

00041

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Wellness Group, LLC

Fictitious Trade Name (if any)

Business Mailing Address

Fayetteville, AR 72701

Business telephone number 479-595-1947

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/1/2017

State(s) of Incorporation Arkansas

Registered Agent Name Nirmal K Kilambi

Registered Agent Address 1904 N. Hartford Drive Fayetteville, AR 72701

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]

5. County of Proposed Location Washington

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

00041

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.

N/A

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.

N/A

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 8th day of September 2017 [redacted]

Signature of Applicant

Subscribed and sworn to before me this 8th day of September 2017.

Miriam K. Yoder
Notary Public

My Commission Expires: 05/27/2025

Original



00042

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Northwest Arkansas Medical Dispensary, LLC.
 Fictitious Trade Name (if any) _____
 Business Mailing Address [Redacted] Fayetteville, AR 72703
 Business telephone number 479-236-2060

3. Business entity type Arkansas Limited Liability Company
 Date of business formation or incorporation 8/22/2017
 State(s) of Incorporation Arkansas
 Registered Agent Name Samuel Stephenson
 Registered Agent Address 14621 Groshen-Tuttle Rd. Elkins, AR 72727

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 be 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] - President - 16.67%
 [Redacted] Secretary - 16.67%
 [Redacted] Treasurer - 16.67%
 [Redacted] Member - 16.67%
 [Redacted] Member - 16.66%
 [Redacted] Member - 16.66%
 C.O.O.
 Chief of Cultivation Operations
 Chief of Retail Operations & Community Outreach

5. County of Proposed Location Washington
 6. City of Proposed Location (if inside city limits) Fayetteville

0004/2

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 23 day of August 2017

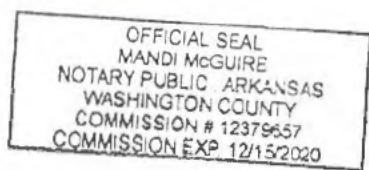
[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 23 day of August 2017

Mandi McGuire
Notary Public

My Commission Expires 12/15/2020



00044

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** The Natural Healing Center LLC

Fictitious Trade Name (if any) The Natural Healing Center

Business Mailing Address [REDACTED]

Conway AR, 72032

Business telephone number 501-733-5333/501-733-6133

3. **Business entity type** Medical Marijuana Dispensary

Date of business formation or incorporation 8-21-2017

State(s) of Incorporation: Arkansas

Registered Agent Name John Strachan and Michael Martinez

Registered Agent Address 2100 Arkansas Ave. Conway AR, 72034

602 Oak Street Conway AR, 72032

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 - 51%

[REDACTED] - Owner - 49%

5. **County of Proposed Location** Pulaski County

6. **City of Proposed Location** (If inside city limits) Not in city limits

! CONFIDENTIAL

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.

Not at this time

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

[Redacted] ification

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 7 day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 7th day of Sept, 2017.

Brenda Austin
Notary Public

Notary Public

My Commission Expires: May 19 2024



00045

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Compassionate Care Company Group, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Russellville, AR 72802

Business telephone number (479) 970-6614

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name Yanci Walker

Registered Agent Address 504 S. Commerce Ave Russellville, AR 72801

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 - 51%

[Redacted] - Owner 49%

5. County of Proposed Location Pope

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

00045

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

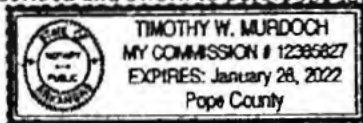
I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 28th day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 28th day of August, 2017.



[Signature of Timothy W. Murdoch]

Notary Public

My Commission Expires: 1, 26, 2022

00047

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Healthcare, Inc.

Fictitious Trade Name (if any) n/a

Business Mailing Address [Redacted]
Van Buren AR 72956

Business telephone number 918-951-7179

3. Business entity type Corporation

Date of business formation or incorporation November 28, 2016

State(s) of Incorporation Arkansas

Registered Agent Name Corey Hunt

Registered Agent Address 6731 Red Robin Dr, Van Buren /
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.")

see attached.

5. County of Proposed Location Crawford

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

00047

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 7 day of September, 2017

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 7 day of September, 2017.

