APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

00140

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

Fictitious Trade Name (if any)______
Business Mailing Address Bentonville, AR 72712

Business telephone number 479-640-4699

3. Business entity type Cultivation Facility

Date of business formation or incorporation July, 30 2017

State(s) of Incorporation Arkansas

Registered Agent Name

Registered Agent Address

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.")

, 40% ownership)
, 40% ownership	
20% ownership	
· · · · ·	
5. County of Proposed Loca	ation Carroll County

- 6. City of Proposed Location (If inside city limits)_
- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
 - No
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

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 Ι. form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. Signed this 13th day of September Signature of Applicant Subscribed and sworn to before me this 13th day of 2012 Notary Public My Commission Expires: 6/29/2026



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY SECTION A. GENERAL INFORMATION

1. N	Vame	of App	licant	(Must	be a	natural	person.)	
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	Business Name	Peace of Green, Inc
	Fictitious Trade Name (if an	y) <u>n/a</u>
	Business Mailing Address	DeQueen, AR 7183
	Business telephone number	918-869-0845
3.	Rusiness entity type	Corporation
•	Dusiness entity type	corporation
•		or incorporation <u>9/12/17</u>
•	Date of business formation o	
•	Date of business formation of State(s) of Incorporation	or incorporation <u>9/12/17</u>

4. List all owners, stockholders, sharcholders, 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 the 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.")

Grow Natural Solutions, LLC owned by	- Shareholder	4%
TMG Holdings, LLC owned by	- Shareholder	60%
, LLC – owned by	- Shareholder	36%

5.	County of Proposed Location:	Sevier		
6.	City of Proposed Location (If insid	de city limits)	N/A	

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

N/A	
11/12	

- 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.
- applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)
- Applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)
- Applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)

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certify that the information provided in this form

and its anacuments is complete and accuracy. I and stand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

1,

day of ember 2017. 13 Signed this_ ANGELA D. MORPHEW VIE 5 MY COMMISSION # 12381987 WO TAR EXPIRES: June 1, 2021 Sevier County Signature of Applicant, Owner, Officer, or Board Member Subscribed and sworn to before me this Notary Public/ June DI, 2021 My Commission Expires:

SECTION A. GENERAL INFORMATION

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

2.	Business Name Grassroots OpCo AR, LLC				
	Fictitious Trade Name (if any) Grassroots Cannabis				
	Business Mailing Address, Chicago, Illinois 60602				
	Proposed Facility Address: , Hardy, Arkansas 72542				
	Business telephone number 773-870-2439				
3.	Business entity type Limited Liability Company				
	Date of business formation or incorporation August 17, 2017				
	State(s) of Incorporation Arkansas				

Registered Agent Address Little Rock, Arkansas 72201

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

(Applicant Owner)		70.200%
(Owner)		20.100%
(Owner)		0.050%
Holdings Arkansas, LLC		4.075%
(Wholly owned by the Company's CEO,		
PCCW Investments, LLC		4.075%
(Owned by the Company's COO, and CFD,)	
GB Portfolio Investments, LLC		1.500%
(Owned by financial backers)		
	TOTAL	100.000%
5. County of Proposed Location Sharp County		
6. City of Proposed Location (If inside city limits) Hardy		

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

Yes, the Company has applied for additional dispensary licenses under the same name at the following addresses:

	705 East 2nd Street, Ward, Arkansas 72176
	4423 East Broad Street, Texarkana, Arkansas 71854
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, the Company has also applied for a cultivation license under the same name.
	Certification
	, certify that the information provided in this form attachments is complete and accurate. I understand that any misstatement or concealment of fact grounds for refusal of application or revocation of license if later disclosed.
Signed	this 11 day of September 2017.
	Signature of Applicant
Subsci	ibed and sworn to before me this 11th day of September, 2017.
	Notary Public
Му Со	mmission Expires: Contractor Arkansas Washington County Commission # 12701130 My Commission Expires Jun 19, 2027

(

Mountain Home AZ 72653

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APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be	a natural person.)
2.	Business Name Desert River Fictitious Trade Name (if an	
	Business Mailing Address	
	Business telephone number	602-595-6873
3.	Business entity type	Limited Liability Company "LLC"
	Date of business formation of	or incorporation8/11/2017
	State(s) of Incorporation	Arkansas
	Registered Agent Name	Registered Agents, Inc
	Registered Agent Address	701 South St, Ste 100

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.")

