

00182

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Interurban Capital Group Inc

Fictitious Trade Name (if any) dba Have A Heart Compassion Care

Business Mailing Address [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Seattle WA 98107

Business telephone number 425-268-4391

3. Business entity type Profit Corporation

Date of business formation or incorporation 8/10/17

State(s) of Incorporation Delaware & Arkansas

Registered Agent Name Incorp Services Inc

Registered Agent Address 4250 Venetian Lane Fayetteville
AR. 72703

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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] - Managing member - 13.333% ownership
[REDACTED] member + 13.333% ownership
[REDACTED] - member - 13.333% ownership
[REDACTED] member - 100% ownership

5. County of Proposed Location Pulaski County

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

Yes we intend to file for another cultivation license located on Lot 20 of Clayborn Creek Subdivision, Eureka Springs, Carroll County Arkansas 72633

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.

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 signature]

Signature of Applicant

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

(Donna Crow)
Notary Public

My Commission Expires: 11-3-26

DONNA CROW
NOTARY PUBLIC
PULASKI COUNTY, ARKANSAS
COMMISSION # 12700429
COMMISSION EXPIRES NOVEMBER 03, 2026

00183

SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.): [REDACTED]
2. Business Name: Southern Roots Dispensary
Fictitious Trade Name (if any): None
Business Mailing Address: [REDACTED] Hot Springs, AR 71913
Business telephone number: (501) 762-2328
3. Business entity type: S Corporation
Date of business formation or incorporation: September 8, 2017
State(s) of Incorporation: Arkansas
Registered Agent Name: Jason Lenderman
Registered Agent Address: 820 Mountain View Drive, Glenwood, AR 71943
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] - Secretary - 51% ownership
[REDACTED] - President - 49% ownership
5. County of Proposed Location: Garland County
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.
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.

Yes [REDACTED] spouse is applying for a dispensary and he will take back-up call as a consulting pharmacist when necessary. Also, [REDACTED] mother is applying for a dispensary; but [REDACTED] will have no ownership or affiliation with her dispensary.

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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 6th day of September, 2017.

[REDACTED]

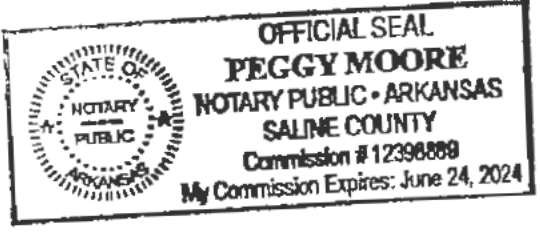
Signature of Applicant

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

Peggy Moore

Notary Public

My Commission Expires: June 24, 2024



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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Caddo Naturals, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____, Glenwood, AR 71943

Business telephone number (870) 223-1936

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 4, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Regina Gail Horn

Registered Agent Address 134 Fair Meadow Lane, Glenwood, AR 71943

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.")

_____-Registered Agent/Incorporater/Organizer/Owner 56.7%
_____-Owner/Manager 10%
_____-Owner/Manager 33.3%

5. County of Proposed Location Montgomery

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

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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 13 day of September, 2017.

[redacted signature]

Signature of Applicant

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

[Handwritten signature of Notary Public]

Notary Public

My Commission Expires: 7-2-19

[Handwritten signature of Notary Public]



00186

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name T and C Management

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED] [REDACTED] Texarkana AR 71854

Business telephone number 903-293-4445

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Terry Larey

Registered Agent Address 5749 Goodson Lane Texarkana AR 71854

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, Stockholder, 60% Owner

- Managing Member, Stockholder, 20% Owner

- Managing Member, Stockholder, 20% Owner

5. County of Proposed Location Miller

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

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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 15th day of September, 2017.

