

20161

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name RXMED, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Monitecello, AR 71655

Business telephone number (870) 723-1993

3. Business entity type Corporation

Date of business formation or incorporation May 16, 2017

Statet(s) of Incorporation Arkansas

Registered Agent Name Carol A. Moore

Registered Agent Address 1195 N. 16th Section Road, Monitecello, AR 71655

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.")

Daxico LLC 38% - Owner ([Redacted] 19% [Redacted] 19%)

[Redacted] 2% - Owner

[Redacted] 35% - Owner

[Redacted] 15% - Owner

[Redacted] 5% - Owner

[Redacted] 5% - Owner

[Redacted] 0% - Board Member

5. County of Proposed Location Nevada

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

00161

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 - RXMED, Inc. will file a Dispensary Application in Newport, Arkansas (Jackson 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.

The Applicant has identical ownership in DeltaCanna 9, Inc. a corporation that is filing for a Cultivation License in Prescott, Arkansas (Nevada County).

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 15th day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Kemma Rhodes

Notary Public

My Commission Expires: Feb 27, 2027



00162

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Johnson County Dispensary, L.L.C.

Fictitious Trade Name (if any) _____

Business Mailing Address 400 W. Capitol Ave., STE 2910
Little Rock, AR 72201

Business telephone number 501-517-5332

3. Business entity type Limited Liability Company

Date of business formation or incorporation 09/08/2017

State(s) of Incorporation Arkansas

Registered Agent Name Alex Gray

Registered Agent Address 400 W. Capitol Ave., STE 2910

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

[Redacted]	60%
[Redacted]	25%
[Redacted]	15%

5. County of Proposed Location Johnson

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

00162

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.

[Redacted] is an owner in Boll Weevil Farms of the Delta, LLC which is applying for a cultivation license.
[Redacted] is an owner in Boll Weevil Farms of the Delta, LLC which is applying for a cultivation license

Certification

[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 September, 2017

Mark Holland

Notary Public

My Commission Expires: 3/6/2027



00163

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Alternative Therapies LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] - Little Rock, AR 72201

Business telephone number 870-219-3331

3. Business entity type LLC.

Date of business formation or incorporation 09/07/17

State(s) of Incorporation Arkansas

Registered Agent Name Quentin May

Registered Agent Address 300 Spring Street - Suite 500 - Little Rock 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

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

[Redacted] - 5%

[Redacted] - 5%

[Redacted] - 22.5%

[Redacted] - 22.5%

[Redacted] - 22.5%

[Redacted] - 22.5%

5. County of Proposed Location Chicot County

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

00163

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. Applicants [redacted] and [redacted] are applying for a cultivation facility in Jefferson County.

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 8th day of September, 2017.

[redacted] Applicant

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

Sheila McDade
Notary Public

My Commission Expires: 1-16-2019

00164

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Heritage Farms of Eastern Arkansas LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Fayetteville, AR 72701

Business telephone number (501) 838-2508

3. Business entity type Limited liability Corporation

Date of business formation or incorporation 8/30/2017

State(s) of Incorporation Arkansas

Registered Agent Name Regina Thurman

Registered Agent Address 1655 S. Coopers Cove, Fayetteville, AR 72701

00164

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]	- 28.15%
- [REDACTED]	- 22.52%
- [REDACTED]	- 14.08%
- [REDACTED]	- 14.07%
- [REDACTED]	- 11.26%
- [REDACTED]	- 5.65%
- [REDACTED]	- 2.86%
- [REDACTED]	- 1.41%

5. County of Proposed Location Drew

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

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

00164

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.

[Redacted] [Redacted] [Redacted] [Redacted]

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 7th day of September

[Redacted Signature]

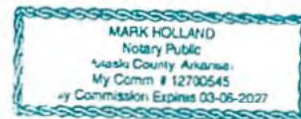
Signature of Applicant

Subscribed and sworn to before me this 7th day of September

Mark Holland

Notary Public

My Commission Expires: 3/6/2027



00165

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

████████████████████

2. **Business Name** PREFERRED HERBAL LLC

Fictitious Trade Name (if any) _____

Business Mailing Address ████████████████████, 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

00165

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 of Applicant

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


[REDACTED]


Notary Public

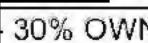
My Commission Expires: 7/15/25




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.")

-  - 20% OWNER, BOARD MEMBER

-  - 20% OWNER, BOARD MEMBER

-  30% OWNER, BOARD MEMBER

-  - 30% OWNER, BOARD MEMBER

5. County of Proposed Location PHILLIPS COUNTY

6. City of Proposed Location (If inside 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.

NO

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

00166

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

██████████

2. **Business Name** DeltaCanna9, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address ██████ N ██████████ Monticello Road, Monticello, AR, 71655

Business telephone number (870) 723-1993

3. **Business entity type** Corporation

Date of business formation or incorporation 6-15-2017

State(s) of Incorporation Arkansas

Registered Agent Name Carol A. Moore

Registered Agent Address 1195 N. 16th Section Road Monticello Road, Monticello, AR, 71655

00166

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.")

