/recalled product(s), production date(s), reason for withdraw/recall, quantity of withdrawn/recalled product(s) distributed and site(s) of distribution. In addition to written notification, Company will immediately call all patients, caregivers, and their physicians and licensees who purchased the product and inform them to cease consumption or further sale immediately, to make arrangements to retrieve the product in a manner most convenient for the purchaser and provide replacement product or refund whichever the purchaser chooses.

c. offer and pay reimbursement for any returned medical cannabis. *

(c) [Reference 10.62.17.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

(c) COMPANY will deploy the Recall and Withdrawal Team to offer all affected patients, caregivers and licensees' financial reimbursement of the original purchase price of the returned withdrawn/recalled product. Reimbursement will be offered in the form of a credit (if permitted by the Commission) at the location of origin of the sale, in coordination with the dispensing licensee, or via company check mailed to the address of the affected party.

10.62.17.04

98. Please describe how the Applicant will develop a procedure to ensure medical cannabis that is recalled is stored and segregated until disposal of recalled material is authorized by the Commission. *

[Reference 10.62.17.04 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Production Control subsection. Maximum length 170 words]

COMPANY's Product Recall and Withdrawal Standard Operating Procedure will require recalled medical *Cannabis* to be stored and segregated until disposal of recalled material is authorized by the Commission as follows. The Recall and Withdrawal Team, in coordination with the Inventory Manager and Chief Compliance Officer ("CCO"), will ensure that all recalled medical *Cannabis* will be physically segregated from unaffected products with "QUARANTINE - DO NOT DISTRIBUTE" tags on all recalled material packaging, including recalled products returned by patients, caregivers, or other licensees and those never distributed. The Inventory Manager will mark all recalled products as quarantined and recalled in the Automatic Data Processing ("ADP") system. All records related to the recall will be maintained in the Product Quarantine Log and the ADP system. After all procedures have been completed and the affected *Cannabis* product(s) have been retrieved, the CCO and Inventory Manager will request authorization from the Commission to dispose of the product. Recalled products will remain in quarantine until the Commission authorizes disposal of the recalled material.

99. Please describe how, within 24 hours of the receipt of notice from the Commission that the disposal of recalled medical cannabis is authorized, the Applicant will dispose of the recalled medical cannabis according to the standard operating procedure. *

[Reference 10.62.17.04 of the regulations. Graded Yes or No. Weighted 1% of Production Control subsection. Maximum length 70 words]

Within 24 hours of Commission authorization, COMPANY will dispose of recalled medical *Cannabis* in accordance with company waste disposal procedures. Recalled material will be ground, rendered unusable and incorporated with non-*Cannabis* waste until the mixture is less than 50% *Cannabis* waste by volume. It will then be securely stored until transport to a waste disposal location. These measures will ensure that the recalled material cannot be salvaged and/or used.

10.62.18.04

100. Please describe how the Applicant will install an electronic manifest system to record the chain of custody for the shipment of products containing medical cannabis. *

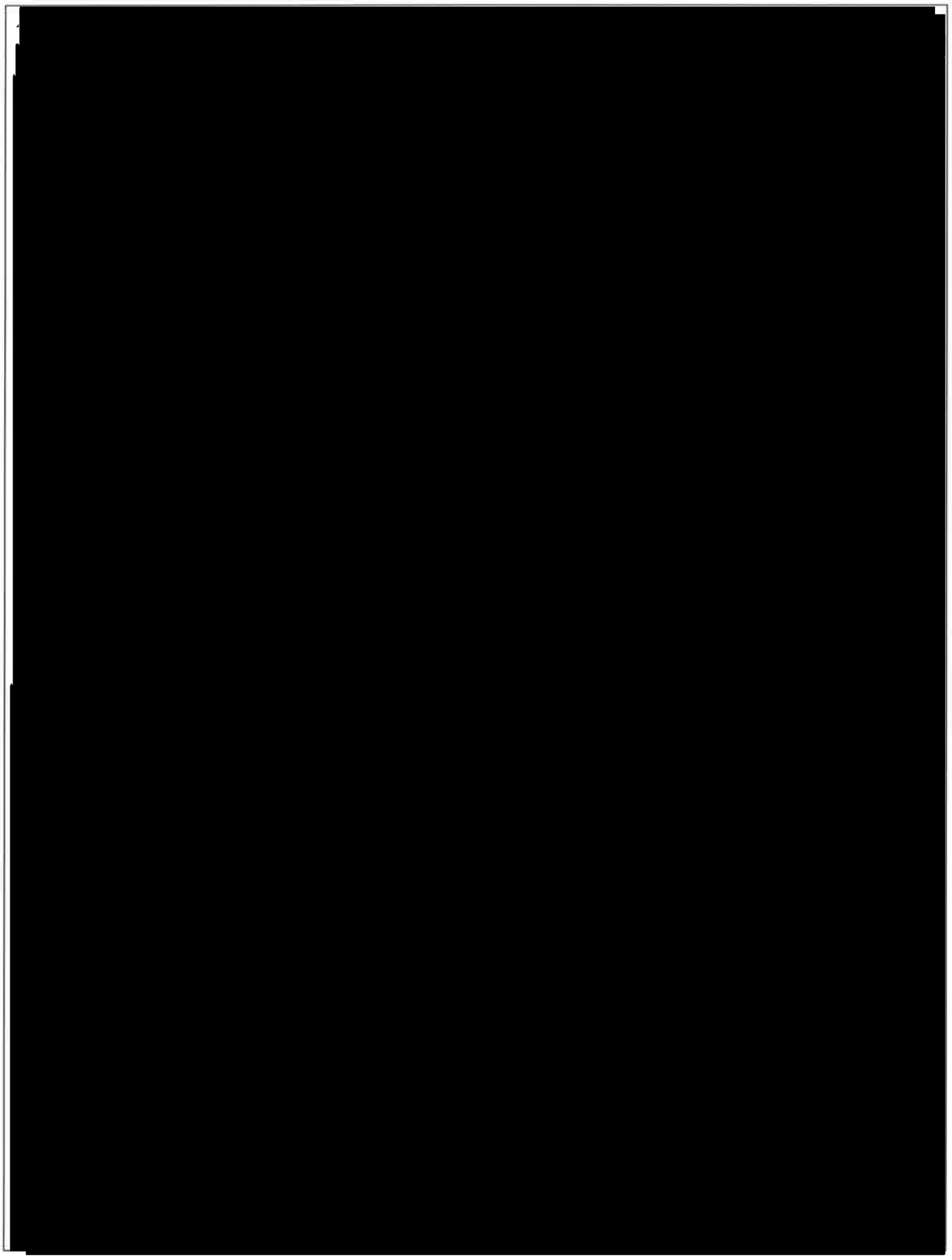
[Reference 10.62.18.04 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