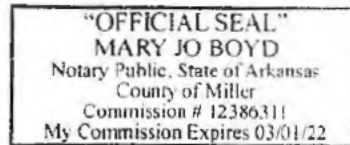
[redacted signature]

Signature of Applicant

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

Mary Jo Boyd
Notary Public

My Commission Expires: 03-01-2022



00187

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name The Eureka Dispensary, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED], Eureka Springs, AR 72632

Business telephone number 479-981-9976

3. Business entity type LLC

Date of business formation or incorporation 8/26/17

State(s) of Incorporation Arkansas

Registered Agent Name Brandon Cox

Registered Agent Address 103 E Van Buren #111 Eureka Springs, AR 72632

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, Applicant, 60%

✓ [REDACTED], Owner, 35%

✓ [REDACTED], Owner, 5%

[REDACTED], Board Member

✓ [REDACTED], Board Member

✓ [REDACTED], Board Member

✓ [REDACTED], Board Member

✓ [REDACTED], Board Member

✓ [REDACTED], Board Member

5. County of Proposed Location Carroll

6. City of Proposed Location (If inside city limits) Eureka 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 15th day of September, 2017.

[redacted signature]

Signature of Applicant

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

Mary Elizabeth Thompson
Notary Public

My Commission Expires: April 24, 2019

Mary Elizabeth Thompson, Notary Public
Carroll County, State of Arkansas
My Commission Expires April 24, 2019
Commission # 12371020

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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Interurban Capital Group Inc

Fictitious Trade Name (if any) DEA Have A Heart Compassion Care

Business Mailing Address [Redacted]

Seattle WA 98107

Business telephone number 425-268-4391

3. Business entity type Profit Corporation

Date of business formation or incorporation 8/10/17

State(s) of Incorporation Delaware & Arkansas

Registered Agent Name Incorp Services Inc

Registered Agent Address 4250 Venetian Lane 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.")

[Redacted] managing member - 13.333% ownership
[Redacted] member - 13.333% ownership
[Redacted] member - 13.333% ownership
[Redacted] member - 10% ownership

5. County of Proposed Location Pulaski County

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

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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.

Yes. We intend to file another dispensary application for the location Lot 20 of Clayborn Creek Subdivision Eureka Springs, Carroll County, AR 72632

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 [redacted] 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.

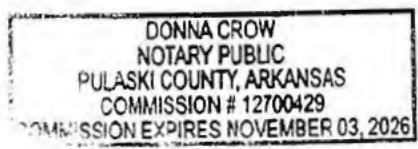
[redacted signature]

Signature of Applicant

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

[Signature] Notary Public

My Commission Expires: 11-3-26



00189

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Shansky F. Song, LLC

Fictitious Trade Name (if any) The ReLeaf Center

Business Mailing Address [Redacted] Bentonville, AR 72712

Business telephone number 479-445-0304

3. Business entity type Limited Liability Company

Date of business formation or incorporation 5/16/17

State(s) of Incorporation Arkansas

Registered Agent Name Roger Song

Registered Agent Address 700 E. Johnson Ave, Springdale, AR 72764

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

[Redacted]	60 %
[Redacted]	20 %
[Redacted]	10 %
[Redacted]	10 %

5. County of Proposed Location Benton

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

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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.

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 5th day of September, 2017.

[redacted]

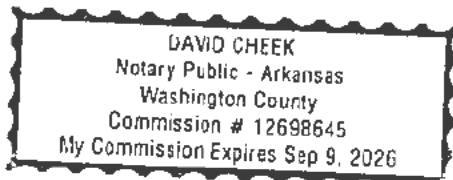
Signature of Applicant

Subscribed and sworn to before me this 5th day of September, 2017.

Signature of Notary Public

Notary Public

My Commission Expires: 09/09/2026



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APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name **Medichai AR, LLC**

Fictitious Trade Name (if any) _____

Business Mailing Address _____ **Fort Smith, AR**
72903

Business telephone number **479-650-2083**

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

Date of business formation or incorporation **May 16, 2017**

State(s) of Incorporation **Arkansas**

Registered Agent Name **PPGMR Law, PLLC**

Registered Agent Address **101 Morgan Keegan Suite A Little Rock,**
AR 72202

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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.")

