APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. **Business Name** Endless Timber, Inc.

Fictitious Trade Name (if any) River Roots

Business Mailing Address [redacted]

Blytheville, AR 72315

Business telephone number 870-623-3900

3. **Business entity type** C-Corp

Date of business formation or incorporation August 1, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Wallace Smith

Registered Agent Address 2300 North 6th Street, 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]

5. **County of Proposed Location** Crittenden

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

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

No

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

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 5 day of Sept. 2017.

[redacted]

Subscribed and sworn to before me this 5 day of Sept. 2017.

Wallace Smith
Notary Public

My Commission Expires: 1-24-2022

WALLACE SMITH
NOTARY PUBLIC-STATE OF ARKANSAS
MISSISSIPPI COUNTY
My Commission Expires 01-24-2022
Commission # 12395773

600841

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. **Business Name** Northeast Arkansas Compassionate Cannabis, LLC

Fictitious Trade Name (if any)

Business Mailing Address [redacted], Jonesboro, AR 72404

Business telephone number 870-243-4846

3. **Business entity type** Limited Liability Company

Date of business formation or incorporation September 7, 2017

State(s) of Incorporation Arkansas

Registered Agent Name William Phillips Jr

Registered Agent Address 2600 Duckswater, 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.")

[redacted] owner 65%

[redacted] owner 35%

5. **County of Proposed Location** Craighead

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

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 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 14th day of August, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 14th day of August, 2017.

Sharon Curtis

Notary Public

My Commission Expires: 12-12-2022

SHARON CURTIS
CRAIGHEAD COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires Dec. 12, 2022
Commission # 12390604

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. **Name of Applicant (M** [redacted]

2. **Business Name** NATURAL STATE INNOVATIVE CARE LLC

   Fictitious Trade Name (if any) _____

   Business Mailing Address [redacted]
   HOT SPRINGS, AR 71901

   Business telephone number 501-620-8904

3. **Business entity type** LIMITED LIABILITY CORPORATION

   Date of business formation or incorporation AUGUST 23, 2017

   State(s) of Incorporation ARKANSAS

   Registered Agent Name DAVID WOOD JD

   Registered Agent Address 809 W 2ND ST. 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]

5. **County of Proposed Location** GARLAND

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

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

[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 06 day of SEPTEMBER, 2017.

[redacted]

Signature of Applicant

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

Shannon L Allen

Notary Public

My Commission Expires: 06/01/2027

SHANNON L. ALLEN
Notary Public-Arkansas
Garland County
My Commission Expires 06-01-2027
Commission # 12701451

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Native Flower, Inc.

   Fictitious Trade Name (if any) N/A

   Business Mailing Address [redacted], Springdale, AR 72764

   Business telephone number 479-601-5681

3. **Business entity type** Nonprofit 501(c)(3)

   Date of business formation or incorporation 07/19/2017

   State(s) of Incorporation Arkansas

   Registered Agent Name Debby Winters Attorney, Winters Law Firm

   Registered Agent Address 114 S. College Ave., Suite C. Fayetteville, AR 72701

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.")

[redacted] - 100% Owner, CEO, Board Member
[redacted] - Board Member
[redacted] - Board Member

5. **County of Proposed Location** Washington

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.**

No

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

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

No

Certification

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 of Applicant

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

Lorraine L Ducharme
Notary Public

My Commission Expires: 06/02/2027

LORRAINE L DUCHARME
Notary Public-Arkansas
Benton County
My Commission Expires 06-02-2027
Commission # 12701116

00087

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Natural State Holistic Healthcare, LLC

   Fictitious Trade Name (if any) _____

   Business Mailing Address [redacted]
   Jacksonville, AR 72076

   Business telephone number 501-944-7060

3. **Business entity type** LLC

   Date of business formation or incorporation 9/06/17

   State(s) of Incorporation Arkansas

   Registered Agent Name Jordan Cooper

   Registered Agent Address 308 North James Street Jacksonville, AR 72076

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] Member - 100%

5. **County of Proposed Location** Pulaski

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 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 11th day of September, 2017.