Applicant, O	wner 60%	
Owner	10%	
Owner	10%	
Owner	5%	
Owner	5%	
Owner	5%	
 Owner	5%	

5. County of Proposed Location

Pulaski

- 6. City of Proposed Location (If inside city limits) Little Rock
- 7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
 - No
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for

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

None of the applicants are involved in any other Cultivation application. however all of the applicants as an identically comprised group are submitting a separate Dispensary license application. This group of applicants together have a great deal of experience operating both dispensary and cultivation businesses.

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 _	13th	_day of	Septem	læt	. 2017	
			/ Sig	nature of Af	oplicant	
Subscribed an	nd sworn to	before me t	this <u>13</u>	day of	Septembe	<u>(</u>
			Tar	mara	Suclus n Notary Public	۹
My Commiss	sion Expire	s: <u>2</u> .	-14-23	_		
	T	MARA JACH	SON			

NOTARY PUBLIC - STATE OF ARKANSAS PULASKI COUNTY My Commission Expires : February 14, 2023 Commission # 12392167

SECTION A. GENERAL INFORMATION

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

2.	Business Name Grassro	ots OpCo AR, LLC
	Fictitious Trade Name (if a	ny) Grassroots Cannabis
	Business Mailing Address	Chicago, Illinois 60602
	Proposed Facility Address:	, Texarkana, Arkansas 71854
	Business telephone number	//3-8/0-2439
3.	Business entity typeLim	
3.	Business entity type <u>Lim</u>	
3.	Business entity type <u>Lim</u>	ited Liability Company or incorporation August 17, 2017
3.	Business entity type <u>Lim</u> Date of business formation State(s) of Incorporation _	ited Liability Company or incorporation August 17, 2017

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.")

(Applicant Owner)		70.200%
(Owner)		20.100%
(Owner)		0.050%
Holdings Arkansas, LLC		4.075%
(Wholly owned by the Company's CEO,		_
PCCW Investments, LLC		4.075%
(Owned by the Company's COO,)	
GB Portfolio Investments, LLC		1.500%
(Owned by financial backers)		
	TOTAL	100.000%
5. County of Proposed Location Miller County		

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

W143

Yes, the Company has applied for additional dispensary licenses under the same name at the following addresses:

8.	Arkansas 72176 Hardy, Arkansas 72542 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, the Company has also applied for a cultivation license under the same name.
	Certification
	ertify 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.
igned	I this day of <u>DPCMDPK</u> , <u>2012</u> .
ubser	ibed and sworn to before me this 11th day of Sapternber, 2017.
ubser	ibed and sworn to before me this 11th day of <u>September</u> <u>7017</u> . Notary Public

SECTION A. GENERAL INFORMATION

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

Registered Agent Address Little Rock, Arkansas 72201

2.	Business Name Grassroots OpCo AR, LLC				
	Fictitious Trade Name (if any) Grassroots Cannabis				
	Business Mailing Address Chicago, Illinois 60602				
	Proposed Facility Address: Ward, Arkansas 72176				
	Business telephone number773-870-2439				
3.	Business entity typeLimited Liability Company				
	Date of business formation or incorporation August 17, 2017				
	State(s) of Incorporation Arkansas				

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.")

(Applicant Owner)		70.200%
(Owner)		20.100%
(Owner)		0.050%
Holdings Arkansas, LLC		4.075%
(Wholly owned by the Company's CEO,		
CCW Investments, LLC		4.075%
(Owned by the Company's COO,		
B Portfolio Investments, LLC		1.500%
(Owned by financial backers		
	TOTAL	100.000%

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

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

Yes, the Company has applied for additional dispensary licenses under the same name at the following addresses:

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, the Company has also applied for a cultivation license under the same name.		
	Certification		
	this $//$ day of $Splenke k$, 2017 .		
Subser	ibed and sworn to before me this 11th day of <u>September</u> , <u>ZC17</u> .		
Му Со	mmission Expires: <u>CG/IG/ZC27</u> MARIAH R HOWARD Notary Public - Arkansos Washington County Commission # 12701130 My Commission Expires Jun 19, 2027		

00146

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2.	Business Name Medibox, Inc.
	Fictitious Trade Name (if any) n/a
	Business Mailing Address DeQueen, AR 71832
	Business telephone number918-869-0845
3.	Business entity type Corporation
	Date of business formation or incorporation <u>9/14/17</u>
	State(s) of IncorporationArkansas
	Registered Agent Name _ Dennis Hale
	Registered Agent Address 393 Rink Rd. DeQueen AR, 71832

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.")