Medichai AR, LLC, has three (3) members: (i) Integrative Cannamed, LLC, an Arkansas limited liability company; (ii) Tower Alternatives, LLC, an Arkansas limited liability company; and (iii) Peace Capital Solutions, LLC, a Delaware limited liability company. Each of the three members owns an equal 1/3 (33.333%) ownership interest in Medichai AR, LLC.

The individual owners of the three member limited liability companies are:

- i. Integrative Cannamed, LLC, is 100% owned and operated by [REDACTED] th.*
- ii. Tower Alternatives, LLC, is owned and operated by [REDACTED] (80.18% ownership interest) and [REDACTED] (19.82% ownership interest).*
- iii. Peace Capital Solutions, LLC, is 100% owned and operated by [REDACTED]*

Please see additional documentation attached as Section A. Number 4.

5. County of Proposed

Location Crawford

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

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

None

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

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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.

MediChai principal, [REDACTED], owns [REDACTED], which is the landlord for a prospective dispensary application, Dandy's Garden, LLC in Winslow, Ar. [REDACTED] has zero shareholder or ownership interest in that or any other application.

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 of Applicant

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

Kelly R. Thornburg
Notary Public
My Commission Expires: 5-8-2019



00192

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Plant Family Therapeutics, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Benton, Arkansas 72019

Business telephone number 501-472-9073

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 6th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Clint Mickle

Registered Agent Address 8111 Northshore Cove, Benton, Arkansas 72019

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.")

Equity Holders: [Redacted]: CEO - 30%, [Redacted]: CFO, 40%, [Redacted]: CMO - 5%, [Redacted]: Executive Physician Liaison - 5%, [Redacted]: Director of Cultivation Facilities - 5%, and [Redacted]: Director of Cultivation Operations - 15%. See Plant Family Therapeutics: Section A. Number 4. Operating Agreement

5. County of Proposed Location Baxter

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

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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.

[Redacted] are pursuing a cultivation license as equity holders under the company name Plant Family Medical Ventures, LLC

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 8th day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 8th day of September.

Whitney U. Benke
Notary Public

My Commission Expires: 7-12-2026



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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Plant Family Therapeutics, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted], Benton, Arkansas 72019

Business telephone number 501-472-9073

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 6th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Clint Mickle

Registered Agent Address 8111 Northshore Cove, Benton, Arkansas 72019

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.")

Equity Holders: [Redacted]: CEO - 30%, [Redacted]: CFO, 40%, [Redacted]: CMO - 5%, [Redacted]: Executive Physician Liaison - 5%, [Redacted]: Director of Cultivation Facilities - 5%, and [Redacted]: Director of Cultivation Operations - 15%. See Plant Family Therapeutics: Section A. Number 4. Operating Agreement

5. County of Proposed Location Baxter

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

00192

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

No

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

[Redacted] are pursuing a cultivation license as equity holders under the company name Plant Family Medical Ventures, LLC.

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 8th day of September, 2017.

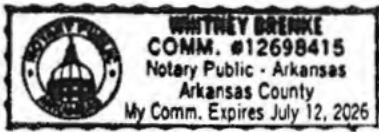
[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 8th day of September.

Whitney Brenke
Notary Public

My Commission Expires: 7-12-2026



00193

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

██████████

2. Business Name JMC Partners, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address ██████████; Little Rock, Arkansas 72207

Business telephone number (501) 951-7100

3. Business entity type Medical Marijuana Dispensary

Date of business formation or incorporation August 23, 2017

State(s) of Incorporation Arkansas

Registered Agent Name S. Cal Rose

Registered Agent Address 3333 Pinnacle Hills Parkway, Suite 510; Rogers, Arkansas 72758

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

██████████ is a co-manager of the limited liability company and owns 34.6457%.