[redacted]

Signature of Applicant

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

Crystal Besancon

Notary Public

My Commission Expires: June 25, 2025

CRYSTAL BESANCON Comm. Exp. June 25, 2025 Notary Public Comm. # 12694320 PULASKI COUNTY, ARKANSAS

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. **Business Name** NSMC-OPCO, LLC

Fictitious Trade Name (if any) Natural State Medicinals Cultivation

Business Mailing Address [redacted]

Little Rock, AR 72202

Business telephone number 501-492-4667

3. **Business entity type** Limited Liability Company

Date of business formation or incorporation 8-3-2017

State(s) of Incorporation Arkansas

Registered Agent Name Joseph C Courtright

Registered Agent Address One Allied Drive, Suite 1720, Little Rock, AR 72202

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.")

[redacted] Applicant, Chairman and CEO 15.72% Owner

[redacted] 5.66% Owner

[redacted] 10.07% Owner

[redacted], M.D. 5.66% Owner. Member of Medical Board

[redacted], M.D. 10.07% Owner, Chairman of Medical Board

[redacted], DVM. 4.23% Owner

[redacted], RDN 7.51% Owner

[redacted] 4.46% Owner, Vice President IT & Business Development, Board of Directors

[redacted] 4.23% Owner, Member of Medical Board

[redacted] 7.51% Owner, Board of Directors, Member of Medical Board

[redacted] 8.45% Owner, Member of Medical Board

[redacted], 15.02% Owner, Board of Directors

[redacted] 1.41% Owner, Board of Directors, Vice President of Community Outreach

5. **County of Proposed Location** Jefferson

6. **City of Proposed Location** (If inside city limits) Not located within city limits

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

No

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

00088

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 29th day of August, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 29th day of August, 2017.

Notary Public

My Commission Expires: November 26th, 2026

LINDSEY FORBESS
Notary Public - Arkansas
Pulaski County
Commission # 12699433
My Commission Expires Nov 26, 2026

((00089

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. **Business Name** CNCEOARKANSAS, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [redacted]

Hot Springs, AR 71913

Business telephone number 901.262.4317

3. **Business entity type** LLC (Sec A, Num 3, Ex 1, Certificate of Good Standing)

Date of business formation or incorporation 6/20/2017

State(s) of Incorporation AR

Registered Agent Name Michael Langley

Registered Agent Address 11 Janwood, Little Rock, AR 72227

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] Owner, (80%)
[redacted] Owner, (20%)

Sec A, Num 4, Ex 1, Operating Agreement showing ownership.

5. **County of Proposed Location** Garland, AR

6. **City of Proposed Location** (If inside city limits) Hot Springs, AR

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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.**

Yes, CNCEOARKANSAS, LLC is also applying for Cultivation License in Zone 6.

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 14th day of September, 2017.

[redacted]
Signature of Applicant

Subscribed and sworn to before me this 14th day of September, 2017.

Notary Public

My Commission Expires: 10-11-2021

RUTH'E KORELITZ
Notary Public-Arkansas
Garland County
My Commission Expires 10-11-2021
Commission # 12384570

0009D

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. **Business Name** CNCEOARKANSAS, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [redacted]

Hot Springs, AR 71913

Business telephone number 901.262.4317

3. **Business entity type** LLC (Sec A, Num 3, Ex 1, Certificate of Good Standing)

Date of business formation or incorporation 6/20/2017

State(s) of Incorporation AR

Registered Agent Name Michael Langley

Registered Agent Address 11 Janwood, Little Rock, AR 72227

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ABC

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.")

[redacted] Owner, (80%)
[redacted]., Owner, (20%)

Sec A, Num 4, Ex 1, Operating Agreement showing ownership.

