# APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY <u>SECTION A. GENERAL INFORMATION</u>

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

2. Business Name Interurban Capital Group Inc
Fictitious Trade Name (if any) dba Have A Heart Compassion Ca
Business Mailing Address
Seattle WA 98167
Business telephone number 425. 268-4391
3. Business entity type Profit Corporation
Date of business formation or incorporation 8/10/17
State(s) of Incorporation Delaware & Arkansas
Registered Agent Name More Services Inc.
Registered Agent Address 4250 Venetian Lan fayetteville
AR. 7278

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.")

	should include "Section A. Number 4.")
	- managing member - 13.3331 owner
	member + 13.333, ownership
	- member - 13.333 / ownership
	member - 100 i ownership
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_	Contract Duski Ochold
5.	County of Proposed Location Pulaski County
6	City of Proposed Location (If inside city limits) Little Kack
	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.
	Ves we intend to file for another
	cultivation livense located on Lot 20
	of Clayborn Creek Subdivision, Eureka
- 1	SIE LININGEN LAND VON LANDEN FORD VI
3	
2	Springs, Carroll County Arkanses 72 1e32 Is the Applicant or any owner, stockholder, shareholder, officer, or

	Certification
	, certify that the information provided in this is complete and accurate. I understand that any misstatement or y be grounds for refusal of application or revocation of license if later
gned this 15 #	day of September 2017.
	Signature of Applicant
bscribed and sworn to	o before me this 15th day of De plember
	Notary Public
y Commission Expire	s: 11-3-24

1. Name of Applicant (Must be a natural person.):
2. Business Name: Southern Roots Dispensary
Fictitious Trade Name (if any): None
Business Mailing Address: Hot Springs, AR 71913
Business telephone number: (501) 762-2328
3. Business entity type: S Corporation
Date of business formation or incorporation: September 8, 2017
State(s) of Incorporation: Arkansas
Registered Agent Name: Jason Lenderman
Registered Agent Address: 820 Mountain View Drive, Glenwood, AR 71943
4. List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make
sure that 100% of the ownership interest in the proposed dispensary is accounted for in this
section. (Attach any necessary additional pages to this form. Include a header on any
attachments. The header for this response should include "Section A. Number 4.")
attachments. The header for this response should merade section 7. Pulmoer 4.
- Secretary - 51% ownership
- President - 49% ownership
5. County of Proposed Location: Garland County
6. City of Proposed Location (If inside city limits): Hot Springs
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.  Not Applicable.
8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any
way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes,
please identify the individual and the name of the proposed cultivation facility or
dispensary, and briefly describe the nature of the relationship.
Yes.
consulting pharmacist when necessary. Also,
a dispensary; but will have no ownership or affiliation with her dispensary.

#### 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 6th day of September, 2017.

Signature of Applicant

Subscribed and sworn to before me this day of September and sworn to before me this Deficial Seal Pregry Moore Notary Public Notary Public Arkansas Saline Countission Expires: June 24, 2024

#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

2.	Business Name Caddo Naturals, LLC
	Fictitious Trade Name (if any) N/A
	Business Mailing Address, Gicnwood, AR 71943
	Business telephone number (870) 223-1936
3.	Business entity type Limited Liability Company
	Date of business formation or incorporation September 4, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Regina Gail Horn
	Registered Agent Address 134 Fair Meadow Lane, Glenwood, AR 71943
4.	List all owners, stockholders, shareholders, members, officers, and board members of the
4.	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
4.	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
4.	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.")
4.	proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")  -Registered Agent/Incorporater/Organizer/Owner 56.7%
5.	proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")  -Registered Agent/Incorporater/Organizer/Owner 56.7%  -Owner/Manager 10%

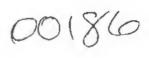


7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) 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
Signed	this 13 day of Signature of Applicant
Subscr	ibed and swom to before me this 13th day of Sept 2017. Notary Public
му Со	LEE ANN WRIGHT Arkansas - Pike County Notary Public - Comm# 12371953 My Commission Expires Jul 2, 2019

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#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