██████████ is a co-manager of the limited liability company and owns 33.1654%.

██████████ is an owner and holds 19.6850%. ██████████ has no corporate management role.

██████████ is an owner and holds 7.7795%. ██████████ has no corporate management role.

██████████ is an owner and holds 4.7244%. ██████████ has no corporate management role.

There are also advisory board members (██████████ and ██████████), but they do not have any corporate governance authority and do not have any ownership interest.

5. County of Proposed Location Garland

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

JMC Partners, LLC is also applying for a dispensary license in unincorporated area of Pulaski County.

- 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 13th day of September, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

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

Astrid Elliott

Notary Public

My Commission Expires: 2/1/2022



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name The Green Moon LLC

Fictitious Trade Name (if any) NONE

Business Mailing Address [Redacted] Mountain View AR 72560

Business telephone number 501-289 0942

3. Business entity type LLC

Date of business formation or incorporation May 31, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Contessa May

Registered Agent Address 13178 Hwy 660 Mountain View, AR 72560

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

[Redacted] - Applicant Owner 100%

5. County of Proposed Location Stone

6. City of Proposed Location (If inside city limits) Mountain View / Outside 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.

Will not apply for another dispensary

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. Confessa May will be affiliated with [redacted] Plant Family Medical Ventures Cultivation being 100% financial backer.

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 8th day of August 2017

[redacted signature area]

Signature of Applicant

Subscribed and sworn to before me this 8th day of August, 2017

Rachel Vallery
Notary Public

My Commission Expires: 05-04-2026



00195

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name JMC Partners, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted]; Little Rock, Arkansas 72207

Business telephone number (501) 951-7100

3. Business entity type Medical Marijuana Dispensary

Date of business formation or incorporation August 23, 2017

State(s) of Incorporation Arkansas

Registered Agent Name S. Cal Rose

Registered Agent Address 3333 Pinnacle Hills Parkway, Suite 510; Rogers, Arkansas 72758

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

[Redacted] is a co-manager of the limited liability company and owns 34.6457%.

[Redacted] is a co-manager of the limited liability company and owns 33.1654%.

[Redacted] is an owner and holds 19.6850%. [Redacted] has no corporate management role.

[Redacted] is an owner and holds 7.7795%. [Redacted] has no corporate management role.

[Redacted] is an owner and holds 4.7244%. [Redacted] has no corporate management role.

There are also advisory board members [Redacted] but they do not have any corporate governance authority and do not have any ownership interest.

5. County of Proposed Location Pulaski

6. City of Proposed Location (If inside city limits) In unincorporated area of Pulaski County.

00195

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.

JMC Partners, LLC is also applying for a dispensary license in Garland County in the City of Hot Springs.

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

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 13th day of September, 2017

[redacted signature] Signature of Applicant

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

Astrid Elliott Notary Public

My Commission Expires: 2/1/2022



00196

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Plant Family Medical Ventures, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____, Benton, Arkansas 72019

Business telephone number 501-472-9073

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

Date of business formation or incorporation July 6th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Clint Mickle

Registered Agent Address 8111 Northshore Cove, Benton, Arkansas
72019

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.")

Equity Holders: [redacted] CEO - 30%, [redacted] CFO, 4%, [redacted] CMO - 5%, [redacted] Physician Liaison - 5%, [redacted] Director of Cultivation Facilities - 5%, and [redacted] Director of Cultivation Operations - 41% [redacted] Director of Human Relations - 10%.

[Empty lines for additional information]

5. County of Proposed Location Izard

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

00196

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.

_____ are pursuing a dispensary license as equity holders under the company name Plant Family Therapeutics, LLC. _____ is pursuing a dispensary license as an equity holder under the company name The Green Moon, LLC.

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.

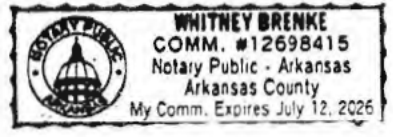
Signed this 8th day of September, 2017.