[redacted]

101. Please describe how the Applicant will ensure that the electronic manifest system shall include a chain of custody that records (1) the name and address of the shipping Licensee, (2) the shipping Licensee's shipment identification number (3) the weight and description of each individual package that is part of the shipment, and the total number of individual packages, (4) the name of the registered grower agent or registered dispensary agent that prepared the shipment, (5) the name and address of the receiving Licensee or other receiving party if applicable, and (6) any handling or storage instructions. *

(1) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(2) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(3) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(4) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(5) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]
(6) [Reference 10.62.18.02 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

(1) COMPANY will ensure the use of an Automated Data Processing System ("ADPS"), which will act as the electronic manifest system and include a chain of custody that records the name, address, phone number and license number of the COMPANY, as well as documenting the date and time of travel and the proposed transportation route to reach the receiving Licensee. The



[redacted]

10.62.18.03

102. Please describe how the Applicant will assure that an electronic manifest shall be created by the shipping Licensee for each shipment of products containing cannabis. *

[Reference 10.62.18.03 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

COMPANY will ensure that an electronic manifest record and physical transportation manifest to accompany the product in transport will be created by the Transportation Manager for each shipment of products containing medical *Cannabis* that leaves the licensed premises. A digital copy of the transportation manifest will be delivered to the receiving Licensee, and the transportation agent will review all contents of the transportation manifest record with recipient prior to distribution.

103. Please describe how the Applicant will assure that the electronic manifest shall contain, at a minimum, the following entries as a chain of custody, in the order listed (1) An entry by the registered grower agent or registered dispensary agent who has prepared the shipment, including the date and time of preparation; (2) An entry by a shipping Licensee's transportation agent, of the date and time of the placement of the shipment into the medical cannabis transport vehicle; (3) An entry by Licensee's agent receiving the shipment including the date and time of the acceptance; (4) If any other person had custody or control of the shipment, that person's identity, the circumstances, duration, and disposition. *

(1) [Reference 10.62.18.03 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]
(2) [Reference 10.62.18.03 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]
(3) [Reference 10.62.18.03 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]
(4) [Reference 10.62.18.03 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

(1) COMPANY will ensure the use of an Automated Data Processing System ("ADPS"), which will act as the electronic manifest system and begins with a chain of custody that records the registered grower agent who prepares the shipment, including the date and time of preparation. This information will be recorded in the ADPS and printed on the generated manifest, which will be reviewed by the Transportation Manager prior to distribution.

(2) COMPANY will ensure the use of an Automated Data Processing System ("ADPS"), which will act as the electronic manifest system and include a chain of custody that records an entry by the transportation agent of the date and time shipment was placed into the medical *Cannabis* transport vehicle, which will be recorded in the ADPS, printed on the generated manifest and reviewed by the Transportation Manager prior to distribution.

(3) COMPANY will ensure the use of an Automated Data Processing System ("ADPS"), which will act as the electronic manifest system and include a chain of custody that records the date and time of acceptance of a shipment by a receiving Licensee agent. The secure ADPS is cloud-based, allowing COMPANY transportation agents to obtain a digital signature from the receiving agent acknowledging receipt of shipment at time of delivery.

(4) COMPANY will ensure the use of an Automated Data Processing System ("ADPS"), which will act as the electronic manifest system and include a chain of custody that records whether any other person had custody or control of the shipment, that person's identity, the circumstances, duration, and disposition. In the event of this occurrence, the Transportation Manager will be notified immediately and manage record of deviation entry into the ADPS.

10.62.18.04

104. Please describe how the Applicant will assure that a transportation agent driving a medical cannabis transport vehicle shall have a current driver's license. *

[Reference 10.62.18.04 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

COMPANY will ensure that any transportation agent driving a company-owned and insured medical *Cannabis* transport vehicle will have a current and valid driver's license and have completed required COMPANY risk mitigation training. Additionally COMPANY requires that all transportation agents maintain a clean driving record at all times. Verification that the above is true for each transportation agent will occur on a monthly basis by the Human Resources Manager.

105. Please describe how the Applicant will assure that while on duty, a transportation agent will not wear any clothing or symbols that may indicate ownership or possession of cannabis. *

[Reference 10.62.18.04 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

COMPANY will ensure that any transportation agent operating a company-owned and insured, non-descript medical *Cannabis* transport vehicle on behalf of the company will not wear any clothing or symbols that may indicate ownership or possession of *Cannabis*. All transportation

agents are required to only wear COMPANY issued uniforms that comply with the COMPANY clothing and attire policy detailing that each article of clothing must be plain, discreet and free of all symbols, graphics or language that may allude to *Cannabis*, which will be verified and logged by the Transportation Manager prior to any medical *Cannabis* transfer. At no point will an agent be allowed to change, remove or adjust their company issued uniform while on duty. Agents will be required to complete risk mitigation training and follow strict safety and security protocols at all times.

10.62.18.05

106. Please describe how the Applicant will assure that either a secure transportation company or a shipping Licensee shall transport products containing medical cannabis. *

[Reference 10.62.18.05 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

COMPANY will ensure that the company is approved as a shipping licensee with the Commission and will act as the transportation entity for all products containing medical *Cannabis* distributed by the company. Two agents, each carrying identification approved by the Commission, will be required to accompany all medical *Cannabis* products during all transportation activities to ensure product is secured at all times during transport. All vehicles

