

20201

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Village Productions Inc.

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]

Cherokee Village, Ar. 72525

Business telephone number 415-975-9159

3. Business entity type Corporation

Date of business formation or incorporation 9-12-17

State(s) of Incorporation Arkansas

Registered Agent Name Kelly Beers

Registered Agent Address 102 CR 806 Gamaliel, Ar. 72537

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.")



| | |
|---------------------------|-----|
| CEO | 60% |
| President | 9% |
| VP Safety & Security | 5% |
| VP Human Resources | 5% |
| VP Research & Development | 10% |
| VP Business Development | 5% |
| Secretary | 1% |
| Board Member | 1% |
| Board Member | 1% |
| Board Member | 1% |
| Board Member | 1% |
| Board Member | 1% |

5. County of Proposed Location Sharp County

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

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

00201

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

NO

Certification

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

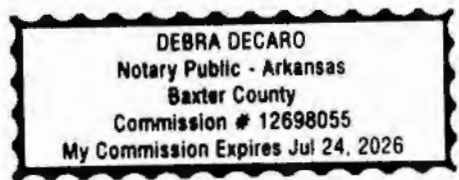
Signed this 12th day of September, 2017.

[redacted] nt

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

Debi Decaro
Notary Public

My Commission Expires: July 24, 2026



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Good Health Dispensary, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Springdale, Arkansas 72764

Business telephone number 870-734-6723

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 03/24/2017

State(s) of Incorporation Arkansas

Registered Agent Name James Barton Hudspeth

Registered Agent Address 3235 Kennesaw Street, Springdale, Arkansas 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] - Joint 27.52%
- [Redacted] - Joint 27.52%
- [Redacted] - Joint 27.52%
- [Redacted] 2.76%
- [Redacted] - Joint 7.34%
- [Redacted] - Joint 3.67%
- [Redacted] 3.67%

00202

Certification

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

Signed this 3rd day of September, 2017.

[REDACTED]
Signature of Applicant

Subscribed and sworn to before me this 3rd day of September, 2017.

[Signature]
Notary Public

My Commission Expires:



00203

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Medicanna Dispensary,

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Pine Bluff, AR 71602

Business telephone number

3. Business entity type LLC

Date of business formation or incorporation 9-12-17

State(s) of Incorporation Arkansas

Registered Agent Name Elizabeth Childers

Registered Agent Address 300 E. Third St. #1109 Little Rock, AR 72201

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

- [Redacted] - President/CEO - 70% owner - responsible for monitoring, compliance & quality control of daily activities.

- [Redacted] Chief Strategist, 30% owner - responsible for marketing, quality, + daily activities, as well as bookkeeping.

5. County of Proposed Location Jefferson

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

00203

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.

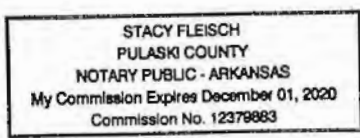
Signed this 12 day of Sept., 2017

[redacted signature]

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

Stacy Fleisch
Notary Public

My Commission Expires: 12-01-20



00204

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Noble Holdings LLC

Fictitious Trade Name (if any)

Business Mailing Address

Malvern AR 72104

Business telephone number 501.348.0480

3. Business entity type Limited Liability Company

Date of business formation or incorporation Sept. 14, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Kassandra L. Hill

Registered Agent Address 1604 Sweetgum Ln. N.L.R. AR 72117

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 40% interest
- [Redacted] Brooks - simplicity owner 20% interest
- [Redacted] - Simplicity owner 20% interest

5. County of Proposed Location Hot Springs County

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

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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 15 day of September, 2017.

[REDACTED]

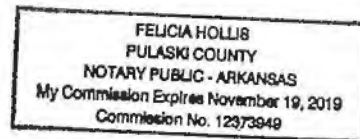
Signature of Applicant

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

[Signature]

Notary Public

My Commission Expires: 11-19-2019



SECTION A. GENERAL INFORMATION

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

2. Business Name: CannaCo Pharm

Fictitious Trade Name (if any) None

Business Mailing Address [REDACTED] Hot Springs, AR 71913

Business telephone number (870)223-3810

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] - President 34% ownership

[REDACTED] - Secretary, Pharmacy consultant - 33% ownership

[REDACTED] -Chief Operating Officer - 16.5% ownership

[REDACTED] - Treasurer- 16.5% ownership

5. County of Proposed Location Garland County

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

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

No, this is our only application being filed

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 in Garland County, city of Hot Springs, AR. She is planning on being back-up Pharmacy consultant at that facility.

