

20061

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted]

Portland, OR 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring building, Suite 900
300 Spring Street
Little Rock, AR 72201

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

[Redacted] - 60% Owner in Nectar Markets of Arkansas, LLC

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

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

[Redacted] - 6% Owner and CFO of Nectar Markets of Arkansas, LLC

5. County of Proposed Location Faulkner County

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

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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.

[Redacted] Rogers; [Redacted] Mabelvale; Fayetteville,

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

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

Certification

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

Signed this 1st day of September, 2017.

[Redacted Signature]

Subscribed and sworn to before me this 1st day of September, 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26



00063

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Green Cross Cannabis Dispensary, LLC

Fictitious Trade Name (if any) Not applicable

Business Mailing Address [Redacted]
Hardy, Arkansas 72542

Business telephone number 870-856-3268

3. Business entity type Domestic LLC - Limited Liability Company

Date of business formation or incorporation August 28, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Renee Clay-Circle

Registered Agent Address 201 School Avenue, Hardy, Arkansas 72542

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

Owner One: [Redacted] 50%

Owner Two: [Redacted] 50%

Incorporator/Organizer: [Redacted]

Member: [Redacted]

There are no stockholders, shareholders, or board members to list. [Redacted] and [Redacted] makeup for 100% of the ownership interest in the proposed dispensary.

5. County of Proposed Location Fulton County

6. City of Proposed Location (If inside city limits) Salem 72576

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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Green Cross Cannabis Dispensary, LLC

Fictitious Trade Name (if any) Not applicable

Business Mailing Address [Redacted]

Hardy, Arkansas 72542

Business telephone number 870-856-3268

3. Business entity type Domestic LLC - Limited Liability Company

Date of business formation or incorporation August 28, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Renee Clay-Circle

Registered Agent Address 201 School Avenue, Hardy, Arkansas 72542

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

Owner One: [Redacted] 50%

Owner Two: [Redacted] 50%

Incorporator/Organizer: [Redacted]

Member: [Redacted]

There are no stock holders, shareholders, or board members to list. [Redacted] and [Redacted] makeup for 100% of the ownership interest in the proposed dispensary.

5. County of Proposed Location Fulton

6. City of Proposed Location (If inside city limits) Salem 72576

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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.

Yes. [redacted] & [redacted]
Arkansas Green Cross Cannabis Dispensary, LLC [redacted]
Highland, Arkansas 72542

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. We have a letter of intent to do business with [redacted], CEO of Plant Life, LLC in St. Francis County. This LOI is to promote business with other industry leaders from neighboring zones.

Certification

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

Signed this 13th day of September, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 13th day of September, 2017.

Brandi N. Cherry
Notary Public

My Commission Expires: 5-1-2023

BRANDI N. CHERRY
NOTARY PUBLIC-STATE OF ARKANSAS
SHARP COUNTY
My Commission Expires 5-1-2023
Commission # 12393115

00064

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Green Cross Cannabis Dispensary, LLC

Fictitious Trade Name (if any) Not applicable

Business Mailing Address [Redacted]

Hardy, Arkansas 72542

Business telephone number 870-856-3268

3. Business entity type Domestic LLC - Limited Liability Company

Date of business formation or incorporation August 28, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Renee Clay-Circle

Registered Agent Address 201 School Avenue, Hardy, Arkansas 72542

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

Owner One: [Redacted] 50%

Owner Two: [Redacted] 50%

Incorporator/Organizer: [Redacted]

Member: [Redacted]

There are no stockholders, shareholders, or board members to list. [Redacted] and [Redacted] makeup for 100% of the ownership interest in the proposed dispensary.

5. County of Proposed Location Fulton County

6. City of Proposed Location (If inside city limits) Salem 72576

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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.

Yes [REDACTED]
Arkansas Green Cross Cannabis Dispensary, LLC
Highland, Arkansas 72542

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. We have a letter of intent to do business with [REDACTED], CEO of Plant Life, LLC in St. Francis County. This LOI is to promote business with other industry leaders from neighboring zones.