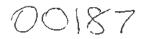
2.	Business Name T and C Management			
	Fictitious Trade Name (if any)			
	Business Mailing Address Texarkana AR 71854			
	Business telephone number 903-293-4445			
3.	Business entity type Limited Liability Company			
	Date of business formation or incorporation August 11, 2017			
	State(s) of Incorporation Arkansas			
	Registered Agent Name Terry Larey			
	Registered Agent Address 5749 Goodson Lane Texarkana AR 71854			
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any extended on this response should include "Section A. Number 4.")			
	- Managing Member, Stockholder, 60% Owner			
	Managing Member, Stockholder, 20% Owner			
	Managing Member, Stockholder, 20% Owner			
F	Company Miller			
5.				
6.	City of Proposed Location (If inside city limits) Texarkana			



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7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.  No
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.
	No
	Certification
	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.  this
	Signature of Applicant
Subscr	ibed and sworn to before me this 15th day of <u>September</u> . 2017.
Му Со	mmission Expires: 03-01-2022  "OFFICIAL SEAL"  MARY JO BOYD  Notary Public, State of Arkansas  County of Miller  Commission # 12386311  My Commission Expires 03/01/22

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#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

#### SECTION A. GENERAL INFORMATION

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

	Business Name The Eureka Dispensary, LLC
	Fictitious Trade Name (if any)
	Business Mailing Address, Eurcka Springs, AR 72632
	Business telephone number 479-981-9976
	Business entity type <u>LLC</u>
	Date of business formation or incorporation 8/26/17
	State(s) of Incorporation Arkansas
	Registered Agent Name Brandon Cox
	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
•	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
	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 t 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.")
	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 t 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, Applicant, 60% , Owner, 35%
	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 t 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, Applicant, 60% , Owner, 35% , Owner, 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 t 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, Applicant, 60% , Owner, 35% , Owner, 5% , Owner, 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 t 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, Applicant, 60% , Owner, 35% , Owner, 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 the 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.")  1. Owner, Applicant, 60%  2. Owner, 35%  3. Owner, 5%  3. Board Member  4. Board Member
	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 to 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.")
	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 the 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.")  1. Owner, Applicant, 60%  2. Owner, 35%  3. Owner, 5%  4. Board Member  5. Board Member  6. Board Member  7. Board Member



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
	this 15th day of Septembee , 2017.  Signature of Applicant
	ibed and sworn to before me this 15th day of September , 2017.  Many Elizabeth Thompson  Notary Public  mmission Expires: April 24, 2019
	Mary Elizabeth Thumps and it. cy Public Carroli County Scale of Arkansas

Carroli County State of Arkansas My Commission Expires Ap # 24 2019 Commission # 12371020

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY SECTION A. GENERAL INFORMATION

