

00219

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name CANNICAL FARMS, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Batesville AR 72501

Business telephone number 870-793-7888

3. Business entity type LLC

Date of business formation or incorporation 01 APRIL 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name JAMES A SIMYSON

Registered Agent Address 200 N. Spring St. SEARCE, AR 72143

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]	CEO	37 1/2% OWNER
[REDACTED]	Processing MGR	37 1/2% OWNER
[REDACTED]	COO/PLANT MGR	25% OWNER

5. County of Proposed Location INDEPENDENCE

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

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.

[Redacted Signature]

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

Jennette Duke
Notary Public

My Commission Expires: 02-27-2020



00221

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Ozark Mountain Dispensary LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Fayetteville, AR 72704

Business telephone number (479) 387-5401

3. Business entity type LLC

Date of business formation or incorporation September 12, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Lindsley Smith

Registered Agent Address 340 N. Rollston Avenue, 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]	President and CEO	60%
[Redacted]	Vice President	40%

5. County of Proposed Location Washington

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

00221

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

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 18th day of September 2017

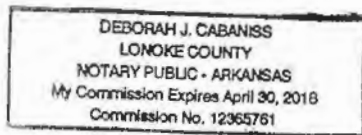
[redacted signature]

Subscribed and sworn to before me this 18th day of September 2017

Deborah Cabanis

Notary Public

My Commission Expires: 04-30-18



00222

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] Are owners of Pine Bluff Agriceuticals II, LLC with [Redacted] This company is an applicant for a cultivation facility in Pine Bluff, Jefferson County, 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 13 day of September, 2017.

[Redacted Signature]

Signature of Applicant

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

Pamela B White

Notary Public

My Commission Expires: 3.1.2024



00223

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Regeneration Naturals, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Texarkana, AR 71854

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation 22 August 2017

State(s) of Incorporation Arkansas

Registered Agent Name TEXARKANA REGISTRATION SERVICES, LLC

Registered Agent Address 216 East 3rd Street, Texarkana, AR 71854

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.")



Member of LLC

100%

Multiple horizontal lines for additional entries.

5. County of Proposed Location Hempstead

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

00223

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

_____ is the sole member and 100% owner of Texarkana Central, LLC, 216 E 3rd St. Texarkana, AR, an applicant for a non-cultivating dispensary.

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 12th day of September, 2017.

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

Gina Johnston

Notary Public

My Commission Expires: July 31, 2025

GINA JOHNSTON
MILLER COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires July 31, 2025
Commission No. 12695046

00224

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Lakeside Care Partners LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED] Little Rock, AR 72201

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation 8/23/17

State(s) of Incorporation Arkansas

Registered Agent Name Daniel J. Roda

Registered Agent Address 417 Main St., Ste. #400-3, 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 & Board Member - 5% Ownership Interest
- [REDACTED] - Owner & Board Member - 20% Ownership Interest
- [REDACTED] - Owner & Board Member - 5% Ownership Interest
- [REDACTED] - Owner & Board Member - 15% Ownership Interest
- [REDACTED] - Owner & Board Member - 10% Ownership Interest
- [REDACTED] - Owner & Board Member - 20% Ownership Interest
- [REDACTED] - Owner & Board Member - 15% Ownership Interest
- [REDACTED] - Owner & Board Member - 10% Ownership Interest

5. County of Proposed Location Garland

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

00224

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] is also filing dispensary license applications in Heber Springs (Zone 2), Dermott (Zone 7), and Magnolia (Zone 8)

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.

Neither the applicant nor any other owner or board member of Lakeside Care Partners LLC has any ownership interest in any other applicant entity. However, the applicant [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 17th day of September, 2017.

[redacted signature]

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

[Signature]
Notary Public

My Commission Expires: 4/15/2021

JUDD WALKER
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires April 15, 2021
Commission No. 12381681

00225

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name National Park Organics, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Texarkana, AR 71854

Business telephone number 870-774-0300

3. Business entity type Limited Liability Company

Date of business formation or incorporation 09/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name CT Service

Registered Agent Address 124 West Capitol Avenue - 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] Member 100%

5. County of Proposed Location Garland

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

00225

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.

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 area]

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

Gina Johnston
Notary Public

My Commission Expires: July 31, 2025

GINA JOHNSTON
MILLER COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires July 31, 2025
Commission No. 12695046

00227

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Lakeside Care Partners LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number

3. Business entity type Limited Liability Co.

Date of business formation or incorporation 8/23/17

State(s) of Incorporation Arkansas

Registered Agent Name Daniel J. Roda

Registered Agent Address 417 Main St. #400-3, 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 & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest

5. County of Proposed Location Columbia

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

00227

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.