	- 0	wner of TCD4, LI C	60ª a	
	Owner	, LLC - 40%		
E. County of	Proposed Lagation	Polk		

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

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.

is applying as a partial owner of a cultivation center named Arkansas Aquaconic, Inc.
 is a solution of a solution time and a share so well defenses a supervise large
is applying as a partial owner of a cultivation center named Arkansas Aquaconic, In-

Certification

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 <u>17</u> day of <u>Se</u>	ptember .2017.
	eant
Subscribed and sworn to before me this_	17th day of September 2017. Righter (ECOK Notary Public
My Commission Expires: 11-11-	-
	RENEE COOK Notary Public-Arkonsas Sevier County My Commission Expires 04-10-2022 Commission # 12387650

SECTION A. GENERAL INFORMATION

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

2.	Business Name Arkans	as Natural Medicines, Ince
	Fictitious Trade Name (if any	/)
	Business Mailing Address	Little Rock, AR 72212
	Business telephone number_	501-428-1153
3.	Business entity type	For Profit Corporation
	Date of business formation of	r incorporation5/11/17
	State(s) of Incorporation	Arkansas
	Registered Agent Name	Tracy L. Johnson
	Registered Agent Address	1507 Dorado Beach Drive, Little Rock, AR72212

4. List all owners, stockholders, sbareholders, 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.")



_ _ _ _ _ _

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. Applicant/Owner is an owner of Delta Medical Cannabis Company Certification 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. 132 Signed this day of Sciptenbe Subscribed and sworn to before me this day of Notary Public My Commission Expires: Wey JANTEL R STARTS PULASKI COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires May 15, 2023 Commission # 12390503

SECTION A. GENERAL INFORMATION

-	Name of Annifeent (Must be a natural person)
	Business Name Weigle, LLC
	Fictitious Trade Name (It any)
	Business Mailing Address
	West Memohis Al 72301
	West Memphis, AR 72301 Business telephone number (870) 732-2242
	Business entity type Limited Liebility Corporation
	Date of business formation or incorporation 8-17-2017
	State(s) of Incorporation Ackanses
	Registered Agent Name Shone Patterson
	Registered Agent Address 105 W. Harrison, W. Memphis, AR 72301

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.")

 	- 20%
 0	2070
 	·····
 County of Proposed Location _ Criff	

	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 a 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. $\mathcal{N} O$
a is iy be	Certification , certify that the information provided in this form attachments is complete and accurate. 1 understand that any misstatement or concealment of fact grounds for refusal of application or revocation of license if later disclosed.
gneð	this 7th day of September 2017.
	Signature of Applicant
	ibed and swom to before me this 7th day of September 2017 Ment Hules
	ibed and swom to before me this <u>7th</u> day of <u>September</u> , 2017 <u>Mary Hillic</u> Notary Public

-

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.) Ark Dispensory, 2. Business Name (1)(st Fictitious Trade Name (if any) Business Mailing Address Hot Springs, AR 71913 7782 Business telephone number (501) 520 3. Business entity type Limited Liability Corporation Date of business formation or incorporation Askansas State(s) of Incorporation Lonnie Wright Registered Agent Name 71913 Spillys Registered Agent Address 310 astriew
- 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. (Atlach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

_			-	25.5%	
			-	25.5%	
			-	5%	
				- 1.8	
		·			
5	County of Proposed Location	Pelk			
5.		1011			
6	City of Proposed Location (If ins	ide city limits)			

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

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. member of Boll Weevi Delto dwhich is applying for a cultivation license is a member of Bott weevil Forms of the Delto 2f for a cultivation license whi 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. 11th day of September Signed this 2017 017. Subscribed and sworn to before me this day of Notary Public My Commission Expires: MARK HOLLAND Notary Pub

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My Co

My C

nty Arkan

mm. # 12700545

mmission Expires 03-06-2027

SECTION A. GENERAL INFORMATION

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

1

2. Business Name New Harvest Dispensary, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address

, Marianna, Arkansas 72360

1

(1)

Business telephone number N/A

3. Business entity type Limited Liability Company

Date of business formation or incorporation_July 13th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Michael Osburn

Registered Agent Address 2800 Highway I South, Marianna, Arkansas 72360

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.")

