

70101

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Medigrow, LLC
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 cultivation facility. Identify the nature of the individual's or corporation's affiliation with the proposed cultivation facility and 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").

Table with 2 columns: Name (Redacted), Percentage (60%, 35%, 2.5%, 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 cultivation facility license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

No.

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8. Is the Applicant or any owners, 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 cultivation facility, 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.

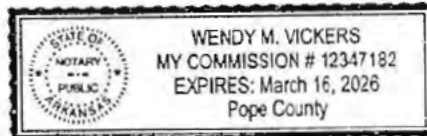
Signed this 13 day of Sept, 2017

[REDACTED]  
Signature of Applicant

Subscribed and sworn to before me this 13<sup>th</sup> day of September, 2017.

Wendy M. Vickers  
Notary Public

My Commission Expires: 3/16/2026



00102

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name 28th Street Wellness, LLC

Fictitious Trade Name (if any) n/a

Business Mailing Address [Redacted]

Bentonville, AR 72712

Business telephone number 832-724-8506

3. Business entity type LLC

Date of business formation or incorporation 8/11/17

State(s) of Incorporation Arkansas

Registered Agent Name Britt K. Jordan

Registered Agent Address 9610 E Plentywood Rd.  
Bentonville, AR 72712

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] - 80% ownership and General Manager

[Redacted] - 20% ownership and Dispensary Director

5. County of Proposed Location Benton

of Proposed Location (If inside city limits) Bentonville

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00102

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 7 day of August, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 7<sup>th</sup> day of August, 2017.

[Signature]  
Francisco Trujillo

Notary Public

My Commission Expires: 7/20/25





00103

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name New Day Cultivation, LLC.

Fictitious Trade Name (if any) Spa City Pharmacy

Business Mailing Address [Redacted]; 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. Singelton

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

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

|            |       |     |
|------------|-------|-----|
| [Redacted] | Owner | 70% |
| [Redacted] | Owner | 20% |
| [Redacted] | Owner | 5%  |
| [Redacted] | Owner | 5%  |
|            |       |     |
|            |       |     |
|            |       |     |
|            |       |     |
|            |       |     |

5. County of Proposed Location Garland County

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

00103

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

Not Applicable

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

Yes; the same group of owners is also applying for a cultivation license.  
New Day Cultivation

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 13<sup>th</sup> day of September, 2017.  
[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 13 day of September, 2017.  
Leslie Merritt  
Notary Public

My Commission Expires: 9-20-17



00104

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Palliative Care Group, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted] Russellville, AR 72801

Business telephone number (479) 968-4870

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 08/31/2017

State(s) of Incorporation Arkansas

Registered Agent Name William John Cobb

Registered Agent Address 914 Deerfield Ct Russellville, AR 72801

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

[Redacted] 51%

[Redacted] 24.5%

[Redacted] 24.5%

5. County of Proposed Location Faulkner

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

00104

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. [redacted], Pine Bluff Agriceuticals. [redacted] is a volunteer advisory board member. This position has no control over PBA; [redacted] is not an applicant, officer, owner, or board member of PBA. [redacted] is a partner in the nonprofit, Wonder State Medical Advisors. [redacted] is a non-owner capital lender to Arkansas Natural Products II's cultivation application.

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.

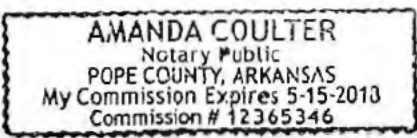
Signed this 24th day of August, 2017

[redacted signature]
Signature of Applicant

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

[Handwritten signature of Amanda Coulter]
Notary Public

My Commission Expires: 5-15-2018



00106

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Nature's Herbs and Wellness of Arkansas LLC.

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] - Little Rock, AR 72201

Business telephone number 501-952-1696

3. Business entity type LLC.

Date of business formation or incorporation 09/07/17

State(s) of Incorporation Arkansas

Registered Agent Name Quentin May

Registered Agent Address 300 Spring Street - Suite 500 - Little Rock 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] - 22.5%
- [Redacted] - 22.5%
- [Redacted] - 22.5%
- [Redacted] - 22.5%
- [Redacted] - 10%

5. County of Proposed Location Jefferson County

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

00106

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. Applicants [redacted] are applying for a cultivation facility in Jefferson 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 13<sup>th</sup> day of September, 2017.