Lakeside Care Partners LLC is also filing dispensary license applications in Heber Springs (Zone 2), Dermott (Zone 7), and Hot Springs (Zone 6)

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.

Neither the applicant nor any other owner or board member of Lakeside Care Partners LLC has any ownership interest in any other applicant entity. However, the applicant [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 17 day of September, 2017

[REDACTED]

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

[Signature]
Notary Public

My Commission Expires: 4/15/2021

JUDD WALKER
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires April 15, 2021
Commission No. 12381881

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Lakeside Care Partners LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number

3. Business entity type Limited Liability Company

Date of business formation or incorporation 8/23/17

State(s) of Incorporation Arkansas

Registered Agent Name Daniel J. Roda

Registered Agent Address 417 Main St., Ste. #400-3, 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 & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest

5. County of Proposed Location Cleburne

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

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.

Lakeside Care Partners LLC is also filing dispensary license applications in Hot Springs (Zone 6), Dermott (Zone 7), and Magnolia (Zone 8)

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.

Neither the applicant nor any other owner or board member of Lakeside Care Partners LLC has any ownership interest in any other applicant entity. However, the applicant [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.

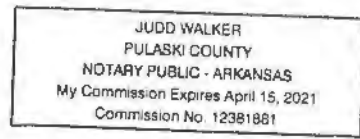
Signed this 17th day of September, 2017.

[REDACTED]

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

[Signature]
Notary Public

My Commission Expires: 4/15/2021



00229

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Texarkana Central, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Texarkana, AR 71854

Business telephone number 870-774-0300

3. Business entity type Limited Liability Company

Date of business formation or incorporation 09/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name CT Service

Registered Agent Address 124 West Capitol Avenue - 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] Member 100%

5. County of Proposed Location Miller

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

00229

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.

Regeneration Naturals, LLC

[Redacted] owns 100% of the LLC which is applying for a license as a cultivation center.

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.

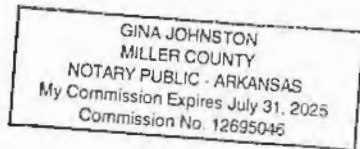
Signed this 12th day of September, 2017.

[Redacted Signature]

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

Gina Johnston
Notary Public

My Commission Expires: July 31, 2025



00230

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Lakeside Care Partners LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number

3. Business entity type Limited Liability Co.

Date of business formation or incorporation 8/23/17

State(s) of Incorporation Arkansas

Registered Agent Name Daniel J. Roda

Registered Agent Address 417 Main St. #400-3, 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 & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 5% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest
- [Redacted] - Owner & Board Member - 20% Ownership Interest
- [Redacted] - Owner & Board Member - 15% Ownership Interest
- [Redacted] - Owner & Board Member - 10% Ownership Interest

5. County of Proposed Location Columbia

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

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.

Lakeside Care Partners LLC is also filing dispensary license applications in Heber Springs (Zone 2), Dermott (Zone 7), and Hot Springs (Zone 6)

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.

Neither the applicant nor any other owner or board member of Lakeside Care Partners LLC has any ownership interest in any other applicant entity. However, the applicant [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.

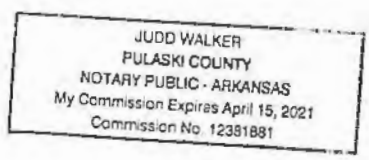
Signed this 17 day of September, 2017.

[REDACTED Signature]

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

[Signature] Notary Public

My Commission Expires: 4/15/2021



00234

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Woodruff County Growers, LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Augusta, AR 72006

Business telephone number 870-347-6117

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation June 23, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Michael C. Meredith

Registered Agent Address 3352 HWY 260, Augusta, AR 72006

- 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.")

Woodruff County Growers will own 100% of the proposed cultivation facility. Woodruff County Growers is owned by the following members. Each owner's ownership percentage is listed by their name.

[REDACTED]	26%
[REDACTED]	26%
[REDACTED]	23%
[REDACTED]	23%
[REDACTED]	2%

See Attached Operating Agreement

5. County of Proposed Location Woodruff 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

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 September 2017

[redacted signature]

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

Stacy Lee Langley
Notary Public

My Commission Expires:



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Clear Creek Medical, Inc.

Fictitious Trade Name (if any) Clear Creek Cannabis

Business Mailing Address _____

Hot Springs, AR 71901

Business telephone number 501-701-7377

3. Business entity type Corporation

Date of business formation or incorporation 08/11/2017

State(s) of Incorporation Arkansas

Registered Agent Name Cale Block

Registered Agent Address 425 W. Capital Avenue, ste 4300

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.")



51% Owner
45.5% Owner & CEO
3% Owner & CFO
.25% Owner
.25% Owner
Chief Compliance Officer
Marketing & PR Officer

5. County of Proposed Location Garland

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

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.