5. **County of Proposed Location** Garland, 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.**

No

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

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

Yes, CNCEOARKANSAS, LLC is also applying for Dispensary License in Zone 6.

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 14th day of September, 2017.

[redacted]
Signature of Applicant

Subscribed and sworn to before me this 14th day of September, 2017.

Notary Public

My Commission Expires: 10-11-2021

RUTH'E KORELITZ
Notary Public-Arkansas
Garland County
My Commission Expires 10-11-2021
Commission # 12384570

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

1. **Name of Applicant** [redacted]

2. **Business Name** Mill Branch Farms, LLC

   Fictitious Trade Name (if any) _____

   Business Mailing Address [redacted] Springdale, AR 72764

   Business telephone number 870-734-6723

3. **Business entity type** Medical Marijuana Cultivation Facility

   Date of business formation or incorporation February 23, 2017

   State(s) of Incorporation Arkansas

   Registered Agent Name James Barton Hudspeth

   Registered Agent Address 3235 Kennesaw Street, Springdale, AR 72764

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.")

[redacted] joint with [redacted] Owner 21.2%
[redacted] joint with [redacted], Owner 16.4%
[redacted] joint with [redacted], Owner 16.4%
[redacted], Owner 4.1%
[redacted], Owner 16.4%
[redacted], Owner 4.1%
[redacted] joint with [redacted], , Owner 1.4%
[redacted] Owner 16.4%
[redacted] Owner 2.1%
[redacted] Owner 1.5%

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 3rd day of September, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 3rd day of September, 2017.

Notary Public

My Commission Expires: ____

DARA N. YOUNG
MY COMMISSION # 12391928
EXPIRES: February 14, 2023
Washington County

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[redacted]

2. Business Name:

Tri-State Weed & Wellness, Inc.

Fictitious Trade Name (if any):

There are no fictitious names.

Business Mailing Address:

[redacted]
Bentonville, Arkansas 32712

Business telephone number:
479-899-3173

3. Business entity type:

The Applicant has formed an Arkansas Corporation

Date of business formation or incorporation:

The Applicant's business entity was formed in May 2017. However, said business entity was formally incorporated in the State of Arkansas on or about August 23, 2017.

State(s) of Incorporation:

There are no other states of incorporation for the Applicant's operating entity.

Registered Agent Name:

Javier Bailey o/b/o Javier Bailey Capital Development, Inc.

Registered Agent Address:

1502 NE Fairway Bentonville, Arkansas 32712

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.")

[redacted]	Board Chairman (Applicant/ Licensee)	65% Outstanding Shares
[redacted]	Board Secretary	5% Outstanding Shares
[redacted]	Treasurer	10% Outstanding Shares
[redacted]	Board Member	10% Outstanding Shares
[redacted]	Board Member	10% Outstanding Shares

5. County of Proposed Location

Jefferson County, Arkansas

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

Proposed location is outside any city limits

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

The Applicant is not associated with any other application for a cultivation facility.

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

The Applicant anticipates filing an application for Dispensary Licenses in both Jefferson County and Crittenden County.

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 of Applicant

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

Darlene F. West

Notary Public

My Commission Expires:

DARLENE F. WEST
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 7-1-2018

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** BLOOM MEDICINALS OF AR, LLC

   Fictitious Trade Name (if any) N/A

   Business Mailing Address [redacted]
   BOCA RATON, FL 33432

   Business telephone number (561) 620-3600

3. **Business entity type** LIMITED LIABILITY COMPANY

   Date of business formation or incorporation JULY 21, 2017

   State(s) of Incorporation FLORIDA ; AUTHORIZED TO CONDUCT BUSINESS IN AR

   Registered Agent Name CORPORATION SERVICE COMPANY

   Registered Agent Address 300 S. SPRING ST.,SUITE 900, 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]; CHIEF COMPLIANCE OFFICER; EQUITY OWNER 60%