[redacted signature]  
Signature of Applicant

Subscribed and sworn to before me this 13<sup>th</sup> day of September, 2017.

[Handwritten Signature]  
Notary Public

My Commission Expires: 11/04/2026





00107

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_ /on behalf of Terradiol Arkansas, LLC

2. **Business Name** \_\_\_\_\_ Terradiol Arkansas

**Fictitious Trade Name (if any)** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

\_\_\_\_\_ Syracuse, NY 13202

**Business telephone number** \_\_\_\_\_ 315-313-6900

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

**Date of business formation or incorporation** \_\_\_\_\_ 9/7/2017

**State(s) of Incorporation** \_\_\_\_\_ Arkansas

**Registered Agent Name** \_\_\_\_\_ The Corporation Company

**Registered Agent Address** \_\_\_\_\_ 124 West Capital Ave, Suite 1900

Little Rock ,AR 72201

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

Members: [redacted] (60%)

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Terr-Ark Holdings, LLC (40%) [Members of Terr-Ark Holdings are: [redacted] (51%), [redacted] (39%), [redacted] (3.5%) and ADKNY Holdings, LLC (6.5%)

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ADKNY Holdings, LLC members: [redacted] and [redacted]

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Managers: [redacted], [redacted] and [redacted]

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Officers. President/CEO [redacted]

Vice President/COO. [redacted]

Secretary: [redacted]

Treasurer: [redacted]

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5. County of Proposed Location White

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

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

No

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

00107

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

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\_\_\_\_\_



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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.

Sunni Michelle Dunn

Signature of Applicant

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

Kathy Graham

Notary Public

My Commission Expires: 10-21-21



00108

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Mighty River Medicinal, Inc.

Fictitious Trade Name (if any)

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

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

00108

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. All individuals are also owners in Mighty River Growers, Inc which has applied for a cultivation facility 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.

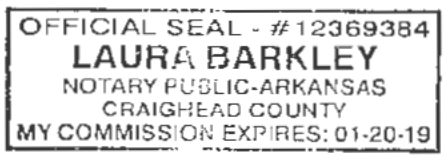
Signed this 12<sup>th</sup> day of September 2017

[redacted signature]

Subscribed and sworn to before me this 12<sup>th</sup> day of September, 2017

Laura Barkley  
Notary Public

My Commission Expires: January 20, 2019



00109

**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**

**SECTION A. GENERAL INFORMATION**

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

██████████

2. **Business Name** Southeastern Medical Solutions, LLC

**Fictitious Trade Name (if any)** N/A

**Business Mailing Address** ██████████ ██████████, Harrisburg, AR 72432

**Business telephone number** 870-588-7902

3. **Business entity type** LLC

**Date of business formation or incorporation** June 6, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Philip Miron

**Registered Agent Address** 200 Louisiana Street, Little Rock, AR 72201





00109

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] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

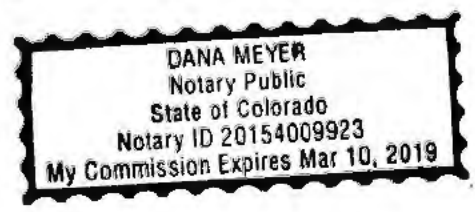
[Redacted Signature]

Signature of Applicant

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

[Signature]  
\_\_\_\_\_  
Notary Public

My Commission Expires: March 10, 2019



00110

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Schaals Farms, Inc.

Fictitious Trade Name (if any)

Business Mailing Address

Cabot, AR 72023

Business telephone number

3. Business entity type corporation

Date of business formation or incorporation July 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Scott A. Stevens

Registered Agent Address 2107 N. 2nd Street, Cabot AR 72023

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] is the sole stockholder, officer and board member of Schaals Farms, Inc., which will be the corporation operating the facility. He owns 100% of the stock.

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ABC

5. County of Proposed Location Lonoke

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

00110

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 15<sup>th</sup> day of September, 2017.

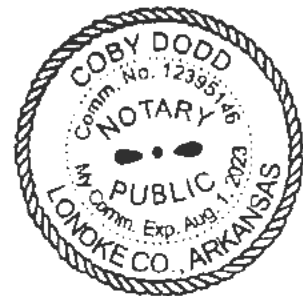
[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 15<sup>th</sup> day of Sept., 2017.