- Anita Gera - Owner 51% of Pure Medical, Inc. Dispensary
- Shawn Keefe - Owner 48.5% of Pure Medical, Inc. Dispensary
- Matthew Miller - Owner .25% of Pure Medical, Inc. Dispensary
- Sunil Gera - Owner .25% of Pure Medical, Inc. Dispensary
- Joshua Keefe - Director of Dispensary operations of Pure Medical, Inc. Dispensary
- Morgan Wiles - CEO of Pure Medical, Inc. Dispensary

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]

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

Janet Elizabeth Barber
Notary Public

My Commission Expires:

<p>JANET ELIZABETH BARBER NOTARY PUBLIC CRAIGHEAD COUNTY, ARKANSAS COMM. EXP. 05/05/24 COMMISSION NO. 12399692</p>
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APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name South Arkansas Cannabis Solutions, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address

[REDACTED]

El Dorado, AR 71730

Business telephone number 870-863-0261

3. Business entity type LLC

Date of business formation or incorporation August 2017

State(s) of Incorporation Arkansas

Registered Agent Name F. Mattison Thomas, LLC

Registered Agent Address 103 E. Main, Suite D, El Dorado, AR 71730

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 22.5%
- ██████████ - Member 36%
- ██████████ - Member 5%
- ██████████ - Member 2.5%
- ██████████ - Member 5%
- ██████████ - Member 2.5%
- ██████████ - Member 2.5%
- ██████████ - Member 5%
- ██████████ - 9.5%
- ██████████ - Member 2.5%
- ██████████ - Member 7%

5. County of Proposed Location Union

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

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, a dispensary application by same group and at same location

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 15 day of September, 2017.



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

Allison Posey
Notary Public

My Commission Expires: 7/7/2020

ALLISON POSEY
NOTARY PUBLIC
UNION COUNTY, ARKANSAS
Commission No. 12377516
My Commission Expires: 07/07/2020

00237

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. **Business Name** Nature's Dispensary, Inc.

Fictitious Trade Name (if any) None

Business Mailing Address [REDACTED] [REDACTED] Bentonville, AR 72712

Business telephone number None at this time

3. **Business entity type** Retail

Date of business formation or incorporation August 13, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Lloyd Dewane Keck DVM

Registered Agent Address 20772 Bugscuffle Road, West Fork AR 72774

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% Ownership

[REDACTED] 40% Ownership

5. **County of Proposed Location** Benton

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

00237

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 will not file for an additional application

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.

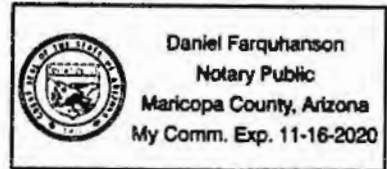
Signed this 14th day of SEPTEMBER, 2017.

[redacted signature]

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

D. J. Farquhanson
Notary Public

My Commission Expires: Nov 6 2020



00238

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Therapeutic Health Corporation, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Bentonville, Arkansas 72712

Business telephone number 501-481-2599

3. **Business entity type** Corporation

Date of business formation or incorporation February 27, 2017

State(s) of Incorporation Arkansas

Registered Agent Name S. Cal Rose

Registered Agent Address 3333 Pinnacle Hills Pkwy, Suite 510, 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.")

- ██████████ 44.872% Owner, Board Member, Chief Financial Officer

- ██████████ - 44.872% Owner

- ██████████ - 3.846% Owner, Board Member, Chief Operating Officer

- ██████████ - 2.564% Owner

- ██████████ - 2.564% Owner

- ██████████ - 1.282% Owner

- ██████████ - Board Member, Chief Executive Officer and President

5. County of Proposed Location Madison

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

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.

_____ is also a minority owner of Livin' the High Life LLC - a potential dispensary
Therapeutic Health Corporation. _____ are also owners
of Ozark Organic Dispensary, Inc. - a potential dispensary

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.

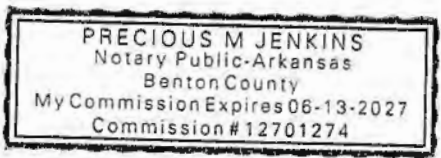
Signed this 15th day of September 2017.

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

Precious M Jenkins

Notary Public

My Commission Expires: 6/13/2027



00239

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Native-Bloom Wellness, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
Fayetteville, AR 72701

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation 6/12/17

State(s) of Incorporation Arkansas

Registered Agent Name Mikel Hall

Registered Agent Address 865. W. Eden Circle 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]

owner - 49%
Owner - 25.5%
Owner - 25.5%
Board Member

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5. County of Proposed Location Washington

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

00239

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 15 day of September, 2017.

[REDACTED]

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

Wilma Scoggin
Notary Public

My Commission Expires: 12/30/2024

