

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Arkansas Medicinal Source, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____

Fayetteville, AR 72703

Business telephone number 479-935-8313

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

Date of business formation or incorporation 3/26/2017

State(s) of Incorporation Arkansas

Registered Agent Name Aaron Crawley

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

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 attached in Section A Number 8.

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 September, 2017.

[Signature]

Notary Public

My Commission Expires: 4-21-2020



SECTION A. GENERAL INFORMATION

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]

Hensley, Arkansas 72065

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] (5%)
- [Redacted], owner (2%)
-
-
-
-
-
-

5. County of Proposed Location Saline

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

SECTION A GENERAL INFORMATION

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] has filed an additional application for a dispensary license under the name [redacted], for a dispensary to be located in Zone 5, Pulaski County, at 14910 Arch Street, Little Rock, AR 72206.

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]

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 Sept, 2017.

[redacted signature]

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

[Handwritten signature of Notary Public]

My Commission Expires: May 9, 2019



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name LIFEFLOW INC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

HOT SPRINGS, AR 71901

Business telephone number 501-617-3363

3. Business entity type INC

Date of business formation or incorporation 10/22/87

State(s) of Incorporation ARKANSAS

Registered Agent Name DAN WHITE

Registered Agent Address PO BOX 22180, HOT SPRINGS, AR 71903

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] 33 1/3
[Redacted] 33 1/3
[Redacted] 33 1/3

5. County of Proposed Location GARLAND

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

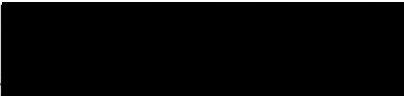
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

ND

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.

ND

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, 2019.



Subscribed and sworn to before me this 17th day of September, 2019.

Joann Mangione
Notary Public

My Commission Expires: May 3, 2020

JOANN MANGIONE NOTARY PUBLIC
GARLAND COUNTY ARKANSAS
MY COMMISSION EXPIRES
MAY 03, 2020
COMMISSION NO. 12376469

00285

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

_____ [REDACTED] _____

2. **Business Name** _____ Comprehensive Care Group, LLC _____

Fictitious Trade Name (if any) _____ N/A _____

Business Mailing Address _____ [REDACTED] _____
Little Rock, AR 72212

Business telephone number _____ (501) 562-7379 _____

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

Date of business formation or incorporation _____ June 19, 2017 _____

State(s) of Incorporation _____ Arkansas _____

Registered Agent Name _____ Roberts Law Firm, PA _____

Registered Agent Address _____ 20 Rahling Circle, Little Rock AR 72223 _____

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

- ██████████, Owner / 40%

- ██████████, Owner / 50%

- ██████████, Owner / 10%

5. County of Proposed Location St. Francis County, Arkansas

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

00285

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.

In addition to the cultivation application, [REDACTED] and its owners are submitting two applications, in different zones, for a dispensary facility license.

Certification

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

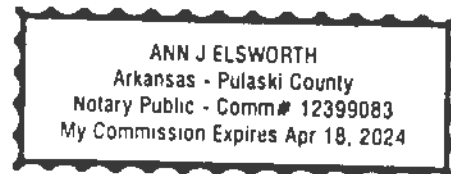
Signed this 17th day of August, 2017.

[REDACTED]

Subscribed and sworn to before me this 18th day of SEPTEMBER, 2017.

[Signature]
Notary Public

My Commission Expires: April 18, 2024



See Section Tab A

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Natural Care Enterprises, LLC

Fictitious Trade Name (if any) [Redacted]

Business Mailing Address [Redacted]

Holt Springs AR 71913

Business telephone number 501 658 3190

3. Business entity type LLC

Date of business formation or incorporation September 12 2017

State(s) of Incorporation Arkansas

Registered Agent Name Blake Speight

Registered Agent Address 127 Hawthorne Holt Springs AR 71901

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	9.8%
[Redacted]	owner	9.8%
[Redacted]	owner	9.8%
[Redacted]	owner	9.8%
[Redacted]	owner	9.8%

5. County of Proposed Location Crawford

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

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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 3rd day of August, 2017.

[REDACTED]

Subscribed and sworn to before me this 4th day of August, 17.

Sierra Sharp
Notary Public

My Commission Expires: March 3, 2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Comprehensive Care Group, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Little Rock AR 72212

Business telephone number (501) 562-7379

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation June 19, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Roberts Law Firm, PA

Registered Agent Address 20 Rahling Circle, Little Rock AR 72223

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 / 40%

[Redacted], Owner / 50%

[Redacted], Owner / 10%

5. County of Proposed Location Pulaski County, Arkansas

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

Yes, [redacted] and its owners are applying for a dispensary license under the same name at [redacted] West Memphis, AR 72301

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, in addition to the dispensary applications, [redacted] and its owners are submitting an application under the same name for a 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 17th day of August, 2017

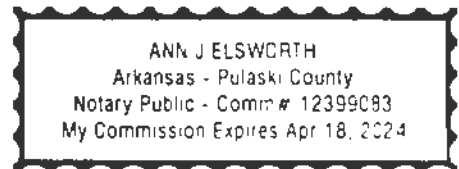
[redacted signature]

Subscribed and sworn to before me this 18th day of SEPTEMBER, 2017.