Coby Dodd  
Notary Public

My Commission Expires: Aug 1, 2023



00111

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

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

██████████ on behalf of Applicant entity. \_\_\_\_\_  
\_\_\_\_\_

2. **Business Name** Green Thumb Industries Arkansas, LLC

**Fictitious Trade Name (if any)** GTI Arkansas LLC

**Business Mailing Address** GTI Arkansas LLC c/o ██████████ Webb,  
Smith, Cole & Hickey PLC, 2805 East Broad Street, Texarkana, AR 71854

**Business telephone number** 903-824-4632

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

**Date of business formation or incorporation** June 14, 2017

**State(s) of Incorporation** Arkansas

**Registered Agent Name** The Corporation Company

**Registered Agent Address** 124 West Capitol Avenue, Suite 1900, Little  
Rock, AR 72201

0011

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] \_\_\_\_\_  
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■ County of Proposed Location Miller County

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

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



00111

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- 1. The applicant entity, Green Thumb Industries Arkansas, LLC d/b/a GTI Arkansas, LLC is also applying for a Dispensary License under the same applicant entity name (GTI Arkansas, LLC). 2. GTI Arkansas, LLC is providing consulting services to LRT Investments, LLC in connection with a Dispensary Application being submitted by LRT Investments, LLC. LRT Investments, LLC is not applying in the same geographic zones as GTI Arkansas, LLC. GTI Arkansas, LLC does not have an ownership interest in LRT Investments, LLC.

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.

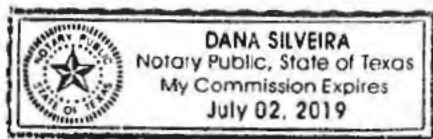
Signed this 12 day of September, 2017.

[REDACTED]  
Signature of Applicant

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

[Signature]  
Notary Public

My Commission Expires: July 02, 2019



00112

**A. GENERAL INFORMATION**

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

[Redacted]

2. Business Name \_\_\_\_\_

Fictitious Trade Name (if any) GreenLeaf Farms

Business Mailing Address: [Redacted], Trumann, Arkansas

Business Telephone number 870-926-0727

3. Business entity type LLC

Date of business formation or incorporation: When license is granted.

State(s) of Incorporation Arkansas

Registered Agent Name Misti Sims

Registered Agent Address [Redacted] Trumann, Arkansas

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.

[Redacted] - 51% Owner

[Redacted] - 49% Owner

5. County of Proposed Location: Craighead

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 dispensaries/cultivation centers? YES

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

Greenleaf Dispensary owners [Redacted] are applying for both a cultivation facility license as well as a dispensary license.

00112

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]

Signature of Applicant

Subscribed and sworn to before me this 14<sup>th</sup> day of September, 2017.

[Handwritten Signature]

Notary Public

My Commission Expires: 03-09-25



00113

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Natural Root Wellness of Fayetteville
Fictitious Trade Name (if any)
Business Mailing Address [Redacted] Fayetteville, AR 72704
Business telephone number 479-879-3556

3. Business entity type LLC--Limited Liability Company
Date of business formation or incorporation August 17, 2017
State(s) of Incorporation Arkansas
Registered Agent Name Jenny Holt Teeter
Registered Agent Address 425 W. Capitol Ave, Ste 3800, Little Rock, AR 72701

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

- [Redacted], Owner, 80%
[Redacted], Owner 10%
[Redacted], Owner 10%
[Redacted], Advisory Board Member
[Redacted], Advisory Board Member
[Redacted], Advisory Board Member
[Redacted], Advisory Board Member
[Redacted], Advisory Board Member

5. County of Proposed Location Washington

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

00113

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 other applications

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 affiliations with other applicants for dispensaries or cultivation centers in Arkansas.

has an ownership interest in a dispensary in Illinois.

Certification

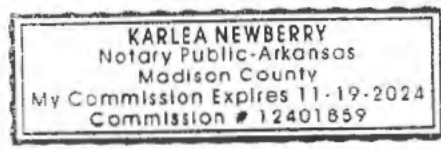
I, [redacted], certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 11 day of September, 2017.

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

[Signature]  
Notary Public

My Commission Expires: 11/19/2024



00114

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

████████████████████ ██████████

2. Business Name AR Green Spirit, LLC

Fictitious Trade Name (if any) NA

Business Mailing Address ████████████████████  
Jonesboro, AR 72404

Business telephone number 1-870-568-7057

3. Business entity type LLC

Date of business formation or incorporation August 23, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Elmer Wayde Robertson, III

Registered Agent Address 46 CR 4021  
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.")