Business Mailing Address  Seattle MA 98107  Business telephone number 425 - 268 - 4391  Business entity type 706tt Corporation 8/10/17  Date of business formation or incorporation 8/10/17  State(s) of Incorporation Delaware & Arkansas  Registered Agent Name NCORP Services MC  Registered Agent Address 4250 Vonetican Lane Faytheville As  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 intachments. The header for this response should include "Section A. Number 4.")  Managing Member 13.333/ Duneschip  Member 13.333/ Duneschip  Member 13.333/ Duneschip	Business Name Interurban Capital Group Inc
Business telephone number 425-268-439    Business entity type 70 fit (0100 ration)  Date of business formation or incorporation 8/10/17  State(s) of Incorporation Dalaware & Arkansas  Registered Agent Name Norp Services NC  Registered Agent Address 4250 Vonetican Lane Fayeth ville Ak  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 intachments. The header for this response should include "Section A. Number 4.")  Managing Member 13.333/ DumerShip  Member 13.333/ DumerShip	Fictitious Trade Name (if any) DEA Have A Heart Compassion (
Business telephone number 425 - 268 - 4391  Business entity type 7 co fit (orporation)  Business entity type 7 co fit (orporation)  Business formation or incorporation 8/10/17  State(s) of Incorporation Dalaware 4 Arkansas  Registered Agent Name 1000 Services 10 C  Registered Agent Address 4250 Vonetican Lane Fayettiville Ak  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 machine. The header for this response should include "Section A. Number 4.")  Managing Member - 13.333/ Dune(Ship)	Business Mailing Address
Business entity type Robert Corporation 8/10/17  State(s) of Incorporation Delaware Arkansas  Registered Agent Name NCORP Services NC  Registered Agent Address 4250 Vonetican Lane Fayetteville Ark  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.")  Managing Member - 13.333/ Dunership  Managing Member - 13.333/ Dunership  Managing Member - 13.333/ Dunership	Seattle WA 98107
Date of business formation or incorporation 8/10/17  State(s) of Incorporation Delaware Arkansas  Registered Agent Name Norp Services No C  Registered Agent Address 4250 Vonetican Lane Fayetteville Ak  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.")  Managing Member - 13.333/ Dune(Ship)  Member - 13.333/ Dune(Ship)	Business telephone number 425 - 268 - 4391
Registered Agent Name NCOCO Services In C  Registered Agent Address 4250 Vonetican Lane Fayetteville AK  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.")  Managing Member - 13.333/ Dune(Ship)  Member - 13.333/ Dune(Ship)	Business entity type Profit Corporation
Registered Agent Name NCORP Services NC  Registered Agent Address 4250 Vonetican Land Fayetteville Ak  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.")  Managing Member - 13.333/ Ownership  Member - 13.333/ Ownership	Date of business formation or incorporation 8/10/17
Registered Agent Name NCOCO Services In C  Registered Agent Address 4250 Vonetican Lane Fayetteville AK  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.")  Managing Member - 13.333/ Dune(Ship)  Member - 13.333/ Dune(Ship)	
Registered Agent Address 4250 Vonetican Lane Fayetteville Ak  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.")  Managing Member - 13.333/ Dune(Ship  Member - 13.333/ Dune(Ship	
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.")  Managing Member - 13.333/ Ownership  Member - 13.333/ Ownership	Registered Agent Address 4250 Venetian lane fayetteville AK
member - 13.333: ownership	
member - 13.333/ Ownership	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
	 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.")  Managing Member - 13.333 / Governie
- member - 100 / rwhex shill	 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.")  Managing Member - 13.333 / Gunership  Member - 13.333 / Dunership
	 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.")  Managing Member - 13.333 / Connership
	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.")  Managing Member - 13.333/ Ownership  Member - 13.333/ Ownership
	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.")  Managing Member - 13.333/ Dune(Ship Member - 13.333/ Dune(Ship Member - 13.333/ Dune(Ship)
County of Proposed Location Pula Sixi County	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.")  Managing Member - 13.333/ Ownership  Member - 13.333/ Ownership  Member - 13.333/ Ownership  Member - 13.333/ Ownership

7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at
	a different location? If so, please provide the location(s) and any other name under which
	the application(s) will be made.
	Yes we intend to tile another dispensary application
	for the location Lot 20 of gayborn creek Sundivision
	Eureka Springs, Carroll County AR 721032
	- Cores Springs, Committee County, An Taxosa
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
v.	modification that is former in the state of the state of
I,	, certify that the information provided in this form understand that any misstatement or concealment of fact
may ho	grounds for refusal of application or revocation of license if later disclosed.
may be	grounds for retusar or appreciation of revocation of feelise is fater disclosed.
	1/4 (1)
Signed	this 15 day of September . 2017.
	Signature of Applicant
	· · · · · · · · · · · · · · · · · · ·
Subscri	bed and sworn to before me this ) and day of we returned . Sit
Sabseri	and show the state of the state
	Word ( vou)
	Notary Public
My Cor	mmission Expires: 1100 CC
	PARTY COOK
	DONNA CROW

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

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#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

1.	Name of Applicant (Must be a natural person.)
2.	Business Name Shansky F. Song, LLC
	Fictitious Trade Name (if any) The ReLeaf Center
	Business Mailing Address
	Bentonville, AR 72712
	Business telephone number 479-445-0304
3.	Business entity type Limited Liability Company
	Date of business formation or incorporation 5/16/17
	State(s) of Incorporation Arkansas
	Registered Agent Name Roger Song
	Registered Agent Address 700 E. Johnson Ave, Springdale, AR 72764
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4,")
	60 % - 20 % - 10 % - 10 %
5.	County of Proposed Location Benton
6.	City of Proposed Location (If inside city limits) Outside City Limits



