

00240

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name SOUTH ARKANSAS CANNIBIS SOLUTIONS, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] EL DORADO, AR 71730

Business telephone number 870-918-1048

3. Business entity type LLC

Date of business formation or incorporation AUGUST 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name F. MATTISON THOMAS, III

Registered Agent Address 103 EAST MAIN STREET, SUITE D, EL DORADO, AR 71730

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] - Officer 22.5%
- [Redacted] Board Member 36%
- [Redacted] Board Member 2.5%
- [Redacted] Board Member 5%
- [Redacted] Board Member 2.5%
- [Redacted] Board Member 7%
- [Redacted] Board Member 5%
- [Redacted] Board Member 2.5%
- [Redacted] Board Member 5%
- [Redacted] Board Member 9.5%
- [Redacted] Board Member 2.5%

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 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, a cultivation center 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.

[redacted signature]

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

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Ozark Organic Dispensary Inc.

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Bentonville
AR 72712

Business telephone number 501.425.8490

3. Business entity type Corporation

Date of business formation or incorporation May 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Rachel Rateliff

Registered Agent Address 2410 South 8th St. Suite B, Rogers, AR
72758

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] - 66% owner
[Redacted] Board Member, 12% owner
[Redacted] Board Member, 12% owner
[Redacted] - Board Member, 10% owner

5. County of Proposed Location ~~Benton~~ CARROL

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

00242

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 - 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.

[Redacted] also owners of Therapeutic Health Corporation - a potential 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 15th day of September 2017

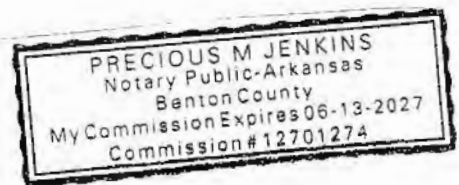
[Redacted Signature]

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

[Handwritten Signature]

Notary Public

My Commission Expires: 4/13/2027



00243

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Ozark organic Dispensary Inc.

Fictitious Trade Name (if any) [Redacted]

Business Mailing Address [Redacted] Bentonville
AR 72712

Business telephone number 501-425-8490

3. Business entity type Corporation

Date of business formation or incorporation May 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Rachel Rateliff

Registered Agent Address 2410 South 8th St. Suite B, Rogers, AR
72758

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]

ation - 66% owner
board member, 12% owner
member, 12% owner
Member, 10% owner

5. County of Proposed Location Washington

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

00243

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 Eureka Springs

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 also owners of Therapeutic Health Corporation - a potential 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 15th day of September 2017 [Redacted Signature]

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

[Signature] Notary Public

My Commission Expires: 4/13/2027

PRECIOUS M JENKINS
Notary Public-Arkansas
Benton County
My Commission Expires 06-13-2027
Commission # 12701274

00244

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Arkansas Cultivation Center LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Fayetteville AR, 72704

Business telephone number (501) 658-7786

3. Business entity type Arkansas LLC

Date of business formation or incorporation May 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Krystal Tyler

Registered Agent Address 2265 N Hosta Dr. Fayetteville AR, 72704

00244

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 _____ understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

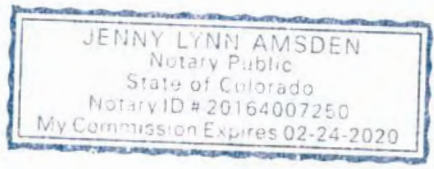
Signed this 4th day of Sept, 2017.

Subscribed and sworn to before me this 4th day of September, 2017.

Jenny L. Amstden

Notary Public
Jenny Lynn Amstden

My Commission Expires: 02-24-2020



00245

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Noah's Ark, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted], Rogers Arkansas 72758

Business telephone number 877-275 1286

3. Business entity type LLC

Date of business formation or incorporation August, 8th, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: John Crimmins

Registered Agent Address: 4587 W. Garrett Rd, Rogers Arkansas 72758

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]: 82%

[Redacted]: 18%

RECEIVED
2017 SEP 18 P 12:13
ABC

5. County of Proposed Location Union County

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

00245

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, applicant [redacted] is also submitting an application at 3995 Mt. Holly Rd, El Dorado, Arkansas 71730

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, 17.

[redacted signature]

Subscribed and sworn to before me this 12th day of September, 17.