   127 AR LLC; FLORIDA LIMITED LIABILITY COMPANY; 40% EQUITY OWNER
   -127 AR LLC IS OWNED BY [redacted] 50%; [redacted] 25%
   AND [redacted] 25%.
   - [redacted] IS CHIEF EXECUTIVE OFFICER OF BLOOM MEDICINALS
   - [redacted] IS CHIEF STRATEGY OFFICER OF BLOOM MEDICINALS
   - [redacted] IS CHIEF OPERATING OFFICER OF BLOOM MEDICINALS

5. **County of Proposed Location** CRAIGHEAD COUNTY

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

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, APPLICANT WILL BE SUBMITTING ADDITIONAL APPLICATIONS IN CONWAY, MALVERN AND TEXARKANA. ALL APPLICATIONS WILL BE SUBMITTED UNDER THE NAME OF BLOOM MEDICINALS OF AR, LLC.

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; APPLICANT & ALL OWNERS OF BLOOM MEDICINALS OF AR, LLC ARE SUBMITTING MULTIPLE APPLICATIONS UNDER THE NAME BLOOM MEDICINALS OF AR, LLC BUT ARE NOT AFFILIATED WITH ANY OTHER APPLICANTS.

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 15th day of SEPTEMBER, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Donna Crow

Notary Public

My Commission Expires: 11.3.26

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

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** BLOOM MEDICINALS OF AR, LLC

   Fictitious Trade Name (if any) N/A

   Business Mailing Address [redacted]
   BOCA RATON, FL 33432

   Business telephone number (561) 620-3600

3. **Business entity type** LIMITED LIABILITY COMPANY

   Date of business formation or incorporation JULY 21, 2017

   State(s) of Incorporation FLORIDA ; AUTHORIZED TO CONDUCT BUSINESS IN AR

   Registered Agent Name CORPORATION SERVICE COMPANY

   Registered Agent Address 300 S. SPRING ST.,SUITE 900, 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]; CHIEF COMPLIANCE OFFICER; EQUITY OWNER 60%

127 AR LLC: FLORIDA LIMITED LIABILITY COMPANY; 40% EQUITY OWNER

-127 AR LLC IS OWNED BY [redacted] 50%; [redacted] 25% AND [redacted] 25%.

-[redacted] IS CHIEF EXECUTIVE OFFICER OF BLOOM MEDICINALS

-[redacted] IS CHIEF STRATEGY OFFICER OF BLOOM MEDICINALS

-[redacted] IS CHIEF OPERATING OFFICER OF BLOOM MEDICINALS

5. **County of Proposed Location** FAULKNER COUNTY

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

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, APPLICANT WILL BE SUBMITTING ADDITIONAL APPLICATIONS IN JONESBORO, MALVERN AND TEXARKANA. ALL APPLICATIONS WILL BE SUBMITTED UNDER THE NAME OF BLOOM MEDICINALS OF AR, LLC.

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; APPLICANT & ALL OWNERS OF BLOOM MEDICINALS OF AR, LLC ARE SUBMITTING MULTIPLE APPLICATIONS UNDER THE NAME BLOOM MEDICINALS OF AR, LLC BUT ARE NOT AFFILIATED WITH ANY OTHER APPLICANTS.

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 15th day of SEPTEMBER, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 15 day of September, 2017.

Donna Crow

Notary Public

My Commission Expires: 11-3-26

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

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** BLOOM MEDICINALS OF AR, LLC
   Fictitious Trade Name (if any) N/A
   Business Mailing Address [redacted]
   BOCA RATON, FL 33432
   Business telephone number (561) 620-3600

3. **Business entity type** LIMITED LIABILITY COMPANY
   Date of business formation or incorporation JULY 21, 2017
   State(s) of Incorporation FLORIDA ; AUTHORIZED TO CONDUCT BUSINESS IN AR
   Registered Agent Name CORPORATION SERVICE COMPANY
   Registered Agent Address 300 S. SPRING ST.,SUITE 900, 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] CHIEF COMPLIANCE OFFICER; EQUITY OWNER 60%

