

00301

**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**

**SECTION A. GENERAL INFORMATION**

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

2. **Business Name** Plant Life, LLC

**Fictitious Trade Name (if any)** None

**Business Mailing Address** ██████████ Little Rock, AR 72209

**Business telephone number** (501) 779-1334

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

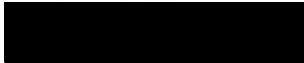
**Date of business formation or incorporation** January 13, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Richard Mays

**Registered Agent Address** 212 Center St. 7<sup>th</sup> Floor Little Rock, AR 72204

- 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.")

 is Chief Executive Officer and 100% owner of Plant Life, LLC

- 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 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

00301

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] intends to file an application for a dispensary license to be located in Forrest City/St. Francis County or Little Rock/Pulaski County.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

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

Signed this 13 day of September 2017

[redacted signature]

Subscribed and sworn to before me this 13<sup>th</sup> day of September, 2017.

Heather K...  
Notary Public

My Commission Expires: April 18, 2022

HEATHER E. THIEME  
PULASKI COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires April 18, 2022  
Commission No. 12387507

00302

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Sparta Corp

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Russellville AR 72802

Business telephone number 479-890-3771

3. Business entity type S-Corporation

Date of business formation or incorporation

State(s) of Incorporation AR

Registered Agent Name Jeremy Saul

Registered Agent Address 507 Oak Hill Lane Russellville, AR 72802

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%

2011 SEP 18 P 2:31

5. County of Proposed Location Pope

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

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 18<sup>th</sup> day of September, 2017.

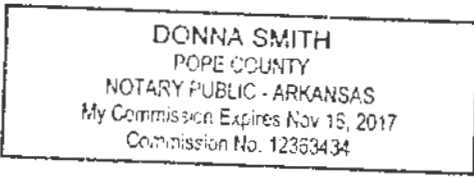
[redacted] Signature of Applicant

Subscribed and sworn to before this 18<sup>th</sup> day of September, 2017.

[Signature]

Notary Public

My Commission Expires: November 16, 2017



**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY****SECTION A. GENERAL INFORMATION**

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

[REDACTED]

2. **Business Name** DB Science, LLC

**Fictitious Trade Name (if any)**

**Business Mailing Address** [REDACTED] Fayetteville, AR, 72704

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**Business telephone number** (479) 878-1600

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

**Date of business formation or incorporation** 09/07/2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Asa Hutchinson III

**Registered Agent Address** 912 W, Central Ave, Bentonville, AR, 72712

4. **County of Proposed Location:** Washington

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


6. **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

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

No

Certification

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

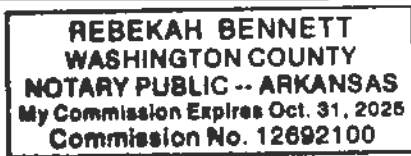
Signed this \_\_\_\_\_ day of September, 2017.



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

Rebekah Bennett  
Notary Public

My Commission Expires: \_\_\_\_\_



00305

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be natural person) \_\_\_\_\_  
 \_\_\_\_\_

2. Business Name Delta Therapeutics, LLC  
 Fictitious Trade Name (if any) \_\_\_\_\_  
 Business Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
Dumas, AR 71639  
 Business telephone number 870-820-2807 870-382-4343

3. Business entity type Limited Liability Corp.  
 Date of business formation or incorporation September 12, 2017  
 State(s) of Incorporation Arkansas  
 Registered Agent Name Christing Chambers  
 Registered Agent Address 231 Bradley 925 Road, Warren, AR  
71671

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.")

Owners	Board	Officers
✓ [Redacted]	40%	✓ [Redacted]
✓ [Redacted]	15%	✓ [Redacted]
✓ [Redacted]	13%	✓ [Redacted]
✓ [Redacted]	7%	✓ [Redacted]
✓ [Redacted]	7%	✓ [Redacted]
✓ [Redacted]	7%	✓ [Redacted]
✓ [Redacted]	1%	✓ [Redacted]
✓ [Redacted]	10%	✓ [Redacted]

5. County of Proposed Location Desha 2017 SEP 18 P 4: 20

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

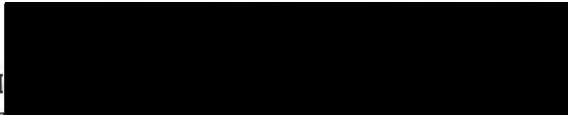


7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

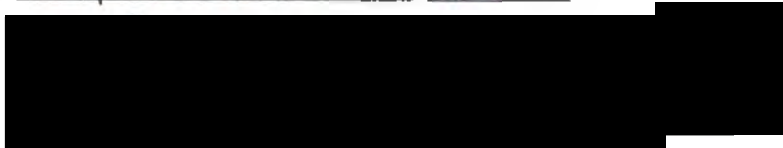
NO.