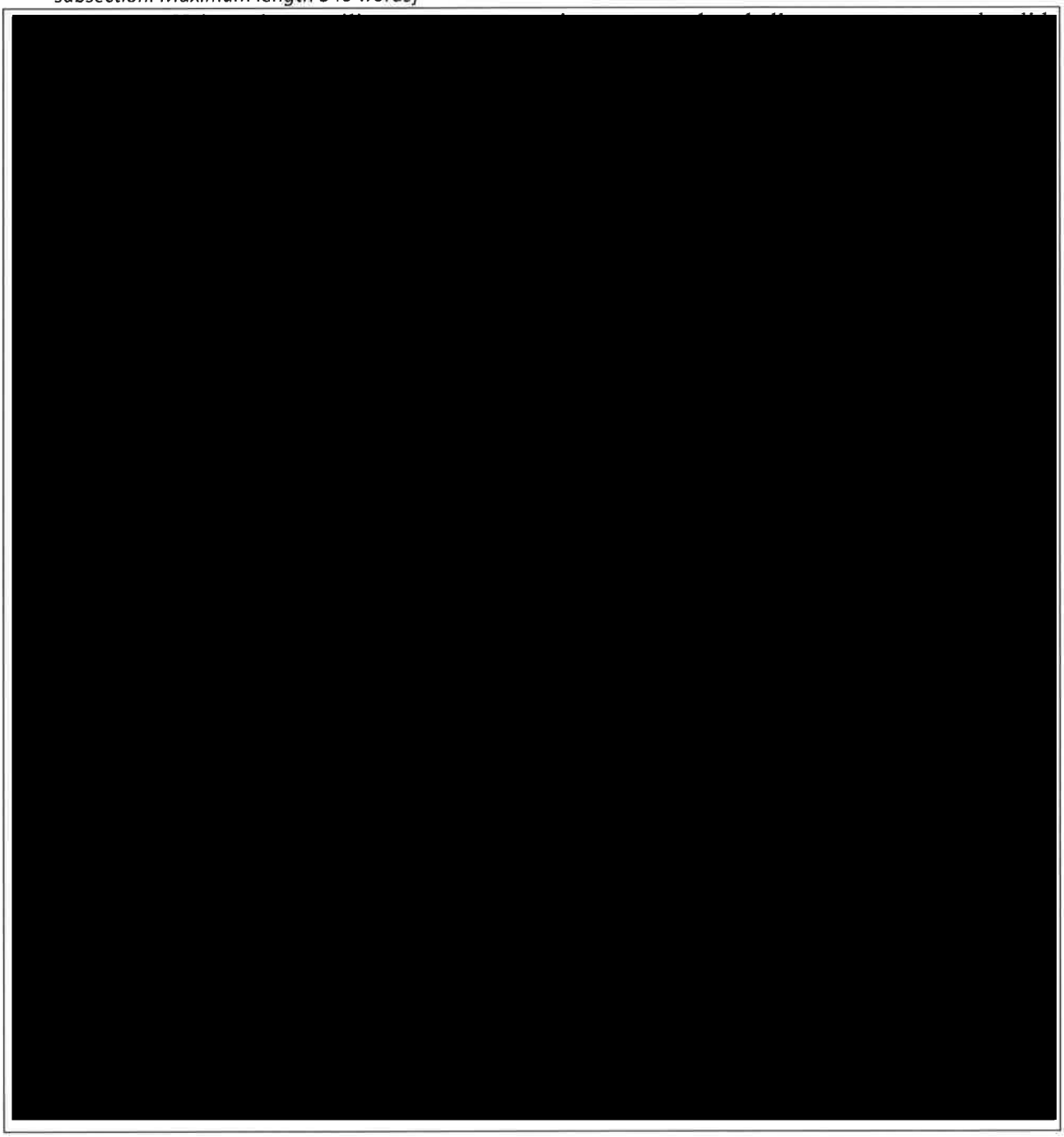
[redacted]

107. Please describe how the Applicant will ensure that a shipping Licensee shall use one transportation agent, who shall carry identification approved by the Commission, to (1)

accompany shipment of products containing medical cannabis, and (2) ensure that the product is secured at all times during transport. *

(1) [Reference 10.62.18.05 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

(2) [Reference 10.62.18.05 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]



10.62.18.06

108. Please describe how the Applicant will ensure that a medical cannabis transport vehicle shall have and display current registration from the State. *

[Reference 10.62.18.06 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will ensure that the vehicle(s) used for the secure transportation of medical *Cannabis* will have and display current vehicle registration from the State, which the Transportation Manager will work in conjunction with the Corporate Compliance Committee to verify and log on a daily basis prior to any transportation event. The Transportation Manager shall establish annual notifications 60 days prior to the expiration of all vehicle registration dates to ensure there is no lapse in coverage. The Transportation Manager will retain physical and digital copies of all current registrations on the licensed premises in the event a vehicle copy is lost or destroyed. Additionally, the Transportation Manager is responsible for ensuring that all transportation vehicles have current insurance, undergo regular vehicle maintenance, and are kept in a sanitary condition.

109. Please describe how the Applicant will ensure that a medical cannabis transport vehicle will be insured as required by law. *

[Reference 10.62.18.06 of the regulations. Graded Yes or No. Weighted 1% of Operational subsection. Maximum length 135 words]

COMPANY will ensure the vehicle(s) used for the secure transportation of medical *Cannabis* will be insured as required by law, which the Transportation Manager will work in conjunction with the Corporate Compliance Committee to verify and log prior to any transportation event. The Transportation Manager shall establish annual notifications 60 days prior to the expiration of all vehicle insurance to ensure there is no lapse in coverage. The Transportation Manager will retain physical and digital copies of all current insurance cards and policies on the licensed premises in the event a vehicle copy is lost or destroyed.

110. Please describe how the Applicant will ensure that a medical cannabis transport vehicle will not display any sign or illustration related to medical cannabis or a Licensee. *

[Reference 10.62.18.06 of the regulations. Graded Yes or No. Weighted 0.5% of Safety and Security subsection. Maximum length 70 words]

COMPANY will ensure that any medical *Cannabis* transport vehicle used in its operations will not display any sign or illustration related to medical *Cannabis* or the company. The proposed COMPANY transportation vehicle is a white cargo van with tinted windows, which will be plain, discreet and free of all distinguishing characteristics, symbols, graphics or language that may allude to medical *Cannabis* or the company in the interest of security.