Angela Bartle
Notary Public

My Commission Expires: 10/21/2017



00246



SECTION A.

GENERAL INFORMATION

1. Name of Applicant	[REDACTED]
2. Business Name	Sightline Retail, LLC
Fictitious Trade Name (if any)	N/A
Business Mailing Address	[REDACTED] Bentonville, AR 72712
3. Business entity type	Limited Liability Company
Date of business formation or incorporation	June 10, 2015
State(s) of Incorporation	Arkansas
Registered Agent Name	Shannon Bedore
Registered Agent Address	111 Somerset, Bentonville, AR 72712
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.	<p>The license to be 100% owned by one individual, [REDACTED]</p> <p>Patient coordinators (i.e. staff) to be hired and overseen by existing 501c3 with board seats allocated to the following institutions for oversight and management of 3 board seats. See Appendix A for Bylaws for 501c3 Green Valley Network.</p> <p>2 seats for:</p> <p>[REDACTED]</p> <p>1 seat for:</p> <p>[REDACTED]</p>

00246



5. County of Proposed Location	Benton
6. City of Proposed Location (If inside city limits)	Rogers
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?	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?	No

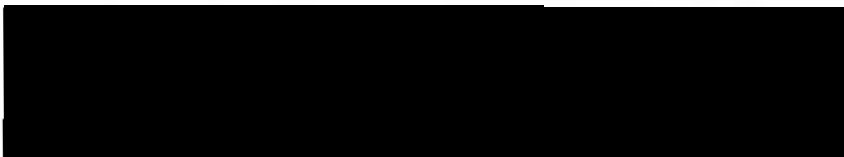
00246



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.

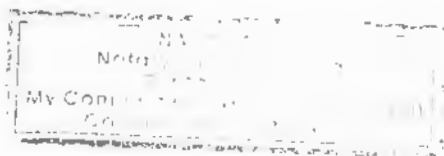


Subscribed and sworn to before me this 15 day of September, 2017.

Nancy Bane

Notary Public

My Commission Expires: 12.3.20



00247

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Noah's Ark, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Rogers Arkansas 72758

Business telephone number 877-275-1286

3. Business entity type LLC

Date of business formation or incorporation August 8th, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: John Ciriamic

Registered Agent Address: 4587 W. Garrett Rd, Rogers Arkansas 72758

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] : 82%

[Redacted] : 18%

RECEIVED
2017 SEP 18 P 12:13
ABC

5. County of Proposed Location Craighead County

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

00247

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, applicant [redacted] is also submitting an application at 4818 East Highland Street, Jonesboro, AR 72401

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, 17

[redacted signature]

Subscribed and sworn to before me this 12th day of September, 17

Angela Bartle
Notary Public

My Commission Expires: 10/21/17



00248

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

2. **Business Name** OCCE

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Longsdale, AR 72087

Business telephone number (501) 251-7436

3. **Business entity type** LLC - w/ S-Corp Election

Date of business formation or incorporation 9/6/17

State(s) of Incorporation Arkansas

Registered Agent Name Stephen A. Leek

Registered Agent Address 11815 Hinson Rd. Little Rock, AR 72212

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% Co-Owner
- ██████████ - 40% Co-Owner
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
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5. County of Proposed Location Saline 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.

N/A

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

00248

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

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 11th day of September, 2017.

[Redacted Signature]

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

Mary Harrell
Notary Public

My Commission Expires: 12/3/2022



00249 ✓

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name NATURAL RELIEFE DISPENSARY

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
SHERWOOD, AR. 72120

Business telephone number 501-680-4936

3. Business entity type LLC

Date of business formation or incorporation 9-14-17

State(s) of Incorporation ARKANSAS

Registered Agent Name MICHAEL FAUGHT -

Registered Agent Address 9 KINGS RD. CABOT, AR. 72023

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] 65% OWNER - PRESIDENT - CEO
Run Daily OPERATION

[Redacted] - 35%
COO

5. County of Proposed Location PULASKY Co.

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


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.

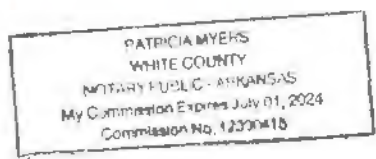
Signed this 12 day of SEPTEMBER, 2017.