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Also, [redacted] daughter is applying for a dispensary in Garland County; but [redacted] will have no ownership in that dispensary.

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, [redacted]

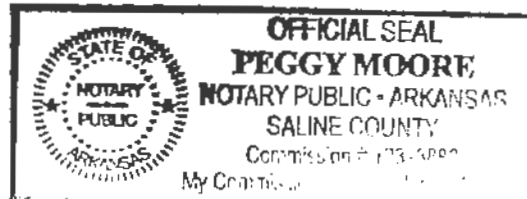
Signature of Applicant

Subscribed and sworn to before me this 6th day of September.

[Handwritten signature]

Notary Public

My Commission Expires: June 30, 2011



00206

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Delta Cannabis Company, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Jonesboro, AR72401

Business telephone number 870-930-8369

3. Business entity type Limited Liability Company

Date of business formation or incorporation 4/25/17

State(s) of Incorporation Arkansas

Registered Agent Name Doug Falls

Registered Agent Address 2902 Quality Way, Jonesboro, AR 72401

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

See Attached

[Empty lines for additional information]

5. County of Proposed Location Crittenden

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

00206

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] owns an interest in Eagles, Birdies, Double and Triples, LLC which owns an interest in Delta Medical Cannabis Company, LLC which is applying for a cultivation license. [Redacted] also own an interest in Delta Medical Cannabis.

Certification

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

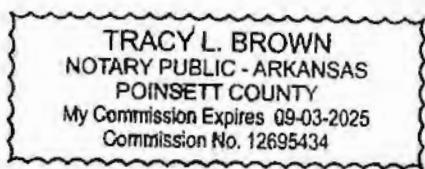
Signed this 12TH day of September, 2017

* [Redacted Signature] _____
Signature of Applicant

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

Tracy L Brown
Notary Public

My Commission Expires: 9-3-25



00206

SECTION A, NUMBER 4

1. [REDACTED] 32.5% OWNER
2. [REDACTED] 32.5% OWNER
3. [REDACTED] 15% OWNER
4. [REDACTED] 10% OWNER
5. [REDACTED] 10% OWNER

TOTAL 100%

00207

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name HERBAL SOLUTIONS DISPENSARY CO.
Fictitious Trade Name (if any) NONE
Business Mailing Address [Redacted], WYNNE, AR 72396
Business telephone number 901-494-5573

3. Business entity type C-CORPORATION
Date of business formation or incorporation AUGUST 30TH 2017
State(s) of Incorporation Arkansas
Registered Agent Name SCOTT THO HUYNH
Registered Agent Address 331 EVELYN AVE E., WYNNE, AR, 72396

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] OWNS 60%
[Redacted] OWNS 40%

5. County of Proposed Location CROSS (ZONE 3)
6. City of Proposed Location (If inside city limits) WYNNE

00207

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 5 day of Sep 2017

[redacted signature area]
Signature of Applicant

Subscribed and sworn to [redacted] day of Sept 2017

[Signature]
Notary Public



My Commission Expires: 5/6/19

00208

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Nello Labs of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

[REDACTED]

Little Rock, AR 72205

Business telephone number 870-692-3157 / 501-244-9827

3. Business entity type LLC

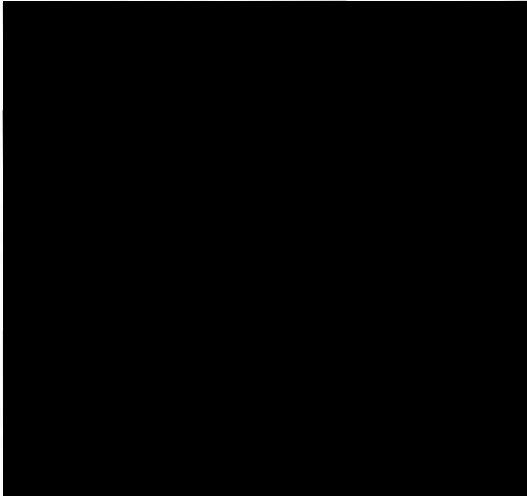
Date of business formation or incorporation August 31, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Ralph Washington

Registered Agent Address 1612 South Broadway Little Rock, AR 72206

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



| | | |
|-------|--------|-----|
| owner | 21.25% | CEO |
| owner | 22.75% | COO |
| owner | 21.50% | |
| owner | 10.75% | |
| owner | 10.75% | |
| owner | 1.50% | |
| owner | 10.00% | |
| owner | 1.0% | |
| owner | 0.5% | |

5. County of Proposed Location Jefferson County, Arkansas

6. City of Proposed Location (If inside city limits) Pine Bluff, AR 71603

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

No

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

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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 30 day of August [REDACTED] 2017.