10.62.32.02

111. Please describe how the Applicant will maintain, independent of the inventory control, a searchable, secure, tamper-evident record of each distribution that contains (1) the name and address of the recipient, (2) the quantity delivered, and (3) the name, strength, batch number, and lot number of the product. *

[Reference 10.62.32.02 of the regulations. Graded 0 to 5 scoring. Weighted 2.5% of Safety and Security subsection. Maximum length 340 words]

(1) [Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(2) [Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]
(3) [Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

[redacted]

112. Please describe how, upon request, the Applicant will provide in a reasonable time and manner to a certifying physician a copy of the record of each distribution by the Licensee to a qualifying patient of the certifying physician of the quantity delivered, name, strength, batch number and lot number of medical cannabis. *

[Reference 10.62.32.02 of the regulations. Graded 0 to 5 scoring. Weighted 1% of Production Control subsection. Maximum length 70 words]

COMPANY's Automated Data Processing System will be capable of producing a record of the quantity and relevant characteristic for any batch and lot that leaves the facility. As a grower without access to patient information, COMPANY would, immediately upon request from

certifying physician, transmit the batch information by secure means to the applicable dispensary, whether or not owned by COMPANY, with instructions to provide the requested information to the physician.

113. Please describe how the Applicant will shall retain the records of production and distribution of each batch and lot and of daily checklists to maintain uniformity from batch to batch, and lot to lot. *

[Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY ensures the retention of records for production conditions, movements, inputs, deviation from procedures, and distributions of each batch and lot and of daily checklists to maintain uniformity from batch to batch, and lot to lot. Digital checklists in an Automated Data Processing system (MJ Freeway) will be utilized to track plants individually and assign batch and lot numbers to ensure full compliance, consistency, and quality of medical *Cannabis* products.

114. Please describe how the Applicant will maintain a record of test methods and test results for each batch and lot, including graphs, charts, or spectra from laboratory instrumentation. *

[Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

COMPANY will ensure the retention of records for all test methods and results of each batch and lot, including data, graphs, charts and spectra from third party and internal laboratory testing. All records will be uploaded to an Automated Data Processing system (MJ Freeway), which will assign each record to the associated batch or lot. All test method and result records will be maintained for a minimum of five years.

115. Please describe how the Applicant will maintain a log of individuals visiting each premises. *

[Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

COMPANY will utilize a visitor management system ("Log"), which will integrate with the access control and surveillance systems and document the date and time of entry and egress of the visitor, the visitor's full name, copy of the visitor's government-issued identification, a real-time photo of the visitor, the reason for visit, the escorting agent's agent card number and a signature of the visitor acknowledging rules and regulations regarding their time on the licensed premises. The Log will import agent card lists and photos from the access control system on an automated, scheduled basis to populate a support vector machine employee host list and record in the OnGuard system for all check-ins and -outs. All visitor Log records will be retained for a minimum of five years in a restricted access records storage on-site and off-site.

116. Please describe how the Applicant will maintain a duplicate set of all records at a secure, off site location. *

[Reference 10.62.32.02 of the regulations. Graded Yes or No. Weighted 1% of Safety and Security subsection. Maximum length 135 words]

In addition to the Secure Records Storage on-site the licensed premises, all records pertinent to the operation of the grow facility, including but not limited to those related to production operations, compliance, security, agents, inventory, transportation, recall and withdrawal, and analytical testing, will be stored as duplicates at a secure, off-site storage location, which will be protected by the primary security alarm system and the second, independent security alarm system. Many records related to inventory tracking, transportation and distribution will also be digitally maintained by the cloud-based Automated Data Processing system. All required records will be retained for a minimum of five years and will be made available to the Commission immediately upon request. Secure records storage areas can only be accessed by the Chief Compliance Officer, Chief Operating Officer and Security Director.

10.62.32.03

117. Please describe how the Applicant will assure that, unless otherwise specified, a Licensee, or a certifying physician shall retain a record for a period of 5 years. *

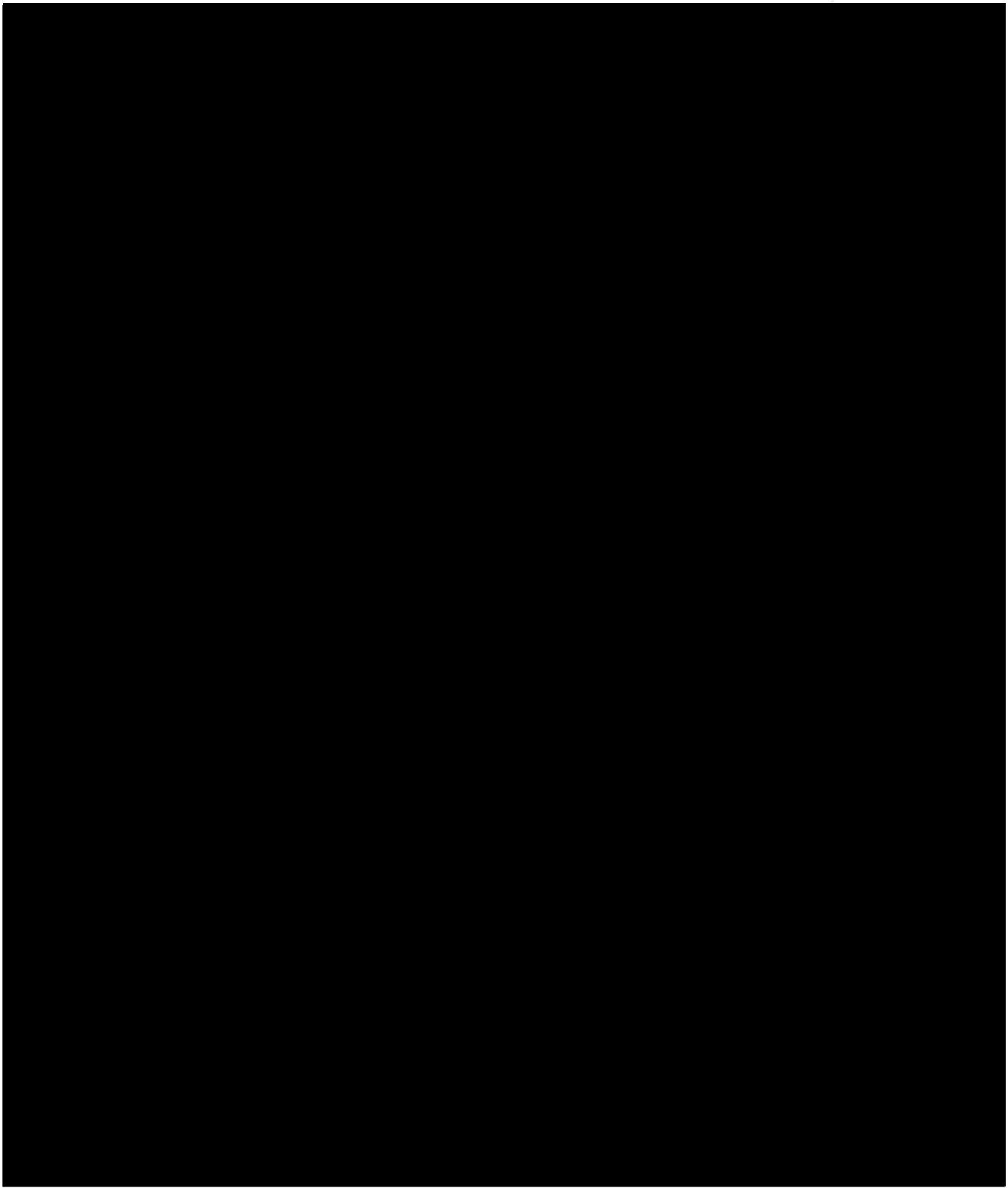
[Reference 10.62.32.03 of the regulations. Graded Yes or No. Weighted 0.5% of Production Control subsection. Maximum length 70 words]