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

Patricia Myers
Notary Public

My Commission Expires: 7/1/24



00250

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name KUNAL MANNMEET LLC

Fictitious Trade Name (if any) LEAVES OF GREEN

Business Mailing Address [Redacted] SHERWOOD AR 72120

Business telephone number (501) 779-2711

3. Business entity type LLC

Date of business formation or incorporation AUGUST 31, 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name Parwinder Singh

Registered Agent Address 437 Chimney Rock Dr, Sherwood, AR 72120

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] 50% ownership
[Redacted] 50% ownership

5. County of Proposed Location PULASKI

6. City of Proposed Location (If inside city limits) NORTH LITTLE ROCK

00250

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 Sept, 2017.

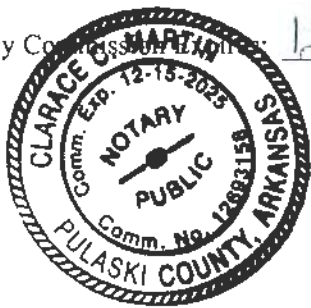
[REDACTED]

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

Clarice Martin

Notary Public

My Commission Expires: 12-15-25



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Green Rock LLC

Fictitious Trade Name (if any) Green Key Dispensary

Business Mailing Address [Redacted]

Little Rock AR 72205

Business telephone number 501-690-2661

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation December 14, 2016

State(s) of Incorporation Arkansas

Registered Agent Name Justin Thomas Wittenberg

Registered Agent Address 6313 W Merchants, Little Rock AR 72205

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

[Redacted]

owner 25%

owner 20%

owner 20%

owner 11%

owner 6%

owner 6%

owner 5%

owner 4%

owner 3%

5. County of Proposed Location Faulkner

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

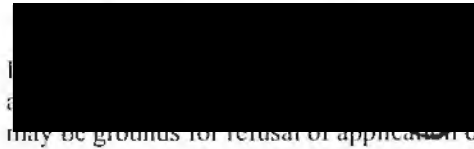
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

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 is true and correct. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

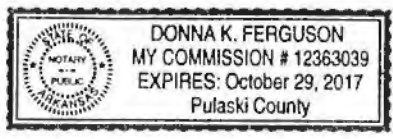
Signed this 17 day of September



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

Donna K Ferguson
Notary Public

My Commission Expires: 10-29-2017



00252

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name River Valley ReLeaf, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Melbourne AR 72556

Physical Address 4291 Hwy 62, Flippin, AR 72634

Business telephone number 479.790.3399

3. Business entity type Limited Liability Company

Date of business formation or incorporation 08.18.2017

State(s) of Incorporation Arkansas

Registered Agent Name Diana Krygowski Logan

Registered Agent Address 150 Pinto Lane, Melbourne AR 72556

See Exhibit 1 Section A Question 3 Articles of Organization

See Exhibit 2 Section A Question 3 EIN Letter.pdf

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

- 60% [Redacted] - Chief Executive Officer (CEO)
- 10% [Redacted] - Chief Operating Officer (COO)
- 10% [Redacted] - President
- 10% [Redacted] - Creative Director
- 06% [Redacted] - Operational Consultant
- 04% [Redacted] - Vice President

See Exhibit 3 Section A Question 4 Operating Agreement

4. County of Proposed Location Marion County (Zone 2)

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

00252

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.

Operational Consultant, [redacted] owns a medical marijuana cultivation center and dispensary, [redacted] in Colorado Springs, CO.

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.

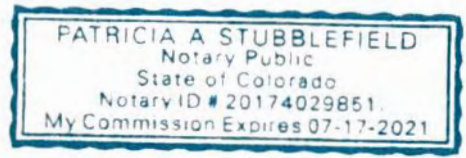
Signed this 14th day of September, 2017

[redacted signature]

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

Patricia Stubblefield
Notary Public

My Commission Expires: 07.17.2021



00253

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

_____ [REDACTED] _____

2. Business Name Pine Bluff Agriceuticals II, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Russellville, AR 72801

Business telephone number 479-747-0748

3. Business entity type Limited Liability Company

Date of business formation or incorporation 9/5/2017

State(s) of Incorporation Arkansas

Registered Agent Name Michael E. Wilkins

Registered Agent Address 805 Wood Duck Lane, Russellville, AR 72801

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]	49% owner
	25.5% owner
	25.5% owner
	CEO

5. County of Proposed Location Jefferson

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

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.