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 15th day of September, 2017.

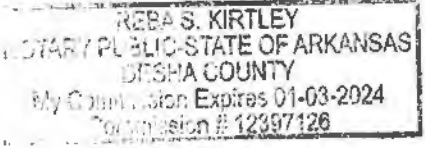


Subscribed and sworn to before me this 15th day of September, 2017.

Reba S. Kirtley

Notary Public

My Commission Expires: 1/3/2024



00306

**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**  
**SECTION A. GENERAL INFORMATION**

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

[REDACTED]

**2. Business Name** Acanza Health Group, LLC

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

**Business Mailing Address**

[REDACTED]

Little Rock, Arkansas 72201

**Business telephone number** 1-800-266-9057

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

**Date of business formation or incorporation** May 26, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Dover Dixon Horne, PLLC

**Registered Agent Address** 425 West Capitol Avenue, Suite 3700

Little Rock, Arkansas 72201



ACANZA HEALTH GROUP, LLC

ATTACHMENT TO SECTION A NUMBER 4

Owners:

- 1. [REDACTED] 39.81% ownership
  - 2. [REDACTED] [REDACTED] 15% ownership
  - 3. [REDACTED] [REDACTED] .19% ownership
  - 4. [REDACTED] [REDACTED] 18.81% ownership
  - 5. [REDACTED] [REDACTED] 2% ownership
  - 6. [REDACTED] [REDACTED] 3% ownership
  - 7. [REDACTED] 17.19% ownership
  - 8. [REDACTED] 4% ownership
- Total Ownership: 100%

Officers:

- 1. [REDACTED] Chief Executive Officer
- 2. [REDACTED] Chief Medical Officer
- 3. [REDACTED] Chief Operating Officer
- 4. [REDACTED] Chief Financial Officer
- 5. [REDACTED] Chief Regulatory Officer

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

The applicant and all owners, and officers are applying for dispensary licenses in Fayetteville, Washington County, Arkansas and Pine Bluff, Jefferson County, Arkansas. In addition, the applicant and all owners and officers are applying for a cultivation license in Pine Bluff, Jefferson County, Arkansas.

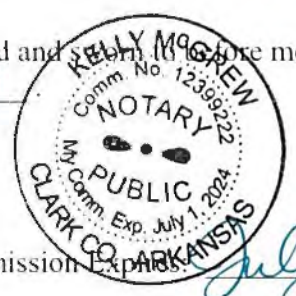
Certification

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 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 July 1, 2024

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Acanza Health Group, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

[Redacted]

Little Rock, Arkansas 72201

Business telephone number 1-800-266-9057

3. Business entity type Arkansas Limited Liability Company

Date of business formation or incorporation May 26, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Dover Dixon Home, PLLC

Registered Agent Address 425 West Capitol Avenue, Suite 3700

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.")

See Attachment "Section A. Number 4"

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5. County of Proposed Location Jefferson County, Arkansas

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

ACANZA HEALTH GROUP, LLC

ATTACHMENT TO SECTION A NUMBER 4

Owners:

- 1. [REDACTED] 39.81% ownership
  - 2. [REDACTED] [REDACTED] 15% ownership
  - 3. [REDACTED] .19% ownership
  - 4. [REDACTED] [REDACTED] 18.81% ownership
  - 5. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 2% ownership
  - 6. [REDACTED] [REDACTED] [REDACTED] 3% ownership
  - 7. [REDACTED] 17.19% ownership
  - 8. [REDACTED] 4% ownership
- Total Ownership: 100%

Officers:

- 1. [REDACTED] Chief Executive Officer
- 2. [REDACTED] Chief Medical Officer
- 3. [REDACTED] Chief Operating Officer
- 4. [REDACTED] Chief Financial Officer
- 5. [REDACTED] Chief Regulatory Officer

- 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.

The applicant and [redacted] are filing an additional application for a dispensary license under the same names in Fayetteville, Washington County, Arkansas.

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

The Applicant, [redacted] and all owners and officers are applying for cultivation licenses in Pine Bluff, Jefferson County, Arkansas and for Forrest City, St. Francis 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 15<sup>th</sup> day of September, 2017.

[redacted signature]



Subscribed and sworn to before me this 15<sup>th</sup> day of September, 2017.