Kelley Loaeza
Notary Public

My Commission Expires: 6/23/27

OFFICIAL SEAL
KELLEY LOAEZA
NOTARY PUBLIC . ARKANSAS
YELL COUNTY
COMMISSION #12701430
COMMISSION EXP. 06/23/2027

00048

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name MMC PPP, LLC

Fictitious Trade Name (if any) Ozark Healing Center

Business Mailing Address [Redacted], Fayetteville, Arkansas 72704

Business telephone number 479-387-5603

3. Business entity type Limited Liability Company

Date of business formation or incorporation 07/13/2017

State(s) of Incorporation Arkansas

Registered Agent Name Angela Marie Pratt

Registered Agent Address 2378 W. Moore Lane, Fayetteville, Arkansas 72704

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")

The applying entity is MMC PPP, LLC. The ownership of the applying entity is:

Entity	Members	Membership Interest	% of MMC PPP, LLC
UAR Holdings, LLC	[Redacted]	100%	16.67%
JDP Investments, LLC	[Redacted]	100%	16.66%
[Redacted] VC, LLC	[Redacted]	100%	16.67%
Indigo Horizon, LLC	[Redacted]	50% & 50%	16.67%
P&B Chase Properties, LLC	[Redacted]	50% & 50%	16.67%
Ally Holdings, LLC -	[Redacted]	50% & 50%	16.66%

Please see attached Entity Documents for Applying Entity and the ownership entities.

5. County of Proposed Location Washington County

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

00048

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 30th day of August, 2017.

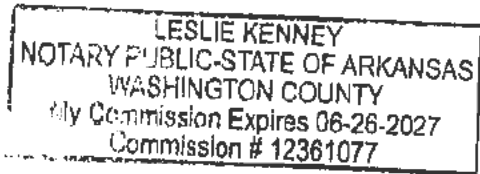


Signature of Applicant

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

Leslie Kenney
Notary Public

My Commission Expires: 6/26/2027



00050

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Absolute Essence

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted], Bryant, Arkansas 72022

Business telephone number 501-548-5857

3. Business entity type LLC

Date of business formation or incorporation July 10, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Timothy Bryce Hendrix

Registered Agent Address 10605 Paul Eells Dr #2 North Little Rock, AR 72113

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, CEO 34% shareholder

[Redacted], owner, operator 33% shareholder

[Redacted], owner 33% shareholder

5. County of Proposed Location Saline

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

00050

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 5th day of Sept., 2017.

Signature of Applicant

Subscribed and sworn to before me this 5th day of Sept., 2017.

Vincent T. Powell
Notary Public

My Commission Expires: 07/31/2025

VINCENT T. POWELL
Arkansas - Pulaski County
Notary Public - Comm# 10601966
My Commission Expires Jul 31, 2025

00051

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. **Business Name** Big Oak Pharms LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]
Clarksville, AR 72830

Business telephone number 479-705-8128 / [REDACTED]

3. **Business entity type** Limited Liability Company

Date of business formation or incorporation 08/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name United States Corporation Agents, Inc.

Registered Agent Address 260 Shoppingway Blvd Ste A & B,
West Memphis, AR 72301

RECEIVED
2011 SEP 13 A 11:48
ABC

00051

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 03 day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 03 day of August, 2017.

[Handwritten signature of Dawn K. Dunn]

Notary Public

My Commission Expires: 10-01-2023



00052

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Applegate Valley Organics of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____

Portland, Oregon 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring Building, Suite 900

300 S. Spring Street

Little Rock, AR 72201

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.")

██████████ - 60% owner of Applegate Valley Organics of Arkansas, LLC

██████████ - 37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

██████████ - 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

██████████ - .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location Monroe - ██████████ Holly Grove, AR

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

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.

██████████ White County
██████████ Mississippi County
██████████ Pulaski County

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

Handwritten signature

00052

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.

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

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 1st day of September, 2017.

[REDACTED]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-2016



00053

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name River Valley Sales, LLC

Fictitious Trade Name (if any) River Valley Relief Dispensary

Business Mailing Address [Redacted] Fort Smith, AR 72916

Business telephone number 479-649-6909

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 25th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name John D Alford

Registered Agent Address 6804 Rogers Avenue, Suite B, Fort Smith, AR 72903

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] - Member - 50% Ownership

[Redacted] - Member - 50% Ownership

[Redacted] - Chief Operating Officer & Treasurer

5. County of Proposed Location Sebastian

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

00053

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.

Yes - [redacted] is the 100% owner of River Valley Production, LLC DBA River Valley Relief Cultivation. [redacted] and [redacted] are also officers of River Valley Production, LLC. River Valley Production, LLC is submitting two applications for a cultivation facility license.

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.