[Redacted] [Redacted] [Redacted] [Redacted] are owners of Pine Bluff Agriceuticals I, LLC. This company is an applicant for a dispensary 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]

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

Pamela B White
Notary Public

My Commission Expires: 3.1.2024



00254

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name SUGAR LEAVES ALTERNATIVE HEALTH

Fictitious Trade Name (if any) N/A

Business Mailing Address [REDACTED]

Business Telephone Number 901.870.3428

3. Business Entity Type LIMITED LIABILITY COMPANY or INCORPORATION

Date of Business Formation or Incorporation BUSINESS NAME IS BEING RESERVED WITH THE ARKANSAS SECRETARY OF STATE. LEGAL FORMATION WILL TAKE PLACE SOON AFTER WE RECEIVE NOTIFICATION OF SELECTION FOR LICENSING.

State(s) of Incorporation ARKANSAS

Registered Agent Name LISA MARIE TURNER

Registered Agent Address 324 CLAY STREET, 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 attachments. The header for this response should include "Section A. Number 4.")

[REDACTED] 60%
[REDACTED] 40%

5. County of Proposed Location CRITTENDEN (ZONE 3)

6. City of Proposed Location (If inside city limits) EDMONDSON, ARKANSAS

00254

SECTIONS A - D: GENERAL APPLICATION RESPONSES
Arkansas Medical Marijuana Dispensary Application Response

Applicant Individual Name: Lisa Turner | Applicant Business Name: Sugar Leaves Alternative Health | Page 2 of 13

- 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 DOES NOT INTEND TO FILE 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.**

APPLICANT/OWNERS ARE NOT AFFILIATED WITH ANY OTHER APPLICATIONS FOR DISPENSARY OR CULTIVATION CENTERS.

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.

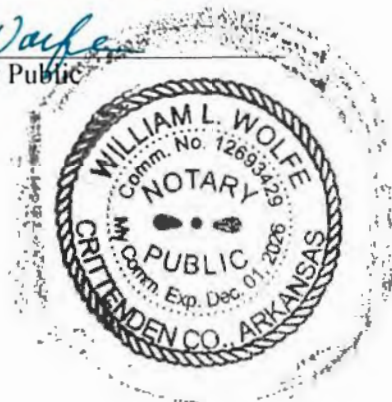
Signed this 10 day of SEPTEMBER, 2017

[REDACTED SIGNATURE]

Subscribed and sworn to before me this 10 day of SEPTEMBER, 2017.

William J. Wolfe
Notary Public

My Commission Expires: 12-01-2016



00255

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name South-Central Arkansas NATURALS, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]

Stephens, AR 71764

Business telephone number 870-904-0938

3. Business entity type Limited Liability Company

Date of business formation or incorporation 08-02-2017

State(s) of Incorporation Arkansas

Registered Agent Name Troy Lamkin

Registered Agent Address 825 E. Ruby St. Stephens, AR 71764

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]	Applicant, owner, board member	20 percent
[Redacted]	owner, board member	20 "
[Redacted]	owner, board member	20 "
[Redacted]	owner, board member	12.5 "
[Redacted]	owner, board member	12.5 "
[Redacted]	owner, board member	10% "
[Redacted]	owner, board member	10% "

5. County of Proposed Location Ouachita

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

SEP 11 2017 11:00 AM
REC'D
COUNTY CLERK
STEPHENS AR


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

No

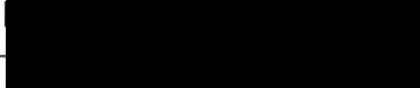
8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the 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 6th day of Sept, 2017.



Subscribed and sworn to before me this 6th day of Sept, 2017.

Debbie Tisdale

Notary Public

My Commission Expires: Sept 15, 2019

00257

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name C & I, LLLC

Fictitious Trade Name (if any) Southern Remedy

Business Mailing Address [Redacted]

Little Rock, Arkansas 72201

Business telephone number 501-554-4646

3. Business entity type Limited Liability Company

Date of business formation or incorporation 07/19/2017

State(s) of Incorporation Arkansas

Registered Agent Name Robert Beach

Registered Agent Address 425 W. Capitol Ave Suite 3800, 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]

Owner/Member	28.33%
Owner / Advisory Board Member	28.33 %
Owner/ Member	28.34%
Owner/Member	3.34%
Owner/Member	3.33%
Owner/ Member	3.33%
Owner/ Advisory Board Member	5.0%

5. County of Proposed Location LONOKE

6. City of Proposed Location (If inside city limits) NORTH LITTLE ROCK

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Affiliation
Advisory Board Member
Advisory Board Member
Advisory Board Member
Advisory board Member
Advisory Board Member

00257

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.