Daxico LLC 38% - Owner [REDACTED] 19% [REDACTED] 19%

[REDACTED] 2% - Owner

[REDACTED]

[REDACTED]

[REDACTED] 5% - Owner

[REDACTED] 5% - Owner

[REDACTED] 0% - Board Member

5. County of Proposed Location Nevada

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

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.

The Applicant will not file for any other Cultivation Applications.

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

00166

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.

The Applicant has identical ownership of Dispensary Applicant RXMED, Inc and will be completing two applications for dispensaries:

(1) Prescott, Arkansas

(2) Newport, Arkansas

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 15th day of September, 2017.

[redacted signature]
Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Kemma Rhodes
Notary Public

My Commission Expires: Feb. 27, 2027

KEMMA RHODES
Notary Public-Arkansas
Jefferson County
My Commission Expires 02-27-2027
Commission #12350300

00167

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name RXMED, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED] N [REDACTED], Moniteello, AR 71655

Business telephone number (870)-723-1993

3. Business entity type Corporation

Date of business formation or incorporation May 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Carol A. Moore

Registered Agent Address 1195 N. 16th Section Road, Moniteello, AR 71655

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.")

Duxico LLC 38% - Owner ([REDACTED] 19% [REDACTED] 19%)

[REDACTED] % - Owner

[REDACTED] 35% - Owner

[REDACTED] 15% - Owner

[REDACTED] 5% - Owner

[REDACTED] 5% - Owner

[REDACTED] 0% - Board Member

5. County of Proposed Location Jackson

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

00167

- 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 - RXMED, Inc. will file a Dispensary Application in Prescott, Arkansas (Nevada 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.

The Applicant has identical ownership in DeltaCanna 9, Inc. a corporation that is filing for a Cultivation License in Prescott, Arkansas (Nevada County).

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 15th day of September, 2017.

[redacted signature]

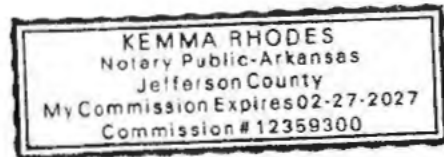
Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Kemma Rhodes

Notary Public

My Commission Expires: Feb. 27, 2027



00168

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

A

[Redacted]

2. Business Name Wild Wings of the Delta, L.L.C.

Fictitious Trade Name (if any) None

Business Mailing Address [Redacted] [Redacted] [Redacted]
Star City, AR 71667

Business telephone number 870-222-8991

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 10, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Andrew Hood

Registered Agent Address 11310 State HWY 83 S.
Star City, AR 71667

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] PharmD 60%
[Redacted] 40%

5. County of Proposed Location Desha

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

00168

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] has a 5.65% interest in Heritage Farms of Eastern Arkansas, LLC which is applying for cultivation facility license. [redacted] has a 2.86% interest in Heritage Farms of Eastern Arkansas, LLC which is applying for a cultivation 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 7 day of Sept, 2017

[redacted signature]

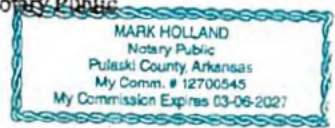
Signature of Applicant

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

[Handwritten signature]

Notary Public

My Commission Expires: 3/6/2027



00169

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

██████████

2. **Business Name** Nature's Greenhouse LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address ██████████ - Little Rock, AR 72201

Business telephone number 501-952-1696

3. **Business entity type** LLC.

Date of business formation or incorporation 09/06/2017

State(s) of Incorporation Arkansas

Registered Agent Name Quentin May

Registered Agent Address 300 Spring Street Suite 500 / Little Rock, AR 72201

00169

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]	- 18.75%
[REDACTED]	- 13.75%
[REDACTED]	- 13.75%
[REDACTED]	- 13.75%
[REDACTED]	- 10%
[REDACTED]	- 10%
[REDACTED]	- 5%
[REDACTED]	- 5%
[REDACTED]	- 5%
[REDACTED]	- 5%

5. County of Proposed Location Jefferson

6. City of Proposed Location (If inside 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.

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

00169

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. Applicants [redacted] are applying for a dispensary in Pine Bluff, AR.

Applicants [redacted] and [redacted] are applying for a dispensary in Lake Village, AR.

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 13th day of September, 2017.

Signature of Applicant

Subscribed and sworn to before me this 13th day of September, 2017.