Certification

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

Signed this 13th day of September, 2017.

[REDACTED]

Signature of Applicant

Subscribed and sworn to before me this 13th day of September, 2017.

Brandi N. Cherry
Notary Public

My Commission Expires: 5-1-2023

BRANDI N. CHERRY
NOTARY PUBLIC-STATE OF ARKANSAS
SHARP COUNTY
My Commission Expires 5-1-2023
Commission # 12393115

00064

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Arkansas Green Cross Cannabis Dispensary, LLC

Fictitious Trade Name (if any) Not applicable

Business Mailing Address: _____

Hardy, Arkansas 72542

Business telephone number 870-856-3268

3. Business entity type Domestic LLC - Limited Liability Company

Date of business formation or incorporation August 28, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Renee Clay-Circle

Registered Agent Address 201 School Avenue, Hardy, Arkansas 72542

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

Owner One: _____ 50%

Owner Two: _____ 50%

Incorporator/Organizer: _____

Member: _____

There are no stockholders, shareholders, or board members to list. _____ and _____ makeup for 100% of the ownership interest in the proposed dispensary.

5. County of Proposed Location Sharp County

6. City of Proposed Location (If inside city limits) Highland 72542, Shares ZIP of Hardy

00064

- 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. ██████████
Arkansas Green Cross Cannabis Dispensary, LLC
Salem, Arkansas 72576

- 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. We have a letter of intent to do business with ██████████ CEO of Plant Life, LLC in St. Francis County. This LOI is to promote business with other industry leaders in Zone 3.

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 September, 2017.

██

Signature of Applicant

Subscribed and sworn to before me this 13th day of September, 2017.

Brandi N. Cherry

Notary Public

My Commission Expires: 5-1-2023

BRANDI N. CHERRY
 NOTARY PUBLIC-STATE OF ARKANSAS
 SHARP COUNTY
 My Commission Expires 5-1-2023
 Commission # 12393115

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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Green Cross Cannabis Dispensary, LLC

Fictitious Trade Name (if any) Not applicable

Business Mailing Address P.O. Box 88

Hardy, Arkansas 72542

Business telephone number 870-856-3268

3. Business entity type Domestic LLC - Limited Liability Company

Date of business formation or incorporation August 28, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Renee Clay-Circle

Registered Agent Address 201 School Avenue, Hardy, Arkansas 72542

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

Owner One: [Redacted] 50%

Owner Two: [Redacted] 50%

Incorporator/Organizer: [Redacted]

Member: [Redacted]

There are no stock holders, shareholders, or board members to list. [Redacted] and [Redacted] makeup for 100% of the ownership interest in the proposed dispensary.

5. County of Proposed Location Sharp County

6. City of Proposed Location (If inside city limits) Highland 72542, Shares ZIP of Hardy

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

Yes [redacted] are both 50% owners of River Valley Sales, LLC DBA River Valley Relief Dispensary. [redacted] is an officer of River Valley Sales, LLC. River Valley Sales, LLC is submitting an application for a dispensary license.

Certification

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

Signed this 11th day of September 2017

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 11th day of September 2017.

Allison Taylor

Notary Public

My Commission Expires: 8-15-2021



00067

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name DELTACARE LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]

NEWPORT, AR 72112

Business telephone number 501-454-5612

3. Business entity type LLC

Date of business formation or incorporation 9-11-17

State(s) of Incorporation ARKANSAS

Registered Agent Name JAMIE DARLING

Registered Agent Address PO BOX 155, TUCKERMAN, AR 72473
132 Greenhaw,

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 attachment. The header for this response should include "Section A, Number 4.")