[Signature]
Signature of Applicant, Owner, Officer, or Board Member

Subscribed and sworn to before me this 30th day of AUGUST, 2017.

[Signature]
Notary Public

My Commission Expires: 03/01/2018 LINDA MCFADDEN



00209

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted Name]

2. Business Name Beacon Hill Alternative Medication, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted]
Mayflower, AR 72106

Business telephone number (501) 350-2250

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation Aug. 31, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Benji Post

Registered Agent Address 3 Mount Airy Lane, Mayflower, AR 72106

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] - Fifty One Percent (51%)
- [Redacted] - Twenty Nine Percent (29%)
- [Redacted] - Ten Percent (10%)
- [Redacted] - Ten Percent (10%)

5. County of Proposed Location Pulaski

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

00209

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] is an owner in Heritage Farms of [Redacted] LLC which is applying for a cultivation license.

Certification

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

Signed this 15th day of September, 2017.

[Redacted Signature]

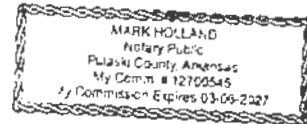
Signature of Applicant:

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

Mark Holland

Notary Public

My Commission Expires: 3/6/27



00210

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY
SECTION A. GENERAL INFORMATION

- 1. Name of Applicant **[REDACTED]**

- 2. Business Name **Dottyllama Farms, L.L.C.**
Fictitious Trade Names **N/A**
Business Mailing Address **[REDACTED]**
Hattievilleville, Arkansas 72063-8964
or
[REDACTED]
Morrilton, Arkansas 72110-1384

Business telephone number **Office: (501) 669-2292**
Mobile: (501) 940-7250

- 3. Business entity type **Limited Liability Company**
Date of business formation **August 30, 2017**
State of Formation **Arkansas**
Registered Agent Name **Pbyllis Oliver Carr**
Registered Agent Address **3073 Arkansas State Highway 95**
Hattievilleville, Arkansas 72063-8964

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

| Name | Title | % Ownership |
|------------|--------------------|-------------|
| [REDACTED] | Member and Manager | 60% |
| [REDACTED] | Manager | 0% |
| [REDACTED] | Member and Manager | 8% |
| [REDACTED] | Member and Manager | 12% |
| [REDACTED] | Member and Manager | 20% |

- 5. County of Proposed Location **Conway**
- 6. City of Proposed Location **Not Applicable. (The location is in rural Saint Vincent Township)**
- 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 different name at a different location?
No
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers?
Yes

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

Applicant is informed that two of our Advisory Directors, [REDACTED] and [REDACTED], are each owners of small fractional membership interests in 7-Hybrid Cultivation, L.L.C., which has, or intends to, apply for a cultivation license.

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Certification

I, Phyllis Oliver Carr, Individually, and as a Member and Manager of Dottyllama Farms L.L.C., certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatements or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 12th day of September, 2017.

Applicant:

[Redacted]

By:

Applicant:

Dottyllama Farms, L.L.C.

[Redacted]

Acknowledgement

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

[Handwritten Signature]

Notary Public



My Commission Expires: 1-22-18

00211

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Oceans Health, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____, Maumelle, AR 72113

Business telephone number (501) 201-0253

3. Business entity type LLC

Date of business formation or incorporation August 3, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Annetta Runyan Smith

Registered Agent Address 139 Cherokee Dr. Maumelle, AR 72113

CONFIDENTIAL

00211

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

- ✓ Owner: [REDACTED], LLC - 33.33%
- ✓ Owner: [REDACTED], LLC - 16.66%
- Owner: [REDACTED], LLC - 16.66%
- ✓ Owner: [REDACTED], LLC - 8.52%
- ✓ Owner: [REDACTED], LLC - 4.76%
- ✓ Owner: [REDACTED], LLC - 4.76%
- ✓ Owner: [REDACTED], LLC - 1.03%
- ✓ Owner: [REDACTED], LLC - 4.76%
- ✓ Owner: [REDACTED], LLC - 4.76%
- ✓ Owner: [REDACTED], LLC - 4.76%

5. County of Proposed Location Crittenden

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.