Tara Dull

Notary Public

My Commission Expires: 11/04/2020



00170

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name PH Medical

Fictitious Trade Name (if any) Cultivate Health

Business Mailing Address [Redacted], Conway, Arkansas 72032

Business telephone number 501-749-3693

3. Business entity type LLC

Date of business formation or incorporation 7/18/2016

State(s) of Incorporation Arkansas

Registered Agent Name Justice Brooks

Registered Agent Address 111 Center St, Suite 1900, Little Rock, Arkansas 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] CEO, General Manager, 60% Owner

[Redacted] CFO, 30% Owner

[Redacted] Pharmacist, Assistant General Manager, 5% Owner

[Redacted] Pharmacist 5% Owner

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5. County of Proposed Location Faulkner

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

00170

- 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 13 day of September, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

Subscribed and sworn to before me this 13 day of SEPT, 2017.

[Signature]

Notary Public

My Commission Expires: 11/18/2023



00173

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

██████████

2. **Business Name** Delta Cannabinoid Corporation

Fictitious Trade Name (if any) _____

Business Mailing Address ██████████ Little Rock, AR 72201

Business telephone number 501-725-1284

3. **Business entity type** Corporation

Date of business formation or incorporation September 5, 2017

State(s) of Incorporation Arkansas

Registered Agent Name CapRock Law Firm, PLLC

Registered Agent Address 417 Main St., STE 400-7, Little Rock, AR 72201

00173

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.")

DC Labs, LLC is the sole owner of Delta Cannabinoid Corp.

Ownership of DC Labs, LLC is as follows:

██████████, Applicant Owner (30%) & Board of Directors

██████████, Applicant Owner (30%) & Board of Directors

██████████, Applicant Owner (30%) & Board of Directors

██████████, Applicant Owner (10%) & Board of Directors

5. County of Proposed Location Lee County

6. City of Proposed Location (If inside 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.

No.

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

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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Canna Care, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted], Fayetteville, AR 72701

Business telephone number 479-200-5454

3. Business entity type LLC

Date of business formation or incorporation 08/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name Eric Forsbach

Registered Agent Address 327 N Sandstone Pl, 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.")

Name	Member Type	Ownership %	Position/Title
[Redacted]	Owner/ Board Member	34.5%	Chief Operating Officer
[Redacted]	Owner/ Board Member	33.0%	Marketing Officer
[Redacted]	Owner	20.0%	Shareholder
[Redacted]	Owner/ Board Member	2.5%	Cultivating Officer
[Redacted]	Owner	2.5%	Chief Cultivating Officer
[Redacted]	Owner/ Board Member	2.5%	Medical Officer
[Redacted]	Owner	2.5%	Research Officer
[Redacted]	Owner/ Board Member	2.5%	Security Officer
[Redacted]	Board Member	0.0%	Regulatory Officer
[Redacted]	Board Member	0.0%	Dispensary Officer

Proposed Location Washington

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

00175

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 12th day of SEPTEMBER, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 12th day of SEPTEMBER, 2017.

[Handwritten signature]

Notary Public

My Commission Expires: 6/22/2026



00176

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Arkansas Medical Solutions LLC

Fictitious Trade Name (if any) Southern Arkansas Medical Solutions, LLC

Business Mailing Address _____, White Hall, AR 71602

Business telephone number 612-999-1606

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 31, 2017

State(s) of Incorporation Delaware

Registered Agent Name The Corporation Trust Co.

Registered Agent Address Corporation Trust Center, 1209 Orange Street,
Wilmington, DE 19801

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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.")

Owners:

██████████ - Owner - 60% ownership in Arkansas Medical Solutions
██████████ ██████████ Owner - 30% ownership in Arkansas Medical Solutions
Vireo Health Arkansas, LLC - Owner - 10% ownership in Arkansas Medical Solutions

Officers:

██████████ MD - Officer, Chief Executive Officer
██████████ MD - Officer, Chief Medical Officer
██████████ MS JD - Officer, Chief Science Officer
██████████ Officer, Chief Financial Officer
██████████ Officer, Chief Horticulture Officer

5. County of Proposed Location Jefferson 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 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

00177

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Mothers Accountable for Marijuana in Arkansas, LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]

Newport, AR 72112

Business telephone number 501-837-6500

3. Business entity type Limited Liability Company

Date of business formation or incorporation Sept. 1, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Lauren E. McDonald

Registered Agent Address 6 Cypress Circle, Newport, AR 72112

00177

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, Member, Officer, Board Member, Equity at 48%
 - ██████████ - Owner, Member, Office, Board Member, Equity at 50%
 - ██████████ - Spouse of Owner, Officer, Board Member, No Equity
 - ██████████ - Owner, Member, Board Member, Equity at 2%
 - ██████████ - Board Member, Affiliated Medical Doctor, No Equity
 - ██████████ - Officer, Board Member, No Equity
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5. County of Proposed Location Jackson

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

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

00177

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 7th day of September, 2017.