			Board Member - 109
, Board Member - 10%	, Medical Director - 109	. General Manager -	10% See attachment Section A
agreement showing the equity divisio	n		
	, Board Member - 10% 1		

5. County of Proposed Location Crittenden

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

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

No 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship. are all equity holders in a cultivation applicant named New Harvest Agri, LLC. 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 14 day of SEPTEMBER, 2017 Signature of Applicant Subscribed and sworn to before me this Notary Public 9-9-2023 My Commission Expires:

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

00151

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

(

2.	Business Name	Natural	State	Medical Grapp
	Fictitious Trade Na	me (if any)		
	Business Mailing A	ddress		
	/	Vorth Lit	tle Roc	K, AR 72118
	Business telephone	number	501-690	- 2855

3. Business entity type <u>Corporation</u>

Date of business formation or incorporation <u>March 9, 2017</u> State(s) of Incorporation <u>Arlconsas</u> Registered Agent Name <u>Grahom Catlett</u> Registered Agent Address <u>323 Center St. Swite 1800 Tower Bldg</u> Little Rock, AR 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.")

15% 15% 30% 5%	
 1570	
 30%	
5 %	
3 70	
 3 % 2 % 30 %	
 · · · · · · · · · · · · · · · · · · ·	

- 5. County of Proposed Location Jack 50 M
- 6. City of Proposed Location (If inside city limits) Newport, AR
- 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.

ND

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.

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will apply for dispensaries Certification , certify that the information provided in this Ι, 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. 0 th Subscribed and sworn to before me this day of 2017 Public My Commission Expires:

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

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

- 2. Business Name <u>Boll Weevil Farms of the Delta</u>, <u>LLC</u> Fictitious Trade Name (if any) <u>N/A</u> Business Mailing Address <u>Hot Springs</u>, <u>AR 71913</u> Business telephone number <u>(SOI) 520-7792</u>
- 3. Business entity type <u>Limited Liability Correction</u> Date of business formation or incorporation <u>9/01/2017</u> State(s) of Incorporation <u>Ackansas</u> Registered Agent Name <u>Dr. Lonnie Wright</u> Registered Agent Address <u>310 Cerstview Oc.</u> Hot Springs, AR 71913

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

	(52%) Fifty two fercent (12%) Twelve fercent (11%) Eleven Rescent (8%) Eight Percent (4%) Four Percent (4%) Four Percent (4%) Four Percent (4%) Four Percent (4%) Four Percent (4%) Dur Percent
	County of Proposed Location Jackson
6. 7.	City of Proposed Location (If inside city limits) Newport 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.

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.

See Attacked Disclosure

Certification

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

Signed this 7th day	of Sept.	2017
		-
Subscribed and sworn to before 2017	re me this <u>7</u> th day of <u>7</u> th	of September
My Commission Expires:	3/0/2027	Notary Public MARK HOLLAND Notary Public Pulaski Courty, Artansas My Comm. s 12700545 My Commission Expire 03-06-2027



Section A. Number 8.

00152

Additional Affiliations of Owners/Board Members of Boll Weevil Farms of the Delta, LLC

applying for a dispensary license.

applying for a dispensary license.

is also a 4% owner in River Valley Dispensary LLC who is applying for a dispensary license.

a dispensary license. is also a 4% owner in River Valley Dispensary LLC who is applying for

is also a 12° o owner in B.U. Dispensary who is applying for a dispensary license.

applying for a dispensary license.

is a 5% owner in Westark Dispensary LLC who is applying for a dispensary license.

SECTION A. GENERAL INFORMATION

- 1. Name of Applicant (Must be a natural person.) Group Natural State Medica 2. Business Name Fictitious Trade Name (if any) Business Mailing Address North Little ROCK, ARTZI corporation 3. Business entity-type Date of business formation or incorporation_____ March. 9, 2017 State(s) of Incorporation Arkonses Registered Agent Name Oraham Catlett Registered Agent Address 323 Center St. Ste 1800, Tower Bldg Little Rock, AR
- 4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

	president, Burn	er 15%
	owner	15%
	Seiretery awn	<u>er</u> 30%
 	Vice president, ?	SWNEY 3070
	DWARF	200-
	DUALI	ET O