Company's recordkeeping and storage policies will, unless otherwise specified require that all organizational and operational records be retained for a minimum of five years. An original physical copy will be retained on and off-site in a secure, restricted-access area and an additional numerically indexed digital copy will be retained in an Automated Data Processing system according to all applicable laws, rules and regulations.

END OF DOCUMENT

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335

ADDENDUM #3



CONFIDENTIAL TREATMENT REQUESTED
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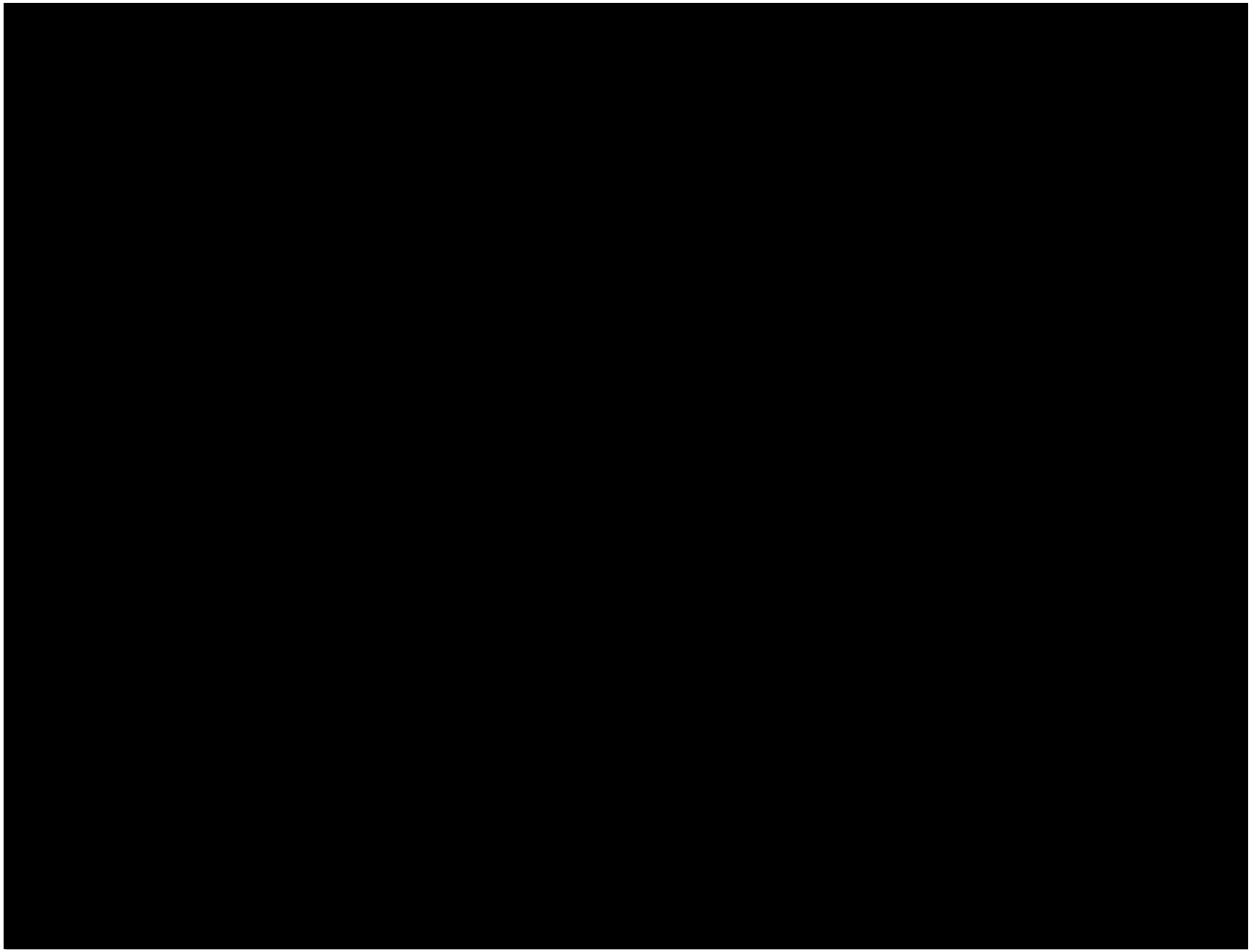