[Signature] Notary Public

My Commission Expires: July 1, 2024



**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**

**SECTION A. GENERAL INFORMATION**

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

[REDACTED]

**2. Business Name** Acanza Health Group, LLC

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

**Business Mailing Address** [REDACTED]

Little Rock, Arkansas 72201

**Business telephone number** 1-800-266-9057

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

**Date of business formation or incorporation** May 26, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Dover Dixon Horne, PLLC

**Registered Agent Address** 425 West Capitol Avenue, Suite 3700

Little Rock, Arkansas 72201



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

The applicant and all owners, and officers are applying for dispensary licenses in Fayetteville, Washington County, Arkansas and Pine Bluff, Jefferson County, Arkansas. In addition, the applicant and all owners and officers are applying for a cultivation license in Forrest City, St. Francis 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 15<sup>th</sup> day of September, 2017.

[Redacted Signature]

Subscribed and sworn to before me this 15<sup>th</sup> day of September, 2017.



[Handwritten Signature] Notary Public

My Commission Expires July 1, 2024

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Acanza Health Group, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

[Redacted]

Little Rock, Arkansas 72201

Business telephone number 1-800-266-9057

3. Business entity type Arkansas Limited Liability Company

Date of business formation or incorporation May 26, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Dover Dixon Home, PLLC

Registered Agent Address 425 West Capitol Avenue, Suite 3700  
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.")

See Attachment "Section A, Number 4"

[Empty lines for additional information]

5. County of Proposed Location Washington County, Arkansas

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

## ACANZA HEALTH GROUP, LLC

ATTACHMENT TO SECTION A NUMBER 4Owners:

1. [REDACTED] 39.81% ownership
  2. [REDACTED] [REDACTED] 15% ownership
  3. [REDACTED] .19% ownership
  4. [REDACTED] [REDACTED] 18.81% ownership
  5. [REDACTED] [REDACTED] 2% ownership
  6. [REDACTED] 3% ownership
  7. [REDACTED] 17.19% ownership
  8. [REDACTED] 4% ownership
- Total Ownership: 100%

Officers:

1. [REDACTED] Chief Executive Officer
2. [REDACTED] Chief Medical Officer
3. [REDACTED] Chief Operating Officer
4. [REDACTED] Chief Financial Officer
5. [REDACTED] Chief Regulatory Officer

- 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.

The applicant and [redacted] are filing an additional application for a dispensary license under the same names in Pine Bluff, Jefferson County, Arkansas.

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

The Applicant, [redacted] and all owners and officers are applying for cultivation licenses in Pine Bluff, Jefferson County, Arkansas and for Forrest City, St. Francis County, Arkansas.

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 15<sup>th</sup> day of September, 2017.



[redacted signature area]

Subscribed and sworn to before me this 15<sup>th</sup> day of September, 2017.

[Signature]  
Notary Public

My Commission Expires: July 1, 2024

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Forock LLC

Fictitious Trade Name (if any) ODX

Business Mailing Address [Redacted]

Rogers, AR 72756

Business telephone number 479-372-2665

3. Business entity type LLC

Date of business formation or incorporation 9-11-2017

State(s) of Incorporation Arkansas

Registered Agent Name Bill Watkins

Registered Agent Address 1106 W Poplar Street, Rogers, AR 72756

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] Manager 100% Ownership

[Empty lines for additional owners]

5. County of Proposed Location Benton

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 other applications or locations

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

No

Certification

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

Signed this 15 day of September, 2017

[redacted signature]

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

Maribel  
Notary Public

My Commission Expires: August 1, 2026





APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Alternative Source LLC

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address [Redacted]  
Greenbrier, AR 75058

Business telephone number 501-269-2289

3. Business entity type Medical Marijuana Facility

Date of business formation or incorporation 8-25-17

State(s) of Incorporation Arkansas

Registered Agent Name Ricky Harrington

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] 50%  
[Redacted] 50%

5. County of Proposed Location Cleburne County

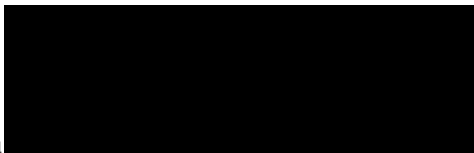
6. City of Proposed Location (If inside city limits) \_\_\_\_\_

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a 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 \_\_\_\_\_ 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.



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

Mary Lynn Whitaker  
Notary Public

My Commission Expires: 06-02-2026

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Your Green Fountain LLC

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address [Redacted] Little Rock, AR 72227

Business telephone number 501-944-3555

3. Business entity type LLC

Date of business formation or incorporation 9-14-2017

State(s) of Incorporation Arkansas

Registered Agent Name Guenther Accounting Solutions

Registered Agent Address 4 Cypress Cove 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]	- Managing Member	80%
[Redacted]	Member	20%

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.

