

00261

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Alternative Care of Arkansas LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted] Salem, AR 72576

[Redacted] Ash Flat, AR 72513

Business telephone number 501-658-2305

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/14/2017

State(s) of Incorporation Arkansas

Registered Agent Name Cora Louise Rega

Registered Agent Address 963 Dove Field Rd, Ash Flat, AR 72513

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

[Redacted] - 100% ownership of Alternative Care of Arkansas LLC

5. County of Proposed Location Fulton

6. City of Proposed Location (If inside city limits) n/a

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

n/a

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

n/a

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 14 day of September, 2017.

[redacted signature]

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

Christina Murphy
Notary Public

My Commission Expires: 11/1/2020



00262

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

██████████

2. **Business Name** Arkansas Natural Products Cultivation

Fictitious Trade Name (if any) n/a

Business Mailing Address ██████████
Russellville, AR 72801

Business telephone number 479-747-4780

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

Date of business formation or incorporation 2017

State(s) of Incorporation Arkansas

Registered Agent Name Ezechiel Nehus

Registered Agent Address 200 North Quannah Russellville, AR 72801

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. Natural persons [redacted] intend to file an application for a dispensary in Van Buren County, Clinton, AR under the corporate name [redacted]
[redacted]

Certification

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

Signed this 23 day of August, 2017.

[redacted signature]

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

Renee Wiley
Notary Public

My Commission Expires: 4-13-2027

RENEE WILEY
NOTARY PUBLIC - ARKANSAS
POPE COUNTY
My Commission Expires 04-13-2027
Commission No. 12700698

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Biomedical Services, Inc.

Fictitious Trade Name (if any)

Business Mailing Address [Redacted], Little Rock, AR 72212

Business telephone number 501-590-7288

3. Business entity type C Corporation

Date of business formation or incorporation September 13, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Peder Jensen

Registered Agent Address 16 Hickory Hills Circle, Little Rock, AR 72212

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] 40%
- [Redacted] 36%
- [Redacted] 17%
- [Redacted] 5%
- [Redacted] 1%
- [Redacted] 1%

5. County of Proposed Location Pulaski County, AR

6. City of Proposed Location (If inside city limits) Little Rock, 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 8th day of August, 2017

Subscribed and sworn to before me this 8th day of August, 2017.
Jobeth Horness
Notary Public

My Commission Expires: 10-23-2019

JOBETH HORNESS
PULASKI COUNTY
NOTARY PUBLIC -- ARKANSAS
My Commission Expires October 23, 2019
Commission No. 12373637

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name COLUMBIA CARE ARKANSAS, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted]

STE 300 LITTLE ROCK AR 72201

Business telephone number 1-800-309-2153

3. Business entity type LLC

Date of business formation or incorporation 09-01-2017

State(s) of Incorporation ARKANSAS

Registered Agent Name SILVESTRE L. SMITH

Registered Agent Address 300 S. SPRING STREET, STE 300
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.")

- [REDACTED] (40% OWNER)
- [REDACTED] (20% OWNER)
- [REDACTED] (40% OWNER)

5. County of Proposed Location JEFFERSON

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

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

NO

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

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

[Redacted] is applying for a separate dispensary license under its own name. [Redacted] or any of its owners, stockholders, shareholders, officers or board members are affiliated with any other applications for Dispensary or cultivation facilities.

Certification

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

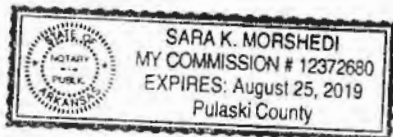
Signed this 11 day of Sept 2017.

[Redacted Signature]

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

Sara K. Morshedi
Notary Public

My Commission Expires: August 25, 2019



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.

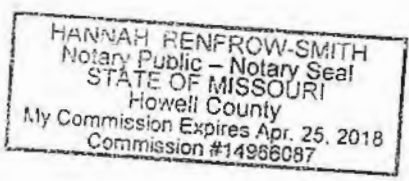
Signed this 17th day of September 2017.