127 AR LLC: FLORIDA LIMITED LIABILITY COMPANY; 40% EQUITY OWNER
-127 AR LLC IS OWNED BY [redacted] 50%; [redacted] 25%
AND [redacted] 25%.
- [redacted] IS CHIEF EXECUTIVE OFFICER OF BLOOM MEDICINALS
- [redacted] IS CHIEF STRATEGY OFFICER OF BLOOM MEDICINALS
- [redacted] IS CHIEF OPERATING OFFICER OF BLOOM MEDICINALS

5. **County of Proposed Location** HOT SPRING COUNTY

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

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, APPLICANT WILL BE SUBMITTING ADDITIONAL APPLICATIONS IN CONWAY, JONESBORO AND TEXARKANA. ALL APPLICATIONS WILL BE SUBMITTED UNDER THE NAME OF BLOOM MEDICINALS OF AR, LLC.

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; APPLICANT & ALL OWNERS OF BLOOM MEDICINALS OF AR, LLC ARE SUBMITTING MULTIPLE APPLICATIONS UNDER THE NAME BLOOM MEDICINALS OF AR, LLC BUT ARE NOT AFFILIATED WITH ANY OTHER APPLICANTS.

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 15th day of SEPTEMBER, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Donna Crow

Notary Public

My Commission Expires: 11-3-26

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

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** BLOOM MEDICINALS OF AR, LLC

   Fictitious Trade Name (if any) N/A

   Business Mailing Address [redacted]

   Business telephone number (561) 620-3600

3. **Business entity type** LIMITED LIABILITY COMPANY

   Date of business formation or incorporation JULY 21, 2017

   State(s) of Incorporation FLORIDA ; AUTHORIZED TO CONDUCT BUSINESS IN AR

   Registered Agent Name CORPORATION SERVICE COMPANY

   Registered Agent Address 300 S. SPRING ST., SUITE 900, 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]; CHIEF COMPLIANCE OFFICER; EQUITY OWNER 60%

127 AR LLC: FLORIDA LIMITED LIABILITY COMPANY; 40% EQUITY OWNER
-127 AR LLC IS OWNED BY [redacted] 50%; [redacted] 25% AND [redacted] 25%.
[redacted] IS CHIEF EXECUTIVE OFFICER OF BLOOM MEDICINALS
[redacted] IS CHIEF STRATEGY OFFICER OF BLOOM MEDICINALS
- [redacted] IS CHIEF OPERATING OFFICER OF BLOOM MEDICINALS

5. **County of Proposed Location** MILLER COUNTY

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

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, APPLICANT WILL BE SUBMITTING ADDITIONAL APPLICATIONS IN CONWAY, JONESBORO AND MALVERN. ALL APPLICATIONS WILL BE SUBMITTED UNDER THE NAME OF BLOOM MEDICINALS OF AR, LLC.

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; APPLICANT & ALL OWNERS OF BLOOM MEDICINALS OF AR, LLC ARE SUBMITTING MULTIPLE APPLICATIONS UNDER THE NAME BLOOM MEDICINALS OF AR, LLC BUT ARE NOT AFFILIATED WITH ANY OTHER APPLICANTS.

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 15th day of SEPTEMBER, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 15th day of September, 2017.

Donna Crow

Notary Public

My Commission Expires: 11-3-26

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

SECTION A. GENERAL INFORMATION

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

   [redacted]

2. Business Name:

   Radiant Herbal Wellness Center, Inc.

   Fictitious Trade Name (if any): **No fictitious names will be used.**

   Business Mailing Address:

   [redacted]
   Bentonville, Arkansas 72712

   Business telephone number:
   479-899-3173

3. Business entity type:

   Arkansas Corporation

   Date of business formation or incorporation:

   September 4, 2017

   State(s) of Incorporation:

   State of Arkansas

   Registered Agent Name:

   Javier Bailey Capital Development, Inc.