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 18<sup>th</sup> day of September, 2017.

[redacted signature]

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

[Signature] Notary Public

My Commission Expires: 3/25/20



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Local Medicinals

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business telephone number \_\_\_\_\_

3. Business entity type LLC

Date of business formation or incorporation: \_\_\_\_\_

State(s) of Incorporation: Arkansas

Registered Agent Name Aaron Heffington

Registered Agent Address 425 West Capitol Avenue, 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: 61%

[Redacted], Owner: 13%

[Redacted], Owner: 13%

[Redacted], Owner: 13%

5. County of Proposed Location Jefferson 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 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.

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 18<sup>th</sup> day of SEPTEMBER, 2017.

[redacted signature]

Subscribed and sworn to before me this 18<sup>th</sup> day of SEPTEMBER, 2017.

[Handwritten signature of Notary Public]

Notary Public

My Commission Expires:

July 21, 2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Caddo Valley Naturals, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Texarkana, AR 71854

Business telephone number 870-774-0300

3. Business entity type Limited Liability Company

Date of business formation or incorporation 09/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name CT Service

Registered Agent Address 124 West Capitol Avenue - Suite 1900  
Little Rock, Arkansas 72201

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

[Redacted] Member 100%

5. County of Proposed Location Clark

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

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

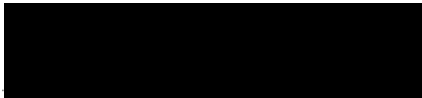
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8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation 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 15<sup>th</sup> day of September, 2017.



Subscribed and sworn to before me this 15<sup>th</sup> day of September, 2017.

Gina Johnston

Notary Public

My Commission Expires: July 31, 2025

GINA JOHNSTON  
MILLER COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires July 31, 2025  
Commission No. 12695048



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted] [Redacted]

2. Business Name \_\_\_\_\_ Livin' The High Life, LLC \_\_\_\_\_

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address [Redacted] Fayetteville, AR 72701 \_\_\_\_\_

Business telephone number \_\_ 479-966-0878 \_\_\_\_\_

3. Business entity type \_\_\_\_\_ Medical Marijuana Dispensary \_\_\_\_\_

Date of business formation or incorporation \_9/15/2017 \_\_\_\_\_

State(s) of Incorporation \_\_\_\_\_ Arkansas \_\_\_\_\_

Registered Agent Name \_\_\_\_\_ Kristi M. Parrish \_\_\_\_\_

Registered Agent Address \_\_\_\_\_ 620 N. College Ave., Fayetteville, Ar 72701 \_\_\_\_\_

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

[Redacted] Owner/70% \_\_\_\_\_

[Redacted] Owner/30% \_\_\_\_\_

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00321

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5. County of Proposed Location

Washington

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

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.

None

Certification

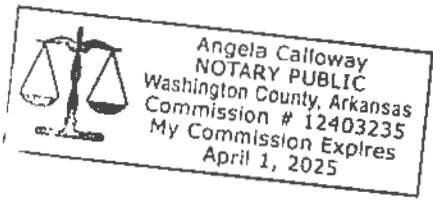
I, \_\_\_\_\_, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 18 day of September

Subscribed and sworn to before me this 18<sup>th</sup> day of September, 2017.

Angela Calloway  
Notary Public

My Commission Expires: 4-1-2025



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Organic Wellness Center

Fictitious Trade Name (if any) \_\_\_\_\_

Business Mailing Address [Redacted]

Alexander, AR 72002

Business telephone number (501) 580-2830, (501) 804-6868, (501) 680-8520

3. Business entity type LLC

Date of business formation or incorporation September 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Walthall Law Firm

Registered Agent Address 447 East Page Ave Malvern AR 72104

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%

[Redacted] 45%

[Redacted] 5%

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. County of Proposed Location Saline

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

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 16<sup>th</sup> day of September, 2017.

\_\_\_\_\_



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

Jennifer Davis  
Notary Public

My Commission Expires: 08-06-2024

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name M-Line Farms, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Bonnerdale, AR 71933

Business telephone number 501-991-9305

3. Business entity type Member Managed LLC

Date of business formation or incorporation 09/12/2017

State(s) of Incorporation Arkansas

Registered Agent Name Jason Ross Brasfield

Registered Agent Address 3095 Old Dallas Rd. Bonnerdale, AR 71933

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%

[Redacted] - 51%

[Redacted] - 49%

5. County of Proposed Location Garland

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

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 signature]

Subscribed and sworn to before me this 18<sup>th</sup> day of SEPTEMBER, 2017.

[Signature]  
Notary Public

My Commission Expires: MARCH 3, 2024