[Redacted]

15% owner, Board member
25% owner, Board member
25% owner, Board member
5% owner, Board member

[Redacted]

- Board Member
- Board Member

5. County of Proposed Location JACKSON

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

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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

 certifies 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 5TH day of SEPTEMBER 2017



Signature of Applicant

Subscribed and sworn to before me this 5th day of September 2017



Notary Public

My Commission Expires: 4/15/2021

JUDD WALKER
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires April 15, 2021
Commission No. 12381881

00068

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name ARKANSAS RELIABLE GREEN

Fictitious Trade Name (if any) ARGREEN

Business Mailing Address [REDACTED]

LITTLE ROCK, AR 72223

Business telephone number 501-317-8900

3. Business entity type LIMITED LIABILITY COMPANY

Date of business formation or incorporation AUG 25, 2017

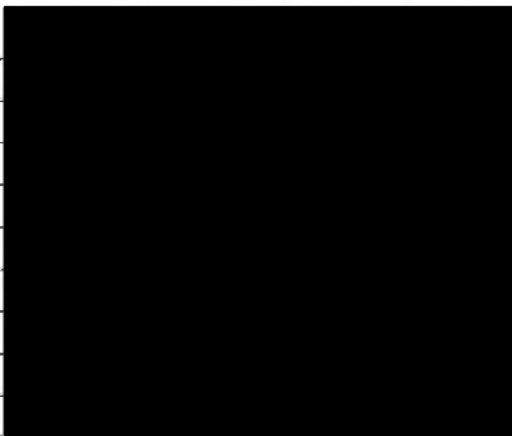
State(s) of Incorporation ARKANSAS

Registered Agent Name UNITED STATES CORPORATIONS AGENTS, INC

Registered Agent Address 260 SHOPPINGWAY BLVD, SUITE A + B
WEST MEMPHIS, AR 72301

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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.")



30%	OWNER	MANAGER
5%	OWNER	CONSULTANT
25%	OWNER	SUPERVISOR
20%	OWNER	CONSULTANT
5%	OWNER	CONSULTANT
5%	OWNER	SUPERVISOR
2.5%	OWNER	CONSULTANT
2.5%	OWNER	CONSULTANT
5%	OWNER	SUPERVISOR

5. County of Proposed Location DALLAS CO, AR

6. City of Proposed Location (If inside 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 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.

N/A

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

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

N/A

Certification

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

Signed this 11 day of September, 2017.

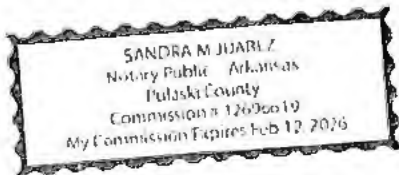
[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 11th day of September, 2017.

Sandra M. Juarez
Notary Public

My Commission Expires: 02/12/2026



00069

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Missco Compassionate Care LLC

Fictitious Trade Name (if any) Missco Dispensary and Missco Medical Marijuana

Business Mailing Address [REDACTED] Blytheville, AR 72316

Business telephone number 870-740-1576

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation May 26, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Charles Glenn Ellis

Registered Agent Address 29 N. Wedgewood, Blytheville, AR 72315

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

[REDACTED], 60% equity holder, organizer/operator/CEO

[REDACTED], 40% equity holder, operator/VP

5. County of Proposed Location Mississippi

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

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

NO

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

NO

Certification

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

Signed this 24th day of July, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 24th day of July, 2017.

Ashley Tiffany
Notary Public

My Commission Expires: 4/08/2024



00070

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** New Day Cultivation, LLC.

Fictitious Trade Name (if any) _____

Business Mailing Address _____

_____ Hot Springs, Arkansas 71913

Business telephone number 501-844-0004

3. **Business entity type** Limited Liability Company (LLC)

Date of business formation or incorporation May 3, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Charles R. Singleton

Registered Agent Address 11825 Hinson Road; Little Rock, Arkansas 72212

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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.")

Owner | 70%

Owner | 20%

Owner | 5%

, Owner | 5%

5. County of Proposed Location Garland County

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

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a 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.