5. County of Proposed Location Pubaski
6. City of Proposed Location (If inside city limits) non C

	Yes, same group, in Garland Cou		
8.	8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in an 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.		
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	Certification		
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may bo	s attachments is complete and accurate. I understand that any misstatement or concealment of e grounds for refusal of application or revocation of license if later disclosed. I this $//$ fh $day of$ $Sep fem bir , 2017$.		
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may be Signed	s attachments is complete and accurate. I understand that any misstatement or concealment of e grounds for refusal of application or revocation of license if later disclosed. If this		

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SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be a natural person.)
2.	Business Name Natural State Medical Group
	Fictitious Trade Name (if any)
	Business Mailing Address
	North Little Rock, AR 72118
	Business telephone number 501-690 2855
3.	Business entity type <u>COrporation</u>
	Date of business formation or incorporation March 9, 2017
	State(s) of Incorporation Arkansa 3
	Registered Agent Name Graham Rossing Catlett
	Registered Agent Address 323 Center St. Ste 1800 Tower Blog Little Rock , AR
	Little Rock, AR

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

	President - owner 1520 owner 1520
	Schetary owner 30 70
	board member - owner 570
	owner 3%
	vice president owner 30
5. County of Proposed Location	Garland

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.

PULASS avou D. Mes. Swill. 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. ND 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. Signed this 11th day of September Signature of Applicate Subscribed and sworn to before me this day of Producer Pro-Notary Public My Continue Ex My Commission Expires: DEC. 12, 2017
APPLICATION FOR MEDICAL MARIJUANA DISPENSARY SECTION A. GENERAL INFORMATION

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- 1. Name of Applicant (Must be a natural person.)
- 2. Business Name Big Fish of North Central Actonsos 222 Fictitious Trade Name (if any) Business Mailing Address Bryont, AR 12022 Business telephone number (501) 773 9895
- 3. Business entity type Limited Liability Carporation Date of business formation or incorporation August 16, 2017 State(s) of Incorporation Ackansas Registered Agent Name Jashua Londers Registered Agent Address 2316 Byron Drive, Bigant AK 72022
- 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.")

		Nineteen Percent	(19%)
		one kerrent	(1%)
_			
	County of Proposed Location	Cleburne.	

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.

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

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 12th day of September . 2017 Subscribed and sworn to before me this 12 th day of Sytember Mul Helle Notary Publie 2017

My Commission Expires: 3/6/2027

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MARK HOLLAND
Notary Public
Pulaski County, Arkansas
My Comm. # 12700645
My Commission Expires 03-08-2027
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SECTION A. GENERAL INFORMATION

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

- Ackadelphia Dispensory, LLC 2. Business Name Fictitious Trade Name (if any) **Business Mailing Address** 10, AR **Business telephone number** Liebility Corporation 3. Business entity type Limited Date of business formation or incorporation Huy. 17, 201 riconsos State(s) of Incorporation Malove ercy Registered Agent Name clay st. Arkadelphia, AR 71923 Registered Agent Address
- 4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachmeots. The header for this response should include "Section A. Number 4.")

			51%	
			24-5%	
5. County of Proposed Loca	ation (lork		
			Arkadelphia	

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.

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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. Ackansos, LLC which is applying for a cultivation license. Ackansos, LLC which is applying for a cultivation license Ackansos, LLC which is applying for a cultivation license. Certification 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 11th day of September . 2017 . Signature of Applicant 11th 2017. day of Subscribed and swom to before me this Notary Public

My Commission Expires: 3/6/2027

MARK HOLLAND Notary Public Polaski County, Arkansas My Comm. # 12700545 'ty Commission Explies 03-08-2027 U. - U

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

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,	Business Name	7-Hybrid Cultivation LLC
	Fictitious Name (if any)	
	Business Mailing Address	
		North Little Rock, AR 72115
	Business Telephone Numbe	er 501-690-4809
	Business Entity Type	Limited Liability Company
	Date of business formation	or incorporation June 13, 2017
	State(s) of Incorporation _	Arkansas
	Registered Agent Name	The Corporation Company
	Registered Agent Address	124 West Capitol Avenue, Suite 1900
		Little Rock, Arkansas 72201

4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed 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. (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.")

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SEE EXHIBIT "SECTION A. NUMBER 4."

5.	County of Proposed Location	Van Buren
6.	City of Proposed Location	Damascus

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

No.

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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.

SEE EXHIBIT "SECTION A. NUMBER 8."