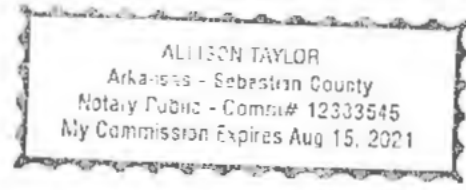
Signed this 11th day of September 2017

[redacted signature]

Subscribed and sworn to before me this 11th day of September 2017

Allison Taylor
Notary Public

My Commission Expires: 8-15-2021



00054

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name JCSP Ventures

Fictitious Trade Name (if any) Life Leaf

Business Mailing Address [Redacted]

Marion, AR 72364

Business telephone number 870-702-1709

3. Business entity type LLC

Date of business formation or incorporation 8-28-17

State(s) of Incorporation Arkansas

Registered Agent Name Julian Carter

Registered Agent Address 639 Riverwest Circle, Marion AR 72364

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 additional pages. The header for this response should include "Section A. Number 4.")

[Redacted] 60%

[Redacted] 20%

[Redacted] 20%

RECEIVED
2017 SEP 13 A 11:31
ADD

5. County of Proposed Location Crittenden

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

00054

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

_____, 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 28th day of August 2017.

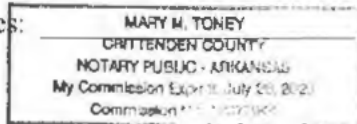
Signature of Applicant

Subscribed and sworn to before me this 28th day of August

Mary M. Toney
Notary Public



My Commission Expires:



00055

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Applegate Valley Organics of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____

Portland, Oregon 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring Building, Suite 900

300 S. Spring Street

Little Rock, AR 72201

00055

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.")**

██████████ - 60% owner of Applegate Valley Organics of Arkansas, LLC

██████████ - 37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

██████████ - 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

██████████ - .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location White - ██████████, Beebe, AR 72023

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

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.

██████████ Monroe County
Mississippi County
Pulaski County

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

00055

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.

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

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 1st day of September, 2017.

[REDACTED]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-24



00056

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Applegate Valley Organics of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____

Portland, Oregon 97232

Business telephone number (971) 703-4777

3. **Business entity type** Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring Building, Suite 900

300 S. Spring Street

Little Rock, AR 72201

00056

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.

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

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 1st day of September, 2017.

[REDACTED]
Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26



00058

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Applegate Valley Organics of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____

Portland, Oregon 97232

Business telephone number (971) 703-4777

3. **Business entity type** Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring Building, Suite 900

300 S. Spring Street

Little Rock, AR 72201

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.")

██████████ - 60% owner of Applegate Valley Organics of Arkansas, LLC

██████████ 37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

██████████ - 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

██████████ - .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location Mississippi - ██████████, Blytheville

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

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.

██████████ White County
Pulaski County
Monroe County

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

00058

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.

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

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 1st day of September, 2017.

[REDACTED]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26



00059

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Portland, OR 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring building, Suite 900
300 Spring Street
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] - 60% Owner in Nectar Markets of Arkansas, LLC

[Redacted] - 37.4% Owner and CEO of Nectar Markets of Arkansas, LLC

[Redacted] - 2% Owner and COO of Nectar Markets of Arkansas, LLC

[Redacted] - .6% Owner and CFO of Nectar Markets of Arkansas, LLC

5. County of Proposed Location Washington, County

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

00059

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] *Rothers;*

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.

All owners of Nectar Markets of Arkansas, LLC are also owners of Applegate Valley Organics of Arkansas, LLC. Each entity is submitting multiple applications for dispensary and cultivation licenses, respectively.

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 1st day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26



00060

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [REDACTED]

Portland, OR 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring building, Suite 900

300 Spring Street
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] - 60% Owner in Nectar Markets of Arkansas, LLC

[REDACTED] - 37.4% Owner and CEO of Nectar Markets of Arkansas, LLC

[REDACTED] - 2% Owner and COO of Nectar Markets of Arkansas, LLC

[REDACTED] - .6% Owner and CFO of Nectar Markets of Arkansas, LLC

5. County of Proposed Location Sebastian

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

00060

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

made.
[Redacted] Conway; [Redacted] Mabelvale; Fayetteville.

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.

All owners of Nectar Markets of Arkansas, LLC are also owners of Applegate Valley Organics of Arkansas, LLC. Each entity is submitting multiple applications for dispensary and cultivation licenses, respectively.

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 1st day of September, 2017

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26