████████████████████, ██████████ - 49% owner of AR Green Spirit, LLC  
(Managing member)

██████████ v ██████████ 51% owner of AR Green Spirit, LLC  
(Managing member)

5. County of Proposed Location Craighead

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



00114

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 7<sup>th</sup> day of September, 2017.

[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 7<sup>th</sup> day of September, 2017.

Sharon Davis

Notary Public

My Commission Expires: 4/22/20



00115

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Arcannacare, Inc.

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted], Sherwood, AR 72120

Business telephone number 501-707-8068

3. Business entity type Medical Marijuana Dispensary with Growth

Date of business formation or incorporation August 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Susan A. Rook

Registered Agent Address 60 Shoshoni Drive, Sherwood, AR 72120

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] - 100% Owner
- [Redacted] - Board Member
- [Redacted] - Board Member
- [Redacted] - Board Member
- [Redacted] - Board Member

5. County of Proposed Location Lonoke County

6. City of Proposed Location (if inside city limits) N/A

00115

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

N/A

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.

N/A

I, [redacted], hereby certify that the information provided in this form and its attachments is true, correct and complete. I understand that any false information or omission of material facts may constitute a criminal offense and may result in the denial of my application and the suspension or revocation of any license issued.

Signed: *[Signature]* September 2017

[Redacted Signature Area]

Subscribed and sworn to before me on *14th* day of *September*, 2017  
*Diana Neal*

My Commission Expires *08-21-2027*

DIANA NEAL  
Notary Public-Arkansas  
Pulaski County  
My Commission Expires 08-21-2027  
Commission # 12701217

00116

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted Name]

2. Business Name Dandys Garden LLC

Fictitious Trade Name (if any) Dandy's Garden

Business Mailing Address [Redacted] West Fork, AR 72774

Business telephone number 479-530-4510

3. Business entity type LLC

Date of business formation or incorporation September 8, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Sharon Lee

Registered Agent Address 17400 S. Hwy 170, West Fork, AR 72774

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%  
20%  
20%

5. County of Proposed Location Crawford County Zone 14

6. City of Proposed Location (If inside city limits) Rural, No city Limits

00116

- 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, Washington County  
[Redacted] Fayetteville, AR 72701

- 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 ownership affiliation.  
We are leasing from Rockin J. Ranch LLC  
owned by [Redacted], who are  
owners, shareholders of Medi-Chair Cultivation.

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 18<sup>th</sup> day of July, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 18<sup>th</sup> day of July, 2017.

Stacey Moore

Notary Public

My Commission Expires: 01-02-2027



00117

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name JPS Management LLC

Fictitious Trade Name (if any) Fort Cannabis Co.

Business Mailing Address [Redacted] Fort Smith, AR 72908

Business telephone number 479-313-0100

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Jeffrey Paul Scholtes

Registered Agent Address 801 Highway 255, Central City, AR 72941

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% Owner/Member of JPS Management LLC and Board Member

[Redacted] - 49% Owner/Member of JPS Management LLC and Board Member

5. County of Proposed Location Sebastian

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



00117

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

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

Signed this 14 day of 2017 SEPTEMBER

[redacted signature]

Signature of Applicant

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

Annika Alston  
Notary Public

My Commission Expires: 10-15-25

ANNIKA ALSTON  
NOTARY PUBLIC-ARKANSAS  
SEBASTIAN COUNTY  
COMMISSION NO. 12696105  
COMMISSION EXP. 10-15-2025



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

00118

SECTION A. GENERAL INFORMATION

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

[Redacted]

- 2. Business Name

Fictitious Trade Name (if any) GreenLeaf Dispensary

Business Mailing Address [Redacted] Trumann, AR 72472

Business Telephone Number 870-284-2658

- 3. Business entity type LLC

Date of business formation or incorporation On receipt of Dispensary License.

State(s) of Incorporation Arkansas

Registered Agent Name Misti Sims

Registered Agent Address 1409 Hwy 69 W, Trumann, Arkansas

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

[Redacted]

- 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. N/A
- 8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? YES

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

Greenleaf Farms owners, [Redacted] and [Redacted] are applying for both a cultivation facility license as well as a dispensary license.

00118

**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 17<sup>th</sup> day of September, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

Subscribed and sworn to before me this 17<sup>th</sup> day of September, 2017

[Handwritten Signature]

Notary Public

My Commission Expires: 03-09-25