   Registered Agent Address:

   3540 Summer Avenue Suite 305
   Memphis, Tennessee 38122

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]	**Applicant**	**90% Ownership**
	Board Member	**10% Ownership**

Note: On behalf of operating entity Radiant Herbal Wellness Center, Inc.

5. County of Proposed Location: **Jefferson County, Arkansas**

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

Pine Bluff, 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.

The Applicant anticipates the filing of an additional Dispensary Application for a location in West Memphis, Arkansas (Crittenden 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.

The Applicant has submitted an application for a cultivation facility with the entity known as Tri-State Weed & Wellness, Inc. for a proposed location in Jefferson County, Arkansas.

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 of Applicant

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

Darlene F West
Notary Public

My Commission Expires:

STATE OF TENNESSEE NOTARY PUBLIC SHELBY COUNTY MY COMMISSION EXPIRES 7-1-2018

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** RV Medicine, LLC (Referred to as Medigrow)
   Fictitious Trade Name (if any) MediGrow
   Business Mailing Address [redacted], Russellville, AR 72802
   Business telephone number (479) 264-6260

3. **Business entity type** _____
   Date of business formation or incorporation _____
   State(s) of Incorporation _____
   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] 60%
   [redacted] 35%
   [redacted] 2.5%
   [redacted] 2.5%

5. **County of Proposed Location** Pope

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

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 owners, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/Dispensary centers? If yes, please identify the individual and the name of the proposed Dispensary 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 completed and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 14 day of Sept, 2017.

[redacted]

Signature of Applicant

Subscribed and sworn to before me this 14th day of September, 2017.

Wendy M. Vickers

Notary Public

My Commission Expires: 3/16/2026

STATE OF ARKANSAS NOTARY PUBLIC
WENDY M. VICKERS
MY COMMISSION # 12347182
EXPIRES: March 16, 2026
Pope County

APPLICATION FOR MEDICAL MARIJUANA CU [redacted]TIVATION FACILITY

SECTION A. GENERAL INFORM[redacted]ATION

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

[redacted]

2. **Business Name** TERRA PHARM AR - LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [redacted]

Cecil, Ar 72930

Business telephone number 717 275-3390

3. **Business entity type** LLC

Date of business formation or incorporation Sept 8, 2017

State(s) of Incorporation ARKANSAS

Registered Agent Name Jon P. Robinson

Registered Agent Address 5100 S. Thompson, Suite 201
Springdale, Ar 72764

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.")

[redacted]

5. **County of Proposed Location** FRANKlin

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

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

no

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

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

nc

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 7 day of September 2017.

[redacted]

Signature of Applicant, Owner, Officer, or Board Member

Subscribed and sworn to before me this 7th day of September 2017

Dona L. Findley

Notary Public

My Commission Expires: July 9, 2018

DONA L. FINDLEY
MY COMMISSION # 12366766
EXPIRES: July 9, 2018
Franklin County

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 7th day of September, 2017.

[redacted]
Signature of Applicant

Subscribed and sworn to before me this 7th day of September, 2017.

Jordan M. Powell
Notary Public

My Commission Expires: 08/27/2024

JORDAN M. POWELL
NOTARY PUBLIC-STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires 8-27-2024
Commission # 12400238

Section A. Number 4

Terra Pharm AR, LLC

Name	Affiliation	Ownership %
[redacted]	Applicant / Owner	58%
	Applicant / Owner	2%
	Officer / Owner	1%
	Officer / Owner	.5%
	Officer / Owner	.5%
	Officer / Owner	1.5%
	Officer / Owner	8%
	Officer / Owner	2.4%
	Officer / Owner	.8%
	Officer / Owner	1.2%
	Owner	1.5%
	Owner	6%
	Owner	1%
	Owner	1%
	Owner	6.8%
	Owner	6.8%
	Owner	1%