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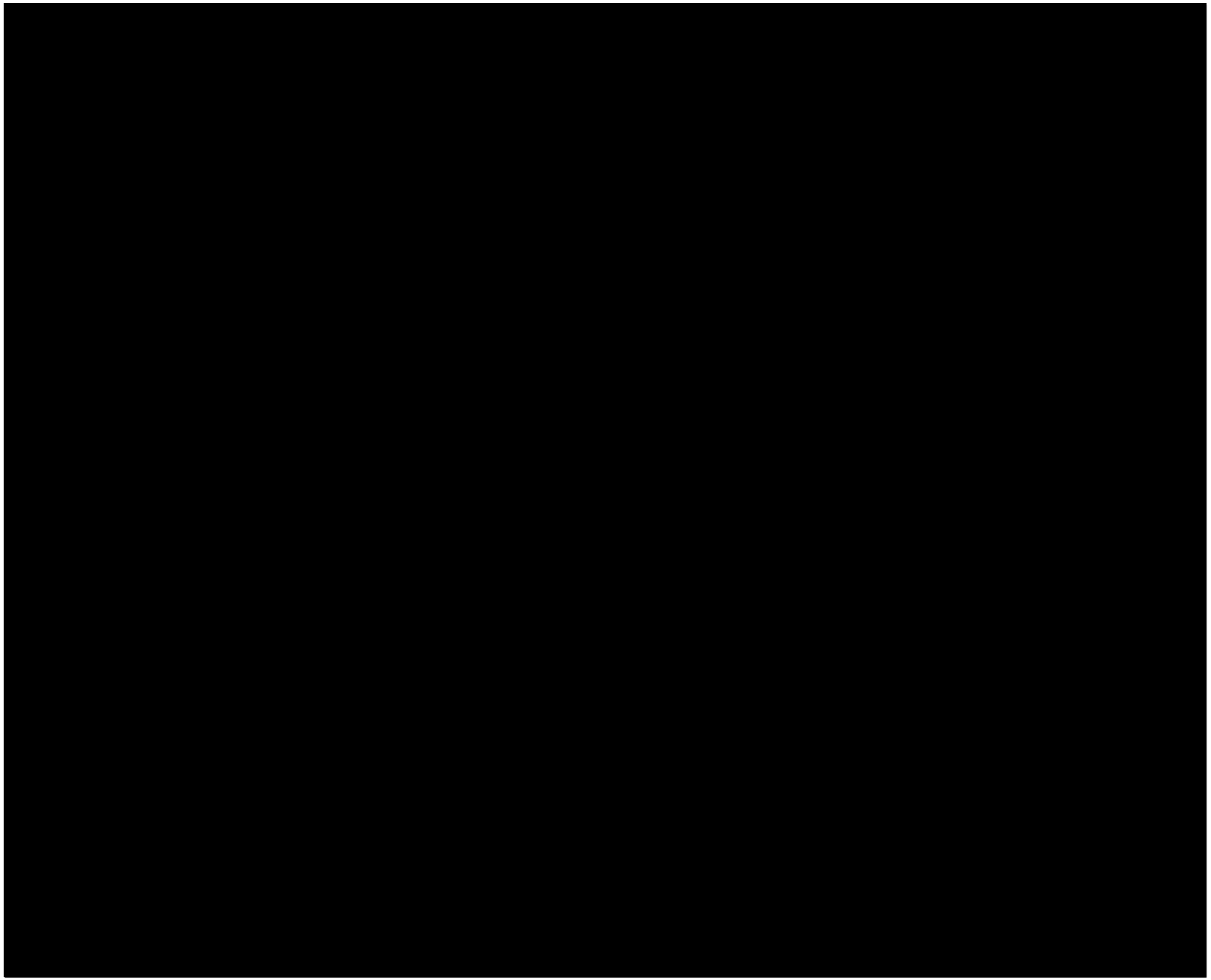

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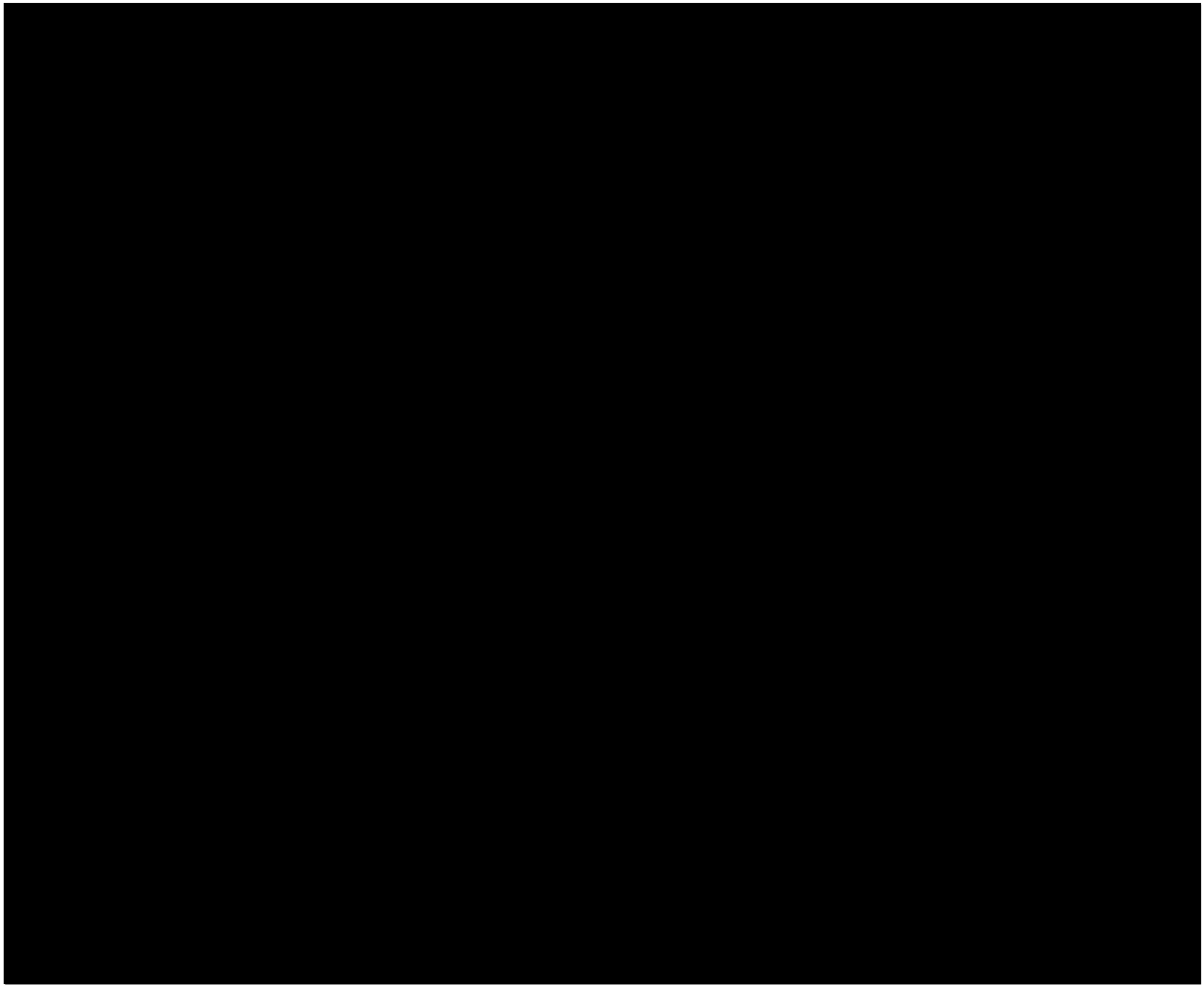