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

Hannah Renfrow Smith
Notary Public

My Commission Expires: 4/25/2018



00266

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name COLUMBIA CARE ARKANSAS, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted]

STE 300 LITTLE ROCK, AR 72201

Business telephone number 1-800-309-2153

3. Business entity type LLC

Date of business formation or incorporation 09-01-2017

State(s) of Incorporation ARKANSAS

Registered Agent Name SYLVESTER L. SMITH

Registered Agent Address 300 S. SPRING STREET, STE 300
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] (40% OWNER)

[Redacted] (20% OWNER)

[Redacted] (40% OWNER)

5. County of Proposed Location PULASKI

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

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

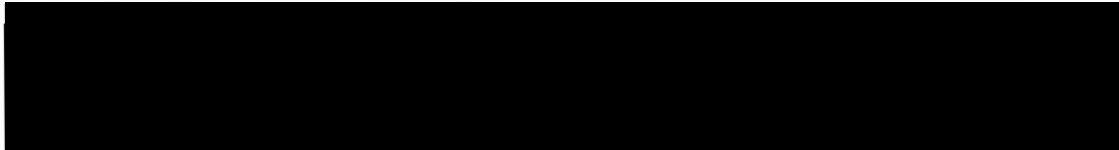
8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the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

COLUMBIA CARE ARKANSAS, LLC is applying for a separate cultivation license under its own name. [redacted] nor any of its owners, stockholders, shareholders, officers or board members are affiliated with any other applicants for dispensaries or cultivation facilities.

Certification

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

Signed this 11 day of Sept 2017.



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

[Signature] Notary Public

My Commission Expires: August 25, 2019



00267

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Rock City Harvest, LLC

Fictitious Trade Name (if any) Harvest

Business Mailing Address [Redacted] Little Rock, AR 72202

Business telephone number 501-375-1786

3. Business entity type Limited Liability Company

Date of business formation or incorporation 8/23/17

State(s) of Incorporation Arkansas

Registered Agent Name Robbin S. Rahman

Registered Agent Address 1510 S. Broadway, Little Rock, AR 72202

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

See Attachments.

Multiple horizontal lines for additional information or attachments.

5. County of Proposed Location Faulkner County

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

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

No. _____

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

No. _____

Certification

I, [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.

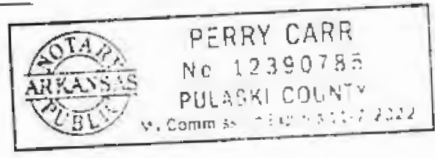
Signed this 14 day of SEPTEMBER, 2017.

[REDACTED]

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

Perry Carr
Notary Public

My Commission Expires: 11-7-22



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 - the app and business will be
operating in Independence County at 1370
N 3rd St Batesville AR 72501

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

NO

Certification

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

Signed this 12th day of September, 2017.

[REDACTED SIGNATURE]

Subscribed and sworn to before me this 12th day of September, 2017.
Dottie J. Dooson
Notary Public

My Commission Expires: 11-01-2026



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Alluvial Farms, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
England, AR 72046

Business telephone number 501-349-3543

3. Business entity type LLC

Date of business formation or incorporation February 24, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Laudies Dow Brantley, III

Registered Agent Address 1100 Mound View Drive England, AR 72046

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 cultivation facility and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility accounted for in this section. (Attach any necessary additional pages to this for. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- ✓ [Redacted] 5%
- ✓ [Redacted] 20%
- ✓ [Redacted] 25%
- ✓ [Redacted] 25%
- ✓ [Redacted] 20%
- ✓ [Redacted] 5%

5. County of Proposed Location Pulaski


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


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 with 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