Certification

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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 17
Subscribed and sworn to before me this 17th day of September, 2017.
and Man
Notary Public
DANIEL BECK MY COMMISSION # 12396356
CAPIFLES: November 14, 2023
My Commission Expire Putaski County

CULTIVATION APPLICATION

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SECTION A. NUMBER 4.

Name	Affiliation	Ownership Percentage
	Owner/President	45.6625%
	Owner	2.0875%
	Owner	18.875%
	Owner/Chief Financial Officer	18.875%
	Owner/Board Member	0.25%
	Owner/Board Member/Cultivation Director	0.50%
	Owner/Board Member	1.00%
	Owner/Board Member	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member	0.25%
	Owner/Board Member	0.50%
	Owner/Board Member/Chief Education Officer	0.50%
	Owner	5.00%
	Owner/Board Member	0.25%
	Owner/Board Member/Chief Science Officer	0.50%
	Owner/Board Member	0.50%
	Owner/Chief Medical Officer	1.00%
	Owner/Board Member/Security Director	0.50%
	Owner	0.50%

Cultivating, LLC, an Arkansas limited liability company, for a total of 45.6625% of the Company. J & B Cultivating, LLC owns 41.75% of the Company. J & B Cultivating, LLC owns 41.75% of the Company. Source owns 95% of J & B Cultivating, LLC.

owns 2.0875% of the Company through J & B Cultivating, LLC, which owns 41.75% of the Company. I owns 5.00% of J & B Cultivating, LLC

³ owns 18.875% of the Company through 7-Hybrid Holdings LLC, an Arkansas limited liability company which owns 37.75% of the Company. Source owns 50% of 7-Hybrid Holdings LLC.

⁴ owns 18.875% of the Company through 7-Hybrid Holdings LLC, which owns 37.75% of the Company. The owns 50% of 7-Hybrid Holdings LLC.

CULTIVATION APPLICATION

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SECTION A. NUMBER 8.

CLINTON ALTERNATIVE CARE, LLC - DISPENSARY APPLICATION

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and and and a second according to the proposed dispensary will be in Clinton, Arkansas limited liability company. The location of the proposed dispensary will be in Clinton, Arkansas. owns 60% of Clinton Alternative Care, LLC and the proposed dispensary will be in Clinton, Arkansas.

security director of Clinton Alternative Care, LLC, but will not have any ownership interest.

APOLLO BIO PHARMACY, INC. - DISPENSARY APPLICATION

an owner and board member of 7-Hybrid Cultivation LLC, will submit an application for a dispensary license on behalf of Apollo Bio Pharmacy, Inc., an Arkansas corporation. The location of the proposed dispensary will be in Hot Springs, Arkansas.

GREEN REMEDIES GROUP, LLC – DISPENSARY APPLICATION

, an owner and board member of 7-Hybrid Cultivation LLC, has a 1% ownership interest and is a member of Green Remedies Group, LLC, an Arkansas limited liability company, which is submitting an application for a dispensary license. The location of the proposed dispensary will be in Hot Springs, Arkansas.

GREEN SPRINGS MEDICAL, LLC – DISPENSARY APPLICATION

member of Green Springs Medical, LLC, an Arkansas limited liability company, which is submitting an application for a dispensary license. The location of the proposed dispensary will be in Garland County, Arkansas. The location of the proposed dispensary will Medical, LLC.

CULTIVATION APPLICATION

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SECTION A. NUMBER 4.

Name	Affiliation	Ownership Percentage
	Owner/President	45.6625%
	Owner	2.0875%
	Owner	18.875%
	Owner/Chief Financial Officer	18.875% .
	Owner/Board Member	0.25%
	Owner/Board Member/Cultivation Director	0.50%
	Owner/Board Member	1.00%
	Owner/Board Member	0.50% -
	Owner/Board Member	0.50% ~
	Owner/Board Member	0.25%
	Owner/Board Member	0.50% ·
	Owner/Board Member/Chief Education Officer	0.50% ~
	Owner	5.00% ·
	Owner/Board Member	0.25%
	Owner/Board Member/Chief Science Officer	0.50%
	Owner/Board Member	0.50%
	Owner/Chief Medical Officer	1.00% ~
	Owner/Board Member/Security Director	0.50% -
	Owner	0.50%

Cultivating, LLC, an Arkansas limited liability company, for a total of 45.6625% of the Company. J & B Cultivating, LLC owns 41.75% of the Company. J & B Cultivating, LLC owns 41.75% of the Company.