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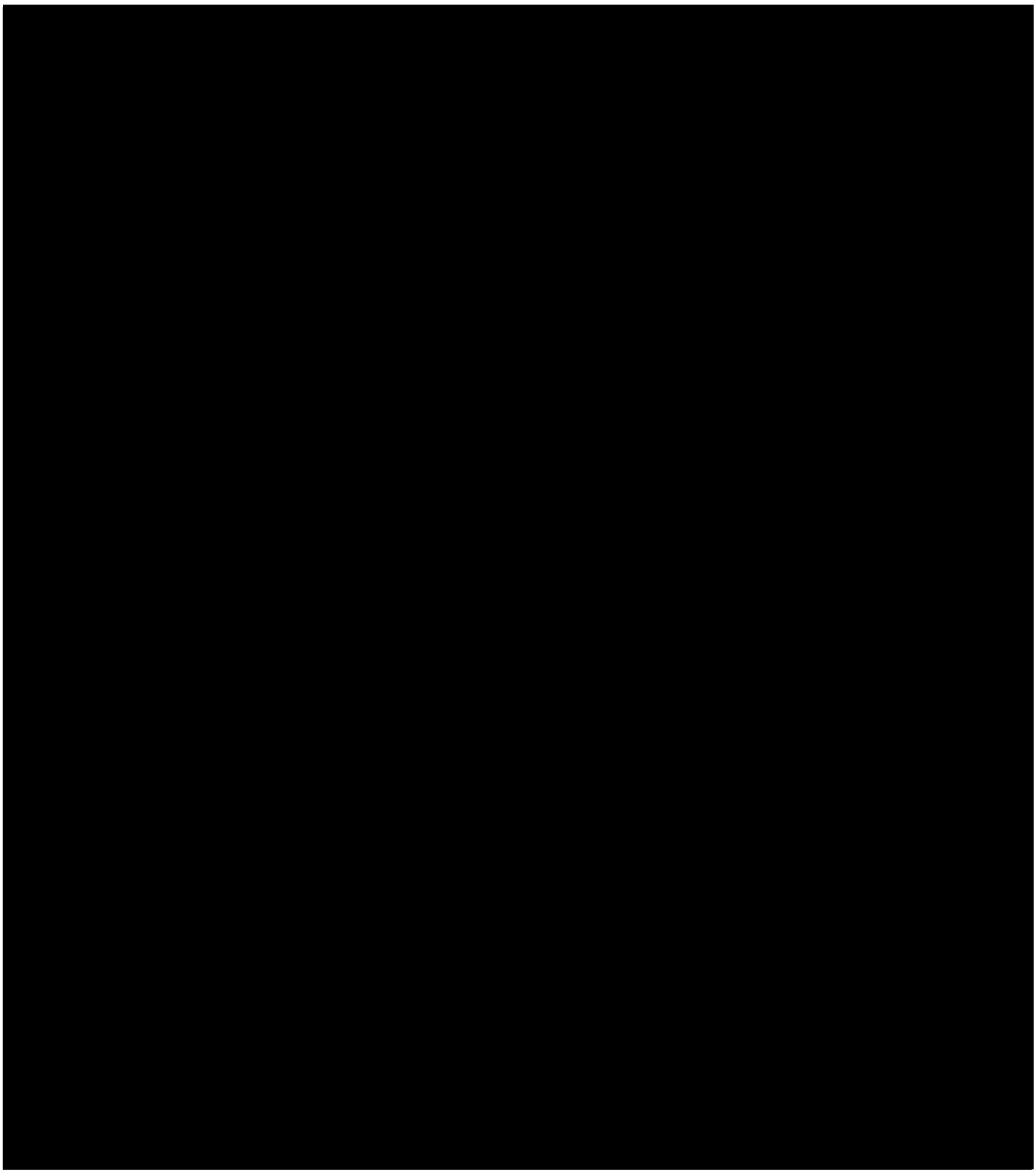

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ROSEN, SAPPERSTEIN & FRIEDLANDER, CHARTERED
Business Consultants & Certified Public Accountants

November 4, 2015

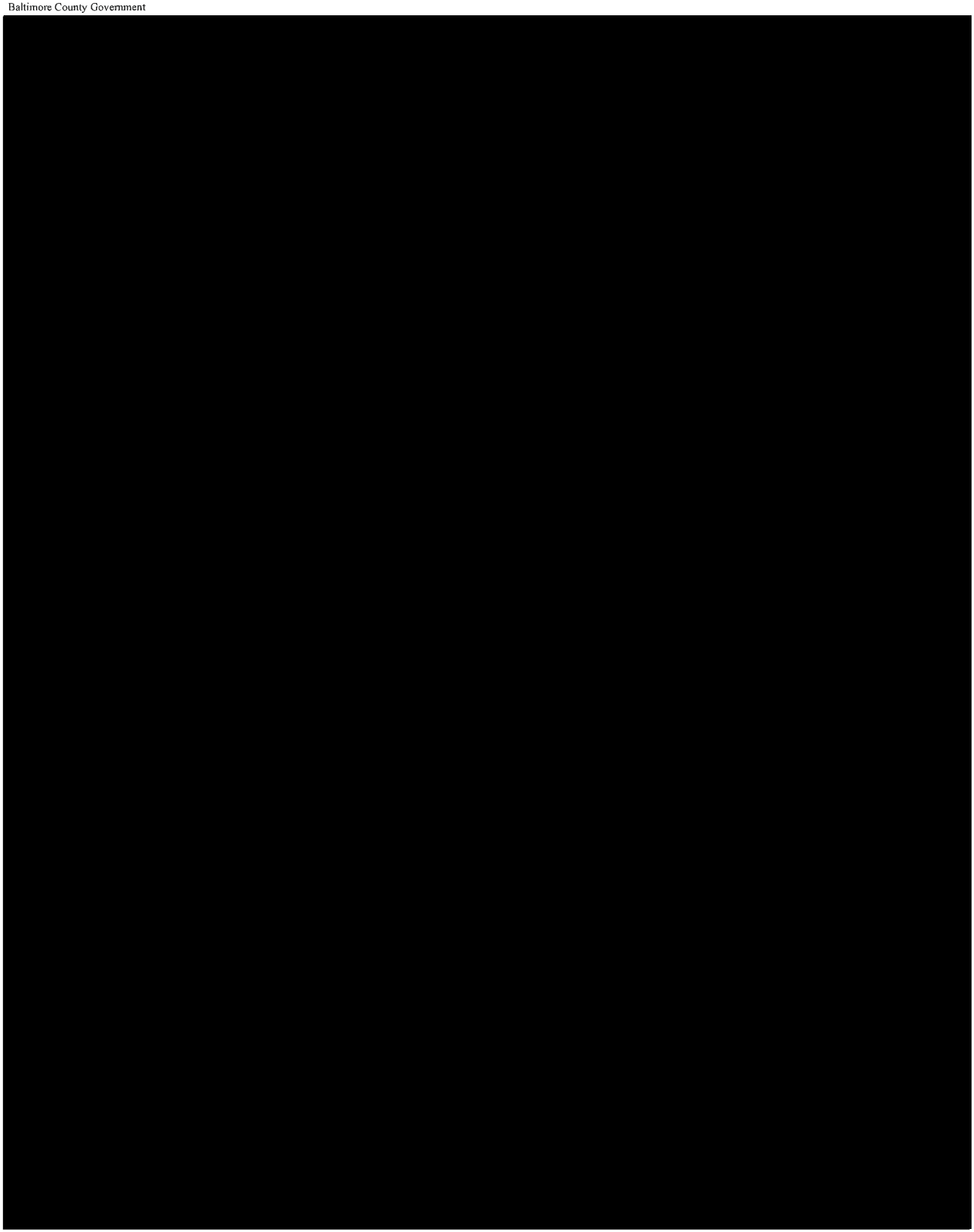
CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335