	N/A
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.
	N/A
	Certification
	, certify that the information provided in this form
	attachments is complete and accurate. I understand that any misstatement or concealment of fa
be	grounds for refusal of application or revocation of license if later disclosed.
ed.	this 5 day of Explicated wir
icu	una una una
	2H 2 1 12
	Signature of Applicant
seri	Signature of Applicant  ibed and sworn to before me this 5th day of September 2017
seri	ibed and sworn to before me this 5th day of September 2017
	ibed and sworn to before me this 5th day of September 2017  Notary Public
	ibed and sworn to before me this 5th day of September 2017

# APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

2. Business Name <b>Medichai AR, LLC</b>	
Fictitious Trade Name (if any)	
Business Mailing Address	Fort Smith, AR
Business telephone number479-	650-2083
<ol> <li>Business entity typeLimited Liabile</li> <li>Date of business formation or incorp</li> </ol>	
State(s) of IncorporationArkansas	
Registered Agent Name <b>PPGMR Law</b> ,	PLLC
Registered Agent Address _101 Morgan	Keegan Suite A Little Roci

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

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

The individual of	owners of the three memb	per limited liability companie	es are:
i.Integrative (	Cannamed, LLC, is 100% of	owned and operated by	th.
ii. Tower Altern	natives, LLC, is owned and	operated by	(80.189
ownership in	nterest) and	(19.82% ownership i	interest).
iii.Peace Capita	al Solutions, LLC, is 100%	owned and operated by	
Please see addi	itional documentation atta	ched as Section A. Number	r 4.
5. County of	of Proposed		
Location		36	
6. City of P	roposed Location (If ins	ide city limits)	
or business cultivation different lo	s entity intend to file ar facility license, under to cation? If so, please pr	ntity filed, or does the a n additional application the same or a different of ovide the location(s) are ication(s) will be made.	for a name at a nd any

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

0019/

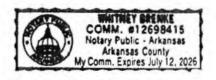
individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.  MediChai principal, owns which is the landlord for a prospective dispensary application, Dandy's Garden, LLC in Winslow, Ar. has zero shareholder or ownership interest in that or any other application.
Certification
I,
Signed this 15th day of September,
Applicant Signature of
Subscribed and sworn to before me this 15th day of September , 2017.
Notary Public  My Commission Expires: 5-8-2019  THORNOLUS  NOTARY OF THORNOLUS  NOTARY OF THORNOLUS  AND THORNOLUS  TO THORNOLUS

#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

1.	Name of Applicant (Must be a natural person.)
2.	Business Name Plant Family Therapeutics, LLC
	Fictitious Trade Name (if any) N/A
	Business Mailing Address  Benton, Arkansas 72019
	Business telephone number 501-472-9073
3.	Business entity type Limited Liability Company
	Date of business formation or incorporation July 6th, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Clint Mickle
	Registered Agent Address 8111 Northshore Cove, Benton, Arkansas 72019
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")
Equity Ho	: CEO – 30%, : CFO, 40%, CMO – 5%, : Executiv
Physician	Liaison - 5%, V: Director of Cultivation Facilities - 5%, and V: Director of Cultivation Operations
15%. See 1	Plant Family Therapeutics: Section A. Number 4. Operating Agreement
5.	County of Proposed Location Baxter
6	City of Proposed Location (If incide 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.  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.
	cultivation ficense as equity holders under the company name Plant Family Medical Ventures, LLC
 ind its nay be	. 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 8th day of September 2017.  Signature of Applicant
Subser	ibed and sworn to before me this 8th day of September.  Whity Ublicks  Notary Public
Му Со	mmission Expires: 7-12-2026



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#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