[redacted signature]

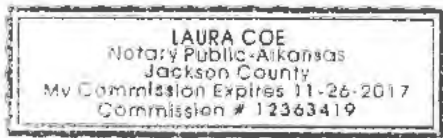
Signature of Applicant

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

Laura Coe

Notary Public

My Commission Expires: 11-26-17



00178

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name NaturPharm, Inc.

Fictitious Trade Name (if any) n/a

Business Mailing Address [Redacted], Conway, AR 72032

Business telephone number 501-514-2171

3. Business entity type Corporation

Date of business formation or incorporation August 25, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Arkansas Registered Agent LLC

Registered Agent Address 701 South Street, STE 100, Mountain Home, AR 72653

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.")

Please see attachment

[Empty lines for listing owners and shareholders]

5. County of Proposed Location Faulkner

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

00178

Section A. Number 4

NaturPharm, Inc. Ownership

Owner	Role(s)	Name	Percentage Ownership
Owner	Sole Owner / Parent Company	NPD Holding Company, LLC	100%

NPD Holding Company, LLC Ownership

Owner	Role(s)	Name	Percentage Ownership
Owner	Applicant, Officer, Board of Directors & Investor	[REDACTED]	91%
Owner	Board of Directors & Investor	[REDACTED]	2.28%
Owner	Board of Directors & Investor	[REDACTED]	1.14%
Owner	Chief Financial Officer & Investor	[REDACTED]	1.14%
Owner	Investor	[REDACTED]	2.28%
Owner	Investor	[REDACTED]	1.14%
Owner	Investor	[REDACTED]	1.14%
Totals			100%

Note: In compliance with Security Laws, NPD Holding Company, LLC received Indication of Interest Letters from prospective investors who intend to invest should NaturPharm, Inc. receive a license but who are not current owners of NPD Holding Company, LLC or NaturPharm, Inc. The prospective investors have passed background checks, and information has been collected proving each of their identities, dates of birth, and Arkansas residency for each of the past 7 years to ensure 100% Arkansas residency. Because the prospective investors are not current owners and will not be owners unless the Commission so approves, this information is not provided at this time, but will be available upon request and upon seeking approval for adding them as owners.

NaturPharm Non-Ownership Affiliations

Owner	Role(s)	Name	Percentage Ownership
n/a	Board of Directors & Chief Medical Officer	[REDACTED]	0%
n/a	Board of Directors	[REDACTED]	0%
n/a	Officer - Chief Operations Officer	[REDACTED]	0%
n/a	Advisory Board Member	[REDACTED]	0%
n/a	Advisory Board Member	[REDACTED]	0%
n/a	Advisory Board Member	[REDACTED]	0%
n/a	Advisory Board Member	[REDACTED]	0%
n/a	Advisory Board Member / Cultivation Manager	[REDACTED]	0%
n/a	Outside Counsel & Advisor	[REDACTED]	0%
n/a	Chief Legal Counsel, Chief Compliance Officer	[REDACTED]	0%

Material on this page is requested to be "Confidential" and redacted in any Freedom of Information request.

00178

- 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, the applicant will not be filing any additional applications for a dispensary license.

- 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.

[Redacted] Advisory Board and Consultant, no equity ownership in NaturPharm, affiliated with Delta Cannabinoid Corporation (Cultivation) as an owner and Board Member of Delta Cannabinoid Corporation

[Redacted] 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 11 day of 2017 September

[Redacted Signature]

Signature of Applicant

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

Michelle Boutault

Notary Public

My Commission Expires: August 16, 2027



00180

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. General Information

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

2. **Business Name:** Clinice, LLC

Fictitious Trade Name (if any): NA

Business Mailing Address: c/o Smith & Hurst, 5100 West J.B. Hunt Drive, Suite 830,
Rogers AR 72758

Business Telephone Number: 479.426.1229

3. **Business Entity Type:** LLC

Date of Business Formation or Incorporation: July 19th, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: James W. Smith

Registered Agent Address: 5100 West J.B. Hunt Drive, Suite 830, Rogers AR 72758

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.")**

**Table on next page*

Owners	Ownership Percentage
[REDACTED] (Board Member)	23.52%
[REDACTED]	12.75%
[REDACTED]	11.76%
[REDACTED]	9.53%
[REDACTED]	9.53%
[REDACTED] Board Member, Officer)	7.22%
[REDACTED]	7.22%
[REDACTED] (Board Member)	5%
[REDACTED] Board Member)	4.72%
[REDACTED]	4.57%
[REDACTED]	2.50%
[REDACTED]	1.69%
Total	100%
Board Members (not listed above)	
[REDACTED]	0%
Officers (not listed above)	
[REDACTED]	0%

5. County of Proposed Location: Washington

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

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

Section A

00180

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 15th day of Sept, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

P.S. Hart

Notary Public

My Commission Expires: 05/18/2022