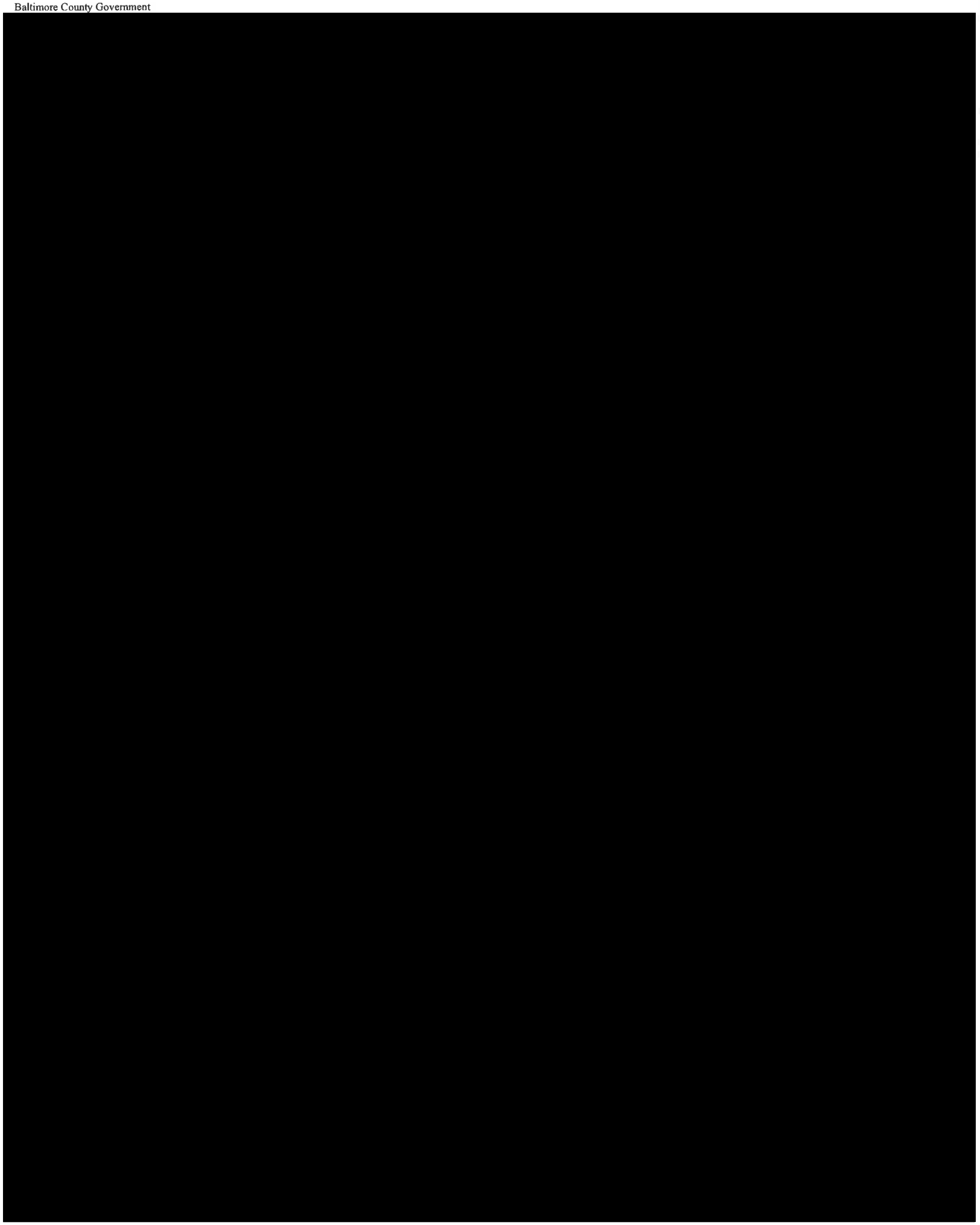
[redacted]

BALTIMORE 410-581-0800 • WASHINGTON 301-470-7476 • FAX 410-581-2268 • E-MAIL INFO@RSFCHART.COM
300 RED BROOK BLVD • SUITE 200 • OWINGS MILLS, MARYLAND 21117

ADDENDUM #4

PROOF OF MARYLAND RESIDENCY





CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335

ADDENDUM #5

CERTIFICATION REGARDING TAX STATUS

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335

ROSEN, SAPPERSTEIN & FRIEDLANDER, CHARTERED
Business Consultants & Certified Public Accountants

[redacted]

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STATE OF MARYLAND
Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CURIO CULTIVATION, LLC , REGISTERED NOVEMBER 02, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 02, 2015.

Heidi Dudderar
Associate Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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CRTGST

ADDENDUM

SITE PLAN

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO MD PIA §4-335