

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.) [REDACTED]

2. Business Name: HOT SPRINGS MEDICAL

Fictitious Trade Name (if any): DBA HOT SPRINGS MEDICAL

Business Mailing Address [REDACTED]

Business telephone number: +1-501-251-9252 / +1-501-251-9540

3. Business entity type: SOLE PROPIETORSHIP DOING BUSINESS AS (DBA)

Date of business formation or incorporation: 12 JULY 2017

State(s) of Formation: ARKANSAS

Registered Agent Name: N/A

Registered Agent Address: N/A

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[REDACTED] -100% OWNER

5. County of Proposed Location: GARLAND COUNTY, AR

6. City of Proposed Location (If inside city limits): N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

APPLICATION SUBMITTED FOR ZONE 5, [REDACTED] [REDACTED]
WEEDON MEDICAL, WEEDON CEMETARY ROAD, LONOKE, ARKANSAS 72086

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or

dispensary, and briefly describe the nature of the relationship.

NO-SOLE PROPIETORSHIP

Certification

I, [REDACTED], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 27 day of July, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

Subscribed and sworn to before me this 27th day of July, 2017.

Beverly Florida

Notary Public

My Commission Expires: 11-26-2021



00602

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name NSK Medical Exchange, LLC.

Fictitious Trade Name (if any) Natural State of Kind

Business Mailing Address [Redacted]

Business telephone number 501-408-2420

3. Business entity type LLC

Date of business formation or incorporation August 7, 2017

State(s) of Incorporation AR

Registered Agent Name Jason Martin

Registered Agent Address 400 W. Capitol Ave., Suite 1700, Little Rock, AR 72201

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- ✓ [Redacted] - Owner Applicant - 51%
- ✓ [Redacted] - Owner - 5%
- [Redacted] - Owner - 14.5%
- [Redacted] - Owner - 5%
- [Redacted] - Owner - 14.5%
- [Redacted] - Board Member - 0%
- ✓ [Redacted] - Owner - 5%
- [Redacted] - Board Member - 0%
- ✓ [Redacted] - Owner - 5%
- [Redacted] - Board Member - 0%
- [Redacted] - Board Member - 0%
- [Redacted] - Board Member - 0%
- [Redacted] - Board Member - 0%

5. County of Proposed Location Faulkner

6. City of Proposed Location (If inside city limits) Conway



7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

Applicant and complete ownership are filing applications for additional dispensaries under the same company name.

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

Applicant and complete ownership are filing applications for a cultivation under the company name, NSK Agriculture, LLC.

Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 9th day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 9 day of August, 2017.

Cheryl A. Shook
Notary Public

My Commission Expires: 12-18-2026



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name Cup of Coffee, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
Newport, AR 72112

Business telephone number 870-217-6542 or 870-503-3151

3. Business entity type Type C Corp

Date of business formation or incorporation 01/12/17

State(s) of Incorporation Arkansas

Registered Agent Name Tim Watson, Jr., Attorney

Registered Agent Address 209 Walnut St., Newport, AR 72112

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[Redacted] 60% Partner

[Redacted] 40% Partner

5. County of Proposed Location Jackson

2017 AUG 18 A 9 52

6. City of Proposed Location (if inside city limits) Newport

RECEIVED

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 14th day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 14th day of August, 2017.

Caramia Armstrong
Notary Public

My Commission Expires: May 18, 2026



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

2. Business Name Arkansas Medical Marijuana Farm LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Fort Smith, AR, 72916

Business telephone number 479-424-1100 Office, _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation June 5, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Jimmy Lee Didier II

Registered Agent Address 8601 Howard Hill Road, Fort Smith, AR 72916

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

See attached Exhibit: (Section A. Number 4)

Multiple horizontal lines for text entry.

5. County of Proposed Location Sebastian

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

Multiple horizontal lines for text entry.

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

0007

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 16th day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 16th day of August, 2017.