[Handwritten signature: Ann J Elsworth]

Notary Public

My Commission Expires: April 18, 2024



See Section Tab A

00289

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Hutchinson & Steel Enterprises LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted], Greenwood, AR 72936

Business telephone number 479-285-4068

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 09-11-2017

State(s) of Incorporation Arkansas

Registered Agent Name Laura Nicole Hutchinson

Registered Agent Address 2704 Shadow Lake Drive, Greenwood, AR 72936

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

[Redacted] - member - 50%

[Redacted] - member - 25%

[Redacted] member -25%

5. County of Proposed Location Scott

6. City of Proposed Location (If inside city limits) Outside City Limits (proposed by Applicant to be annexed into Waldron)

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 18th day of September, 2017.

[REDACTED]

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



Shelly Nichole Lestie

Notary Public

Commission Expires: 6-1-2022

00290

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Comprehensive Care Group, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Little Rock AR 72212

Business telephone number (501) 562-7379

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation June 19, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Roberts Law Firm, PA

Registered Agent Address 20 Rahling Circle, Little Rock AR 72223

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 / 40%

[Redacted] Owner / 50%

[Redacted] Owner / 10%

[Empty lines for additional owners]

5. County of Proposed Location Crittenden County, Arkansas

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

00290

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] and its owners are applying for a dispensary license under the same name at [redacted], Little Rock, AR 72209.

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. In addition to the dispensary applications, [redacted] and its owners are submitting an application under the same name for a cultivation facility.

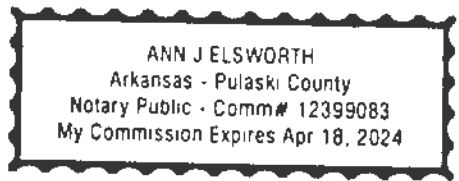
Certification

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 17th day of August 2017
[redacted signature]

Subscribed and sworn to before me this 18th day of SEPTEMBER 2017.
[Signature]
Notary Public

My Commission Expires: APRIL 18, 2024



See Section Tab A

00293

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY AND CLINIC

SECTION A: General Information

1. Name of Applicant:

[REDACTED]

2. Business Name:

Woodruff County Herbal Partners LLC
DBA/ Woodruff County Dispensary & Clinic

Fictitious Trade Name:

N/A

Business Mailing Address:

[REDACTED]

Augusta, AR 72006

Business Telephone Number:

(870) 347-6364

3. Business Entity Type:

Limited Liability Corporation (LLC)

Date of Business Formation or Incorporation:

August 23, 2017

State(s) of Incorporation:

Arkansas

Registered Agent Name:

Charles Eldridge

Registered Agent Address:

101 N 1st Street

Augusta, AR 72006

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed Dispensary and Clinic. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and clinic and the percentage of ownership, if any:

[REDACTED] the applicant, owner, officer, has 60% ownership

[REDACTED], the applicant, owner, officer, has 20% ownership

[REDACTED], the applicant, owner, officer, has 20% ownership

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY AND CLINIC

5. County of Proposed Location:

Woodruff County

6. City of Proposed Location:

McCory, 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 and clinic license, under the same or a different name at a different location?

No, Woodruff County Herbal Dispensary and Clinic is filing for this location only.

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?

[Redacted] intends to file a single application for a dispensary and clinic and a single application for a cultivation facility. No partner is involved in any other application before the Commission.

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 Fifteenth day of September, 2017.

[Redacted Signature]

Signature of Applicant, Owner, Officer, or Board Member

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

Carole Waldon
Notary Public



My Commission Expires: April 3, 2018

00294

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A: General Information

1. Name of Applicant:

[REDACTED]

2. Business Name:

Woodruff County Herbal Partners LLC
DBA/ Woodruff County Herbal Laboratory

Fictitious Trade Name:

N/A

Business Mailing Address:

[REDACTED]

Augusta, AR 72006

Business Telephone Number:

(870) 347-6364

3. Business Entity Type:

Limited Liability Corporation (LLC)

Date of Business Formation or Incorporation:

August 23, 2017

State(s) of Incorporation:

Arkansas

Registered Agent Name:

Charles Eldridge

Registered Agent Address:

101 N 1st Street

Augusta, AR 72006

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed Cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and the percentage of ownership, if any:

[REDACTED], the applicant, owner, officer, has 60% ownership

[REDACTED] the applicant, owner, officer, has 20% ownership

[REDACTED], the applicant, owner, officer, has 20% ownership

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

5. County of Proposed Location:

Woodruff County

6. City of Proposed Location:

McCory, 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?