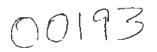
2.	Business Name Plant Family Therapeutics, LLC
	Fictitious Trade Name (if any) N/A
	Business Mailing Address Benton, Arkansas 72019
	Business telephone number 501-472-9073
3.	Business entity type Limited Liability Company
	Date of business formation or incorporation July 6th, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Clint Mickle
	Registered Agent Address 8111 Northshore Cove, Benton, Arkansas 72019
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")
Equity Ho	: CEO – 30%, : CFO, 40%, : CMO – 5%, : Executive
	: Director of Cultivation Facilities - 5%, and : Director of Cultivation Operations -
15%. Sec 1	Plant Family Therapeutics: Section A. Number 4. Operating Agreement
_	
5.	County of Proposed Location Baxter

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.		
	cultivation license as equity holders under the company name Plant Family Medical Ventures, LLC.		
	, 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 8th day of September 2017.		
	Signature of Applicant		
Subscr	ibed and sworn to before me this 8th day of September		
Му Со	ommission Expires: 7-12-2024		



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#### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

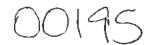
1.	Name of Applicant (Must be a natural person.)
2.	Business Name JMC Partners, LLC
•	Fictitious Trade Name (if any)
	Business Mailing Address
	Business telephone number(501) 951-7100
3.	Business entity type Medical Marijuana Dispensary
	Date of business formation or incorporation August 23, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name S. Cal Rose
	Registered Agent Address 3333 Pinnacle Hills Parkway, Suite 510; Rogers, Arkansas 72758
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")
	is a co-manager of the limited liability company and owns 34.6457%.
	is a co-manager of the limited liability company and owns 33.1654%.  is an owner and holds 19.6850%. has no corporate management role.
	is an owner and holds 7.7795%. has no corporate management role.
	is an owner and holds 4.7244%. has no corporate management role.
	are also advisory board members ( and and ey do not have any corporate governance authority and do not have any ownership interest.
5.	County of Proposed Location Garland
6.	City of Proposed Location (If inside city limits) Hot Springs

7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.		
	JMC Partners, LLC is also applying for a dispensary license in unincorporated area of Pulaski County.		
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.  N/A.		
	Continue		
	, certify that the information provided in this form		
may bo	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		
Subscr	day of September . 2017		
Му Со	Notary Public  COMM. EXP.  2-1-2022  **No. 12385930: **  PULASKI  COUNTY  PUBLIC - ARKHAMINIA		

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY SECTION A. GENERAL INFORMATION

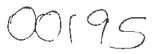
	The August 1 and 111
2.	
	Fictitious Trade Name (if any) NONE
	Business Mailing Address 1 Mountain View AR 70500
	Business telephone number 501-289 0942
3.	Business entity type LLC
	Date of business formation or incorporation May 31, 2017
	State(s) of Incorporation Arvansas
	Registered Agent Name Chrifessa May
	Registered Agent Address 13178 Hwy law Mountain Villy AR 725600
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 1000/0
	•
•	County of Proposed Location STONE
	City of Proposed Location (If inside city limits) MOUNTAIN VIEW OUTSIDE CITE

7	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.  Will NOT APPLY for Another dispensary
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.
• •	Jes. Confessa May IIIII be Officiated with Family Medical Ventures Cultivation being 1000 financial Dauxer.
I, and its att may be gr Signed thi	Certification
Subscribed	and sworn to before me this 8th day of August , 2017  Notary Public
My Commis	RACHEL VALLERY Notary Public STONE COUNTY, ARKANSAS My Commission Expires 05-04-2026 Commission # 12697560



### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

1.	Name of Applicant (Must be a natural person.)
2.	Business Name JMC Partners, LLC
	Fictitious Trade Name (if any)
	Business Mailing Address   Little Rock, Arkansas 72207
	Business telephone number (501) 951-7100
3.	Business entity type Medical Marijuana Dispensary
	Date of business formation or incorporation August 23, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name S. Cal Rose
	Registered Agent Address 3333 Pinnacle Hills Parkway, Suite 510; Rogers, Arkansas 72758
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")
	is a co-manager of the limited liability company and owns 34.6457%.
	is a co-manager of the limited liability company and owns 33.1654%.  is an owner and holds 19.6850%.  has no corporate management role.  is an owner and holds 4.7244%.  has no corporate management role.
	are also advisory board members by do not have any corporate governance authority and do not have any ownership interest.
5.	County of Proposed Location Pulaski
6	City of Proposed Location (If inside city limits) In upincorporated area of Pulaski County