No

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

00211

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. Affiliation with Dispensary Application, West Memphis, Crittenden County

Four horizontal lines for providing details of the affiliation.

Certification

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

Signed this 15th day of Sept, 2017

[Redacted signature]

Subscribed before me this 17 day of September



[Signature]
Notary Public

My Commission Expires: 02-01-27

00212

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Pure Medical, Inc.

Fictitious Trade Name (if any) Pure Cana

Business Mailing Address [REDACTED]

Hot Springs, AR 71901

Business telephone number 501-701-7377

3. Business entity type Corporation

Date of business formation or incorporation 08/11/2017

State(s) of Incorporation Arkansas

Registered Agent Name Cale Block

Registered Agent Address 425 W. Capitol Avenue, ste 4300
Little Rock, AR 72201

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

See Attachment: "Section A. Number 4."

5. County of Proposed Location Garland

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

00212

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.

See Attachment: "Section A. Number 8."

Certification

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

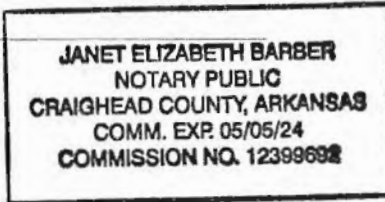
Signed this 7th day of September 2017.

[redacted signature]

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

Janet Elizabeth Barber
Notary Public

My Commission Expires:



00213

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted Name]

2. Business Name Johnson Partners, LLC

Fictitious Trade Name (if any) Diamond State Dispensary

Business Mailing Address [Redacted]

Rogers, AR 72758

Business telephone number (479) 601-4873

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 13, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Kathey A. Rhoads

Registered Agent Address 4500 W. Goldenacre Lane, Rogers, AR 72758

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

[Redacted] -One-Third

[Redacted] -One-Third

[Redacted] -One-Third

5. County of Proposed Location Washington

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

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ABC

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

Signed this 15th day of September, 2017.

[redacted] Signature of Applicant

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

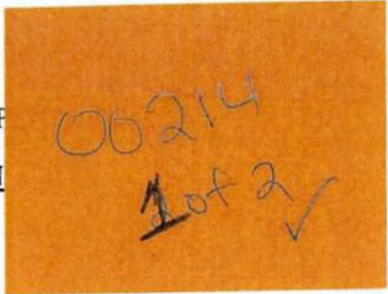
[redacted] Notary Public

My Commission Expires: 9-14-20



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION



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

[Redacted]

2. Business Name Alternative Medical Solutions LLC

Fictitious Trade Name (if any) NA

Business Mailing Address [Redacted] Greenwood AR 72936

Business telephone number 479-459-1898

3. Business entity type Limited Liability Company (LLC)

Date of business formation or incorporation 08-09-2017

State(s) of Incorporation Arkansas

Registered Agent Name Alexander Selkirk

Registered Agent Address 4214 Fawn Trail, Greenwood AR 72936

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

| | | |
|------------|------------------|-------------|
| [Redacted] | Managing Partner | 35% owner |
| [Redacted] | Managing Partner | 32.5% owner |
| [Redacted] | Managing Partner | 32.5% owner |
| [Redacted] | Board Member | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5. County of Proposed Location Sebastian

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

00214

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

NO

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

NO

Certification

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

Signed this 16 day of September 2017

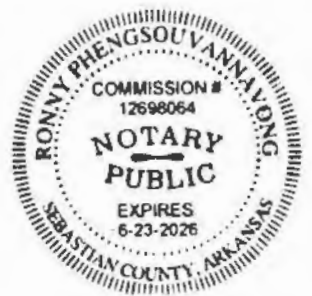
[REDACTED]

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

[Signature]

Notary Public

My Commission Expires: June 27, 2026



00215

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Oceans Health, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted], Maumelle, AR 72113

Business telephone number (501) 201-0253

3. Business entity type LLC

Date of business formation or incorporation August 3, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Annetta Runyan Smith

Registered Agent Address 139 Cherokee Dr., Maumelle, AR 72113

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.")