Not Applicable

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

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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 same group of owners is also applying for a dispensary license.
Spa City Farmacy

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 September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 13 day of September.

Leslie Merritt
Notary Public

My Commission Expires: 9-20-17

LESLIE MERRITT
Arkansas - Saline County
Notary Public - Comm# 12362168
My Commission Expires Sep 20, 2017

00071

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Green Hearts, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted], Delight, Arkansas 71940

Business telephone number 817-264-6420

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 19, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Darren Braden

Registered Agent Address 141 Highway 19 South, Delight, Arkansas 71940

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.")

- 1) [Redacted] 51% direct ownership of Green Hearts, LLC
5.714% ownership via Joint Capital of Arkansas, LLC
56.714% total ownership of Green Hearts, LLC
- 2) [Redacted]: 9% direct ownership of Green Hearts, LLC
5.714% ownership via Joint Capital of Arkansas, LLC
14.714% total ownership of Green Hearts
- 3) Joint Capital of Arkansas, LLC 40% direct ownership of Green Hearts, LLC

See attachments labeled "Section A. Number 4.: List of Owners, Stockholders, Members, Officers, and Board Members of the Proposed Dispensary"

5. County of Proposed Location Miller

6. City of Proposed Location (If inside 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.

Certification

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

Signed this 6th day of September, 2017

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 6th day of September, 2017.

Bonnie Anderson

Notary Public

My Commission Expires: 3-12-2023



00072

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted]
Portland, OR 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

Registered Agent Address 300 Spring building, Suite 900
300 Spring Street
Little Rock, AR 72201

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

[Redacted] - 60% Owner in Nectar Markets of Arkansas, LLC

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

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

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

5. County of Proposed Location Benton County

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

00072

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.

[Redacted] Conway; [Redacted]
[Redacted], Mabelvale; [Redacted]
Fayetteville, AR

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

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

Certification

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

Signed this 1st day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 1st day of September 2017.

Anitha Joy Gipson
Notary Public

My Commission Expires: 11-06-26



00074

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Green Stop MMJ Dispensaries Inc

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Springdale AR 72764

Business telephone number 501-503-6844

3. Business entity type S Corp

Date of business formation or incorporation 06/15/2017

State(s) of Incorporation AR

Registered Agent Name _____

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 attachments. The header for this response should include "Section A. Number 4.")

[Redacted] 51% [Redacted] 45%
[Redacted] 4%

5. County of Proposed Location Washington

6. City of Proposed Location (if inside city limits) Springdale

00074

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

No

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

No

Certification

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

Signed this 11 day of September, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 11 day of September, 2017.

Kayla Myers

Notary Public

My Commission Expires:



00075

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name New Leaf Cannabis Company LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____ Leslie, AR 72645

Business telephone number (870) 447-2599

3. Business entity type LLC (Limited Liability Company)

Date of business formation or incorporation 05/25/2017

State(s) of Incorporation Arkansas

Registered Agent Name Baron Christopher Crane

Registered Agent Address 104 Walnut Street Leslie, AR 72645

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

_____	Owner/Member	60% Ownership
_____	Owner/Member	10% Ownership
_____	Owner/Member	30% Ownership

5. County of Proposed Location Boone County

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

00075

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 New Leaf Cannabis Company LLC Eureka Springs, AR Carroll 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.

No

Certification

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

Signed this 22nd day of August, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 22nd day of August, 2017.

Jennifer Lee Henson

Notary Public

My Commission Expires: January 26, 2027



00076

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Mighty River Growers, Inc.

Fictitious Trade Name (if any) n/a

Business Mailing Address [Redacted]

Jonesboro AR 72401

Business telephone number 870-275-0488

3. Business entity type corporation

Date of business formation or incorporation 9/5/17

State(s) of Incorporation Arkansas

Registered Agent Name William Blakely

Registered Agent Address 1817 W. Matthews Ave.
Jonesboro AR 72401

00076

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.")

see attached.

