

THE ARIZONA LICENSES



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Fort Consulting, Llc
12620 N Cave Creek Rd Ste 1 , Phoenix, AZ 85022

The establishment listed above has been issued a Marijuana Establishment License. This license has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000064ESAK09838873

Effective Date: February 16, 2021

Expiration Date: January 21, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating, or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on February 16, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Fort Consulting, Llc

12620 N Cave Creek Rd , Phoenix, AZ 85022

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000105DCOU00194638

Effective Date: October 7, 2019

Expiration Date: October 6, 2021

APPROVED TO:

Dispense

Prepare Edibles

Sell Edibles

Dispense Edibles

Cultivate Offsite

A Dispensary Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Fort Consulting, Llc

12620 N Cave Creek Rd , Phoenix, AZ 85022

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THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000105DCOU00194638

Effective Date: October 7, 2019

Expiration Date: October 6, 2021

Certificate Address: (1341 W Industrial Dr , Coolidge, AZ 85128)

APPROVED TO:

Dispense

Prepare Edibles

Sell Edibles

Dispense Edibles

Cultivate Offsite

A Dispensary Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Patient Alternative Relief Center

4201 E University Dr , Phoenix, AZ 85034

The establishment listed above has been issued a Marijuana Establishment License. This certificate has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000086ESQZ01367420

Effective Date: January 22, 2021

Expiration Date: January 21, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Patient Alternative Relief Center

4201 E University Dr , Phoenix, AZ 85034

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000091DCWY00555666

Effective Date: January 12, 2021

Expiration Date: August 7, 2022

APPROVED TO:

Dispense

Sell Edibles

Dispense Edibles

Cultivate Offsite

A Dispensary Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Patient Alternative Relief Center

4201 E University Dr , Phoenix, AZ 85034

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations..

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000091DCWY00555666

Effective Date: January 12, 2021

Expiration Date: August 7, 2022

Certificate Address: (7655 E Evans Rd Ste 5, Scottsdale, AZ 85260)

APPROVED TO:

Dispense

Sell Edibles

Dispense Edibles

Cultivate Offsite

A Dispensary Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Perpetual Healthcare, Inc.

4244 W Dunlap Rd, Ste 1, Phoenix, AZ 85051

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000033DCCK00134006

Effective Date: August 8, 2020

Expiration Date: August 7, 2022

APPROVED TO:

Dispense

Prepare Edibles

Sell Edibles

Dispense Edibles

Cultivate Offsite

(1575 E 18th Ave, Apache Junction, AZ 85119)

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on **July 7, 2020**
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Perpetual Healthcare Inc
4244 W Dunlap Rd Ste 1 , Phoenix, AZ 85051

The establishment listed above has been issued a Marijuana Establishment License. This license has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000105ESDR54985961

Effective Date: March 7, 2021

Expiration Date: January 31, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating, or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on March 7, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Azgm 3, Inc

7200 W Chandler Blvd , Chandler, AZ 85226

The establishment listed above has been issued a Marijuana Establishment License. This certificate has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000040ESDX57445071

Effective Date: January 22, 2021

Expiration Date: January 21, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

The Medicine Room Llc
550 W Mckellips Rd , Mesa, AZ 85201

The establishment listed above has been issued a Marijuana Establishment License. This certificate has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000084ESFH12297246

Effective Date: January 22, 2021

Expiration Date: January 21, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Vending Logistics Llc
5409 S Power Rd , Mesa, AZ 85212

The establishment listed above has been issued a Marijuana Establishment License. This certificate has been issued under the authority of Title 36, Chapter 28.2, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 18 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Establishment License Number: 00000043ESPE02331128

Effective Date: January 22, 2021

Expiration Date: January 21, 2023

APPROVED TO:

Retail - Sell

An Establishment License issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.2 and A.C.C. Title 9, Chapter 18 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on January 22, 2021
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

The Medicine Room, LLC

550 W. McKellips Rd. Bldg 1, Mesa, AZ 85201

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000037DCDM00904008

Effective Date: August 8, 2020

Expiration Date: August 7, 2022

APPROVED TO:

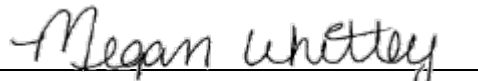
Dispense

Sell Edibles

Dispense Edibles

Cultivate Onsite

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.


Recommended By: Megan Whitby
Bureau Chief


Issued By: Colby Bower on **July 7, 2020**
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

AZGM 3, Inc.

7200 West Chandler Blvd, Suite 7, Chandler, Arizona 85226

The dispensary applicant listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This Registration Certificate is not an approval to operate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to Title 9, Chapter 17, Article 3, Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000126DCSO00060479

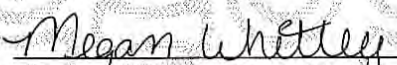
Effective Date: October 6, 2019

Expiration Date: October 5, 2021

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

THE ARIZONA MEDICAL MARIJUANA ACT DOES NOT AUTHORIZE THE HOLDER OF A DISPENSARY REGISTRATION CERTIFICATE TO CULTIVATE, POSSESS, OR SELL MEDICAL MARIJUANA PRIOR TO RECEIVING APPROVAL TO OPERATE FROM THE DEPARTMENT.

THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.


Recommended By: Megan Whitley
Bureau Chief


Issued By: Colby Bower
Assistant Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Vending Logistics, LLC

5409 South Power Road, Mesa, Arizona 85212

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THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000112DCLK00614860

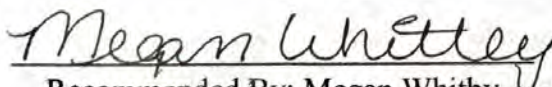
Effective Date: October 6, 2019

Expiration Date: October 5, 2021

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THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.



Recommended By: Megan Whitby
Bureau Chief


Issued By: Colby Bower
Assistant Director

THE ARKANSAS LICENSES

STATE OF ARKANSAS

DEPARTMENT OF FINANCE AND ADMINISTRATION
ALCOHOLIC BEVERAGE CONTROL DIVISION
LITTLE ROCK, ARKANSAS



MEDICAL MARIJUANA PERMIT

Permit Type

DISPENSARY

PERMITTEE

KATHRYN A. CRIMMINS

ZEN LEAF EL DORADO

3213 NORTH WEST AVENUE

EL DORADO

Union

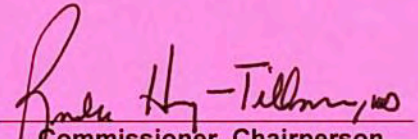
This Permit shall not be deemed a property or vested right, is NOT transferable or assignable, and may be revoked at any time pursuant to law. This Permit shall remain valid until suspended, cancelled or revoked so long as the annual permit fee shall be paid as required by law.

July 01, 2020

Date Issued

June 30, 2021

Expires


Commissioner, Chairperson

THIS PERMIT MUST BE DISPLAYED IN A CONSPICUOUS PLACE

**ZEN LEAF EL DORADO
KATHRYN A CRIMMINS
4587 W GARRETT ROAD
ROGERS AR 72758**

THE CALIFORNIA LICENSES

Division of Weights & Measures

PLEASE RETAIN THIS BOTTOM PORTION FOR POSTING

D9 MANUFACTURING, INC/ GARTIK CORP

84805 AVE 48, STE 3A1

COACHELLA

CA 92236

PAYMENT VALIDATES PERMIT UNTIL

12/31/2021

DATE BILL MAILED

12/01/2020

PERMIT NO.

CI00024

CERTIFICATE OF REGISTRATION DEVICES

THIS CERTIFICATE IS VALID ONLY WHEN FEES HAVE BEEN PAID. IT IS
NOT TRANSFERABLE. VOID UPON CHANGE OF OWNERSHIP OR
LOCATION.



POST IN PUBLIC VIEW



CALIFORNIA DEPARTMENT OF
FOOD & AGRICULTURE

California Department of Food and Agriculture
1220 N Street
Sacramento, CA 95814



PROVISIONAL CANNABIS CULTIVATION LICENSE

Legal Business Name:

Ammerdine LLC

Main Premises APN:

Riverside County - Yes

Main Premises Address:

84805 Avenue 48, Suite 4A
Coachella, CA 92236

Valid:

02/21/2021 to 02/20/2022

License Number:

CCL19-0003837

License Type:

Adult-Use-Small Mixed-Light Tier 2

--- PROVISIONAL LICENSE PURSUANT TO BPC 26050.2 ---

Additional Premises APN(s):

Additional Premises Address(es):

City of Coachella

BUSINESS LICENSE

84805 AVE 48 3A-1
Coachella, CA 92236

LOCATION OF BUSINESS
THIS CERTIFIES that the business or individual
listed below is hereby licensed to do business
within the City of Coachella, CA.

GARTIK CORP
2901 E CAMELBACK RD
200
PHOENIX, AZ 85016



EXPIRATION DATE

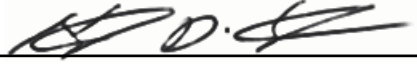
12/31/2021

DATE ISSUED

1/1/2021

LICENSE NUMBER

B-1003615


FINANCE DIRECTOR

*This license is to be posted in a conspicuous location, and is not transferable or assignable.
License becomes delinquent if not renewed before February 1st of expiration year.*



**BUREAU OF
CANNABIS
CONTROL**
CALIFORNIA

Bureau of Cannabis Control
(833) 768-5880

Adult-Use and Medicinal - Distributor License Provisional

**LICENSE NO:
C11-0000121-LIC**

**LEGAL BUSINESS NAME:
AMMERDINE LLC**

**PREMISES:
84805 AVENUE 48, SUITE 1-A1
COACHELLA, CA 92236-1224**



**VALID:
5/20/2019**

**EXPIRES:
5/19/2021**



Non-Transferable

*Prominently display this license
as required by Title 16 CCR § 5039*

Scan to verify this license.



Valid:

5/20/2019

Expires:

5/19/2021

License No:

C11-0000121-LIC

Legal Business Name:

AMMERDINE LLC

Premises Address:

84805 AVENUE 48, SUITE 1-A1
COACHELLA, CA 922361224

1. Use your smartphone camera to scan the QR code for licensing information.
2. If your camera doesn't have scanning functionality, you can look up a location at **CApotcheck.com** using license number C11-0000121-LIC.





**BUREAU OF
CANNABIS
CONTROL**
CALIFORNIA

Bureau of Cannabis Control
(833) 768-5880

Adult-Use and Medicinal - Distributor License Provisional

**LICENSE NO:
C11-0000573-LIC**

**LEGAL BUSINESS NAME:
GARTIK CORPORATION**

**PREMISES:
84805 AVENUE 48 AVE, SUITE 3A-
3
COACHELLA, CA 92236**



**VALID:
6/28/2019**

**EXPIRES:
6/27/2021**



Non-Transferable

*Prominently display this license
as required by Title 16 CCR § 5039*

Scan to verify this license.



Valid:

6/28/2019

Expires:

6/27/2021

License No:

C11-0000573-LIC

Legal Business Name:

GARTIK CORPORATION

Premises Address:

84805 AVENUE 48 AVE, SUITE 3A-3
COACHELLA, CA 92236

1. Use your smartphone camera to scan the QR code for licensing information.
2. If your camera doesn't have scanning functionality, you can look up a location at **CAPotcheck.com** using license number C11-0000573-LIC.



CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION
CANNABIS TAX PERMIT



PERMIT NUMBER

CD STF 095-001545

GARTIK CORPORATION
D9 MANUFACTURING, INC.
84805 AVENUE 48 STE 3A-1
COACHELLA, CA 92236-1224

THIS PERMIT HAS BEEN ISSUED TO YOU
UNDER SECTION 34014 OF THE CALIFORNIA
REVENUE AND TAXATION CODE. PLEASE
RETAIN FOR YOUR RECORDS.

THIS PERMIT IS NOT TRANSFERABLE.

For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY: 711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798
or 1-916-324-2798.

CDTFA-442-CD (1-18)

A MESSAGE TO OUR PERMIT HOLDER

As a permittee, you have certain rights and responsibilities under the Cannabis Tax Law. To assist in your endeavor and help you understand the law, we offer these sources:

- Our website at www.cdtfa.ca.gov
- Our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a permittee, you are expected to maintain the normal books and records of a prudent business person. You are required to maintain these books and records for no less than four years, and make them available for inspection by a California Department of Tax and Fee Administration (CDTFA) representative when requested.

You must notify us if you are buying, selling, or discontinuing your business; adding or dropping a partner, officer, or member; or when you are moving. This permit is valid only for the owner specified on the permit. A person who obtains a permit who ceases to do business, or who never commenced business, shall surrender their permit by immediately notifying the CDTFA in writing at this address: California Department of Tax and Fee Administration, Registration and Licensing, MIC:88, P.O. Box 942879, Sacramento, CA 94279-0088.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

As authorized by law, information provided by an applicant for a permit may be disclosed to other government agencies.

CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION

Registration and Licensing Section

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

January 1, 2018

ACCOUNT NUMBER

103107883 - 00001

D9 MANUFACTURING, INC.
84805 AVENUE 48 STE 3A-3
COACHELLA CA 92236-1224



Office of Control:
Rancho Mirage Branch Office

*NOTICE TO PERMITTEE:
You are required to obey all
Federal and State laws that
regulate or control your
business. This permit does
not allow you to do
otherwise.*

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798.**

CDTFA-442-R REV. 18 (5-18)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.cdtfa.ca.gov
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA)
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

September 1, 2018

ACCOUNT NUMBER

211764224 - 00001

D9 MANUFACTURING, INC.
GARTIK CORP.
84805 AVENUE 48 STE 3A
COACHELLA CA 92236-1224



Office of Control:
Rancho Mirage Branch Office

NOTICE TO PERMITTEE:
You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798.**

CDTFA-442-R REV. 18 (5-18)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.cdtfa.ca.gov
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA)
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division



Jared Blumenfeld
Secretary for
Environmental Protection



Department of Toxic Substances Control

Meredith Williams, Ph.D.
Acting Director
1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Gavin Newsom
Governor

ATTN: ROSS DOVE
GARTIK CORP DBA D9 MANUFACTURING INC
2901 E CAMELBACK RD STE 200
PHOENIX AZ 85016

EPA ID Number Issued: June 19, 2019
Facility Location:
84805 AVE 48 STE 3A-3
COACHELLA CA 92236

PERMANENT RECORD - DO NOT DESTROY.
YOUR CALIFORNIA EPA IDENTIFICATION NUMBER IS:

CAL000446731

This is to acknowledge that a permanent California Environmental Protection Agency Identification (EPA ID) Number has been assigned to your place of business.

An EPA ID Number is assigned to a person or business at a specific site. It is only valid for the location and person or business to which it was assigned. If your business has multiple generation sites, each site must have its own unique number. If you stop handling hazardous waste, move your business, change ownership, change mailing address, or change the type or amount of waste you handle, you must notify the Department of Toxic Substances Control immediately. If your business has moved, your EPA ID Number must be canceled. A new number must be obtained for your new location if you continue to generate hazardous waste.

This EPA ID Number must be used for all manifesting, record keeping, and reporting requirements. Please retain this notice in your files.

Department of Toxic Substances Control
For questions, visit our website at <https://hwts.dtsc.ca.gov> and select reports.

Operator's Initials: fhoward
Version: January 2017

Information for Hazardous Waste Permanent State EPA Identification (ID) Number Holders

Please carefully read all the information in this packet and keep for your records.

You have been issued a hazardous waste permanent State EPA ID number for the generation, transportation and/or disposal of hazardous waste. Your State EPA ID number must be used for all manifesting, recordkeeping and reporting requirements.

Annual Hazardous Waste EPA ID Number Verification Questionnaire. As a holder of a hazardous waste permanent State EPA ID number, you are required by the California Health and Safety Code sections 25205.15 and 25205.16 to complete the annual Verification Questionnaire to maintain the active status of your EPA ID number. The purpose of the Verification Questionnaire is to ensure that the information on record for your EPA ID number is current and also to assess two types of fees if applicable, the verification fee and the manifest fee. For additional information on the annual Verification Questionnaire, please visit <https://evq.dtsc.ca.gov/>.

How to Update Information on Your EPA ID Number. To update the contact information on your permanent State EPA ID number, you will need to submit the Permanent State ID Number Application, DTSC Form 1358. If there has been a change in site location and/or legal business owner, you must apply for a new permanent State EPA ID number. For more information, please visit <https://dtsc.ca.gov>.

Hazardous Waste Tracking System (HWTS). The Hazardous Waste Tracking System (HWTS) is the Department of Toxic Substances Control's data repository for hazardous waste EPA ID numbers and manifest information. HWTS generates reports on hazardous waste shipments for generators, transporters, and the final treatment, storage, and disposal facility (TSDFs). Reports from 1993 to the present are available at <https://hwts.dtsc.ca.gov>.

Hazardous Waste Generator Fee. Every generator that produces five or more tons of hazardous waste per calendar year, regardless of the final disposition of the waste, will pay a Generator Fee to the California Department of Tax and Fee Administration (CDTFA), formerly known as the California State Board of Equalization. To pay the Generator Fee you must apply for a hazardous waste account online with CDTFA at <http://www.cdtfa.ca.gov>.

New Hazardous Waste Business. When starting a new business that handles hazardous waste or if your business moves, please contact your local entity to inquire about what you must do at the local level. Your local entities may include your local environmental health department, environmental materials department, local Certified Unified Program Agency (CUPA) or local fire department. If you do not know which local entity to contact, you may want to start at <http://cersapps.calepa.ca.gov/Public/Directory/>.

For fact sheets, news releases, regulations, public notices, information about managing hazardous waste, compliance and enforcement, and pollution prevention, please visit DTSC's website at www.dtsc.ca.gov. If you have any questions, please contact our Telephone Information Center at (800) 618-6942.

Hazardous Waste Fee Information

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SPECIAL TAXES AND FEES

P.O. Box 942879
Sacramento, CA
94279-0088

CDTFA TAXPAYER INFORMATION SECTION

Monday – Friday
8:00 a.m. – 5:00 p.m.

1-800-400-7115
TTY: 711

CDTFA WEBSITES

www.cdtfa.ca.gov

Electronic Registration
System (eReg) Apply
online at
[http://www.cdtfa.ca.gov/
electsrv/eServices.htm](http://www.cdtfa.ca.gov/electsrv/eServices.htm)

The California Department of Tax and Fee Administration (CDTFA) administers hazardous waste fee programs in cooperation with the Department of Toxic Substances Control (DTSC), pursuant to the requirements of the California Hazardous Substances Tax Law. The fee programs are outlined below. As of September 13, 2016, the Activity Fee is assessed and billed by DTSC. If you are required to obtain a federal or state hazardous waste EPA ID number, you may also be responsible for additional fees imposed by the State of California. It is important that you review this information carefully so that you understand your CDTFA fee obligations.

Hazardous Waste Environmental Fee - The Environmental Fee is a tax on businesses/organizations in industry groups that use, generate or store hazardous materials or conducts activities related to those materials. Activities related to hazardous materials may include the use of products such as ink, plastics, paint, etc., which were manufactured using hazardous materials. The tax applies to corporations, general partnerships, limited partnerships, limited liability partnerships, limited liability companies, and sole proprietorships that have 50 or more employees who are each employed more than 500 hours in California during the prior calendar year. The tax is graduated based on the number of employees. (Commenced 7-1-89, Health and Safety Code section 25205.6.)

Hazardous Waste Generator Fee - The Generator Fee applies to every person who generates five or more tons of hazardous waste at a site in California within a calendar year. This includes recycled waste, treated wood waste, and waste sent outside of California for disposal. The fee is determined by the total tonnage of waste generated per site. If the Facility Fee has been paid for a site, the Generator Fee does not apply. (Commenced 7-1-86, Health and Safety Code section 25205.5.)

Hazardous Waste Disposal Fee - The Disposal Fee applies to persons or businesses who dispose of hazardous waste to land at an authorized hazardous waste disposal facility in California. These persons or businesses will pay a disposal fee directly to the disposal facility (Hazardous Waste Generator Fees can also apply; refer to the Hazardous Substances Taxes – Generator Fee Page for more information on this fee), and the disposal facility then submits the fee and a return to the CDTFA. The fee varies and is determined by the waste category and the total tonnage of waste. Only the disposal facilities/operators are required to file returns with the CDTFA. (Commenced 7-1-85, Health and Safety Code section 25174.1 et seq.)

Transportable Treatment Unit Fee - The Transportable Treatment Unit Fee applies to owners or operators of sites that treat hazardous waste but, due to the volume of waste treated or waste stored, do not warrant a full facility permit. The fee is assessed as a flat rate fee per unit and by permit modification, pursuant to information provided by DTSC.

Hazardous Waste Activity Fee - The Activity Fee is assessed for permit applications, permit modifications, renewals of permits, requests for variance or site mitigation assessments or other activities, as notified by DTSC. The fee is non-refundable, even if the application is withdrawn or the permit or the modification is denied. The fee is tiered based on the permitted level of the facility and the type of permit activity.

Hazardous Waste Facility Fee - The Facility Fee applies to an owner or operator of a site that is permitted by DTSC to dispose, treat or store hazardous waste in California. Facility fees are based on statutory provisions set forth in the Health and Safety Code which utilize a tiered permitting program. Facility fees are classified into five tiers: Full Facility Permit, Standardized Permit, Permit-by-Rule, Conditional Authorization, and Conditional Exemption. The fees vary according to the permitted level. (Commenced 7-1-86, Health and Safety Code sections 25205.2 – 25205.4, and 25205.7.)

To obtain a copy of Regulation 3000, Generator of Hazardous Waste, please visit CDTFA's website at www.cdtfa.ca.gov or call CDTFA's Taxpayer Information Section toll free at 1-800-400-7115 (TTY: 711).

For additional information regarding all Special Taxes & Fees Programs administered by CDTFA go to www.cdtfa.ca.gov.

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION
CANNABIS TAX PERMIT



PERMIT NUMBER

CD STF 095-001902

D9 MANUFACTURING, INC.
GARTIK CORP.
84805 AVENUE 48
COACHELLA, CA 92236-1224

*THIS PERMIT HAS BEEN ISSUED TO YOU
UNDER SECTION 34014 OF THE CALIFORNIA
REVENUE AND TAXATION CODE. PLEASE
RETAIN FOR YOUR RECORDS.*

THIS PERMIT IS NOT TRANSFERABLE.

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY: 711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798
or 1-916-324-2798.**

CDTFA-442-CD (1-18)

A MESSAGE TO OUR PERMIT HOLDER

As a permittee, you have certain rights and responsibilities under the Cannabis Tax Law. To assist in your endeavor and help you understand the law, we offer these sources:

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- Our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a permittee, you are expected to maintain the normal books and records of a prudent business person. You are required to maintain these books and records for no less than four years, and make them available for inspection by a California Department of Tax and Fee Administration (CDTFA) representative when requested.

You must notify us if you are buying, selling, or discontinuing your business; adding or dropping a partner, officer, or member; or when you are moving. This permit is valid only for the owner specified on the permit. A person who obtains a permit who ceases to do business, or who never commenced business, shall surrender their permit by immediately notifying the CDTFA in writing at this address: California Department of Tax and Fee Administration, Registration and Licensing, MIC:88, P.O. Box 942879, Sacramento, CA 94279-0088.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

As authorized by law, information provided by an applicant for a permit may be disclosed to other government agencies.

CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION

Registration and Licensing Section



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
MANUFACTURED CANNABIS SAFETY BRANCH



ANNUAL MANUFACTURING LICENSE

ADULT AND MEDICINAL CANNABIS PRODUCTS

LICENSEE:

Gartik Corp.
D9 Manufacturing, Inc.

LICENSED PREMISES:

84805 AVENUE 48
COACHELLA, CA 92236-1224

LICENSE NUMBER: CDPH-10001459

LICENSE TYPE: Type 7: Volatile Solvent Extraction

EFFECTIVE DATE: 07/14/2020

EXPIRATION DATE: 07/14/2021

The licensee named herein is authorized to manufacture cannabis products at the licensed premises listed herein through the expiration date of this license. This annual license issued is in accordance with the provisions of Division 10 of the California Business and Professional Code and is not transferable to any other person or premises. The licensee is required by law to notify the Manufactured Cannabis Safety Branch of changes pertaining to this license. This license shall always be displayed in a prominent place at the licensed premises. This license shall be subject to suspension or revocation by the California Department of Public Health if it is found that manufacturing operation is in violation of Division 10 of the Business and Professions Code or regulations adopted thereunder.

California Department of Public Health
P.O. Box 997377, MS-7606
Sacramento, CA 95899-7377

Asif A. Maan Ph.D.
Chief, Manufactured Cannabis Safety Branch



March 6, 2018

[REDACTED]
D9 Manufacturing, Inc.
2907 Shelter Island Drive Ste 105-258
San Diego, CA 92106

Re: Cannabis Facility Regulatory Permit (CRP 17-36)
84-805 Avenue 48, Suite 3A-3, Coachella, California.

Dear Mr. [REDACTED],

The Development Services Department has completed an administrative review of the application for "D9 Manufacturing, Inc." Cannabis Regulatory Permit (CRP 17-36). The subject site is zoned M-W (Wrecking Yard) and is located at 84-805 Avenue 48, Suite 3A-3. The CRP is proposed to license an "interim use facility" approved as part of Conditional Use Permit No. 289.

After reviewing your request along with the submitted application, plans, and attachments contained in your submittal, your request to establish a Cannabis Facility Regulatory Permit has been **granted** by the Director, on behalf of the City Manager. The attached Conditions have been made a part of this approval.

Pursuant to Chapter 5.68 of the Coachella Municipal Code the City Manager may reject a Cannabis Regulatory Permit if future changed circumstances create such grounds for denial of a Cannabis Regulatory Permit.

Please call our office at (760)398-3102 if you have any questions regarding this matter.

Sincerely,

Luis Lopez
Development Services Director

Xc: File

ATTACHMENT A
CONDITIONS OF APPROVAL FOR CANNABIS REGULATORY PERMIT (CRP 17-36)

1. This cannabis regulatory permit is approved for an interim use facility, to be operated by "D9 Manufacturing, Inc." on the site known as 84-805 Avenue 48, Suite 3A-3, in Coachella, California, for cannabis distribution as part of an Interim Use Facility. This regulatory permit is approved for a maximum duration of twelve (12) months.
2. The applicant must obtain all required State of California licenses for the operation of a cannabis cultivation facility, and processing facility and shall diligently pursue all approvals and licenses required by the laws of California.
3. The applicant shall procure the services of a certified private security guard system to provide a minimum of one 24-hour security guard on the premises, and shall maintain a video surveillance and alarm system in compliance with the City's Municipal Code and the security plan outlined for this project.
4. The applicant shall obtain all necessary permits and inspections as required by the City's Building Official and Fire Marshal's Office for the interim use facility, prior to the commencement of business activities on the site.
5. Adequate security lighting shall be provided in the proposed interim use facility and any parking areas. The interim use facility shall be fenced and secured at all times. The applicant shall comply with all applicable conditions of approval imposed on Conditional Use Permit No. 289 for the interim use facility.
6. The applicant or successor in interest shall obtain a City Business License and execute a City Agreement for payment of all required production fees and facility fees as required by the City's Municipal Codes, and City Council resolutions approving the cannabis cultivation facility.
7. The applicant or successor in interest shall hire a City-approved consultant to prepare a quarterly audit report of the gross wholesale receipts for all wholesale transactions related to the interim use facility. The applicant shall voluntarily participate with City auditing contractors and share business financial information with the City of Coachella for the purpose of complying with this condition of approval.
8. Alcohol sales and retail sales of cannabis products shall be prohibited on the site.
9. The applicant or successor in interest shall obtain a City Business License and pay all required production fees and facility fees as required by the City's Municipal Codes and Planning Commission resolutions executed on the subject site. The applicant or successor in interest shall hire a City-approved consultant to prepare a quarterly audit report of the gross wholesale receipts for all wholesale transactions related to the interim use facility. The applicant shall voluntarily participate with City auditing contractors and share business financial information with the City of Coachella for the purpose of complying with this condition of approval.

ATTACHMENT A *(Continued)*
CONDITIONS OF APPROVAL FOR CANNABIS REGULATORY PERMIT (CRP 17-36)

10. Adequate temporary trash receptacles shall be provided for the interim use facility.
11. Adequate restrooms and wet bar sinks shall be provided for the interim use facility for employees.
12. All temporary structures serving the interim use facility shall be removed from the site no later than April 1, 2019, unless a written extension of this term is approved by the Planning Commission prior to the date of expiration.



March 6, 2018

[REDACTED]
Gartik Corp./ D9 Manufacturing
2907 Shelter Island Drive Ste 105-259
San Diego, CA 92106

**Re: Cannabis Facility Regulatory Permit (CRP 17-03 Modification)
84-805 Avenue 48 Suite 3A-1, Coachella, California.**

Dear Mr. [REDACTED],

The Development Services Department has completed an administrative review of the application for "Gartik Corp./D9 Manufacturing" Cannabis Regulatory Permit (CRP 17-03 Modification). The subject site is zoned M-W (Wrecking Yard) and is located at 84-805 Avenue 48, Suite 3A-1. The CRP is proposed to license a portion of an "interim use facility" approved as part of Conditional Use Permit No. 289. Upon completion of the permanent structure known as the processing Center, the contents of the mobile units will be relocated into a permanent structure.

After reviewing your request along with the submitted application, plans, and attachments contained in your submittal, your request to establish a Cannabis Facility Regulatory Permit - Modification has been **granted** by the Director, on behalf of the City Manager. The attached Conditions have been made a part of this approval.

Pursuant to Chapter 5.68 of the Coachella Municipal Code the City Manager may reject a Cannabis Regulatory Permit if future changed circumstances create such grounds for denial of a Cannabis Regulatory Permit.

Please call our office at (760)398-3102 if you have any questions regarding this matter.

Sincerely,

Luis Lopez
Development Services Director

Xc: File

ATTACHMENT A
CONDITIONS OF APPROVAL FOR CANNABIS REGULATORY PERMIT
(CRP 17-03 Modification)

1. This cannabis regulatory permit is approved for an interim use facility, to be operated by “Gartik Corporation” on the site known as 84-805 Avenue 48 Suite 3A-1 in Coachella, California, occupying a maximum of 600 square feet of floor area for manufacturing/extraction uses, not including related offices and restrooms within the Interim Use Facility. This regulatory permit is approved for a maximum duration of twelve (12) months from the date of commencement of business activities.
2. The applicant must obtain all required State of California licenses for the operation of a cannabis manufacturing and processing facility 1, 2018 and shall diligently pursue all approvals and licenses required by the laws of California.
3. The applicant shall procure the services of a certified private security guard system to provide a minimum of one 24-hour security guard on the premises, and shall maintain a video surveillance and alarm system in compliance with the City’s Municipal Code and the security plan outlined for this project.
4. The applicant shall obtain all necessary permits and inspections as required by the City’s Building Official and Fire Marshal’s Office for the interim use facility, prior to the commencement of business activities on the site.
5. Adequate security lighting shall be provided in the proposed interim use facility and any parking areas. The interim use facility shall be fenced and secured at all times. The applicant shall comply with all applicable conditions of approval imposed on Conditional Use Permit No. 289 related to the interim use facility.
6. The applicant or successor in interest shall obtain a City Business License and pay all required production fees and facility fees as required by the City’s Municipal Codes, City Council resolutions, and the Development Agreement executed on the subject site. The applicant or successor in interest shall hire a City-approved consultant to prepare a quarterly audit report of the gross wholesale receipts for all wholesale transactions related to the interim use facility. The applicant shall voluntarily participate with City auditing contractors and share business financial information with the City of Coachella for the purpose of complying with this condition of approval.
7. Adequate temporary trash receptacles shall be provided for the interim use facility.
8. Adequate restrooms and wet bar sinks shall be provided for the interim use facility for employees.

**CONDITIONS OF APPROVAL FOR CANNABIS REGULATORY PERMIT
(CRP 17-03 Modification)**

9. Alcohol sales and retail sales of cannabis products shall be prohibited on the site.
10. All temporary structures serving the interim use facility shall be removed from the site no later than April 1, 2019, unless a written extension of this term is approved by the Planning Commission prior to the date of expiration.



City of Coachella

Riverside County Fire Department

Fire Station 79

1377 Sixth Street, Coachella, CA 92236

Phone 760-398-8895 Fax 760-398-3575

rvcfire.org



FIRE DEPARTMENT OPERATIONAL PERMIT: Plant Processing Extraction

ISSUED DATE: 08-08-2019 ISSUED TIME: 0700
PERMIT NUMBER: FPHMI1900003
ORGANIZATION NAME: GARTIK CORP/ D9 MANUFACTURING, INC
LOCATION ADDRESS: 84805 AVENUE 48, COACHELLA, CA 92236
CONTACT PERSON(S): [REDACTED]
PHONE NUMBER: (602) 469-3333 (602) 499-3810

Type of Extraction Solvent: ETHANOL

Approved Equipment:

Delta Separations CUP-30 Extraction, storage tanks - S/N # C30190118

Delta Separations Falling Film Evaporator - S/N # Vessel FF1901-0003

Genius Rotary Evaporator - No Serial Number

Delta Separations RF-1 Rolled Film Distillation - S/N # RF1901-0005

This permit of clearance by the local authority having jurisdiction is being presented to the above stated organization for their compliance with local and state requirements to operate the approved Plant Processing Extraction equipment. This permit is to be prominently displayed at the business along with the other required permits and licensing. This permit is valid for only this specific addressed location and the listed pieces of equipment. Failure to comply with the City of Coachella's Health and Safety Code requirements along with the applicable codes standards and local Fire Department Technical Policies will result in the immediate revocation of this permit.

Office of the Fire Marshal Representative:

Print: Julian Ramos Sign: [Signature] Date: 8-8-19

DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU INDUSTRIAL ALCOHOL USER PERMIT		PERMIT NUMBER SDS-CA-20119
D9 MANUFACTURING, INC. 84993 AVENUE 48 AVE COACHELLA CA 92236		EFFECTIVE DATE 05/09/2017
MAXIMUM QUANTITY TO BE WITHDRAWN PER CALENDAR YEAR 135000 ☒ GALLONS ☐ PROOF GALLONS		

You are hereby authorized to:

☐ Withdraw and use alcohol free of tax
☐ Recover/restore alcohol free of tax

☒ Withdraw and use specially denatured alcohol/rum
☐ Withdraw and deal in specially denatured alcohol/rum
☒ Recover/restore and use specially denatured alcohol/rum

Operations must be conducted at the above address, subject to applicable law and regulations, the Federal Water Pollution Control Act, and to the conditions set forth below.

This permit is continuing and will remain in force unless suspended, revoked, voluntarily surrendered or automatically terminated.

This permit is not transferable. In the event of any lease, sale or other transfer of the operations authorized or of any other changes in the proprietorship of such operations, this permit shall automatically terminate unless the successor requalifies by the end of thirty days. If a timely application is filed, the outstanding permit will continue in effect until the application is acted upon by the National Revenue Center or Puerto Rico Operations Office.

Tax free alcohol may not be used for any purpose or in any manner not shown on an approved permit application.

THIS PERMIT IS SUBJECT TO THE FOLLOWING CONDITIONS:

GENERAL CONDITIONS

1. That the permittee complies with the provisions of 26 U.S.C., Chapter 51 and its regulations.
2. That the permittee has made no false statement as to any material fact in the application for this permit.
3. That the permittee furnishes all the material information required by law and regulations.
4. That the permittee and all persons interested in the permitted operations, shall not violate or conspire to violate any law of the United States relating to intoxicating liquor and shall not be convicted of any offense under the United States Code punishable as a felony or of any conspiracy to commit such an offense.
5. That the permittee continues, by reasons of operations, to be warranted to procure, possess and dispose of/use, as the case may be, specially denatured alcohol/rum or alcohol free of tax.
6. That the permittee timely prepares and maintains at the address stated on this permit, adequate and accurate records and reports as required by 26 U.S.C. 5275 and its regulations, and makes timely, true and complete reports of operations as required by law and regulations.
7. That the permittee has not discontinued the operations authorized by this permit for a period exceeding two years.

SPECIFIC TAX FREE CONDITIONS

That the permittee uses alcohol withdrawn free of tax only for the purposes set forth in this permit and within the conditions and limitations specified in 26 U.S.C. 5214 (a)(2) or (3).

SPECIFIC SPECIALLY DENATURED ALCOHOL/RUM CONDITIONS

1. That the permittee shall use specially denatured alcohol/rum in the manufacture of an article in accordance with an approved formula (including any general use formulas). When using specially denatured alcohol, for laboratory or mechanical purposes, not in the development of a product, use in the manner provided by law and regulations.
2. That the permittee manufactures, labels, advertises and sells or uses articles in the manner provided by law and regulations.
3. That the permittee, if authorized by this permit, recovers completely denatured alcohol, specially denatured alcohol/rum, or articles, in accordance with approved statements of process, in the manner provided by law and regulations.
4. That the permittee shall not dispose of specially denatured alcohol/rum to a user without a valid copy of the user's permit.

THIS IS AN	☐ ORIGINAL PERMIT	☒ AMENDED PERMIT	
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REASON FOR AMENDMENT (If applicable) Change in Withdrawal Amount	DATE OF AMENDMENT 01/24/2018
---	---------------------------------

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

Shawn Burcham

FOR JOHN J. MANFREDA, ADMINISTRATOR

ATTACHMENT TO TTB F5150.9

D9 MANUFACTURING, INC.

dba **D9 MANUFACTURING, INC.**

84993 AVENUE 48 AVE COACHELLA CA 92236

SDS-CA-20119

ADDITIONAL USE LOCATIONS :

Use Address	Use City	Use State	Use Zip
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ADDITIONAL SHIP TO LOCATIONS :

Ship To Permit	Official's Name	Ship To Company	Ship To Address	Ship To City	Ship To State	Ship To Zip
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CAL FIRE - RIVERSIDE UNIT RIVERSIDE COUNTY FIRE DEPARTMENT

DANIEL R. TALBOT - FIRE CHIEF

Office of the Fire Marshal (East)

77-933 Las Montanas Rd., Ste 201, Palm Desert, CA 92211

Bus: (760) 883-8886 ~ Fax: (760) 863-7072 ~ www.rvcfire.org

PROUDLY SERVING THE
UNINCORPORATED
AREAS OF RIVERSIDE
COUNTY AND THE
CITIES OF:

BANNING
BEAUMONT
CANYON LAKE
COACHELLA
DESERT HOT SPRINGS
EASTVALE
INDIAN WELLS
INDIO
JURUPA VALLEY
LAKE ELSINORE
LA QUINTA
MENIFEE
MORENO VALLEY
NORCO
PALM DESERT
PERRIS
RANCHO MIRAGE
RUBIDOUX CSD
SAN JACINTO
TEMECULA
WILDOMAR

BOARD OF SUPERVISORS

KEVIN JEFFRIES
DISTRICT 1
JOHN TAVAGLIONE
DISTRICT 2
CHARLES WASHINGTON
DISTRICT 3
V. MANUEL PEREZ
DISTRICT 4
MARION ASHLEY
DISTRICT 5

D9 Manufacturing INC
Attn: [REDACTED]
2901 E Camelback RD Ste 200
Phoenix, AZ 85016

July 16, 2018

Project Name:	D9 Manufacturing - Ste 3A (Ethanol Permit Number: FPHMI1800001 Extraction)	Case Type:	FCN33 - Hazardous Materials Inventory
Project Address:	85805 Avenue 48 Ste 3A Coachella, CA 92236	Reviewer:	Kohl Hetrick
AE/Contractor:	[REDACTED]	Review Number:	2

Riverside County Fire Department (RVCFD) Office of the Fire Marshal (OFM) has reviewed the submitted plans for the referenced project and they are approved.

090 - Fire

Prior to final EXTRACTION EQUIPMENT GENERAL CONDITIONS

1. This permit is for the Interim Use of a specific model Plant Based Extraction equipment utilizing Ethanol as the solvent media.
2. Quantities of Ethanol and other hazardous materials shall be limited to values less than the Maximum Allowable Quantities detailed in the California Fire Code.
3. Extraction equipment shall be maintained in safe operational status at all times. Equipment users shall be adequately trained and have the inherent knowledge of the safe operation of the entire process that they are assigned.
4. All mechanical systems, detectors, notification appliances and other safety equipment shall be maintained operational; or all extraction operation will be halted until the required safety components are determined to be operational.
5. Any changes to the equipment (whole, or in-part) of the extraction equipment or critical features to the room/building where the extraction process is performed - is prohibited until approved by a new review of the changes by the Riverside County Fire Department.
6. Inspection is required to confirm the adequate installation of all extraction equipment. Applicant shall provide Engineer Certification of Compliance of the installation.

The Fire Department approved plans and conditions letter must be at the job site.

Applicant/installer shall be responsible to contact the Fire Department to schedule inspections. Requests for inspections are to be made at least 72 hours in advance and may be arranged by calling (760)863-8886.

SUBJECT TO FIELD INSPECTION - Nothing in our review shall be construed as encompassing structural integrity. Review of this plan does not authorize or approve any omission or deviation from all applicable regulations. Final approval is subject to field inspection.



**RIVERSIDE COUNTY OFFICE OF THE FIRE MARSHAL
RECORD OF INSPECTIONS / PERMIT CARD**

THIS CARD IS TO REMAIN ON SITE AT ALL TIMES.

INSTALLING CONTRACTOR MUST BE PRESENT FOR ALL INSPECTIONS. SEE NOTES ON REVERSE SIDE.

JOB ADDRESS: 95805 Avenue 48 Ste 3A Coachella, CA 92236		PERMIT#: FPHMI1800001		DATE ISSUED:	
DESCRIPTION: D9 Manufacturing - Ste 3A (Ethanol Extraction)		CONTRACTOR: [REDACTED]			
HYDRANT SYSTEM	DATE	INITIALS	SPECIAL SUPPRESSION	DATE	INITIALS
Thrust block pre-pour			Door fan test		
UG rough piping			Abort test		
UG hydro			Mechanical shutdown		
Flush			Detector test		
Final ^{EF}			Deluge/pre-action		
SPRINKLER U.G.			Final ^{EF}		
Thrust block pre-pour			UST/AST TANK		
UG rough piping			Installation		
UG hydro			Removal		
Flush			Emergency shut off		
Final ^{EF}			Primary piping		
FIRE SPRINKLER			Secondary piping		
Weld inspection			Dispensers & shear valves		
Overhead rough piping			Final ^{EF}		
Overhead hydro			MISC. INSPECTIONS		
UG flush / OK to connect			Spray booths		
Main drain/inspectors' test			Hood/duct extinguishing		
High pile storage			High pile rack storage		
In-rack sprinklers			H.P. vents/access/corridors		
Hose racks			Tract access/hydrant verification		
Final ^{EF}					
HOOD EXTINGUISHING			OTHER CONST. PERMIT		
Detection system					
Function test					
Gas/electrical shut-off					
Nozzle model/placement					
Fire alarm connection					
Final ^{EF}					
SPRAY BOOTHS			FIRE CODE PERMIT(S)		
Installation			ETH EXTRACTION EQUIP		
Air flow test			ENGINEER CERT.		
Mechanical interlock					
Extinguishing system					
Fire alarm connection					
Final ^{EF}					
FIRE ALARM			KNOX SYSTEM		
Rough-wire inspection			Building Knox box		
Function test			Gate access Knox box/padlock		
Duct detectors/velocity			BUILDING INSPECTIONS		
24 hr. battery test			T/I final		
Sprinkler monitoring			Shell final		
Final ^{EF}			Final for occupancy		
FINAL INSPECTION DATE: _____ INSPECTORS SIGNATURE: _____					

WHEN CALLING FOR AN INSPECTION PLEASE HAVE PERMIT NUMBER READY. SEE NOTES ON REVERSE SIDE

2300 Market Street, Ste 150 • Riverside, CA 92501 • (951) 955-4777 • Fax (951) 955-4888
77-933 Las Montanas Rd., Ste 201 • Palm Desert, CA 92211 • (760) 863-8888 • Fax (760) 863-7072

Division of Weights & Measures

PLEASE RETAIN THIS BOTTOM PORTION FOR POSTING

D9 MANUFACTURING, INC/ GARTIK CORP

84805 AVE 48, STE 3A1

COACHELLA

CA 92236

PAYMENT VALIDATES PERMIT UNTIL

12/31/2021

DATE BILL MAILED

12/01/2020

PERMIT NO.

CI00024

CERTIFICATE OF REGISTRATION DEVICES

THIS CERTIFICATE IS VALID ONLY WHEN FEES HAVE BEEN PAID. IT IS
NOT TRANSFERABLE. VOID UPON CHANGE OF OWNERSHIP OR
LOCATION.



POST IN PUBLIC VIEW

X ✓

TEMPORARY CERTIFICATE OF OCCUPANCY



Division of Building Inspection

***180 CALENDAR DAY TCO ISSUED 8/6/2019

This certificate issued pursuant to the requirements of Section 307 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the city regulating building construction or use. For the following:

Use Classification: CANNABIS CULTIVATION PLUS ETOH STORAGE Bldg. Permit No.: BL-2019-03-13260

Occupancy Type: F-1 Construction Type: VB/IIIB Use Zone: MANUFACTURING SERV.

Owner of Building: [REDACTED] Address: 2901 E CAMELBACK RD 200 PHOENIX, AZ

Building Address: 84805 AVENUE 48 3A-3-4 COACHELLA, CA 92236

J. Luis Lopez
Building Official

By: J. LUIS LOPEZ

Date: 8/6/2019

POST IN A CONSPICUOUS PLACE

TEMPORARY CERTIFICATE OF OCCUPANCY



Division of Building Inspection

***180 CALENDAR DAY TCO ISSUED 8/6/2019

This certificate issued pursuant to the requirements of Section 307 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the city regulating building construction or use. For the following:

Use Classification: CANNABIS CULTIVATION PLUS ETOH STORAGE Bldg. Permit No.: BL-2018-08-12988
Occupancy Type: F-1 Construction Type: VB/IIIB Use Zone: MANUFACTURING SER'
Owner of Building: COACHELLA INDIO REAL PROPERTY TRUST Address: 84805 AVENUE 48 3A-4 COACHELLA, CA 92
Building Address: 84805 AVENUE 48 3A-2 COACHELLA, CA 92236

J. Luis Lopez
Building Official

By: J. LUIS LOPEZ

Date: 8/6/2019

POST IN A CONSPICUOUS PLACE

TEMPORARY CERTIFICATE OF OCCUPANCY



Division of Building Inspection

180 CALENDAR DAY TCO ISSUED 8/6/2019

This certificate issued pursuant to the requirements of Section 307 of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the city regulating building construction or use. For the following:

Use Classification: CANNABIS CULTIVATION PLUS ETOH STORAGE Bldg. Permit No.: BL-2018-08-12987

Occupancy Type: F-1 Construction Type: VB/IIIB Use Zone: MANUFACTURING SERV.

Owner of Building: COACHELLA INDIO REAL PROPERTY TRUST Address: 84805 AVENUE 48 3A-4 COACHELLA, CA 92236

Building Address: 84805 AVENUE 48 3A-1 COACHELLA, CA 92236

J. Luis Lopez
Building Official

By: J. LUIS LOPEZ

Date: 8/6/2019

POST IN A CONSPICUOUS PLACE



Department of Food and Agriculture

Division of Measurement Standards

6790 Florin Perkins Rd., Ste. 100, Sacramento, California 95828-1812

Email: dms@cdfa.ca.gov Web Address: www.cdfa.ca.gov/dms/programs/wm/wm.html

Phone # : (916) 229-3000 Fax # : (916) 229-3055

Remit fees payable to: **CDFA 90361**, PO Box 942872, Sacramento, CA 94271-2872

Weighmaster License

Weighmaster

GARTIK CORP.

2901 EAST CAMELBACK ROAD SUITE 200

PHOENIX, AZ 85016

Attn: [REDACTED]

License No:

102647

Total Fees Remitted:

\$135.00

Issue Date:

9/25/2020

License Year: 10/1/2020 - 10/1/2021

The Weighmaster is responsible to renew this license. (Division 5, Chapter 7, Section 12707, Business and Professions Code)

THIS LICENSE SHALL BE AVAILABLE TO WEIGHTS AND MEASURES OFFICIALS AT EACH WEIGHING LOCATION.

This license is not transferable. Any change in ownership requires a new license.

Principal Location

84805 AVENUE 48 SUITE 3A

COACHELLA, CA 92236

COUNTY: RIVERSIDE

(760) 289-5557

Additional Location(s) - 0

Only persons listed below may perform the functions of a Deputy Weighmaster for the licensed Weighmaster.

(Division 5, Chapter 7, Section 12703, Business and Professions Code)

For instructions on adding/deleting Deputies to your license, refer to the instruction sheet on our website.

<http://www.cdfa.ca.gov/dms/programs/wm/wm.html>.

Deputy Weighmaster(s) - 3

DOVE, JOSHUA

PASTORE, TRAVIS

SKINNER, FRANK

Number of vacant deputy positions: 0

THE FLORIDA LICENSES

State of Florida Department of Health Office of Medical Marijuana Use

Classification: MEDICAL MARIJUANA TREATMENT CENTER
License Number: MMTG-2017-0010

Issued to: PLANTS OF RUSKIN, LLC
d/b/a: ALTMED FLORIDA
Address: 900 4th STREET NORTHWEST, RUSKIN,
FLORIDA 33570

Plants of Ruskin, LLC d/b/a AltMed Florida is an approved Medical Marijuana Treatment Center pursuant to section 381.986(8), Florida Statutes. AltMed Florida is authorized to cultivate, process, transport, and dispense marijuana for medical use. AltMed Florida remains bound by both Section 381.986, Florida Statutes, and Department rules and regulations.

Effective Date: June 22, 2020



Ron DeSantis
Governor



Scott A. Rivkees, MD
State Surgeon General

THE ILLINOIS LICENSES

State of Illinois
Department of Agriculture
EARLY APPROVAL ADULT USE CULTIVATION CENTER LICENSE

Permittee: Ataraxia, LLC
Facility Location:
884 Industrial Street
Albion IL 62806

License #:1503060700-EA
Issued Date: March 31, 2021
Expiration Date: March 31, 2022

Permittee is hereby authorized to operate an Early Approval Adult Use Cultivation Center as provided in their application and any approved modification and/or alteration at the address above in compliance with the Cannabis Regulation and Tax Act (410 ILCS 705) and associated rules.

Sherri L. Baker

Sherri Baker
Bureau Chief, Licensing & Administration
Illinois Department of Agriculture



State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000004-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

NH Medicinal Dispensaries, LLC
1101 Ford Ave. Ste. C
Effingham, IL 62401



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000015-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

Healthway Services of West Illinois, LLC
3714 Illinois Ave.
St. Charles, IL 60174



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000020-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

MME Evanston Retail, LLC
1804 Maple Ave.
Evanston, IL 60201



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000031-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

The Herbal Care Center, Inc.
1301 S. Western Ave.
Chicago, IL 60608



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000068-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

MME Aurora Retail, LLC
740 N. Rte. 59
Aurora, IL 60504



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000074-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

NH Medicinal Dispensaries, LLC
909 Lincoln Ave.
Charleston, IL 61920



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000078-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

Healthway Services of West Illinois, LLC
1516 N. Naper Blvd. Spc. 100
Naperville, IL 60563



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000081-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

Elevele, LLC
1434 N. Rand Rd.
Arlington Heights, IL 60004



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000083-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

Elevele, LLC
1460A Old Skokie Rd.
Highland Park, IL 60035



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000101-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

420 Capital Management, LLC
783 E Butterfield Rd
Lombard, IL 60148



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000103-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

420 Capital Management LLC
7305 N Rogers Ave
Chicago, IL 60626



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
284.000107-AUDO

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
3/31/2022

Early Approval Adult Use Cannabis Dispensing Organization

The Herbal Care Center, Inc.
222 S Halsted St
Chicago, IL 60661



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois
Department of Agriculture
MEDICAL CANNABIS CULTIVATION CENTER OPERATING PERMIT

Permittee: Ataraxia, LLC

Facility Location:

884 Industrial Street
Albion IL 62806

Permit #:1503060700

Issued Date: December 22, 2020

Expiration Date: March 9, 2022

Original Permit Issued: March 9, 2015

Permittee is hereby authorized to operate a medical cannabis cultivation center as provided in their application and any approved modification and/or alteration at the address above in compliance with the Compassionate Use of Medical Cannabis Program Act (410 ILCS 130) and associated rules.



Jared Garlisch

**Acting Bureau Chief, Medicinal Plants
Illinois Department of Agriculture**



**STANDARD CONDITIONS FOR MEDICAL CANNABIS CULTIVATION CENTER PERMITS
ISSUED BY THE ILLINOIS DEPARTMENT OF AGRICULTURE**

The Illinois Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130) (Act), the Illinois Pesticide Act (415 ILCS 60) and the Illinois Fertilizer Act of 1961 (505 ILCS 80) authorize the Illinois Department of Agriculture to impose standard conditions on permits that it issues. The following standard conditions are applicable unless superseded by special conditions:

1. The approved Cultivation Center must operate in accordance with the plan and information submitted in your application pursuant to 8 Ill. Adm. Code 1000.110(d) and in accordance with the Act and the Department's rules adopted thereunder (8 Ill. Adm. Code 1000).
2. The Department must provide prior approval of any modification(s) to your plan pursuant to 8 Ill. Adm. Code 1000.150 prior to construction and/or implementation.
3. The construction, development, and operation covered by this permit shall be done in compliance with all applicable provisions of the Illinois Pesticide Act, the Fertilizer Act of 1961, the Illinois Environmental Protection Act, and regulations adopted therein, and any applicable federal rules and regulations.
4. There shall be no deviations from the approved plans and specifications unless a written request for modification, along with plans and specifications as required, is submitted to the Department and a supplemental or modified permit is issued.
5. The permittee shall allow any duly authorized representative(s) of the Illinois Department of Agriculture, the Illinois State Police, the Illinois Department of Public Health and local law enforcement upon presentation of credentials, at reasonable times:
 - a. To enter the permittee's property where permitted structures are located or where any activity is conducted pursuant to this permit;
 - b. To have access to and copy any records required to be kept under the terms and conditions of this permit or by 8 Illinois Administrative Code 1000;
 - c. To inspect during hours of operation of equipment or structures constructed or operated under this permit, such equipment and structures that are required to be kept, used, operated, and maintained under this permit.
 - d. To enter and utilize any photographic equipment for the purpose of preserving or recording any activity or structure as authorized by this permit;
 - e. To obtain and remove, at reasonable times, samples of any discharge, emission or pollutants, waste materials or materials containing cannabis.
6. The issuance of this permit:
 - a. Shall not be considered as, in any manner, affecting the title of the premises upon which the permitted structures are located;
 - b. Does not release the permittee from any liability for damage to person or property caused by construction, maintenance, operation of the proposed structures or production from the facility;
 - c. Does not release the permittee from compliance with other applicable statutes and regulations of the United States, of the State of Illinois or with applicable local laws, ordinances, and regulations;
 - d. Does not take into consideration or attest to the structural integrity of any parts of the project;
 - e. In no manner implies or suggests that the Illinois Department of Agriculture, the Illinois State Police, the Illinois Department of Public Health (or its officers, agents or employees) assumes any liability, directly or indirectly, for any damage, injury, accident, loss, compensation or claim, based on, arising out of, or resulting from the permitted cultivation center's participation in the Compassionate Use of Medical Cannabis Pilot Program.;
 - f. Relieve the permittee from its acknowledgement that growing, distributing, transporting and possessing cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal laws
7. The Illinois Department of Agriculture may suspend, revoke, or impose any applicable administrative penalty:
 - a. Upon discovery that the permit application contained misrepresentations, misinformation or false statements or that relevant facts were not disclosed; or
 - b. Upon finding a violation of any standard or special conditions; or
 - c. Upon any violation of the Illinois Department of Agriculture's, Illinois Department of Public Health's rules or regulations; or
 - d. Upon any violation of federal, state or local laws.

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.

280.000020

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:

12/23/2021

Registered Medical Cannabis Dispensing Organization

Zen Leaf St. Charles
3714 Illinois Avenue
St. Charles, IL 60174



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.

280.000054

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:

04/03/2022

Registered Medical Cannabis Dispensing Organization

GreenGate Chicago
7305 N. Rogers Avenue
Chicago, IL 60626



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

Registered Medical Cannabis Dispensing Organization

**Rise-Effingham
1011 Ford Avenue, Suite C
Effingham, Illinois 62401**

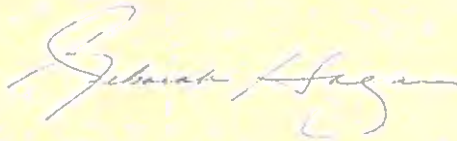
Registry ID: 12-001

License Number: DISP.000042

Expires: 08-22-2021

Deborah Hagan – Secretary

Bret Bender – Deputy Director



The dispensary name that appears on this certification has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated herein. The status of this license may be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.

280.000032

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:

03/18/2022

Registered Medical Cannabis Dispensing Organization

Elevele
1460A Old Skokie Road
Highland Park, IL 60035



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

State of Illinois

*Department of Financial and Professional Regulation
Division of Professional Regulation*

Registered Medical Cannabis Dispensing Organization

*MedMen Evanston
1804 Maple Avenue
Evanston, Illinois 60201*

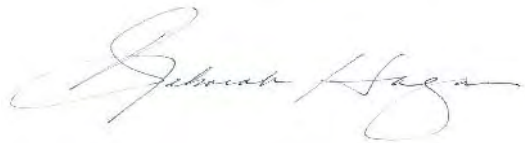
Registry ID: 34-001

License Number: DISP.000009

Expires: 11-09-2021

Deborah Hagan – Secretary

Erica D. Lindsay – Deputy Director



The dispensary name that appears on this certification has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated herein. The status of this license may be verified at www.idfpr.com

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.

280.000051

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:

01/13/2022

Registered Medical Cannabis Dispensing Organization

The Herbal Care Center
1301 S. Western Avenue
Chicago, IL 60608



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

THE MARYLAND LICENSES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

170802

P-18-00002

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission. This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

05/24/2018

Date Issued

FGM PROCESSING, LLC

DBA-EPIC LABS

4781 CRAIN HIGHWAY, SUITE B

WHITE PLAINS, MARYLAND 20695

FGM PROCESSING, LLC

DBA-EPIC LABS

4781 CRAIN HIGHWAY, SUITE B

WHITE PLAINS, MARYLAND 20695

05/24/2024

Expiration Date

William T. ...
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission. This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

AAG WELLNESS, LLC
DBA ZEN LEAF TOWSON
101 E CHESAPEAKE AVENUE
TOWSON, MD 21286

AAG WELLNESS, LLC
DBA ZEN LEAF TOWSON
101 E CHESAPEAKE AVENUE
TOWSON, MD 21286

170629

D-18-00025
License No.

05/24/2018
Date Issued

05/24/2024
Expiration Date

William T. [Signature]
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

170780

D-17-00019

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission, This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

12/14/2017

Date Issued

12/14/2023

Expiration Date

FREESTATE WELLNESS, LLC
DBA ZEN LEAF
7221 MONTEVIDEO ROAD, SUITE 150
JESSUP, MARYLAND 20794

FREESTATE WELLNESS, LLC
DBA ZEN LEAF
7221 MONTEVIDEO ROAD, SUITE 150
JESSUP, MARYLAND 20794

William T. Lee
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

170769

G-17-00006

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission: This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

08/14/2017

Date Issued

FREESTATE WELLNESS, LLC
DBA VERANO BRANDS
7221 MONTEVIDEO ROAD
JESSUP, MARYLAND 20794

FREESTATE WELLNESS, LLC
DBA VERANO BRANDS
7221 MONTEVIDEO ROAD
JESSUP, MARYLAND 20794

08/14/2023

Expiration Date

William Till
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

170817

D-19-00011

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission. This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

06/27/2019

Date Issued

MIKRAN, LLC
DBA ZENLEAF GERMANTOWN
13007 WISTERIA DRIVE
GERMANTOWN, MARYLAND 20874

MIKRAN, LLC
DBA ZENLEAF GERMANTOWN
13007 WISTERIA DRIVE
GERMANTOWN, MARYLAND 20874

06/27/2025

Expiration Date

A handwritten signature in blue ink, appearing to read "Jay L. Starnes", written over a horizontal line.

EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

170614

THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE

D-20-00005

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission. This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW

02/20/2020

Date Issued

02/20/2026

Expiration Date

MARYLAND NATURAL TREATMENT
SOLUTIONS, LLC
DBA-OCEANSIDE CANNABIS
16 MAGOTHY BEACH ROAD
PASADENA, MARYLAND 21122

MARYLAND NATURAL TREATMENT
SOLUTIONS, LLC
DBA-OCEANSIDE CANNABIS
16 MAGOTHY BEACH ROAD
PASADENA, MARYLAND 21122

William T. ...
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES



MARYLAND DEPARTMENT OF HEALTH
Maryland Medical Cannabis Commission

**THIS IS TO CERTIFY THAT THE MEDICAL CANNABIS
ESTABLISHMENT NAMED BELOW
IS DULY ACCORDED THIS LICENSE**

170637

D-18-00016

License No.

To conduct the business specified in the application filed with the Maryland Medical Cannabis Commission. This license is issued in conformity with the Annotated Code of Maryland Health General and pursuant to the information set out in the aforesaid application. License is granted to conduct same until the expiration date listed unless revoked for cause at an earlier date.

**TO OPERATE OUT OF AND ONLY AT
THE LOCATION BELOW**

02/22/2018

Date Issued

**CANNA CUZZOS, LLC THREE CREEKS DISPENSARY
DBA ZEN LEAF WALDORF
2290 OLD WASHINGTON ROAD, SUITE 12383
WALDORF, MARYLAND 20601**

**CANNA CUZZOS, LLC, THREE CREEKS DISPENSARY
DBA ZEN LEAF WALDORF
2290 OLD WASHINGTON ROAD, SUITE 12383
WALDORF, MARYLAND 20601**

02/22/2024

Expiration Date

William 12
EXECUTIVE DIRECTOR

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS TO WHICH IT APPLIES

THE MASSACHUSETTS LICENSES



MR281552

11/21/2021

License Number

Expiration Date

Pursuant to its authority and power to license Marijuana Establishments
granted to it under Chapter 94G of the Massachusetts General Laws,

The Cannabis Control Commission hereby grants a final Marijuana Establishment license to:

Four Daughters Compassionate Care, Inc.

Marijuana Establishment permitted to
operate at the following address

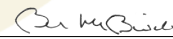
**2 Merchant Street Unit 1
Sharon, MA 02067**

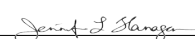
Marijuana Establishment licensed to
perform the following operations:

Marijuana Retailer

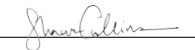

Steven J. Hoffman | Chairman


Kay Doyle | Commissioner


Britte McBride | Commissioner


Jennifer Flanagan | Commissioner


Shaleen Title | Commissioner


Shawn Collins | Executive Director

The Marijuana Establishment is subject to M.G.L. 94G, Commission regulations, Commission decisions, and all other legal requirements must remain fully compliant with said requirements and legal authorities until such time that it is approved by the Commission to cease operations.

November 8, 2019

Four Daughters Compassionate Care, Inc.
MPN281715
[REDACTED]

NOTICE: PROVISIONAL LICENSE

WHY ARE YOU RECEIVING THIS NOTICE?

This letter provides notice that the Cannabis Control Commission approved the issuance of a provisional license subject to the conditions listed below. A provisional license authorizes the applicant to develop, but not operate, the proposed Marijuana Establishment identified in the application:

Four Daughters Compassionate Care, Inc.
Product Manufacturing
1200 General Edwards Highway, Sharon, MA 02067

Prior to the issuance of a final license, Commission staff will evaluate whether the applicant has satisfied the following conditions and otherwise complied with the statutory and regulatory requirements for licensure:

1. Final license is subject to inspection to ascertain compliance with Commission regulations;
2. Final license is subject to inspection to ascertain compliance with applicable state laws and local codes, ordinances, and bylaws;
3. The applicant shall cooperate with and provide information to Commission staff;
4. Provisional licensure is subject to the payment of the appropriate license fee;
5. Final license is subject to the applicant providing an updated timeline for its MTC licenses to become operational;
6. Final license is subject to the applicant revising its Diversity Plan to define the term "diverse candidates"; and
7. Final license is subject to the applicant revising its Positive Impact Plan to address how all donations will benefit areas of disproportionate impact as defined by the Commission.

WHAT ARE YOUR NEXT STEPS?

To complete the process for obtaining a provisional license, the applicant must access the license fee payment packet for its approved application on the Massachusetts Cannabis Industry Portal ("MassCIP"). MassCIP will provide instructions for payment and calculate the license fee to be paid. Once your license fee is approved, this letter will serve as your provisional license subject to the conditions listed above. This notice shall be posted in a conspicuous location on the premises of the proposed Marijuana Establishment.

After review and processing of the applicable license fee(s), please have a representative of the Marijuana Establishment begin the process of submitting agent registration applications. Please prioritize the



applications for all executives and managers first, and then continue submitting agent application for all employees, volunteers, and anyone else who is required to be registered as an agent pursuant to 935 CMR 500.029 or 500.030 and will work under this specific license. Generally, agent registration applications will be reviewed in the order in which the Marijuana Establishment received its provisional license. Guidance on agent registration requirements is available on our website at: <https://mass-cannabis-control.com/guidancedocuments/>. Once the agent applications for the owner(s) are approved, you may contact Metrc at (877) 566-6506 and request the process for obtaining administrator credentials. ***Please note that the Marijuana Establishment shall not possess marijuana for adult-use operations prior to being approved for a final license.***

If the Marijuana Establishment plans to build or renovate, it is required to submit an architectural plan and receive approval from the Commission **prior** to work being performed pursuant to 935 CMR 500.103(1)(a). If building or renovations of a building are required or expected to be performed, please complete an Architectural Plan Review Request form located on our website at: <https://mass-cannabis-control.com/wp-content/uploads/2018/12/FORM-ARCHITECTURAL-PLAN-REVIEW-REQUEST.pdf>. Please review and comply with all instructions and requirements.

If no building or renovations are needed, or once all construction has been completed, the Marijuana Establishment is subject to inspections by Enforcement staff prior to being eligible for consideration of a final license. The Marijuana Establishment must officially request its initial inspection. In order to officially request an initial inspection, the establishment must submit the following documents: (1) Pre-Inspection Certification Form and (2) a detailed floor plan of the Marijuana Establishment that shows all entrances/exits, any loading bays, limited access areas including the identification of rooms utilized for cultivation (if applicable), and retail operations that will be accessible by the public (if applicable). The Pre-Inspection Certification Form is attached to this notice. Please complete the form and submit it, along with the detailed floor plan, to cannabisinspections@mass.gov. Upon receipt of the request and supporting documentation, you will receive an inspection notice from our Enforcement staff informing you of the date, time, and location of the inspection.

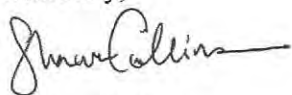
Please be advised that the issuance of a provisional license is based on the materials or information supplied in support of an application, and certain organizational changes must be approved by the Commission. 935 CMR 500.104(1). The provisional licensee must also provide timely notice to the Commission if it discovers that application information has changed, or that the information provided was misleading, incorrect, false, or fraudulent. 935 CMR 500.104(2) and 500.400(1). Finally, a provisional license may not be assigned or transferred without prior approval by the Commission. 935 CMR 500.103(2)(b). The failure to comply with these or other regulatory requirements may result in the suspension or revocation of a provisional license and the denial of a final license. 935 CMR 500.400 and 500.450.

Please be advised that the Commission promulgated revised regulations effective as of November 1, 2019. All licensees must be in compliance with the most recent version of the Commission's regulations prior to requesting their Post-Provisional License inspection. The Commission's regulations can be found here: https://mass-cannabis-control.com/wp-content/uploads/2019/11/935_CM_500.000_Adult_Use_of_Marijuana_11.1.19.pdf.



If there are any questions with regards to this notice, please contact the Commission's Enforcement staff at cannabislicensing@mass.gov.

Sincerely,



Shawn Collins
Executive Director



November 7, 2019

Four Daughters Compassionate Care, Inc.
MCN282243
[REDACTED]

NOTICE: PROVISIONAL LICENSE

WHY ARE YOU RECEIVING THIS NOTICE?

This letter provides notice that the Cannabis Control Commission approved the issuance of a provisional license subject to the conditions listed below. A provisional license authorizes the applicant to develop, but not operate, the proposed Marijuana Establishment identified in the application:

Four Daughters Compassionate Care, Inc.
Cultivation— Tier 4 (Indoor)
1200 General Edwards Highway, Sharon, MA 02067

Prior to the issuance of a final license, Commission staff will evaluate whether the applicant has satisfied the following conditions and otherwise complied with the statutory and regulatory requirements for licensure:

1. Final license is subject to inspection to ascertain compliance with Commission regulations;
2. Final license is subject to inspection to ascertain compliance with applicable state laws and local codes, ordinances, and bylaws;
3. The applicant shall cooperate with and provide information to Commission staff;
4. Provisional licensure is subject to the payment of the appropriate license fee;
5. Final license is subject to the applicant providing an updated timeline for its MTC licenses to become operational;
6. Final license is subject to the applicant revising its Diversity Plan to define the term “diverse candidates”; and
7. Final license is subject to the applicant revising its Positive Impact Plan to address how all donations will benefit areas of disproportionate impact as defined by the Commission.

WHAT ARE YOUR NEXT STEPS?

To complete the process for obtaining a provisional license, the applicant must access the license fee payment packet for its approved application on the Massachusetts Cannabis Industry Portal (“MassCIP”). MassCIP will provide instructions for payment and calculate the license fee to be paid. Once your license fee is approved, this letter will serve as your provisional license subject to the conditions listed above. This notice shall be posted in a conspicuous location on the premises of the proposed Marijuana Establishment.

After review and processing of the applicable license fee(s), please have a representative of the Marijuana Establishment begin the process of submitting agent registration applications. Please prioritize the



applications for all executives and managers first, and then continue submitting agent application for all employees, volunteers, and anyone else who is required to be registered as an agent pursuant to 935 CMR 500.029 or 500.030 and will work under this specific license. Generally, agent registration applications will be reviewed in the order in which the Marijuana Establishment received its provisional license. Guidance on agent registration requirements is available on our website at: <https://mass-cannabis-control.com/guidancedocuments/>. Once the agent applications for the owner(s) are approved, you may contact Metrc at (877) 566-6506 and request the process for obtaining administrator credentials. ***Please note that the Marijuana Establishment shall not possess marijuana for adult-use operations prior to being approved for a final license.***

If the Marijuana Establishment plans to build or renovate, it is required to submit an architectural plan and receive approval from the Commission **prior** to work being performed pursuant to 935 CMR 500.103(1)(a). If building or renovations of a building are required or expected to be performed, please complete an Architectural Plan Review Request form located on our website at: <https://mass-cannabis-control.com/wp-content/uploads/2018/12/FORM-ARCHITECTURAL-PLAN-REVIEW-REQUEST.pdf>. Please review and comply with all instructions and requirements.

If no building or renovations are needed, or once all construction has been completed, the Marijuana Establishment is subject to inspections by Enforcement staff prior to being eligible for consideration of a final license. The Marijuana Establishment must officially request its initial inspection. In order to officially request an initial inspection, the establishment must submit the following documents: (1) Pre-Inspection Certification Form and (2) a detailed floor plan of the Marijuana Establishment that shows all entrances/exits, any loading bays, limited access areas including the identification of rooms utilized for cultivation (if applicable), and retail operations that will be accessible by the public (if applicable). The Pre-Inspection Certification Form is attached to this notice. Please complete the form and submit it, along with the detailed floor plan, to cannabisinspections@mass.gov. Upon receipt of the request and supporting documentation, you will receive an inspection notice from our Enforcement staff informing you of the date, time, and location of the inspection.

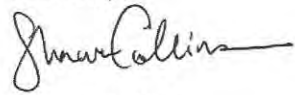
Please be advised that the issuance of a provisional license is based on the materials or information supplied in support of an application, and certain organizational changes must be approved by the Commission. 935 CMR 500.104(1). The provisional licensee must also provide timely notice to the Commission if it discovers that application information has changed, or that the information provided was misleading, incorrect, false, or fraudulent. 935 CMR 500.104(2) and 500.400(1). Finally, a provisional license may not be assigned or transferred without prior approval by the Commission. 935 CMR 500.103(2)(b). The failure to comply with these or other regulatory requirements may result in the suspension or revocation of a provisional license and the denial of a final license. 935 CMR 500.400 and 500.450.

Please be advised that the Commission promulgated revised regulations effective as of November 1, 2019. All licensees must be in compliance with the most recent version of the Commission's regulations prior to requesting their Post-Provisional License inspection. The Commission's regulations can be found here: https://mass-cannabis-control.com/wp-content/uploads/2019/11/935_CM_500.000_Adult_Use_of_Marijuana_11.1.19.pdf.



If there are any questions with regards to this notice, please contact the Commission's Enforcement staff at cannabislicensing@mass.gov.

Sincerely,



Shawn Collins
Executive Director





MR282232

01/15/2022

License Number

Expiration Date

Pursuant to its authority and power to license Marijuana Establishments
granted to it under Chapter 94G of the Massachusetts General Laws,

The Cannabis Control Commission hereby grants a final Marijuana Establishment license to:

Four Daughters Compassionate Care, Inc.

Marijuana Establishment permitted to
operate at the following address

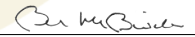
**11 Richards Road
Plymouth, MA 02360**

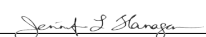
Marijuana Establishment licensed to
perform the following operations:

Marijuana Retailer

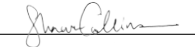

Steven J. Hoffman | Chairman


Kay Doyle | Commissioner


Britte McBride | Commissioner


Jennifer Flanagan | Commissioner


Shaleen Title | Commissioner


Shawn Collins | Executive Director

The Marijuana Establishment is subject to M.G.L. 94G, Commission regulations, Commission decisions, and all other legal requirements must remain fully compliant with said requirements and legal authorities until such time that it is approved by the Commission to cease operations.

THE MICHIGAN LICENSES

Gretchen Whitmer
GOVERNOR

STATE OF MICHIGAN

P370391

MARIJUANA REGULATORY AGENCY

Facility License
Provisioning Center

Buchanan Development LLC
259 East Front ST
Buchanan, MI 49107

LICENSE NUMBER
PC-000069

EXPIRATION DATE
04/25/2021

THIS DOCUMENT IS THE
PROPERTY OF THE STATE OF
MICHIGAN

STATE OF MICHIGAN
Marijuana Regulatory Agency
P.O. Box. 30205
Lansing, MI 48909



Buchanan Development, LLC
259 E. Front ST
Buchanan, MI 49107

www.michigan.gov/mra

Marijuana Regulatory Agency
P.O. Box. 30205
Lansing, MI 48909

This license is a revocable privilege granted by the State of Michigan and is not a property right. The possession of this license does not grant the licensee any right, title, franchise, or other property interest. This license is exclusive to the listed licensee. The attempted transfer, sale, or other conveyance of an interest to a person meeting the definition of "applicant" without agency approval is grounds for suspension or revocation of this license.

Gretchen Whitmer
GOVERNOR

STATE OF MICHIGAN

Marijuana Regulatory Agency

Establishment License
Marihuana Retailer

Buchanan Development, LLC
259 E. Front ST
Buchanan, MI 49107

P735030

LICENSE NUMBER
AU-R-000183

Expiration Date
03/16/2022

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

THE MISSOURI LICENSES

STATE OF MISSOURI
DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

MEDICAL MARIJUANA CERTIFICATE FOR:

VERANO MO, LLC

5401 WEST 3RD STREET
ST. LOUIS, MO - 63147

LICENSE: MAN000001

IS HEREBY GRANTED A CERTIFICATE *FOR INFUSED PRODUCT MANUFACTURE OF* MEDICAL MARIJUANA AT THE ABOVE NAMED LOCATION IN ACCORDANCE WITH ARTICLE XIV OF THE MISSOURI CONSTITUTION AND THE RULES PROMULGATED THEREUNDER, SUBJECT TO ALL THE PROVISIONS THEREOF AND TO THE REGULATIONS OF THE MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES, MEDICAL MARIJUANA REGULATORY PROGRAM.

THIS LICENSE IS ISSUED FOR THE PERIOD ENDING **01/10/2021**.



LYNDALL FRAZER

DIRECTOR,

SECTION FOR MEDICAL MARIJUANA REGULATION



STATE OF MISSOURI
DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

MEDICAL MARIJUANA CERTIFICATE FOR:

VERANO MO, LLC

10899 SUMMIT ST
KANSAS CITY, MO - 64114

LICENSE: DIS000067

IS HEREBY GRANTED A CERTIFICATE *TO DISPENSE* MEDICAL MARIJUANA AT THE ABOVE NAMED LOCATION IN ACCORDANCE WITH ARTICLE XIV OF THE MISSOURI CONSTITUTION AND THE RULES PROMULGATED THEREUNDER, SUBJECT TO ALL THE PROVISIONS THEREOF AND TO THE REGULATIONS OF THE MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES, MEDICAL MARIJUANA REGULATORY PROGRAM.

THIS LICENSE IS ISSUED FOR THE PERIOD ENDING **01/23/2021**.



LYNDALL FRAZER
DIRECTOR,
SECTION FOR MEDICAL MARIJUANA REGULATION



THE NEVADA LICENSES

Report: **RECREATIONAL MARIJUANA LICENSE**

Report Id: **RCRRR785**

Filename::

Run By: **PRDREP**

Report Date: **07/06/2020**



STATE OF NEVADA MARIJUANA DISTRIBUTOR LICENSE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

License #: 14023272993797946504
Facility ID: T048
Taxpayer ID: 1017270236-002
Correspondence ID: 2000013540300

LONE MOUNTAIN PARTNERS LLC
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS LICENSE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED
BUSINESS LICENSE, PERMIT OR REGISTRATION.
IS VALID UNLESS CANCELLED OR REVOKED.

AS DEFINED BY NRS CHAPTER 453D

Current License Location

LONE MOUNTAIN PARTNERS LLC
2900 E LONE MOUNTAIN RD
NORTH LAS VEGAS NV 89081-2600

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Distributor License**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from 07/01/2020 to 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at **<https://tax.nv.gov>**.

This license authorizes the holder to transport marijuana from a marijuana establishment to another marijuana establishment.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453D and NAC 453D, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Marijuana Distributor License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453D.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

RECREATIONAL MARIJUANA LICENSE

Total Count 1

End of Report

Report: **MEDICAL MARIJUANA CERTIFICATION**

Report Id: **RCRRR783**

Filename::

Run By: **PRDREP**

Report Date: **07/06/2020**



STATE OF NEVADA MEDICAL MARIJUANA CULTIVATION REGISTRATION CERTIFICATE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

Certificate Number: 22879263582681231312
Establishment ID: C122
Taxpayer ID: 1017270236-002
Correspondence ID: 2000013540296

LONE MOUNTAIN PARTNERS LLC
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS REGISTRATION CERTIFICATE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY
REQUIRED BUSINESS LICENSE, PERMIT
OR REGISTRATION.
IS VALID UNLESS SUSPENDED OR
REVOKED.

AS DEFINED BY NRS CHAPTER 453A.

Current Registration Certificate Location

LONE MOUNTAIN PARTNERS LLC
2900 E LONE MOUNTAIN RD
NORTH LAS VEGAS NV 89081-2600

MUST BE DISPLAYED IN PUBLIC VIEW AT ESTABLISHMENT LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Cultivation Establishment Registration Certificate**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from the issue date through 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

Returns along with the appropriate tax are due the last day of the month following activity. A return must be filed whether or not a liability exists.

This Certificate authorizes the holder to operate in accordance with the provisions of NRS 453A and NAC 453A. By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453A and NAC 453A, and that noncompliance may result in penalties, suspension or revocation of this registration certificate and criminal prosecution.

This Nevada Marijuana Cultivation Establishment Certificate has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453A.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

MEDICAL MARIJUANA CERTIFICATION

Total Count 1

End of Report

Report: **MEDICAL MARIJUANA CERTIFICATION**

Report Id: **RCRRR783**

Filename::

Run By: **PRDREP**

Report Date: **07/06/2020**



STATE OF NEVADA MEDICAL MARIJUANA PRODUCTION REGISTRATION CERTIFICATE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

Certificate Number: 79286894201268135002
Establishment ID: P077
Taxpayer ID: 1017270236-002
Correspondence ID: 2000013540298

LONE MOUNTAIN PARTNERS LLC
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS REGISTRATION CERTIFICATE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY
REQUIRED BUSINESS LICENSE, PERMIT
OR REGISTRATION.
IS VALID UNLESS SUSPENDED OR
REVOKED.

AS DEFINED BY NRS CHAPTER 453A.

Current Registration Certificate Location

LONE MOUNTAIN PARTNERS LLC
2900 E LONE MOUNTAIN RD
NORTH LAS VEGAS NV 89081-2600

MUST BE DISPLAYED IN PUBLIC VIEW AT ESTABLISHMENT LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Production Establishment Registration Certificate**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from the issue date through 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

This Certificate authorizes the holder to operate in accordance with the provisions of NRS 453A and NAC 453A. By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453A and NAC 453A, and that noncompliance may result in penalties, suspension or revocation of this registration certificate and criminal prosecution.

This Nevada Marijuana Production Establishment Certificate has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453A.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

MEDICAL MARIJUANA CERTIFICATION

Total Count 1

End of Report

Report: **RECREATIONAL MARIJUANA LICENSE**

Report Id: **RCRRR785**

Filename::

Run By: **PRDREP**

Report Date: **07/06/2020**



STATE OF NEVADA MARIJUANA CULTIVATION FACILITY LICENSE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

License #: 78954038908132787261
Facility ID: RC122
Taxpayer ID: 1017270236-002
Correspondence ID: 2000013540297

LONE MOUNTAIN PARTNERS LLC
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS LICENSE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED
BUSINESS LICENSE, PERMIT OR REGISTRATION.
IS VALID UNLESS CANCELLED OR REVOKED.

AS DEFINED BY NRS CHAPTER 453D

Current License Location

LONE MOUNTAIN PARTNERS LLC
2900 E LONE MOUNTAIN RD
NORTH LAS VEGAS NV 89081-2600

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Cultivation Facility License**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from 07/01/2020 to 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

This license authorizes the holder to cultivate, process, and package marijuana, to have marijuana tested by a marijuana testing facility, and to sell marijuana to retail marijuana stores, to marijuana product manufacturing facilities, and to other marijuana cultivation facilities. The Wholesale Marijuana excise tax is 15% of the fair market value at wholesale of the marijuana.

Returns along with the appropriate tax are due the last day of the month following activity. A return must be filed whether or not a liability exists.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453D and NAC 453D, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Marijuana Cultivation Facility License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453D.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

RECREATIONAL MARIJUANA LICENSE

Total Count 1

End of Report

Report: **RECREATIONAL MARIJUANA LICENSE**

Report Id: **RCRRR785**

Filename::

Run By: **PRDREP**

Report Date: **07/06/2020**



STATE OF NEVADA MARIJUANA PRODUCT MANUFACTURING LICENSE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

License #: 38120054593314237201
Facility ID: RP077
Taxpayer ID: 1017270236-002
Correspondence ID: 2000013540299

LONE MOUNTAIN PARTNERS LLC
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS LICENSE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED
BUSINESS LICENSE, PERMIT OR REGISTRATION.
IS VALID UNLESS CANCELLED OR REVOKED.

AS DEFINED BY NRS CHAPTER 453D

Current License Location

LONE MOUNTAIN PARTNERS LLC
2900 E LONE MOUNTAIN RD
NORTH LAS VEGAS NV 89081-2600

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Product Manufacturing License**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from 07/01/2020 to 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

This license authorizes the holder to purchase marijuana, manufacture, process, and package marijuana and marijuana products, and sell marijuana and marijuana products to other marijuana product manufacturing facilities and to retail marijuana stores.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453D and NAC 453D, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Marijuana Product Manufacturing License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453D.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

RECREATIONAL MARIJUANA LICENSE

Total Count 1

End of Report

Report: **MEDICAL MARIJUANA CERTIFICATION**

Report Id: **RCRRR783**

Filename::

Run By: **PRDREP**

Report Date: **06/29/2020**



STATE OF NEVADA MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

Certificate Number: 46918722962994189103
Establishment ID: D081
Taxpayer ID: 1019839708-001
Correspondence ID: 2000013514339

ZEN LEAF
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS REGISTRATION CERTIFICATE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY
REQUIRED BUSINESS LICENSE, PERMIT
OR REGISTRATION.
IS VALID UNLESS SUSPENDED OR
REVOKED.

AS DEFINED BY NRS CHAPTER 453A.

Current Registration Certificate Location

ZEN LEAF
9120 W POST RD STE 103
LAS VEGAS NV 89148-2426

MUST BE DISPLAYED IN PUBLIC VIEW AT ESTABLISHMENT LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Dispensary Establishment Registration Certificate**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from the issue date through 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

This Certificate authorizes the holder to operate in accordance with the provisions of NRS 453A and NAC 453A. By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453A and NAC 453A, and that noncompliance may result in penalties, suspension or revocation of this registration certificate and criminal prosecution.

This Nevada Marijuana Dispensary Establishment Certificate has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453A.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

MEDICAL MARIJUANA CERTIFICATION

Total Count 1

End of Report

Report: **RECREATIONAL MARIJUANA LICENSE**

Report Id: **RCRRR785**

Filename::

Run By: **PRDREP**

Report Date: **06/29/2020**



STATE OF NEVADA RETAIL MARIJUANA STORE LICENSE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2020
Expiration Date: 06/30/2021

License #: 10340862547948454764
Facility ID: RD081
Taxpayer ID: 1019839708-001
Correspondence ID: 2000013514341

ZEN LEAF
2580 ANTHEM VILLAGE DR
HENDERSON NV 89052-5503

THIS LICENSE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED
BUSINESS LICENSE, PERMIT OR REGISTRATION.
IS VALID UNLESS CANCELLED OR REVOKED.

AS DEFINED BY NRS CHAPTER 453D

Current License Location

ZEN LEAF
9120 W POST RD STE 103
LAS VEGAS NV 89148-2426

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

(Detach Here)

Attached is your **NEVADA Retail Marijuana Store License**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from 07/01/2020 to 06/30/2021.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

This license authorizes the holder to purchase marijuana from marijuana cultivation facilities, to purchase marijuana and marijuana product from marijuana product manufacturing facilities and retail marijuana stores, and to sell marijuana and marijuana products to consumers. The Retail Marijuana excise tax is 10% of the sales price of the marijuana to the end consumer.

Returns along with the appropriate tax are due the last day of the month following activity. A return must be filed whether or not a liability exists.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453D and NAC 453D, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Retail Marijuana Store License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453D.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000

RECREATIONAL MARIJUANA LICENSE

Total Count 1

End of Report



**STATE OF NEVADA
CANNABIS COMPLIANCE BOARD
1550 College Pkwy
Suite 142
Carson City, NV 89706
(775) 687-6299**



Adult-Use Retail Store License

Date Issued: 2/22/2021

Facility ID: RD592

Valid Until: 11/30/2021

PERMISSION IS HEREBY GRANTED TO:

Business Name - DBA: LONE MOUNTAIN PARTNERS LLC

Business Address: 4444 CRAIG Rd NORTH LAS VEGAS, NV 89032

License: [44563284956259379216](#)

License Holder: LONE MOUNTAIN PARTNERS LLC

THIS LICENSE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LEIU OF ANY LOCALLY REQUIRED BUSINESS LICENSE, PERMIT OR REGISTRATION.
IS VALID UNLESS CANCELLED OR REVOKED.

The Cannabis Compliance Board has forms, publications and information available via the internet at <https://ccb.nv.gov>.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 678A, B, C D, and NCCR, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Cannabis Facility License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS 678A, B, C, D and NCCR.

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

THE NEW JERSEY LICENSES

New Jersey Department of Health Division of Medicinal Marijuana

Under the authority of the Jake Honig Compassionate Use Medical Cannabis Act, N.J.S.A. 24:6I-1, et seq. and N.J.A.C. 8:64-1, et seq., the Division of Medicinal Marijuana hereby issues this permit to operate an Alternative Treatment Center for the purpose of cultivating and processing medicinal marijuana to:

Verano NJ

Permitted Site: 3576 US-22, Branchburg, NJ 08876

Permit #: 02032020

Expiration Date: December 31, 2021



A handwritten signature in blue ink, appearing to read 'Jeff Brown', is written over a horizontal line.

Jeff Brown, Assistant Commissioner



New Jersey Department of Health Division of Medicinal Marijuana

Under the authority of the Jake Honig Compassionate Use Medical Cannabis Act, N.J.S.A. 24:6I-1, et seq. and N.J.A.C. 8:64-1, et seq., the Division of Medicinal Marijuana hereby issues this permit to operate an Alternative Treatment Center for the purpose of dispensing medicinal marijuana to:

**Verano NJ,
dba Zen Leaf Elizabeth**

Permitted Site: 117 Spring Street, Elizabeth, NJ 07201

Permit #: 02032020

Expiration Date: December 31, 2021



A handwritten signature in blue ink, appearing to read "Jeff Brown".

Jeff Brown, Assistant Commissioner



New Jersey Department of Health Division of Medicinal Marijuana

Under the authority of the Jake Honig Compassionate Use Medical Cannabis Act, N.J.S.A. 24:6I-1, et seq. and N.J.A.C. 8:64-1, et seq., the Division of Medicinal Marijuana hereby issues this permit to operate an Alternative Treatment Center for the purpose of dispensing medicinal marijuana to:

Verano NJ, dba Zen Leaf

Permitted Site: 2100 Route 66, Neptune, NJ 07753

Permit #: 02032020

Expiration Date: December 31, 2021



A handwritten signature in blue ink, appearing to read "Jeff Brown", is positioned above a horizontal line.

Jeff Brown, Assistant Commissioner



THE OHIO LICENSES



**STATE OF
OHIO**
BOARD OF PHARMACY

MEDICAL MARIJUANA DISPENSARY
CERTIFICATE OF OPERATION

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until 12/04/2020.

Green Rx, LLC
dba Have a Heart Cincy
8420 Vine St
Cincinnati, Ohio 45216
License Number: MMD.0700048
Medical Marijuana Dispensary – Certificate of Operation
Expiration Date: 12/04/2020

Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print)	Signature of Designated Representative
DARIUS BOBO	

Any change of designated representative must be reported within ten days of the effective date of the appointment of the new designated representative via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

MIKE DEWINE
GOVERNOR

STATE OF OHIO

SHERYL MAXFIELD
DIRECTOR

Department of Commerce

Medical Marijuana Control Program

Certificate of Operation

Mother Grows Best, LLC

1851 Steinway Blvd SE
Canton, OH 44707

LICENSE: MMCPC00011

IS HEREBY GRANTED A LICENSE TO CULTIVATE MEDICAL MARIJUANA AT THE ABOVE NAMED LOCATION IN ACCORDANCE WITH CHAPTER 3796 OF THE OHIO REVISED CODE AND THE RULES PROMULGATED THEREUNDER, SUBJECT TO ALL THE PROVISIONS THEREOF AND TO THE REGULATIONS OF THE OHIO DEPARTMENT OF COMMERCE MEDICAL MARIJUANA CONTROL PROGRAM.

THIS LICENSE IS ISSUED FOR THE PERIOD ENDING 11/24/2020.

IN TESTIMONY WHEREOF, WITNESS MY HAND AND OFFICIAL SEAL AT THE CITY OF COLUMBUS, IN THE STATE OF OHIO, THIS DAY 11/25/2019.



SHERYL MAXFIELD
DIRECTOR,
OHIO DEPARTMENT OF COMMERCE



MIKE DEWINE
GOVERNOR

STATE OF OHIO

SHERYL MAXFIELD
DIRECTOR

Department of Commerce

Medical Marijuana Control Program

Certificate of Operation

Mother Grows Best, LLC

1851 Steinway Blvd SE
Canton, OH 44707

LICENSE: MMCPP00090

IS HEREBY GRANTED A LICENSE TO PROCESS MEDICAL MARIJUANA AT THE ABOVE NAMED LOCATION IN ACCORDANCE WITH CHAPTER 3796 OF THE OHIO REVISED CODE AND THE RULES PROMULGATED THEREUNDER, SUBJECT TO ALL THE PROVISIONS THEREOF AND TO THE REGULATIONS OF THE OHIO DEPARTMENT OF COMMERCE MEDICAL MARIJUANA CONTROL PROGRAM.

THIS LICENSE IS ISSUED FOR THE PERIOD ENDING 11/24/2020.

IN TESTIMONY WHEREOF, WITNESS MY HAND AND OFFICIAL SEAL AT THE CITY OF COLUMBUS, IN THE STATE OF OHIO, THIS DAY 11/25/2019.


SHERYL MAXFIELD
DIRECTOR,
OHIO DEPARTMENT OF COMMERCE





**STATE OF
OHIO**
BOARD OF PHARMACY

MEDICAL MARIJUANA DISPENSARY
CERTIFICATE OF OPERATION

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until 12/04/2020.

Mother Know's Best, LLC

dba ZenLEAF Canton

**1851 Steinway Blvd SE
Canton, Ohio 44707**

License Number: MMD.0700032

Medical Marijuana Dispensary – Certificate of Operation

Expiration Date: 12/04/2020

Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print)	Signature of Designated Representative
CHAD WESTFALL	

Any change of designated representative must be reported within ten days of the effective date of the appointment of the new designated representative via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov



**STATE OF
OHIO**
BOARD OF PHARMACY

MEDICAL MARIJUANA DISPENSARY
CERTIFICATE OF OPERATION

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until 12/04/2020.

Mad River Remedies, LLC

dba Mad River Remedies

**5604 Airway Rd
Riverside, Ohio 45431**

License Number: MMD.0700019

Medical Marijuana Dispensary – Certificate of Operation

Expiration Date: 12/04/2020

Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print)	Signature of Designated Representative
JAY JOSHI	

Any change of designated representative must be reported within ten days of the effective date of the appointment of the new designated representative via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov



**STATE OF
OHIO**
BOARD OF PHARMACY

MEDICAL MARIJUANA DISPENSARY
CERTIFICATE OF OPERATION

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until 12/04/2020.

Ohio Grown Therapies, LLC

dba Ohio Grown Therapies

**1250 N 21st St
Newark, Ohio 43055**

License Number: MMD.0700049

Medical Marijuana Dispensary – Certificate of Operation

Expiration Date: 12/04/2020

Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print) WILLIAM RINEHART	Signature of Designated Representative
---	--

Any change of designated representative must be reported within ten days of the effective date of the appointment of the new designated representative via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov



**STATE OF
OHIO**
BOARD OF PHARMACY

MEDICAL MARIJUANA DISPENSARY
CERTIFICATE OF OPERATION

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until 12/04/2022.

**Glass City Alternative, LLC
dba Zen Leaf Bowling Green**

**1155 N Main St
Bowling Green, Ohio 43402**

License Number: MMD.0700058

Medical Marijuana Dispensary – Certificate of Operation

Expiration Date: 12/04/2022

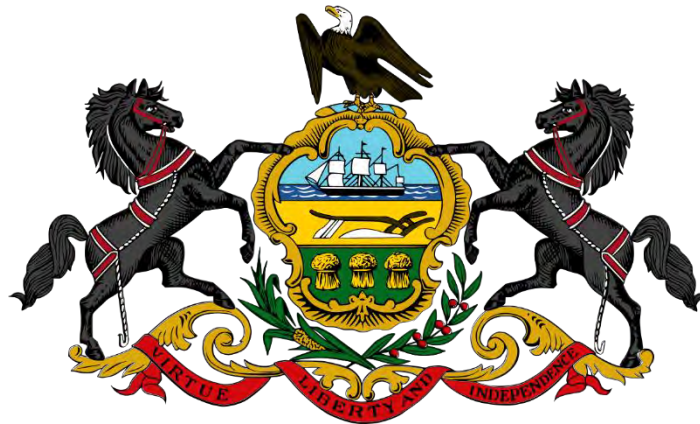
Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print)	Signature of Designated Representative

Any change of designated representative must be reported within ten days of the effective date of the appointment of the new designated representative via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

THE PENNSYLVANIA LICENSES



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St., Harrisburg, PA 17120**

PERMIT

PERMIT #: D18-3015

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

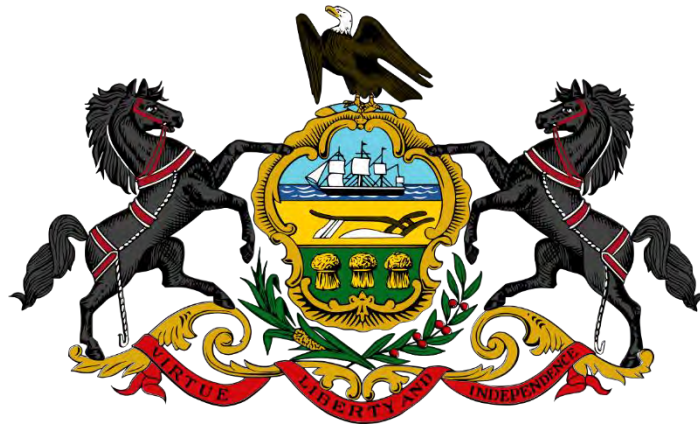
Local Dispensaries, LLC

has been granted this permit to operate a medical marijuana facility located at 590 W. Plank Road, Altoona, PA 16602. This permit shall be effective until 12/18/2021 in accordance with law.

/s/ John J. Collins

John J. Collins, MBA, R.T.(R)(N), CNMT
Director





**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St., Harrisburg, PA 17120**

PERMIT

PERMIT #: D18-3015

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

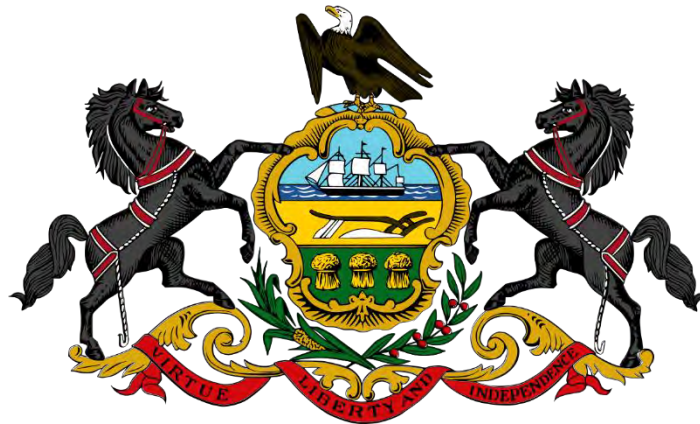
Local Dispensaries, LLC

has been granted this permit to operate a medical marijuana facility located at 137 South 17th Street, Harrisburg, PA 17104. This permit shall be effective until 12/18/2021 in accordance with law.

/s/ John J. Collins

John J. Collins, MBA, R.T.(R)(N), CNMT
Director





Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St., Harrisburg, PA 17120

PERMIT

PERMIT #: D18-3019

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

Local Dispensaries, LLC

has been granted this permit to operate a medical marijuana facility located at 890 Loucks Road, York, PA 17404. This permit shall be effective until 12/18/2021 in accordance with law.

/s/ John J. Collins

John J. Collins, MBA, R.T.(R)(N), CNMT
Director





**SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED AND
FIRST CLASS MAIL, POSTAGE PRE-PAID**

DATE OF MAILING: December 30, 2020

[REDACTED]
200 Dryden Rd., Suite 2000
Dresher, PA 19025

Notice GRANTING Medical Marijuana Dispensary Permit Application

Applicant Name: NSE Pennsylvania LLC

Applicant ID: D18-1034

Facility Name and Location: NSE Pennsylvania 2502-06 Welsh Road, Philadelphia, PA 19152

Dear [REDACTED]:

The Pennsylvania Department of Health, Office of Medical Marijuana (Office) is solely contacting you, the primary contact, regarding the Medical Marijuana Dispensary Permit Application referenced above. Act 114 of 2020 contained language directing the disposition of certain dispensary permits. See Section 1725-E (c), Act 114 of 2020, amending the act of April 9, 1929 (P.L.343, No.176), known as the Fiscal Code.

In consideration of the criteria listed in sections 603(a) and 603(a.1) of the Medical Marijuana Act (the act) (35 P.S. § 10231.603(a) and (a.1)) and pursuant to the language contained in Act 114 of 2020, the Medical Marijuana Dispensary Permit Application that you submitted, referenced above, is **GRANTED**.

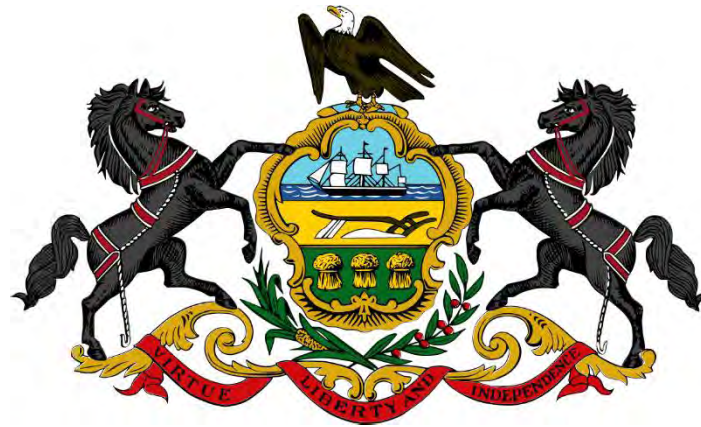
Although you have been granted a Dispensary permit, you must notify the Office that your facility is operational no later than six (6) months from the date of mailing of this Notice Granting Medical Marijuana Dispensary Permit Application. See 35 P.S. § 10231.603(a.1)(3); 28 Pa. Code § 1141.42 (relating to failure to be operational). Additional information detailing the requirements for your facility to be determined operational will be sent to you in separate correspondence. As a Dispensary permittee, in addition to the requirements above, you **must** continue to comply with the act and all applicable laws and regulations.

Sincerely,

/s/ *John J. Collins*

John J. Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana

Office of Medical Marijuana
625 Forster Street | Harrisburg, PA 17120 | www.health.pa.gov



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-1053-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

Terravida Holistic Centers, LLC

has been granted this permit to operate a medical marijuana facility located at 1626 Old York Rd., Abington, PA 19001. This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

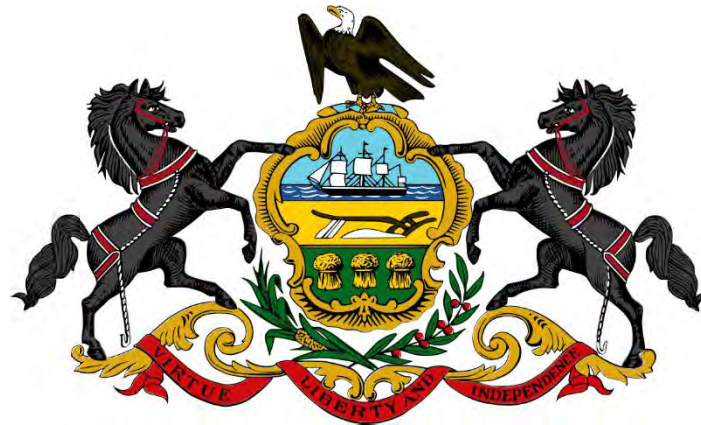
/s/ John J Collins

John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana



/s/ Sunny D Podolak

Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-1053-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

Terravida Holistic Centers, LLC

has been granted this permit to operate a medical marijuana facility located at 249 Planebrook Rd., Malvern, PA 19355. This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

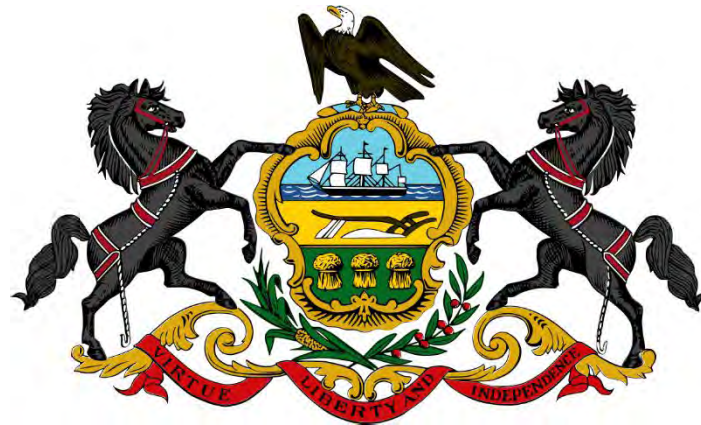
/s/ John J Collins

John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana



/s/ Sunny D Podolak

Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-1053-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

Terravida Holistic Centers, LLC

has been granted this permit to operate a medical marijuana facility located at 64 N. Main St., Sellersville, PA 18960. This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

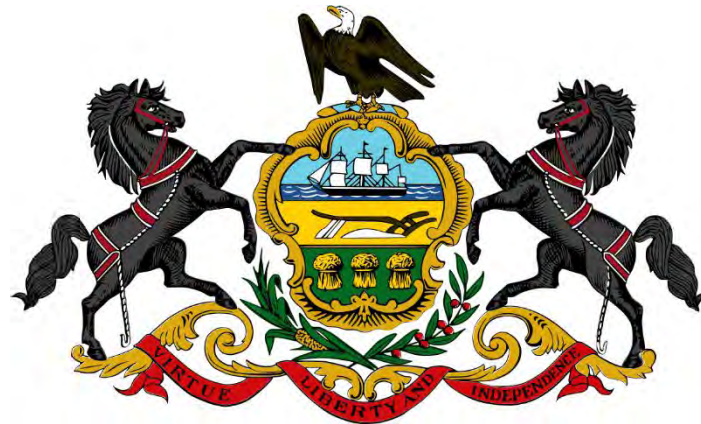
/s/ John J Collins

John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana



/s/ Sunny D Podolak

Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-5026-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

The Healing Center LLC

has been granted this permit to operate a medical marijuana facility located at 270 Executive Dr, Cranberry, PA 16066. This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

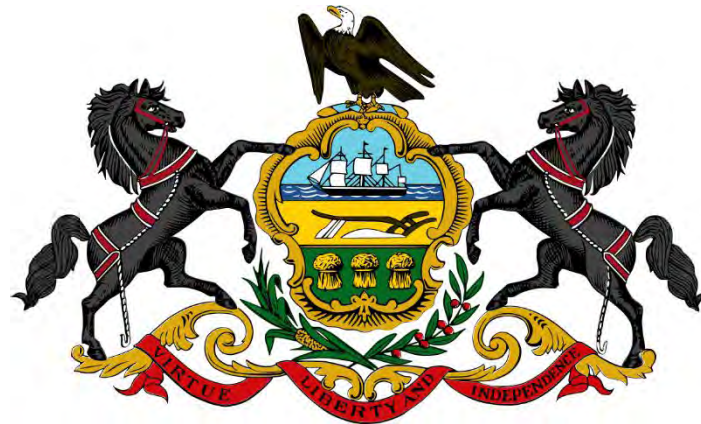
/s/ John J Collins

John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana



/s/ Sunny D Podolak

Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-5026-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

The Healing Center LLC

has been granted this permit to operate a medical marijuana facility located at 130 Mall Circle Drive, Monroeville, PA 15146.

This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

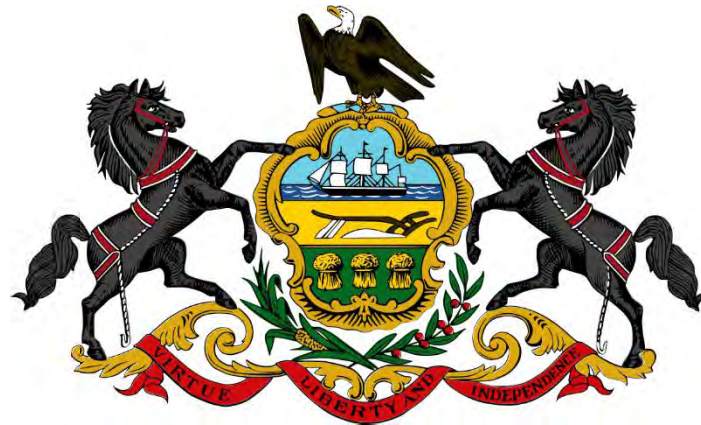
/s/ John J Collins

**John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana**



/s/ Sunny D Podolak

**Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana**



**Commonwealth of Pennsylvania
Department of Health
Office of Medical Marijuana
625 Forster St. Harrisburg, PA 17120**

PERMIT

PERMIT #: D-5026-17

TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

The Healing Center LLC

has been granted this permit to operate a medical marijuana facility located at 799 West Chestnut Street, Washington, PA 15301. This permit shall be effective from 6/29/2020 until 6/29/2021 in accordance with law.

/s/ John J Collins

John J Collins, MBA, R.T.(R)(N), CNMT
Director, Office of Medical Marijuana



/s/ Sunny D Podolak

Sunny D Podolak, MS
Assistant Director & Chief Compliance Officer,
Office of Medical Marijuana

THE WEST VIRGINIA LICENSES

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
120 Buckhannon Crossroads, Ste 104, Buckhannon

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D490034

Issued: 1/29/2021
Expires: 1/28/2022


Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
254 Emily Dr, Clarksburg

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D170030

Issued: 1/29/2021
Expires: 1/28/2022



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
967 Dunbar Village Plz, Dunbar

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D200035

Issued: 1/29/2021
Expires: 1/28/2022


Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

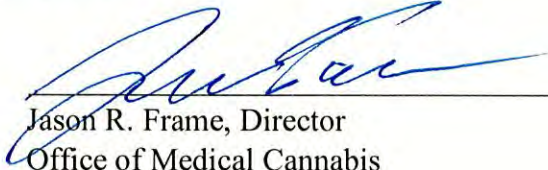
In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
205 Venture Dr, Morgantown

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D310033

Issued: 1/29/2021
Expires: 1/28/2022



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
335 Mall Rd, Oak Hill

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D100031

Issued: 1/29/2021
Expires: 1/28/2022



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
871 Fairmont Rd, Westover

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D310032

Issued: 1/29/2021
Expires: 1/28/2022



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Dispensary Permit

In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the Medical Cannabis Act and W. Va. 64CSR109 and 64CSR112,

Verano WV LLC
231-237 Warwood Avenue, Wheeling

is hereby issued a provisional permit to operate a Medical Cannabis Dispensing Facility.

D350029

Issued: 1/29/2021
Expires: 1/28/2022



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Grower Permit

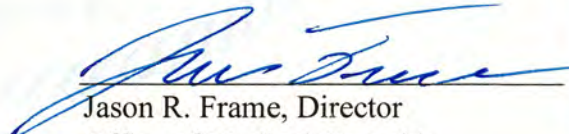
In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the
Medical Cannabis Act and W. Va. 64CSR109 and 64CSR110.

Verano WV LLC

is hereby issued a provisional permit to operate a Medical Cannabis
Growing Facility.

G410007

Issued: 10/2/2020
Expires: 10/1/2021


Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Processor Permit

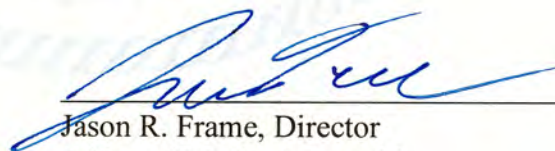
In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the
Medical Cannabis Act and W. Va. 64CSR109 and 64CSR110,

Verano WV, LLC

is hereby issued a provisional permit to operate a Medical Cannabis Processing Facility.

P410002

Issued: 11/13/2020
Expires: 11/13/2021



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Medical Cannabis
350 Capitol Street, Rm 523
Charleston, WV 25301

Medical Cannabis
Processor Permit

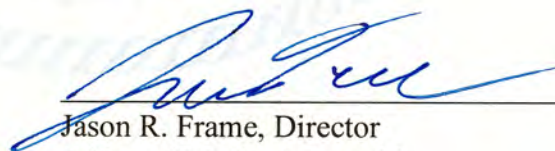
In accordance with the terms and conditions set forth in W. Va. Code Chapter 16A the
Medical Cannabis Act and W. Va. 64CSR109 and 64CSR110,

Verano WV, LLC

is hereby issued a provisional permit to operate a Medical Cannabis Processing Facility.

P410002

Issued: 11/13/2020
Expires: 11/13/2021



Jason R. Frame, Director
Office of Medical Cannabis

Permittees are advised to be aware of all federal laws regarding the possession, production, and distribution of medical cannabis. The Office of Medical Cannabis will not advise any permittee with regard to any federal law, and the issuance of a permit in no way endorses compliance with any federal law.