ASHLEY C. MCANULTY
ST. BASTIAN COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires April 15, 2018
Commission No. 12325620

Ashley C. McAnulty

Notary Public

My Commission Expires: 4-15-18

EXHIBIT

EXHIBIT FOR SECTION A, NUMBER 4

Names and Addresses of Owners of Fort Smith Investment Partners, LLC	Membership Interest	Entity Member & Percentage Ownership	Entity Member & Percentage Ownership
██████ Properties, LLC 8601 Howard Hill Road Fort Smith, AR 72916	25%	██████ ██████ Living Trust U/T/D 4/27/2012 (12.50%)	██████ ✓ Living Trust U/T/D 4/27/2012 (12.50%)
Fort Smith Investment Partners, LLC 8601 Howard Hill Road Fort Smith, AR 72916	75%	Entity Member & Percentage Ownership	Entity Member & Percentage Ownership
██████ Properties, LLC 8601 Howard Hill Road Fort Smith, AR 72916		██████ ██████ Living Trust U/T/D 4/27/2012 (6.66%)	██████ Living Trust U/T/D 4/27/2012 (6.66%)
Sooner 007 MMA, LLC 8112 Mile Tree Drive Fort Smith, AR 72903		██████ (6.66%)	██████ (6.66%) ✓
UDA Investments, LLC 3436 Philpot Road Ozark, AR 72949		██████ ✓ (3.33%)	██████ ██████ ✓ (3.33%)
Hideaway Homes, LLC 3001 McKinley Ave. Fort Smith, AR 72908		██████ (6.66%) ✓	██████ ✓ (6.66%)
Fort Smith Legacy, LLC 6105 Park Ave. Fort Smith, AR 72903		██████ ██████ ✓	██████ ██████ ✓
PCU Belle Point Ventures, LLC 4100 South 34 th Street Fort Smith, AR 72901			██████ (13.32%) ✓
LORGRACE, LLC 6304 Free Ferry Road Fort Smith, AR 72903		██████ (3.33%) ✓	██████ (3.33%) ✓
██████ 12001 Rye Hill Road Fort Smith, AR 72916		██████ (6.66%) ✓	
Scotch Ladies, LLC 17 Berryhill Road Fort Smith, AR 72903		██████ (3.33%) ✓	██████ (3.33%) ✓
Reserved Percentage for Charitable purpose and/or Medical Cannabis Education	(6.66%)		

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name Arkansas Medical Marijuana Farm LLC.

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Fort Smith, Arkansas 72916

Business telephone number 479-424-1100 Office, [Redacted]

3. Business entity type Limited Liability Company

Date of business formation or incorporation June 5, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Jimmy Lee Didier II

Registered Agent Address 8601 Howard Hill Road, Fort Smith, AR. 72916

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

See attached Exhibit. (Section A. Number 4)

[Empty lines for additional information]

5. County of Proposed Location Sebastian

6. City of Proposed Location (If inside city limits) Fort Smith, Arkansas

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

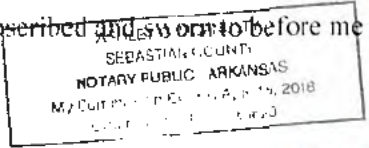
Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 16th day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 16th day of August, 2017.