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 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

00076

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. All MRG owners are also owners of Mighty River Medicinal, Inc., which is an applicant for a Zone 3 dispensary license.

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

Signed this 12th day of September

[redacted signature]

Signature of Applicant

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

Laura Barkley
Notary Public

My Commission Expires: January 20, 2019

OFFICIAL SEAL - #12369384
LAURA BARKLEY
NOTARY PUBLIC-ARKANSAS
CRAIGHEAD COUNTY
MY COMMISSION EXPIRES: 01-20-19

SECTION A GENERAL INFORMATION

00077

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Ideal Medical Incorporated

Fictitious Trade Name (if any) Not applicable

Business Mailing Address _____ Little Rock, AR 72227

Business telephone number 501.343.7355

3. Business entity type C-Corporation

Date of business formation or incorporation May 23rd, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Brian Chadwick Murry

Registered Agent Address 5 Reynard Court, Little Rock, AR 72227

00078

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY
SECTION A. GENERAL INFORMATION

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

2. Business Name Arkansas Aquacronic, Inc

Fictitious Trade Name (if any) n/a

Business Mailing Address DeQueen, AR 71823

Business telephone number 918-869-0845

3. Business entity type Corporation

Date of business formation or incorporation 10/27/16

State(s) of Incorporation AR

Registered Agent Name Dennis Hale

Registered Agent Address 398 Rink Rd. Dequeen, AR 71823

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.")

Grow Natural Solutions, LLC - Shareholder - Owned by [REDACTED] 4%

TMG Holdings, LLC -Shareholder - Owned by K [REDACTED] 36%

TCD4 Investments, LLC -Shareholder - Owned by [REDACTED] 24%

[REDACTED] Holdings, LLC - Shareholder - Owned by [REDACTED] (1/3 owner of [REDACTED] Holdings, [REDACTED] (1/3 Owner of [REDACTED] Holdings), [REDACTED] (1/6 Owner of [REDACTED] Holdings), and [REDACTED] (1/6 Owner of [REDACTED] Holdings) 36%

5. County of Proposed Location: Sevier

6. City of Proposed Location (If inside 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 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.

N/A

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

00078

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

- [REDACTED] – applying as a minority owner of a dispensary (Peace of Green, Inc.)
- [REDACTED] – applying as an owner of a dispensary (Peace of Green, Inc.)
- [REDACTED] - applying as a minority owner of a dispensary (Peace of Green, Inc.)
- [REDACTED] - applying as an owner of a dispensary (Medibox, Inc.)
- [REDACTED] – applying as a minority of a dispensary (Medibox, Inc.)

00078

Certification

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

Signed this 31st day of August, 2017.

[REDACTED]

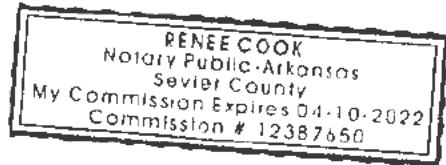
Signature of Applicant

Subscribed and sworn to before me this 31st day of August, 2017.

Renee Cook

Notary Public

My Commission Expires: 11-10-2022



00079

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Camacare Wise, LLC

Fictitious Trade Name (if any) Rock Station Dispensary

Business Mailing Address [Redacted], Nashville, AR 71852

Business telephone number (870) 451-1153

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 4, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Julia R Tuck

Registered Agent Address 1005 Chanel Lane, Nashville, AR 78152

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

[Redacted], 60% Owner

[Redacted], 20% Owner

[Redacted], 20% Owner

5. County of Proposed Location Howard

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

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ABC

00079

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

No

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

No

Certification

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

Signed this 12TH day of SEPTEMBER, 2017.

[redacted signature]

Signature of Applicant

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

Mary Rebecca Baird
Notary Public

My Commission Expires: 9/24/2017