7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.		
	JMC Partners, LLC is also applying for a dispensary license in Garland County in the City of Hot Springs.		
8.	Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the nature of the relationship.		
	N/A.		
	Certification		
	, certify that the information provided in this form attachments is complete and accurate. I understand that any misstatement or concealment of fact a grounds for refusal of application or revocation of license if later disclosed.  This day of September , 2017 .		
	Signature of Applicant		
Subscr	day of September . 2017 . Ashid allow Notary Public		
Му Со	PULASKI COUNTY  PUBLIC - ARMININA  PUBLIC - ARMININ		

### APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be a natural person.)		
2.	Business Name Plant Family Medical Ventures, LLC  Fictitious Trade Name (if any) N/A		
	Business Mailing Address , Benton, Arkansas 72019		
	Business telephone number 501-472-9073		
3.	Business entity type Limited Liability Company		
	Date of business formation or incorporation July 6th, 2017		
	State(s) of Incorporation Arkansas		
	Registered Agent Name Clint Mickle		
	Registered Agent Address 8111 Northshore Cove, Benton, Arkansas 72019		

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

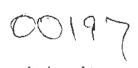
quity Holders:	$CEO - 30\%_s$	1: CFO, 4%,	CMO - 5%
Physicia	n Liaison – 5%,	Director of Cultivation Facility	ies - 5%, and
ector of Cultivation	n Operations – 41%.	: Director of Human Relation	ons - 10%.
-			
5. County o	of Proposed Location	on <u>Izard</u>	
6. City of P	roposed Location (	(If inside city limits) N/A	
7. Has the a	ipplicant or busine	ss entity filed, or does th	e applicant or
		e an additional application	
The second second second		me or a different name	
		de the location(s) and an	y other name under
No No	e application(s) wil	n be made.	
IND			
8. Is the An	nlicant or any own	ner, stockholder, shareho	older, officer, or
		affiliated with any other	

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

	are pursuing a
dispensary license as equity holders under the company name Plant Family Therapeuties, LLC.	is pursuing a
dispensary ficense as an equity holder under the company name The Green Moon, LLC.	
Certification	
certify that the information	
m and its attachments is complete and accurate. I understand that any misstate	
ncealment of fact may be grounds for refusal of application or revocation of lie	cense if later
elosed.	
aned this 8th day of September 2017	
Signature of Applicant	
bscribed and sworn to before me this 8th day of September 19617.	see.
2017	
1/1/	
Whitni aBu	spie
Notary Public	c
Commission Expires: 7-12-2026	
Commission Expires:	
WHITNEY BRENKE COMM. #12698415	
Notary Public - Arkansas	
Arkansas County My Comm. Expires July 12, 2026	

## APPLICATION FOR MEDICAL MARIJUANA DISPENSARY SECTION A. GENERAL INFORMATION

1.	Name of Applicant (Must be a natural person.)
2.	Business Name USA Holistic LLC
	Fictitious Trade Name (if any)
	Business Mailing Address
	Conway, AR 72034
	Business telephone number 501-269-9254
3.	Business entity type LLC
	Date of business formation or incorporation August 1, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Valerie Satterfield
	Registered Agent Address 2755 Orchard Park Road Conway, AR 72034
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")  51% Owner
	49% Owner
5.	County of Proposed Location Faulkner
6.	City of Proposed Location (If inside city limits) Conway

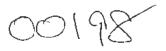


7.	Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) 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
	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 13 day of Systember . 2017.
	Signature of Applicant
Subser	ibed and sworn to before me this 13 day of September , 2017 .    Layer Hoor   Notary Public
Му Со	ommission Expires: August 1,2026
	KAYLEIGH HARTJE MY COMMISSION # 12349706 EXPIRES; August 1, 2026 Faulkner County



### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

1.	Name of Applicant (Must be a natural person.)
2.	Business Name Missco Cannabis Dispensary, LLC
	Fictitious Trade Name (if any)
	Business Mailing Address Osceola, AR 72370
	Business telephone number 870-822-0303
3.	Business entity typeLimited Liability Company
	Date of business formation or incorporation 06/20/2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Charles R Kennemore III "Ken"
	Registered Agent Address100 E Hale Ave. Osceola, AR 72370
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")
	, President, 25% ownership
	Vice President 49% ownership
	, Secretary/Treasurer 26% ownership
_	
5.	County of Proposed Location Mississippi
6.	City of Proposed Location (If inside city limits) Osceola