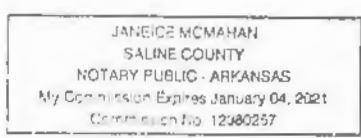
_____

 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 14th day of September
2017

Janeice McMahon
Notary Public

My Commission Expires: January 4, 2021



SECTION A. APPLICATION

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
[Redacted]
- 2. Business Name Fly-Jess, LLC
Fictitious Trade Name (if any) DBA M3+
Business Mailing Address [Redacted] Batesville, AR 72501
Business telephone number (413) 724-2556
- 3. Business entity type Limited Liability Corporation
Date of business formation or incorporation 08/2017
State(s) of Incorporation Arkansas
Registered Agent Name Jena Jones Gaff
Registered Agent Address 292 N. 7th St. Batesville, AR 72501

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

See Exhibit A for M3+ Team Composition Chart

[Redacted]	(owner) - 40%
[Redacted]	(owner) - 30%
[Redacted]	(owner) - 30%
[Redacted]	(Board Member) - 0
[Redacted]	(Board Member) - 0
[Redacted]	(Board member) - 0

- 5. County of Proposed Location Independence
- 6. City of Proposed Location (if inside city limits) Batesville

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, the same applicant and business will
be applying in Jackson County at 529
Malcolm Hwy Newport AR 72110

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

No

Certification

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

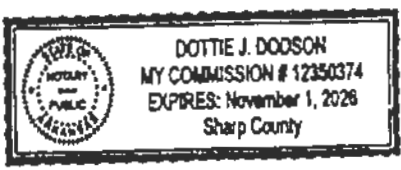
Signed this 12th day of September, 2017.

[Redacted Signature]

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

Dottie J. Dodson
Notary Public

My Commission Expires: 11-01-2026



00272

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Patient Services Company, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] North Little Rock 72116

Business telephone number 501-551-6222

3. Business entity type LLC

Date of business formation or incorporation September 5, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Justin B. Pickens

Registered Agent Address 6409 Chippewa Dr., North Little Rock 72116

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

[Redacted] - Owner - 51%

[Redacted] - Owner - 49%

5. County of Proposed Location Bradley

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

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 16 day of September, 2017.

[REDACTED]

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

Donell Meadows

Notary Public

My Commission Expires: 2-14-2022



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Alluvial Farms, LLC
Fictitious Trade Name (if any) _____
Business Mailing Address [Redacted]
England, AR 72046
Business telephone number 501-349-3543

3. Business entity type LLC
Date of business formation or incorporation February 24, 2017
State(s) of Incorporation Arkansas
Registered Agent Name Laudies Dow Brantley, III
Registered Agent Address 1100 Mound View Drive England, AR 72046

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 cultivation facility and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed cultivation facility accounted for in this section. (Attach any necessary additional pages to this for. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

- ✓ [Redacted] 5%
- ✓ [Redacted] 20%
- ✓ [Redacted] 25%
- [Redacted] 25%
- ✓ [Redacted] 20%
- ✓ [Redacted] 5%

5. County of Proposed Location Lonoke

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.

Yes

[Redacted]

[Redacted]

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 14th day of September, 2017

Janeice McMahon
Notary Public

My Commission Expires: January 4, 2021

JANEICE MCMAHAN
SALINE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires January 04, 2021
Commission No. 12080257

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name AR-Canna

Fictitious Trade Name (if any) _____

Business Mailing Address _____

[Redacted]

JACKSONVILLE AR 72076

Business telephone number 501-993-0476

3. Business entity type LLC

Date of business formation or incorporation 5-12-17

State(s) of Incorporation ARKANSAS

Registered Agent Name BRIAN FAUGHT

Registered Agent Address 7 B TARA Mount DR
JACKSONVILLE AR 72076

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] - 70% - CEO
OWNER

[Redacted] - 30% - OWNER - CSO
CHIEF STRATEGY OFFICER

5. County of Proposed Location Washington

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

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

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

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

relationship. YES
is 70% owner for [redacted] in Forrest Co AR
[redacted] is 40% owner of [redacted] in Fayetteville AR