Owner: [Redacted], LLC - 33.33%

Owner: [Redacted], LLC - 16.66%

Owner: [Redacted], LLC - 16.66%

Owner: [Redacted], LLC - 8.52%

Owner: [Redacted], LLC - 4.76%

Owner: [Redacted], LLC - 4.76%

Owner: [Redacted], LLC - 1.03%

Owner: [Redacted], LLC - 4.76%

Owner: [Redacted], LLC - 4.76%

Owner: [Redacted], LLC - 4.76%

5. County of Proposed Location Crittenden

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

CONFIDENTIAL

00215

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

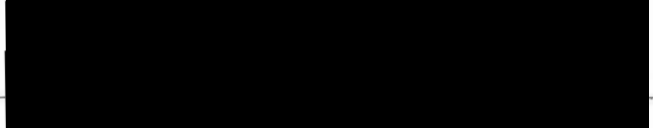
8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the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

Yes. Affiliation with Cultivation Application, Crittenden County

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 Sept, 2017



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

J. O. Hooten
Notary Public



23-1-27

CONFIDENTIAL

00216

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Monroe Ventures, LLC

Fictitious Trade Name (if any) The Healing Company of Northwest Arkansas

Business Mailing Address [Redacted]

Rogers, AR 72758

Business telephone number (479) 200-3344

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 13, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Kathey A. Rhoads

Registered Agent Address 4500 W. Goldenacre Lane, Rogers, AR 72758

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

[Redacted] -One-Third

[Redacted] -One-Third

[Redacted] -One-Third

5. County of Proposed Location Benton

ABC

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

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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] [redacted] [redacted] [redacted] [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 area]

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

Megan Higginbotham
Notary Public

My Commission Expires: 9-14-20



00217

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. Name of Applicant:

[REDACTED]

2. Business Name: OZARK MOUNTAIN GREENERY, LLC

Business Mailing Address: [REDACTED]

ROGERS, ARKANSAS 72756

Business telephone number: TBD

3. Business entity type: LIMITED LIABILITY COMPANY

Date of business formation or incorporation: AUGUST 30, 2017

State(s) of Incorporation: ARKANSAS

Registered Agent Name: BEARDEN LAW GROUP, PA

Registered Agent Address: 9 HALSTED CIRCLE, 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] - MEMBER OF LLC - 100% OWNERSHIP

5. County of Proposed Location: BENTON COUNTY ARKANSAS

6. City of Proposed Location: EUREKA SPRINGS, 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

CONFIDENTIAL INFORMATION. Exempt from Freedom of Information Act of 1967 (Ark. Code Ann. § 25-19-101) under sections 25-19-105(b)(9)(A), 25-19-105(b)12 and 25-19-105(b)14. This information is proprietary, intellectual and personal information in nature. If released, it would benefit applicant's competitors and adversely affect the personal safety of applicant.

a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

NO

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

NO

Certification

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

Signed this 16th day of September, 2017.

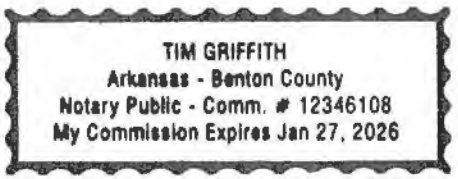
[REDACTED]

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

[Signature]

Notary Public

My Commission Expires: 1/27/26



CONFIDENTIAL INFORMATION. Exempt from Freedom of Information Act of 1967 (Ark. Code Ann. § 25-19-101) under sections 25-19-105(b)(9)(A), 25-19-105(b)12 and 25-19-105(b)14. This information is proprietary, intellectual and personal information in nature. If released, it would benefit applicant's competitors and adversely affect the personal safety of applicant.

00220

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Alternatives, LLC

Fictitious Trade Name (if any)

Business Mailing Address

Little Rock, AR 72223

Business telephone number 501-413-9373

3. Business entity type LLC

Date of business formation or incorporation 9-1-17

State(s) of Incorporation Arkansas

Registered Agent Name JACK SAUL

Registered Agent Address 2000 Market Court, Little Rock, AR 72223

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

[Redacted] - (owner) - 30.5%
[Redacted]

5. County of Proposed Location Crittendon County

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

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

No.

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

No.

Certification

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

Signed this 16 day of September, 2017.

[Redacted Signature]

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

Donell Meadows

Notary Public

My Commission Expires: 2-14-2022