No, Woodruff County Herbal Cultivation Laboratory is filing for this location only.

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?

[Redacted] intends to file a single application for a cultivation facility and a single application for a dispensary. No partner is involved in any other application before the Commission.

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 Fifteenth day of September, 2017.

[Redacted Signature]

Signature of Applicant, Owner, Officer, or Board Member

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

Carole Waldon
Notary Public

My Commission Expires: April 3, 2018



00297

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Clinton Alternative Care, LLC

Fictitious Name (if any)

Business Mailing Address [Redacted]

North Little Rock, AR 72115

Business Telephone Number 501-690-4809

3. Business Entity Type Limited Liability Company

Date of business formation or incorporation August 21, 2017

State(s) of Incorporation Arkansas

Registered Agent Name The Corporation Company

Registered Agent Address 124 West Capitol Avenue, Suite 1900

Little Rock, Arkansas 72201

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and the 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] is an owner, member, and manager of the Company. [Redacted] owns 60% of the Company.

[Redacted] is an owner and member of the Company. [Redacted] owns 40% of the Company.

[Redacted] is the Security Director of the Company, but does not have any ownership interest in the Company.

5. County of Proposed Location Van Buren

6. City of Proposed Location Clinton

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 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] i. each owners and members of [redacted].
[redacted] are owners and members of [redacted]. [redacted] as
President for [redacted]. will be submitting an application for a cultivation
license. [redacted] will both be based in
Van Buren County, Arkansas.

[redacted] is also the Security
Director for [redacted]. Additionally, [redacted] is an owner and member of
[redacted]

00297

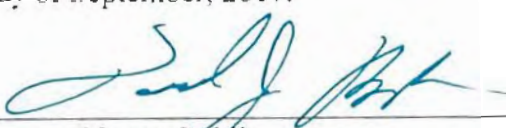
Certification

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

Signed this 17th day of September, 2017.

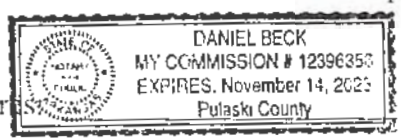
[REDACTED]

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



Notary Public

My Commission Expires



00298

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name: Plant Life, LLC

Fictitious Trade Name (if any): None

Business Mailing Address: [REDACTED], Little Rock, AR 72209

Business telephone number: 501.779.1334

3. Business entity type: Limited Liability Corporation (Filing #811121958)

Little Rock, AR 72204

Date of business formation or incorporation: January 13, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: Richard Mays, JR

Registered Agent Address: 212 Center Street, 7th Floor, Little Rock, AR 72204

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] is Chief Executive Officer of [REDACTED]. He is 100% owner of [REDACTED]

5. County of Proposed Location : St. Francis County

6. City of Proposed Location (If inside city limits): Forrest City, AR 72335

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

No.

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

Yes. [redacted] has filed for a Cultivation Application to be located at [redacted] [redacted] Forrest City, AR /St. Francis County

Certification

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

Signed this 14th day of September, 2017.

[redacted signature]

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

Heather Thieme
Notary Public

My Commission Expires: April 18, 2022



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Apollo Bio Pharmacy, Inc.

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Hot Springs, AR 71901

Business telephone number 501-282-1090

3. Business entity type corporation

Date of business formation or incorporation September 1, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Menakshi Bharany

Registered Agent Address 203 Sherri St., Hot Springs, AR 71901

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] co-owner, 30% shareholder, President and board member

[Redacted] co-owner, 70% shareholder, Vice President / Secretary / Treasurer, and board member

5. County of Proposed Location Garland

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

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

Yes, the applicant is also submitting an application under the same business entity for a proposed [redacted] Malvern, AR 72104.

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 applicant, [redacted] and co-owner [redacted] will have an ownership interest in [redacted] LLC, an entity that is filing an application for a cultivation license.

Certification

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

Signed this 14 day of SEPTEMBER, 2017.

[redacted signature]

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

Kimberly Hicks
Notary Public

My Commission Expires: 8/29/2018



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name

Fictitious Trade Name (if any)

Business Mailing Address

Pine Bluff, AR 71603

Business telephone number 870-543-9805

3. Business entity type

Date of business formation or incorporation

State(s) of Incorporation

Registered Agent Name

Registered Agent Address

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

[Redacted] - 60% - owner
[Redacted] - 40% - owner

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? 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 15th day of September, 2017.

[REDACTED]

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

Hosea Jackson
Notary Public

My Commission Expires: 03/22/2021