Certification

[redacted], certify that the information provided in this [redacted] 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, _____

[redacted signature]

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

Alice Lindemann
Notary Public

My Commission Expires: 5-6-23



00274 ✓

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name ARKANSAS DELTA DISPENSARY, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]

[Redacted] FORREST CITY AR

Business telephone number 501-993-0476

3. Business entity type LLC

Date of business formation or incorporation 8-13-17

State(s) of Incorporation ARKANSAS

Registered Agent Name BRIAN FAUGHT

Registered Agent Address 7 B TARA Mount DR
JACKSONVILLE AR 72096

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

[Redacted] - 70% - President
AND CEO - will monitor the daily activities
AND financial status of the bus

[Redacted] - 30% - VP of Operations
will be present daily in the bus. Over
seeing all activity

5. County of Proposed Location St. Francis

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

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

NO

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

YES - [REDACTED] IS APPLYING FOR A CULTIVATION LICENSE AND WILL BE 70% OWNER OF THAT AR-CAMA IS THE NAME

[REDACTED]

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 12th day of SEPTEMBER, 2017

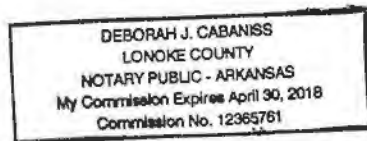
[REDACTED]

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

Deborah Cabaniss

Notary Public

My Commission Expires: _____



00275

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Onyx Wellness, LLC.

Fictitious Trade Name (if any) N/A

Business Mailing Address _____
Little Rock, Arkansas 72204

Business telephone number 501-225-6900

3. Business entity type Healthcare Products

Date of business formation or incorporation July 26, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Shederick Austin

Registered Agent Address 9 McGovern Drive Little Rock, Arkansas 72205

ABC

2017 SEP 18 P 1:49

RECEIVED

00275

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 15th day of September, 2017.

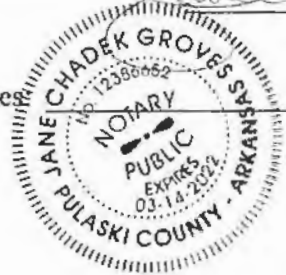
[REDACTED]

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

Jane Chadek Groves

Notary Public

My Commission Expires _____



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name 23, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted], HARRISON, AR 72601

Business telephone number (870) 743-9101

3. Business entity type LLC

Date of business formation or incorporation 09/01/2017

State(s) of Incorporation ARKANSAS

Registered Agent Name DUSTIN LEBLEU

Registered Agent Address 2266 NEW TESTAMENTCHURCH DR., HARRISON, AZ 72601

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], CONTROLLING MEMBER - 40%

✓ [Redacted], MEMBER - 25%

✓ [Redacted], MEMBER - 35%

✓ [Redacted], CEO

[Redacted], PHARMACIST

5. County of Proposed Location BOONE

6. City of Proposed Location (If inside city limits) HARRISON, 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, [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 16th day of September, 2017.

[redacted signature]

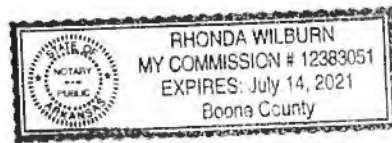
Signature of Applicant

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

Rhonda Wilburn

Notary Public

My Commission Expires: July 14 2021



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Native Green, LLC

Fictitious Trade Name (if any) Native Green Wellness Center; Green Wellness Center

Business Mailing Address [Redacted]

Little Rock, Arkansas 72206

Business telephone number (501) 303-0221

3. Business entity type Domestic Limited Liability Company

Date of business formation or incorporation June 12, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Newland & Associates, PLLC

Registered Agent Address 2228 Cottondale Lane, Suite 200, Little Rock, AR 72202

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 (48%)

[Redacted], owner (45%)

[Redacted], owner (5%)

[Redacted], owner (2%)

5. County of Proposed Location Pulaski

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.

Yes. [redacted] intends to file an additional application for a dispensary license under the name [redacted], for a dispensary to be located in Zone 6, Saline County, at 26225 Highway 167, Hensley, AR 72065.

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 _____ day of _____, _____.

[redacted signature]

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

[redacted signature]
Notary Public

My Commission Expires: May 5, 2019



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name DCST Developments, LLC

Fictitious Trade Name (if any) dba Arkansas Medicinal Source Patient Center or AMS Patient Center

Business Mailing Address [Redacted]

Fayetteville, AR 72703

Business telephone number 479-935-8313

3. Business entity type Limited Liability Company

Date of business formation or incorporation 8/17/2017

State(s) of Incorporation Arkansas

Registered Agent Name Aaron Crawley

Registered Agent Address 2345 North Green Acres Road, Fayetteville, AR 72703

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

See Attachment for Section A. Number 4.

[Empty lines for additional information]

5. County of Proposed Location Benton

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

Section A. Number 4.

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.

Ownership in Arkansas Medicinal Source, LLC:

- ████████████████████ 30%
- ✓ • ██████████ 28.5%
- ✓ • ██████████ 1.5%

- ████████████████████ 25%
- ✓ • ██████████ 12.5%
- ✓ • ██████████ 12.5%

- ████████████████████ 25%
- ✓ • ██████████ 25%

- ██ 5%
- ✓ • ██████████ 5%

- ████████████████████ 5%
- ✓ • ██████████ 5%

- ████████████████████
- ████████████████████ 10%

= 100%

Officers of Arkansas Medicinal Source, LLC:

- ██████████ Chief Executive Officer
- ██████████, General Counsel
- ██████████, Chief Operating Officer
- ██████████, Chief Financial Officer
- ██████████, External Compliance Officer
- ██████████, Internal Compliance Officer
- ██████████, Director of Cultivation
- ██████████ Director of Manufacturing

- [REDACTED], Transportation Manager
- [REDACTED], Director of Quality Assurance
- [REDACTED], Director of Security
- [REDACTED], Dispensary Manager
- [REDACTED], Patient Outreach Officer
- [REDACTED], Pharmacy Director
- [REDACTED], Medical Director
- [REDACTED], Community Relations Director

Board Members of Arkansas Medicinal Source

Board of Directors:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Medical Advisory Board:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Veterans Advisory Board:

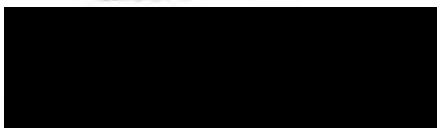
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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.

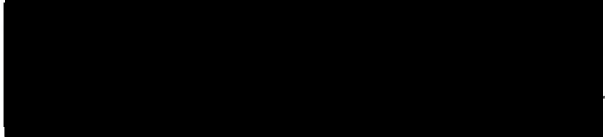
Yes, see Attachment A. Number 8.



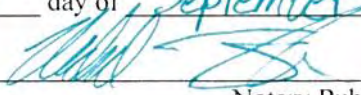
Certification

_____, 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 15th day of September, 2017.



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



Notary Public

My Commission Expires: 4-21-2020



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Green Remedies Group

Fictitious Trade Name (if any) _____

Business Mailing Address _____

[Redacted]

Little Rock, AR 72703

Business telephone number 501-258-6374

3. Business entity type LLC

Date of business formation or incorporation 12/16/2016

State(s) of Incorporation AR

Registered Agent Name DUGAN King

Registered Agent Address 1815 Louisiana ST
Little Rock, AR 72706

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

See ATTACHED section A #4

5. County of Proposed Location GARLAND

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

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

NO

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

NO

[Redacted Signature] ion

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

Signed this 29th day of August, 2017.

[Redacted Signature]

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

[Handwritten Signature] Notary Public

My Commission Expires