[Signature]
Notary Public

My Commission Expires: 4-15-18

EXHIBIT

EXHIBIT FOR SECTION A, NUMBER 4

Names and Addresses of Owners of Fort Smith Investment Partners, LLC	Membership Interest	Entity Member & Percentage Ownership	Entity Member & Percentage Ownership
█████ Properties, LLC 8601 Howard Hill Road Fort Smith, AR 72916	25%	█████ Living Trust U/T/D 4/27/2012 (12.50%)	█████ Living Trust U/T/D 4/27/2012 (12.50%)
Fort Smith Investment Partners, LLC 8601 Howard Hill Road Fort Smith, AR 72916	75%	Entity Member & Percentage Ownership	Entity Member & Percentage Ownership
█████ Properties, LLC 8601 Howard Hill Road Fort Smith, AR 72916		█████ Living Trust U/T/D 4/27/2012 (6.66%)	█████ Living Trust U/T/D 4/27/2012 (6.66%)
Sooner 007 MMA, LLC 8112 Mile Tree Drive Fort Smith, AR 72903		█████ (6.66%)	█████ (6.66%)
LDA Investments, LLC 3436 Philpot Road Ozark, AR 72949		█████ (3.33%)	█████ (3.33%)
Hideaway Homes, LLC 3001 McKinley Ave. Fort Smith, AR 72908		█████ (6.66%)	█████ (6.66%)
Fort Smith Legacy, LLC 6105 Park Ave. Fort Smith, AR 72903		█████ (6.66%)	█████ (6.66%)
PCU Belle Point Ventures, LLC 4100 South 34 th Street Fort Smith, AR 72901			█████ (13.32%)
LORGRACE, LLC 6304 Free Ferry Road Fort Smith, AR 72903		█████ (3.33%)	█████ (3.33%)
█████ 12001 Rye Hill Road Fort Smith, AR 72916		█████ (6.66%)	
Scotch Ladies, LLC 17 Berryhill Road Fort Smith, AR 72903		█████ (3.33%)	█████ (3.33%)
Reserved Percentage for Charitable purpose and/or Medical Cannabis Education	(6.66%)		

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- ██████████ - Owner Applicant - 51%

- ✓ ██████████ - Owner - 5%

- ✓ ██████████ - Owner - 14.5%

- ██████████ - Owner - 5%

- ██████████ - Owner - 14.5%

- ██████████ - Owner - 5%

- ██████████ - Owner - 5%

- ✓ ██████████ - Board Member - 0%

- ██████████ - Board Member - 0%

- ██████████ Board Member - 0%

- ██████████ - Board Member - 0%

- ██████████ - Board Member - 0%

- ██████████ - Board Member - 0% ██████████ - Board Member - 0%

- ██████████ - Board Member - 0%

5. County of Proposed Location Jackson

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for



dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

Applicant and complete ownership are filing applications for a dispensary under the company name.
NSK Medical Exchange, LLC.

Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

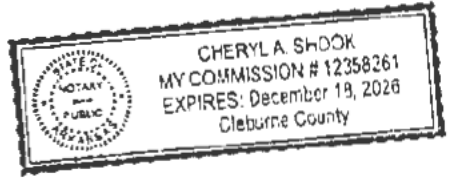
Signed this 9th day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 9 day of August, 2017.

Cheryl A. Shook
Notary Public

My Commission Expires: 12-18-2026



00007

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

2. Business Name The Hemp Store Café, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____, Mountain View, Arkansas 72560

Business telephone number 501-350-7663 (temporary)

3. Business entity type Medical Cannabis Dispensary with 50 plant grow

Date of business formation or incorporation 08/25/2017

State(s) of Incorporation Arkansas

Registered Agent Name Charles R. Widmer

Registered Agent Address 213 Evans Street, Mountain View, Arkansas 72560

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

_____ 60%
_____) 40%

5. County of Proposed Location Stone

6. City of Proposed Location (If inside city limits) Mountain View

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 29th day of August, 2017.
[redacted]

Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.
Susan G. Manuel

Notary Public

My Commission Expires: 5-24-26



#00008

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name New Leaf Cannabis Company LLC

Fictitious Trade Name (if any) _____

Business Mailing Address P.O. Box 400 Leslie, AR 72645

Business telephone number (870) 447-2599

3. Business entity type LLC (Limited Liability Company)

Date of business formation or incorporation 05/25/2017

State(s) of Incorporation Arkansas

Registered Agent Name Baron Christopher Crane

Registered Agent Address 104 Walnut Street Leslie, AR 72645

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[Redacted]	Owner/Member	60% Ownership
[Redacted]	Owner/Member	10% Ownership
[Redacted]	Owner/Member	30% Ownership

5. County of Proposed Location Carroll County

6. City of Proposed Location (If inside city limits) Eureka Springs, AR

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

Yes New Leaf Cannabis Company LLC Harrison, AR Boone County

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 22nd day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 22nd day of August, 2017.

Jennifer Lee Henson Notary Public

My Commission Expires: January 26, 2027



#F00009

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

2. Business Name Courageous Ann, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____
Little Rock, AR. 72201

Business telephone number (501) 413-9644

3. Business entity type LLC

Date of business formation or incorporation March 2017

State(s) of Incorporation AR

Registered Agent Name A. Cale Block

Registered Agent Address 425 W. Capitol Ave., Suite 3400 Little Rock, AR, 72201

REC'D
2017 AUG 30 P 3:30
RECEIVED

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- _____ Owner - 60%
- _____ Owner - 15%
- _____ Owner - 20%
- _____, Owner - 5%
- _____ CEO 0% Ownership
- _____ CFO 0% Ownership
- _____, COO 0% Ownership

5. County of Proposed Location Pulaski

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 24th day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 24th day of August 2017.

KARIN R. LEWATHUS
NOTARY PUBLIC - ARKANSAS
My Commission Expires July 01, 2025
Commission No. 12894479

[Signature] Russell Walker
Notary Public

My Commission Expires: July 01, 2025

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person) [Redacted]

2. Business Name Valentine Holdings, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Jonesboro, AR 72403

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation April 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Donald L. Parker II

Registered Agent Address 3000 Browns Lane, Jonesboro, AR 72401

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- ✓ [Redacted] -owner - 32.3334%
- ✓ [Redacted] -owner - 1%
- ✓ [Redacted] -owner - 32.3333%
- ✓ [Redacted] -owner - 1%
- ✓ [Redacted] -owner - 33.3333%

5. County of Proposed Location Greene County

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

[Redacted] Fayetteville, AR - d/b/a NWA Medical Cannabis Company
[Redacted] Fort Smith, AR - d/b/a River Valley Medical Cannabis Company

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

Delta Medical Cannabis Company, LLC, a cultivation facility applicant proposed to be located in Jackson County, Arkansas. Valentine Holdings, LLC is a 22.22% owner of Delta Medical Cannabis Company, LLC.

Certification

I, [Redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 29th day of August, 2017.

[Redacted Signature]

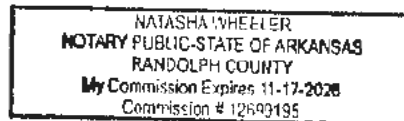
Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.

Natasha Wheeler

Notary Public

My Commission Expires: 11-17-2026



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

2. Business Name Delta Medical Cannabis Company, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Jonesboro, AR

Business telephone number 72401 501-268-7601 _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation April 7 _____

State(s) of Incorporation Arkansas _____

Registered Agent Name Donald L. Parker, _____

Registered Agent Address 3000 Brown's Ln Jonesboro,
AR

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

See Attached

Four horizontal lines for providing details about the relationship.

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 30th day of August, 2017.

[Redacted signature]

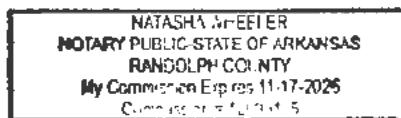
Signature of Applicant

Subscribed and sworn to before me this 30th day of August, 2017.

Natasha Wheeler

Notary Public

My Commission Expires: 11-17-2026



SECTION A, NUMBER 4

<u>Members' Names and Addresses</u>	<u>Interest in the Company</u>
Eagles, Birdies, Doubles and Triples, LLC 2902 Quality Way Jonesboro, AR 72401	33.33%
Valentine Holdings, LLC P.O. Box 1733 Jonesboro, AR 72403	22.22%
420 Grow, LLC 100 E. Hale Street Osceola, AR 72370	14.81%
[REDACTED] [REDACTED] Jonesboro, AR 72401	14.81%
[REDACTED] P.O. Box 90 Augusta, AR 72006	7.41%
✓ [REDACTED] [REDACTED] Jonesboro, AR 72401	3.71%
[REDACTED] [REDACTED] Little Rock, AR 72212	3.71%
Total Interest	100.00%

Section A, Number 8

Delta Cannabis Company, LLC – Dispensary in West Memphis, Crittenden County

- ✓1. [REDACTED] - owner
- ✓2. [REDACTED] - owner
- ✓3. [REDACTED] - owner
- 4. [REDACTED]

Valentine Holdings, LLC –

- 1. [REDACTED] - Owner
- 2. [REDACTED] - Owner
- 3. [REDACTED] - Owner
- 4. [REDACTED] [REDACTED] Owner
- 5. [REDACTED] - Owner

Dispensaries in 3 locations

- 1. Greene County, Arkansas
- 2. [REDACTED], Fayetteville, Washington County
- 3. [REDACTED] Fort Smith, Sebastian County

420 Grow, LLC – Dispensary in Osceola – Missco Grow Shop

- 1. [REDACTED] - Owner
- 2. [REDACTED] - Owner

00012

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.) [Redacted]

2. Business Name Cannamed Dispensary, Inc
Fictitious Trade Name (if any) N/A
Business Mailing Address [Redacted]
Business telephone number (501) 545-1200

3. Business entity type Corporation (See Attachment - Articles of Incorporation.)
Date of business formation or incorporation February 28, 2017
State(s) of Incorporation Arkansas
Registered Agent Name Michael E. Sanders
Registered Agent Address 1501 Airport Road, Hot Springs, AR 71913

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[Redacted] - 100% owner, President, Board Member.
(See Attachment - Secretary's Certificate of Corporate Ownership and Resolution.)

5. County of Proposed Location Garland

6. City of Proposed Location (If inside city limits) N/A

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No.

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No.

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 17th day of July, 2017.

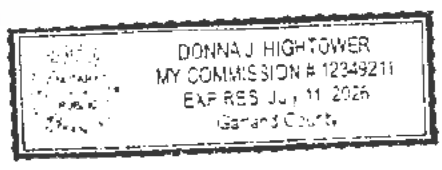
[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 17th day of July, 2017.

Donna J. Hightower
Notary Public

My Commission Expires: 07-11-26



00013

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person) [Redacted]

2. Business Name Piney Creek Mercantile LLC

Fictitious Trade Name (if any) _____

Business Mailing Address Melbourne AR 72556

Business telephone number 870 368 4504

3. Business entity type Dispensary (Sole proprietor) LLC

Date of business formation or incorporation 7-1-17

State(s) of Incorporation ARKANSAS

Registered Agent Name MARK Allen Herrington

Registered Agent Address PO BOX 430 Melbourne, AR 72556

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[Redacted] 100%

5. County of Proposed Location IZARD

6. City of Proposed Location (If inside city limits) Melbourne

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [redacted] certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 14th day of August, 2017.

[redacted]

Applicant

Subscribed and sworn to before me this 14th day of August, 2017.

Karmer Sisk

Notary Public

My Commission Expires: May 28, 2018



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**SECTION A. GENERAL INFORMATION**

1. **Name of Applicant** (Must be a natural person.)

2. **Business Name** TRIDENT SKY LLC

Fictitious Trade Name (if any) ARRETA

Business Mailing Address _____ FAYETTEVILLE, AR 72702

Business telephone number (479) 777-0778

3. **Business entity type** LLC

Date of business formation or incorporation JULY 18 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name CHARLES TRANTHAM

Registered Agent Address 157 E COLT DRIVE, SUITE 1 FAYETTEVILLE, AR 72703

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 30 day of AUGUST, 2017.

Subscribed and sworn to before me this 30 day of August 2017.

Yolanda Evans
Notary Public

My Commission Expires: 7-26-27



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[REDACTED]

2. Business Name NEWSOUTH AGRICULTURE, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]

LITTLE ROCK, AR 72205

Business telephone number 501.960.7106

3. Business entity type LLC

Date of business formation or incorporation 2/6/17

State(s) of Incorporation ARKANSAS

Registered Agent Name WILLIAM F RECTOR JR.

Registered Agent Address 4400 I ST. LITTLE ROCK, AR 72205

RECEIVED
2017 SEP -1 P 2:42
ABC

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A, Number 4.")

[Redacted] - 50%

[Redacted] - 50%

5. County of Proposed Location JEFFERSON COUNTY

6. City of Proposed Location (If inside city limits) PINE BLUFF

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 30th day of AUGUST, 2017

[redacted signature]

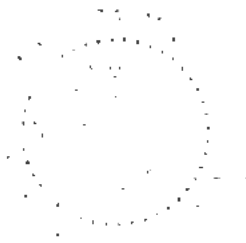
Signature of Applicant

Subscribed and sworn to before me this 30th day of August, 2017

Michael Miller

Notary Public

My Commission Expires: November 29th, 2022



SECTION A.

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

1. Name of Applicant:	[REDACTED]
2. Business Name:	Delta Cultivators, LLC
Fictitious Trade Name (if any):	None
Business Mailing Address:	[REDACTED] West Helena, AR 72390
Business telephone number:	870-572-1157
3. Business entity type:	Limited Liability Company
Date of business formation or incorporation:	2/23/2017
State(s) of Incorporation:	Arkansas
Registered Agent Name:	Phillip Allen
Registered Agent Address:	116 S. 4th St., West Helena, AR 72390

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

Name	Affiliation	AR Resident	Ownership %
██████████	Owner	Lifetime	3.29
██████████	Owner	Lifetime	3.28
██████████	Owner	Lifetime	19.65
██████████	Owner / General Counsel	Lifetime	7.11
██████████	Owner	Lifetime	6.58
██████████	Owner	Lifetime	7.63
██████████	Owners / CEO (Ed Pat) and Pharmacy Consultant (Betsy)	Lifetime	13.07
██████████	Owner	Lifetime	13.07
Mid America Asset Mgmt. ██████████	Owner / COO	No	26.32
TOTAL			100%

* ██████████ is the sole owner / operator of Mid America Asset Management (see attached)

5. County of Proposed Location:	Phillips County
6. City of Proposed Location (If inside city limits):	The location is outside city limits.

<p>7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.</p>	<p>Applicant has not and does not intend to file additional applications for a cultivation license.</p>
<p>8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.</p>	<p>Yes, [REDACTED] is part of Delta Cultivators, LLC. The same group which is applying for a Dispensary License under the same applicant and group. As allowed under Amendment 98 §8 (l)(1).</p>

00017

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person)

[Redacted]

2. Business Name PREFERRED HERBAL LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted], BRYANT AR 72022

Business telephone number (501) 766-0405

3. Business entity type HORTICULTURE/ AGRICULTURE

Date of business formation or incorporation JULY 7, 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name REGINALD RICHARDSON

Registered Agent Address 3100 MEADOWLAKE DR, BRYANT AR 72022

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- [Redacted] - 20% OWNER, BOARD MEMBER
- [Redacted] - 20% OWNER, BOARD MEMBER
- [Redacted] 30% OWNER, BOARD MEMBER
- [Redacted] 30% OWNER, BOARD MEMBER

5. County of Proposed Location CRITTENDEN COUNTY

6. City of Proposed Location (If inside city limits) WEST MEMPHIS, AR

RECEIVED
SEP 11 2017
10 30 AM

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 30th day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 30 day of August, 2017.

[Handwritten signature]

Notary Public

My Commission Expires: 7/15/25



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name Natural Medicine Dispensary, LLC

Fictitious Trade Name (if any) Natural Medicine Dispensary

Business Mailing Address [Redacted] Van Buren, AR 72956

Business telephone number 479-414-5890

3. Business entity type Limited Liability Company

Date of business formation or incorporation April 10, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Jamie Pike

Registered Agent Address 1406 Lovers Lane, Van Buren, AR 72956

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

[Redacted] is the sole member/manager of Natural Medicine Dispensary, LLC and has a 100% ownership interest. There are no other individuals or entities who have the power or authority to control Natural Medicine Dispensary, LLC. A copy of Attachment "A" to the Operating Agreement is attached hereto, which documents that [Redacted] holds 100% ownership of the LLC.

5. County of Proposed Location Sebastian

6. City of Proposed Location (If inside city limits) Fort Smith

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
No.

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

No.

Certification

I, _____, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 29th day of August, 2017.

Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.

Colleen J. Crisel
Notary Public

My Commission Expires: 9-9-2018



SECTION A.

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant:	[REDACTED]
2. Business Name:	Delta Cultivators, LLC
Fictitious Trade Name (if any):	None
Business Mailing Address:	[REDACTED] West Helena, AR 72390
Business telephone number:	870-572-1157
3. Business entity type:	Limited Liability Company
Date of business formation or incorporation:	2/23/2017
State(s) of Incorporation:	Arkansas
Registered Agent Name:	Phillip Allen
Registered Agent Address:	116 S. 4th St., West Helena, AR 72390

RECEIVED
2017 SEP -1 P 4:11
ABC

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and the percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

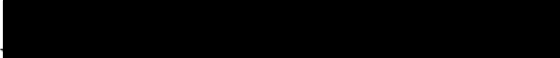
Name	Affiliation	AR Resident	Ownership %
[REDACTED]	Owner	Lifetime	3.29
[REDACTED]	Owner	Lifetime	3.28
[REDACTED]	Owner	Lifetime	19.65
[REDACTED]	Owner / General Counsel	Lifetime	7.11
[REDACTED]	Owner	Lifetime	6.58
[REDACTED]	Owner	Lifetime	7.63
[REDACTED]	Owners / CEO [REDACTED] and Pharmacy Consultant [REDACTED]	Lifetime	13.07
[REDACTED]	Owner	Lifetime	13.07
Mid America Asset Mgmt. ([REDACTED])	Owner / COO	No	26.32
TOTAL			100%

*John Mueller is the sole owner / operator of Mid America Asset Management (see attached)

5. County of Proposed Location:	Phillips County
6. City of Proposed Location (If inside city limits):	The location is outside city limits.

<p>7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.</p>	<p>Applicant has not and does not intend to file additional applications for a dispensary license.</p>
<p>8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed dispensary or dispensary, and briefly describe the nature of the relationship.</p>	<p>Yes, [REDACTED] is part of Delta Cultivators, LLC. The same group which is applying for a Cultivation License under the same applicant and group. As allowed under Amendment 98 §8 (1)(1).</p>

Certification

I,  , certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 27th day of July , 2017 .



Signature of Applicant

Subscribed and sworn to before me this 27th day of July , 2017 .

Ashley A. Cummings
Notary Public

My Commission Expires: August 20, 2021

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.)

[Redacted]

2. Business Name JADE Natural Remedies, DBA under Best Buds Ever LLC

Fictitious Trade Name (if any) JADE Natural Remedies

Business Mailing Address [Redacted]
Van Buren, Ar. 72956

Business telephone number (479) 806-5675

3. Business entity type LLC

Date of business formation or incorporation March 16th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Daniel Comstock

Registered Agent Address 202 N. Fayetteville Rd., Van Buren, Ar., 72956

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- [Redacted] - Owner 25 percent
- [Redacted] - Owner 25 percent
- [Redacted] - Owner 25 percent
- [Redacted] Owner 25 percent

5. County of Proposed Location Crawford County

6. City of Proposed Location (If inside city limits) Van Buren

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO

Certification

I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 19 day of August, 2017.

[redacted] Signature of Applicant

Subscribed and sworn to before me this 19 day of August, 2017.

[Signature]

Notary Public

My Commission Expires: 10