The business entity [redacted] including applicant is affiliated with an application for a medical marijuana cultivation facility, under the same name, with the same ownership and individual affiliation.

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, 15.

[redacted signature]

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

Laura Shook
Notary Public

My Commission Expires: 08/28/2019



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name 3J Investments, Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Lamar, Arkansas 72846

Mailing: [Redacted], Little Rock, AR

Business telephone number _____

3. Business entity type Arkansas Domestic Business Corporation

Date of business formation or incorporation September 5, 2017

State(s) of Incorporation Arkansas

Registered Agent Name 3J Management, LLC

Registered Agent Address 120 East Fourth 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.")

The entity that will hold the dispensary license is [Redacted]

The entity entirely is owned by the following entity:

[Redacted]

[Redacted] is owned in the following proportion by the following individuals:

[Redacted]: 60% owner of [Redacted]

[Redacted]: 40% owner of [Redacted]

5. County of Proposed Location Johnson County, Arkansas

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

CONFIDENTIAL - PLEASE REDACT

This page contains information that is exempt from disclosure under the FOIA because it contains competitively sensitive information that would give an advantage to competitors.

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. This applicant and entity are filing no other applications with the Arkansas Medical Marijuana Commission. Furthermore, this applicant and entity are not affiliated, in any other way, with any of the other entities or applicants filing applications with the Arkansas Medical Marijuana Commission.

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. The applicant and each individual affiliated with the entity are not affiliated with any other applicant for a dispensary or cultivation facility.

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.

[redacted signature]

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

Nadine G. Larch

Notary Public

My Commission Expires: 12-22-2025



CONFIDENTIAL - PLEASE REDACT

This page contains information that is exempt from disclosure under the FOIA because it contains competitively sensitive information that would give an advantage to competitors.

00259

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name LivWell Medical, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address

[REDACTED]

Conway, AR 72034

Business telephone number (501) 352-9198

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation July 31, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Billie Jo Graham

Registered Agent Address 200 Pretti Point Rd. B1, Hot Springs, AR 71913

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

[REDACTED], Owner, President, Chief Executive Officer - 100% Ownership

[REDACTED], Officer, Vice President, COO, CFO

[REDACTED], Officer, Vice President, Director of Operations

5. County of Proposed Location Pulaski

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

00259

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.

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 10th day of September, 2017.

[redacted signature]

Subscribed and sworn to before me this 10th day of September 2017.

[Signature]

Notary Public

My Commission Expires: 8/31/2021



00260

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Apple Blossom Care LLC

Fictitious Trade Name (if any) Apple Blossom Care

Business Mailing Address\$ [Redacted]

Fort Smith, Ar. 72901

Business telephone number 479-648-0008

3. Business entity type LLC

Date of business formation or incorporation 9-14-2017

State(s) of Incorporation Arkansas

Registered Agent Name Lynda D. Hickman

Registered Agent Address 8701 South Zero Fort Smith Ar.

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]

70% CEO Dispensary mgr.
25% Assistant Dispensary mgr.
3% patient care coordinator
2% COO & Pharmacist Agent

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ABC

5. County of Proposed Location Sebastian

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

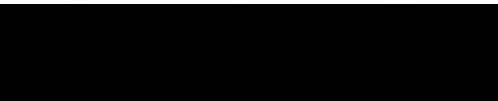
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

NO

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

NO

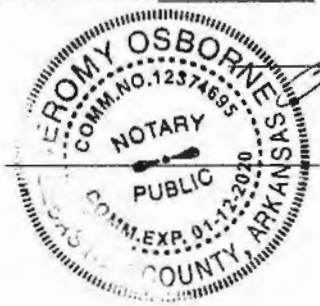
Certification

 , 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.



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



Teromy Osborne
Notary Public

My Commission Expires: