16-1

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Bnsiness Name Arkansas Wellness Group, LLC

Fictitious Trade Name (if any)

Business Mailing Address

Fayetteville, AR 72701

Business telephone number ______

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/1/2017		
State(s) of Incorporation Arkansas		
Registered Agent Name Nirmal K Kilambi		
Registered Agent Address1904 N. Hartford Drive	Fayetteville, AR 72701	

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



N)()

- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

NO
Certification
I, certify that the information provided in this form and its attachments is complete and accurate. 1 understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.
Signed this 23rd day of August 11.2017
// Signature of Applicant
Subscribed and sworn to before me this 232 day of August
Subscribed and sworn to before me this 23° day of <u>August</u> . <u>2017</u> . <u>Jandu Jo M^ECon</u> <u>Notary Public</u>
My Commission Expires: January 1, 2023 My Commission Expires: January 1, 2023 Sandra Jo McCoy NOTARY PUBLIC Washington County, Arkansas Commission # 12391091 My Commission Expires January 1, 2023

00041

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

N/A

N/A

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

tion tify that the information provided in this form 1, and its attactiments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this Sth day of Southern

Signature of Applicant

010

Notary Public

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

My Commission Expires: 05 27/2025

Original



ł

0042

SECTION A. GENERAL INFORMATION

1.	Name of Applican (lust be a natural person.)
2.	Business Name Northwest Arkansas Medical Dispensary, LLC. Fictitions Trade Name (if any) Business Mailing Address Fayetteville, AR_ 72703
	Business telephone number _ 476-236-2060
3.	Business entity type Arkansas Limited Liability Company Date of business formation or incorporation_ 8/22/2017
	Registered yent values 14621 Goshen-Tuttle Rd. Elkins, AR 72727

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's altituation with the proposed dispensary and percentage of ownership, if any, NOTE: Please or do sure that 400% of the ownership interest in the proposed dispensary is accounted for an day section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 12").

- Pre	Sident - 16.67%
5.	cretary - 16 67 20
- Tre	asurer-16.67%
	Mumber - 16,6702
	lember - 16.66 92
	Member - 16 lale Zo
Chi	et of Culturtion Operations
C.N.	it of Retail Operations & Community Outreach

- 5 County of Proposed Location Washington
- 6. City of Proposed Location (If inside city limits) Fayetteville

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

(

¢

NO 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any was affiliated with any other applicants(\$) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. NO . Certification , certify that the information provided in this toruand its attachments is complete and accurate. I understand that any misstatement or concealment of inst may be grounds for refusal of application or revocation of license if later disclosed Signed this 23 2017 day of Augus 2017 day of Subscribed and sworu to before me this My Commission Expires OFFICIAL SEAL MANDI MCGUIRE NOTARY PUBLIC ARKANSAS 6 WASHINGTON COUNTY COMMISSION # 12379657 COMMISSION EXP 12/15/2020

00044

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name The Natural Healing Center LLC

Fictitious Trade Name (if any) The Natural Healing Center

Business Mailing Address

Conway AR, 72032

Business telephone number 501-733-5333/ 501-733-6133

3. Business entity type Medical Marijuana Dispensary

Date of business formation or incorporation 8-21-2017

State(s) of Incorporation: Arkansas

Registered Agent Name John Strachan and Michael Martinez

Registered Agent Address 2100 Arkansas Ave. Conway AR, 72034

602 Oak Street Conway AR, 72032

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

> <u>– Owner – 51%</u> – Owner – 49%

- 5. County of Proposed Location Pulaski County
- 6. City of Proposed Location (If inside city limits) Not in city limits

[] CONFIDENTIAL

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

Not at this time

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

No

1.

ification

_, certify that the information provided in this rate. I understand that any misstatement or

forn, and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this <u>M</u> day of Sec	stember 2017.
	Signature of Applicant
Subscribed and sworn to before me this_	7 day of Sept. 2017. Brundo-Uustt Notary Public
My Commission Expires: <u>May 19</u>	2024 2024 NOTAPL NOTAPL PUBLIC SPRIES COUNTY ARE

[] CONFIDENTIAL

000	4	5
 ,		

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name Arkansas Compassionate Care Company Group, LLC

Fictitious Trade Name (if any)_____

Business Mailing Address

Russeliville, AR 72802

Business telephone number (479) 970-6614

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name Yanci Walker

Registered Agent Address 504 S. Commerce Ave Russellville, AR 72801

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

Owner - 51%	
- Owner 49%	
5. County of Proposed Location	Pope
6. City of Proposed Location (If in	uside city limits) London

Section A

7

ſ

	000
7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.
	No
y b	$\frac{Certification}{2}$, certify that the information provided in this form attachments is complete and accurate. I understand that any misstatement or concealment of fact e grounds for refusal of application or revocation of license if later disclosed.
bscr	Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant THADTHY W. MURDOCH MY COMMISSION & 1238527 EXPERS: January 28, 2022 Pope County Notary Public
Co	mmission Expires: 1, 24, 2022

Section A

46

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

Arkansas Natural Products 1. LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

2. Business Name

Russellville, AR 72801

Business telephone number _____479-747-4780

3. Business entity type Limited Liability Corporation

Date of business formatio	n or incorporation8/31/2017
State(s) of Incorporation	Arkansas
Registered Agent Name_	Ezechiel Nehus
Registered Agent Address	200 North Quanah Russellville, AR 72801

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

	Member, 24.5%	
	, Member, 24.5%	
	, Member, 51%	
5.	County of Proposed Location	Van Buren
		Clinton
6.	City of Proposed Location (If in	side city limits) Crimon

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

8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.
	Yes, Natural persons intend to file application for a cultivation center in Van Buren County under the name of
	Arkansas Natural Products II
	is also an advisory board member for Arkansas Compassionate Care
	Company Group Certification
may be	, certify that the information provided in this form attachments is complete and accurate. I understand that any misstatement or concealment of fact e grounds for refusal of application or revocation of license if later disclosed. I this <u>23</u> day of <u>August</u> , <u>2017</u> . Signature of Applicant
Subsci	ribed and sworn to before me this <u>23</u> day of <u>August</u> , <u>2017</u> . <u>Renee Wilch</u> Notary Public
My Co	Demmission Expires: 4-13-2027 RENEE WILEY NOTARY PUBLIC - ARKANSAS POPE COUNTY My Commission Expires 04-13-2027 Commission No. 12700698

00047

1

SECTION A. GENERAL INFORMATION

1,	Name of Applicant (Manage a natural person.)
2.	Business Name Natural State Healthcare, Inc. Fictitious Trade Name (if any) h/a Business Mailing Address Van Buren AR 72956
	Business telephone number 918-951-7179
3.	11 1 1 1 2 2 0 1
	Date of business formation or incorporation November 28, 2016 State(s) of Incorporation Arkansas
	Registered Agent Name Corey HUNT
	Registered Agent Address 6731 Red Robin Dr. Van Buren/
4. 5	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.") eeat+accued.
5.	County of Proposed Location Crawford
6.	City of Proposed Location (If inside city limits) Mulberry

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

no. 8. Is the Applicant or any owner, stockholder, shareholder, afficer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. NO. Certification , certify that the information provided in this form 1. and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this 7 day of September 2017 Signature of Applicant Subscribed and sworn to before me this 7 day of <u>September</u>, <u>2017</u>. <u>ACCULTY Foreing</u> Notary Public My Commission Expires: 42327

	OFFICIAL SEAL
	KELLEY LOAEZA
NO	TARY PUBLIC . ARKANSAS
	YELL COUNTY
C	OMMISSION #12701430
CON	MISSION EXP. 06/23/2027
_	



SECTION A. GENERAL INFORMATION

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

2. Business Name MMC PPP, LLC

Fictitious Trade Name (if any) Ozark Healing Center

Business Mailing Address Fayetteville, Arkansas 72704

Business telephone number 479-387-5603

3. Business entity type Limited Liability Company

Date of husiness formation or incorporation 07/13/2017

State(s) of Incorporation Arkansas

Registered Agent Name Angela Marie Pratt

Registered Agent Address 2378 W. Moore Lane, Fayetteville, Arkansas 72704

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

The applying entity is MMC PPP, LLC. The ownership of the applying entity is:

Entity	Members	Membership Interest	% of MMC PPP, LLC
UAR Holdings, LLC		100%	16.67%
JDP Investments, LLC		100%	16.66%
VC, LLC		100%	16.67%
Indigo Horizon, LLC		50% & 50%	16.67%
P&B Chase Properties, LLC		50% & 50%	16.67%
Ally Holdings, LLC -		50% & 50% -	16.66%
Please see attached Entity D	ocuments for Applying	Entity and the ownership en	tities.
5. County of Proposed	Location Washing	ton County	

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



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

2

- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. No Certification _, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. day of Augus/, 2017 Signed this 307 Signature of Applicant 30th day of Subscribed and sworn to before me this Notary Public My Commission Expires: LESLIE KENNEY
 - LESLIE KENNEY NOTARY PUBLIC-STATE OF ARKANSAS WASHINGTON COUNTY My Commission Expires 06-26-2027 Commission # 12361077

SECTION A. GENERAL INFORMATION

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

2.	Business Name Absolute Essence
	Fictitious Trade Name (if any)
	Business Mailing Address Bryant, Arkansas 72022
	Business telephone number <u>501-548-5857</u>
3.	Business entity type LLC
	Date of business formation or incorporation_July 10, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Timothy Bryce Hendrix
	Registered Agent Address 10605 Paul Eells Dr #2 North Little Rock, AR 72113

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

, owner, CEG 34% shareholder
, owner, operate 33 % shareholder
, owne 33 % shareholder
5. County of Proposed Location Saline
6. City of Proposed Location (If inside city limits) Bryant

- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made. No
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. No Certification __, certify that the information provided in this form Ι, _ and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this <u>rth</u> day of <u>sqt</u> WI -signature or Appricant 5th_day of_ Subscribed and sworn to before me this ____ Notary Public 2025 My Commission Expires: ______7

VINCENT T. POWELL đ Arkansas - Pulaski County Notary Public - Comm# 1260 (966 My Const., clos Expirits dat 31, 2035)



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be a natural person.)				
2.	Business Name_	Big Oak Pharms LLC			

Fictitious Trade Name (if any)	
Business Mailing Address Clarksville, AR 72830		
Business telephone number	479-705-8128 /	

3. Business entity type ____Limited Liability Company

Date of business formation	or incorporation 08/01/2017
State(s) of Incorporation	Arkansas
Registered Agent Name	United States Corporation Agents, Inc.
Registered Agent Address	260 Shoppingway Blvd Ste A & B,
	West Memphis, AR 72301

RECEIVED 2011 SEP 13 A II: 48 ABC

751

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

, Member 60% Equity

Member, Presi	dent 40% Equity
	· · · ·
· 2000	
5. County of Proposed Location	Johnson

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

The applicant has not and does not intend to file any additional application for a cultivation license

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

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

<u>N</u> C)				
		<u>Certificatio</u> , co , co e and accurate. I us s for refusal of appl	ertify that the nderstand tha		t or
Signed this	day of	QUQUST	ture of Applic	2017. cant	
Subscribed and sw 2017	orn to before me	this D3	day of <u>Q</u> UK	LIGUST NUMM Notary Public	, /
My Commission E	xpires: <u>[</u>] -{	01-2023	DANCE D DANCED DANCED FRAM COMPOSITION FRAM	K DUAN TARLOS JBLIC & SP Exp. 00 CO., ARTS	



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name <u>Applegate Valley Organics of Arkansas, LLC</u> Fictitious Trade Name (if any) <u>N/A</u> Business Mailing Address <u>Portland, Oregon 97232</u> Business telephone number <u>(971) 703-4777</u>
- 3. Business entity type Limited Liability Company

Date of business formation	or incorporation August 11, 2017
State(s) of Incorporation	Arkansas
Registered Agent Name	Corporation Service Company
Registered Agent Address	300 Spring Building, Suite 900
	300 S. Spring Street
	Little Rock, AR 72201

0052

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

- 60% owner of Applegate Valley Organics of Arkansas, LLC

- 37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

- 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

- .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location Monroe -

Holly Grove, AR

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

White County
Mississippi County
Pulaski County

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

w w

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

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

Certification

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

Signed this 1St day of September	. 2017.
	e of Applicant
Subscribed and sworn to before me this day	y of September,
anith	a Jour Lipson
My Commission Expires: 11-06-26	Notary Public



 $\int () i$

SECTION A. GENERAL INFORMATION

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

2. Business Name River Valley Sales, LLC

Fictitious Trade Name (if any) River Valley Relief Dispensary

Business Mailing Address

Fort Smith, AR 72916

Business telephone number _ 479-649-6909

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 25th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name John D Alford

Registered Agent Address 6804 Rogers Avenue, Suite B, Fort Smith, AR 72903

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

- Member - 50% Ownership - Member - 50% Ownership - Chief Operating Officer & Treasurer

- 5. County of Proposed Location Sebastian
- 6. City of Proposed Location (If inside city limits) Fort Smith

- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made. No
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.

Yes - _____ is the 100% owner of River Valley Production, LLC DBA River Valley Relief Cultivation. _____ and _____ are also officers of River Valley Production, LLC. River Valley Production, LLC is submitting two applications for a cultivation facility license.

Certification

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

Signed this _	11th	day_of	September	. 2017
Subscribed a	nd sworn t	o before m	e this 114	day ofseptember2017
		C		Alliet Taylor Notary Public
My Commis	sion Expire	es: <u>6</u>	15-2021	ALLISON TAYLOR
				Arka-Istis - Sebestian County Notaly Public - Commi# 12333545 My Commission Expires Aug 15, 2021

54

SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be a natural parson)
2.	Business Name (If any) LIFE LEAF
	Business Mailing Address Marion, AR 72364
	Business telephone number 870 - 703 - 1709
3.	Business entity type LLC , Date of business formation or incorporation $B - 28 - 17$
	State(s) of Incorporation Arkansas
	Registered Agent Name OUIIAN CARTER Registered Agent Address (0.39 Riverwest Circle, Marion AR 7236-
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this

section. (Attach any necessary additional pages to this form. Include a header on any

	20%	2 10		
	2.0°/0			
			2017	-
		2	SEP	;
			i w	1
	· · · · · · · · · · · · · · · · · · ·		>	1
5. Co	ounty of Proposed Location () ri-	Henden	ŵ	-

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

117 8. Is the Applicant or any owner, stockholder, shareholder, officer, or hoard member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. Certification , certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this 2.8 the day of Migues i 2017 MARY M. Y Signature of Applicant Subscribed and sworn to before me this \mathcal{P} day of Notary Public My Commission Expires: MARY H. TONEY CRITTENDEN COUNT? NOTARY PUBLIC - ANKANSIL My Commission Expression Sub-Commission



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name <u>Applegate Valley Organics of Arkansas, LLC</u> Fictitious Trade Name (iΓany) <u>N/A</u> Business Mailing Address <u>Portland, Oregon 97232</u>

Business telephone number ____(971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation	or incorporation August 11, 2017
State(s) of Incorporation	Arkansas
Registered Agent Name	Corporation Service Company
Registered Agent Address	300 Spring Building, Suite 900
	300 S. Spring Street
	Little Rock, AR 72201

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

- 60% owner of Applegate Valley Organics of Arkansas, LLC

- 37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

- 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

- .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location White -

, Beebe, AR 72023

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

Monroe County
Mississippi County
Pulaski County

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

í

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

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

Certification

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

Signed this 1st day of Sec	tember .2017.
,	
Subscribed and sworn to before me this	Anitha September, Anitha See Supson Notary Public
My Commission Expires:6	-24



156

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name __Applegate Valley Organics of Arkansas, LLC Fictitious Trade Name (if any) __N/A ______ Business Mailing Address ______ Portland, Oregon 97232

Business telephone number _ (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation	or incorporation August 11, 2017
State(s) of Incorporation	Arkansas
Registered Agent Name	Corporation Service Company
Registered Agent Address	300 Spring Building, Suite 900
	300 S. Spring Street
	Little Rock, AR 72201

00056

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

- 60% owner of Applegate Valley Organics of Arkansas, LLC

(

- 37.4% owner and	d CEO of A	Applegate V	alley Organics	of Arkansas, LLC
-------------------	------------	-------------	----------------	------------------

- 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

- .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location Pulaski - , Lit

, Little Rock, AR

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

White County
Mississippi County
Monroe County

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

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

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

ification

1. ______, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this ______ day of September . 2017 Signature of Applicant Subscribed and sworn to before me this ______ s_{\pm}^{\pm} day of September _____,

My Commission Expires: 11-06-26



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name Applegate Valley Organics of Arkansas, LLC
 Fictitious Trade Name (if any) N/A
 Business Mailing Address
 Portland, Oregon 97232
 Business telephone number (971) 703-4777
- 3. Business entity type _ Limited Liability Company

Date of business formation	or incorporation August 11, 2017
State(s) of Incorporation	Arkansas
Registered Agent Name	Corporation Service Company
Registered Agent Address	300 Spring Building, Suite 900
	300 S. Spring Street
	Little Rock, AR 72201



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

- 60% owner of Applegate Valley Organics of Arkansas, LLC

37.4% owner and CEO of Applegate Valley Organics of Arkansas, LLC

- 2% owner and COO of Applegate Valley Organics of Arkansas, LLC

- .6% owner and CFO of Applegate Valley Organics of Arkansas, LLC

5. County of Proposed Location Mississippi -

, Blytheville

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

White County
Pulaski County
Monroe County

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

00051

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

All owners of Applegate Valley Organics of Arkansas, LLC are also owners of Nectar Markets of Arkansas, LLC. Each entity is submitting multiple applications for cultivation and dispensary licenses, respectively.

Certification

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

Signed this 1St	day of September . 2017.	
	Signature of Applicant $\int s_{1}^{s} day of Se otem back$	
Subscribed and sworn 2017.	anitha py Hippon	
	Notary Public	

My Commission Expires: ______ 6 - 26



SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name Nectar Markets of Arkansas. LLC

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017				
State(s) of Incorporation	Arkanses			
Registered Agent Name	Corporation Service Company			
Registered Agent Address	300 Spring building, Suite 900			
0 0 _	300 Spring Street			
	Little Rock, AR 72201			

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

- 60% Owner in Nectar Markets of Arkansas, LLC

- 37.4% Owner and CEO of Nectar Markets of Arkansas, LLC

- 2% Owner and COO of Nectar Markets of Arkansas, LLC

- .6% Owner and CFO of Nectar Markets of Arkansas, LLC

5. Connty of Proposed Location Mashington, Count

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

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made. Rogers 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. All owners of Nectar Markets of Arkansas, LLC are also owners of Applegate Valley Organics of Arkansas, LLC. Each entity is submitting multiple applications for dispensary and cultivation licenses, respectively. Certification , certify that the information provided in this form I, and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. day of Signed this at Subscribed and sworn to before me this day of De My Commission Expires: ______6-26



00060

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A Business Mailing Address

Portland, OR 97232

Business (elephone number ___(971) 703-4777

3. Business entity type Limited Liability Company

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

- 60% Owner in Nectar Markets of Arkansas, LLC

- 37.4% Owner and CEO of Nectar Markets of Arkansas, LLC

- 2% Owner and COO of Nectar Markets of Arkansas, LLC

- .6% Owner and CFO of Nectar Markets of Arkansas. LLC

- 5. County of Proposed Location Sebastian
- 6. City of Proposed Location (If inside city limits) Ft. Smith

 $(\bigcirc$

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

Ć

8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any
	way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or
	dispensary, and briefly describe the nature of the relationship.
	All owners of Nectar Markets of Arkansas, LLC are also owners of Applegate Valley Organic of Arkansas, LLC. Each entity is submitting multiple applications for dispensary and cultivation licenses, respectively.
	Certification
	, certify that the information provided in this form
nd its	attachments is complete and accurate. I understand that any misstatement or concealment of fact
	e grounds for refusal of application or revocation of license if later disclosed.
Signed	this 1st day of September 2017
Signed	this 1st day of Spitomber 2017
Signec	this 1st day of Spitamber 2017
Signec	this 1st day of September 2017 Signature of Applicant
Signec	Signature of Applicant
	Signature of Applicant
	Signature of Applicant
	ribed and sworn to before me this day of day of tember . 2017
Gubscr	Signature of Applicant

TCO., AP