Signature of Applicant

Subscribed and sworn to before me this 8th day of September, 2017.

Whitney Brenke
Notary Public

My Commission Expires: 7-12-2026



00197

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name USA Holistic LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Conway, AR 72034

Business telephone number 501-269-9254

3. Business entity type LLC

Date of business formation or incorporation August 1, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Valerie Satterfield

Registered Agent Address 2755 Orchard Park Road Conway, AR 72034

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.")

_____ 51% Owner

_____ 49% Owner

5. County of Proposed Location Faulkner

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

00197

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 13 day of September, 2017.

[redacted signature]

Signature of Applicant

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

Kayleigh Hartje
Notary Public

My Commission Expires: August 1, 2026



00198

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Missco Cannabis Dispensary, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Osceola, AR 72370

Business telephone number 870-822-0303

3. Business entity type Limited Liability Company

Date of business formation or incorporation 06/20/2017

State(s) of Incorporation Arkansas

Registered Agent Name Charles R Kennemore III "Ken"

Registered Agent Address 100 E Hale Ave. Osceola, AR 72370

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.")

_____, President, 25% ownership

_____ Vice President 49% ownership

_____ Secretary/Treasurer 26% ownership

5. County of Proposed Location Mississippi

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

00198

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] President/Treasurer of 420 Grow LLC 50% ownership
[Redacted] Vice President/Secretary of 420 Grow LLC 50% ownership

420 Grow LLC will own 14.81% of A Team Partners dba Delta Cannabis Company Delta Cannabis Company is applying for a cultivation center.

Certification

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

Signed this 11th day of September 2017

[Redacted Signature]

Signature of Applicant

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

Linda Wolf
Notary Public

My Commission Expires: 4/01/2019

00199

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Delta 9 Enterprises, LLC

Fictitious Trade Name (if any) HealthCentral Arkansas

Business Mailing Address _____
Jonesboro, Arkansas 72404

Business telephone number 870-935-6400

3. Business entity type LLC

Date of business formation or incorporation August 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Christopher Stone

Registered Agent Address 1109 West Parker Road, Jonesboro, AR 72404

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.")

_____ 51.6%
_____ 8.4%
_____ 10%
_____ 10%
_____ 10%
_____ 10%

5. County of Proposed Location Craighead County

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

00199

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

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

[Redacted] and [Redacted] have submitted an application for a cultivation center under the same name in Monroe County.

[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.

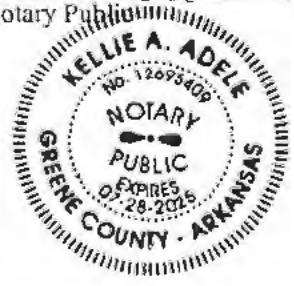
Signed this 7th day of September, 2017.

[Redacted Signature] Signature of Applicant

Subscribed and sworn to before me this 7th day of September, 2017.

[Handwritten Signature] Notary Public

My Commission Expires: 07/28/2025



00200

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

2. Business Name Delta 9 Enterprises, LLC

Fictitious Trade Name (if any) HealthCentral Arkansas

Business Mailing Address _____
Jonesboro, Arkansas 72404

Business telephone number 870-935-6400

3. Business entity type LLC

Date of business formation or incorporation August 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Christopher Sean Stone

Registered Agent Address 1109 West Parker Road, Jonesboro, AR 72404

00200

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]	1.6%
[REDACTED]	8.4%
[REDACTED]	0%
[REDACTED]	10%
[REDACTED]	10%
[REDACTED]	10%

5. County of Proposed Location Monroe County

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

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

00200

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] and [redacted] have also submitted an application for a dispensary license under the same name.

[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 7th day of September 2017
[redacted]
Signature of Applicant

Subscribed and sworn to before me this 7th day of September 2017
[Signature of Kellie A. Adele]
Notary Public

My Commission Expires: 07/28/2025