² owns 2.0875% of the Company through J & B Cultivating, LLC, which owns 41.75% of the Company.
³ owns 18.875% of the Company through 7-Hybrid Holdings LLC, an Arkansas limited liability company which owns 37.75% of the Company.
³ owns 50% of 7-Hybrid Holdings LLC.

⁴ owns 18.875% of the Company through 7-Hybrid Holdings LLC, which owns 37.75% of the Company. The owns 50% of 7-Hybrid Holdings LLC.

,	Owner/Board Member	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member/Manufacturing Director	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member	0.25%
	Chief Operating Officer	0.00%
	Chief Compliance Officer	0.00%
		100.00%

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SECTION A. GENERAL INFORMATION

1.	Name of	Applicant	(Must be a	natural	person.)
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2.	Business Name River Valley Dispensary, LLC
	Fictitious Trade Name (if any)
	Business Mailing Address
	Little Rock, AR 72212
	Business telephone number
3.	Business entity type Limited Liability Company
	Date of business formation or incorporation 8/15/2017
	State(s) of Incorporation Arkansas
	Registered Agent NameRick Angel
	Registered Agent Address 2200 Hidden Valley Drive; Little Rock, AR 72212

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.")

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

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 I, is complete and accurate. I understand that any misstatement or concealment of fact and its attac nments may be grounds for refusal of application or revocation of license if later disclosed. September day of . 2017 Signed this Subscribed and sworn to before me this fif. day of Notary Public 3/6/2027 My Commission Expires: MARK HOLLAND Notary Public Pulaski County, Arkansas Ny Comm. # 12700545 Commission Expires 03-05-2027 My Com

SECTION A. GENERAL INFORMATION

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

on behalf of Applicant entry

- 2. Business Name Green Thumb Industries Arkansas LLC Fictitious Trade Name (if any) GT Arkansas LLC Business Mailing Address GTI Arkansas LLC C/O Webb, Smith, Cile & Hickey PLC, 2805 East Broad Street, Texarkana, AR 7185A Business telephone number (903) 824 - 9632
- 3. Business entity type Arkansas Limited Liability Company Date of business formation or incorporation JUNE 14, 2017 State(s) of Incorporation Arkansas Registered Agent Name The Curporation Company Registered Agent Address 124 West Capital Avenue, Suite 1960, Little Rick, 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.")

<u>2</u> 2	e attached Section A. Number 4
5. (County of Proposed Location PULASKI
6. (City of Proposed Location (If inside 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.
	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.
1	KS1 The applicant entity, Green Thum b Industries Arkansas LLC Abla GTIA Mansas LLC is also applying Hora
C	Whive hear es under the same applicant early name (GD Arkenses, LLC) 2. GTI Arkenses, LLC . s providing consulting
5	ervices to LRT Investments, LIC noonechan with a Dispersiony Application teing submitted by LRT Investment:
	LC. LET Investments LLC is not applying in the same geographic zones as GTI Arkansas, LC. GTI Arkansas.
Ċ	lees not have an ewinership inversest an LET investments, Lic -
	Certification
I. 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.
Cimad	this 12 day of September, 2017.
Signed	this 12 day of September, 2017.
	Signature of Applicant
Subscri	ibed and sworn to before me this 12 day of September . 2017.
	Adet
	Notary Public
11 0	numission Expires: July 02, 2019
MyCo	nimission Expires: July Da, avil
	DANA SILVEIRA
	My Commission Expires
	July 02, 2019

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SECTION A. GENERAL INFORMATION

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

Business Name B. U. Dispensory, 22C
Fictitious Trade Name (if any)
Business Mailing Address
Seavey, AR 72143
Business telephone number (501) 278-9585
Business entity type Limited Liability Corporation
Date of business formation or incorporation August 17, 2017
State(s) of Incorporation Arkanses
Registered Agent Name Dennis Stearns
Registered Agent Address 105 Backlett Road
Scorry, AR 72143

4. List all owners, stackholders, 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.")

- 24%
 - 4%

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

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

Forms of the Velta, LLC which is oppl coplying license . a cultivation

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.

Certification

Signed this 7 day of Sept.	,2017
(Sigpan	are of Applicant
Subscribed and sworn to before me this day	of September . 2017
	Notary Public
My Commission Expires: 3/6/2027	MARK HOLLAND Notary Public Pulaski County, Arkanass My Comm. + 12700545 My Commission Expines 03-08-2027