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
0.	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	President/Treasurer of 420 Grow LLC 50% ownership
	Vice President/Secretary of 420 Grow LLC 50% ownership
	Date Company of the C
	420 Grow LLC will own 14.81% of A Team Partners dba Delta Cannabis Company Delta Cannabis Company is applying for a cultivation center.
	Certification
	, 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 11th day of Scotember 2017
	Signature of Applicant
Subser	ibed and sworn to before me this 11th day of Sextender 1,2017
Му Со	mmission Expires: 4/01/2019



### APPLICATION FOR MEDICAL MARIJUANA DISPENSARY <u>SECTION A. GENERAL INFORMATION</u>

1.	Name of Applicant (Must be a natural person.)
2.	Business Name Delta 9 Enterprises, LLC
	Fictitious Trade Name (if any) HealthCentral Arkansas
	Business Mailing Address
	Jonesboro, Arkansas 72404
	Business telephone number 870-935-6400
3.	Business entity type
	Date of business formation or incorporation August 16, 2017
	State(s) of Incorporation Arkansas
	Registered Agent Name Christopher Stone
	Registered Agent Address 1109 West Parker Road, Jonesboro, AR 72404
4.	List all owners, stockholders, shareholders, members, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary and percentage of ownership, if any. NOTE: Please make sure that 100% of the ownership interest in the proposed dispensary is accounted for in this section. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")  51.6%
	8.4%
	10%
	10%
	10%
5.	County of Proposed Location Craighead County
6.	City of Proposed Location (If inside city limits) Jonesboro, 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.
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.
	and have submitted an application for a cultivation center under
	the same name in Monroe County.
	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
	grounds for refusal of application or revocation of license if later disclosed.
	No. 1.
Signed	this 7th day of September, 2017.
0	
	Signature of Applicant
	Signature of Apparents
Cubaan	ibed and sworn to before me this 7th day of September, 2017.
Subsci	
	I Selled b. Calele
	Notary Publicum Minimum Notary Publicum Notary
Му Со	minission Expires: 67 28 2025 (NOIAR)
	TO NOTARY SEE
	PUBLIC SE
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	Wall and the state of the state



## APPLICATION FOR MEDICAL MARLJUANA CULTIVATION FACILITY SECTION A. GENERAL INFORMATION

. Name of Applicant (Must be	a natural person.)
. Business Name Delta 9 Er	nterprises, LLC
Fictitious Trade Name (if an	y) HealthCentral Arkansas
Business Mailing Address	
	Jonesboro, Arkansas 72404
Business telephone number	870-935-6400
Business entity type	
	or incorporation August 16, 2017
State(s) of Incorporation	
Registered Agent Name Registered Agent Address _	Christopher Sean Stone
	1109 West Parker Road, Jonesboro, AR 73

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 sur-
	that 100% of the ownership interest in the proposed cultivation facility i
	accounted for in this section. (Attach any necessary additional pages to thi
	form. Include a header on any attachments. The header for this response
	should include "Section A. Number 4.")
	1.6%
	8.4%
	0%
	10%
	10%
	10%
_	
5.	County of Proposed Location Monroe County
	City of Proposed Location (If inside city limits) Brinkley
7.	Has the applicant or business entity filed, or does the applicant or
	business entity intend to file an additional application for a cultivation
	facility license, under the same or a different name at a different
	location? If so, please provide the location(s) and any other name under
	which the application(s) will be made.
	1457
	vite and the state of the state
0	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. have also submitted an and application for a dispensary license under the same name. Certification , certify that the information provided in this form and its attachments is complete and accurate. I understand that any missiatement or concealment of fact may be grounds for refusal of application or revocation of license if later Signature of Applicant Subscribed and sworn to before me this 7th 2017 My Commission Expires 07 SHLIC STANKES OF THE SHARE SHARES OF THE SHA