

00120

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name [REDACTED] MEDICAL GROUP, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [REDACTED],

Grady, Arkansas 71644

Business telephone number 870-540-9278

3. Business entity type LLC

Date of business formation or incorporation 9-9-17

State(s) of Incorporation Arkansas

Registered Agent Name Abraham Carpenter, Jr.

Registered Agent Address 1014 Carpenter Road,  
Grady, Arkansas 71644

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

1. [REDACTED] [REDACTED] CEO (64% owner)
2. [REDACTED] [REDACTED] (1% owner)
3. [REDACTED] [REDACTED] [REDACTED] [REDACTED] (11.66% owner)
4. [REDACTED] [REDACTED] [REDACTED] (11.66% owner)
5. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] (11.66% owner)

5. County of Proposed Location Lincoln County

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

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 will not be filing an additional application for a cultivation facility license.

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

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

See attached, "Section A. Number 8"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

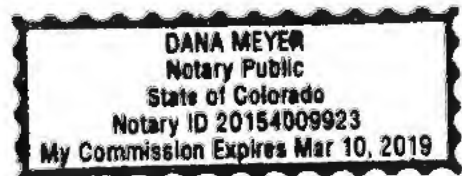
[redacted signature]

Signature of Applicant

Subscribed and sworn to before me this 9<sup>th</sup> day of September, 2017.

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

My Commission Expires: March 10, 2019



00121

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Valentine Holdings, LLC

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

Business Mailing Address [Redacted] Jonesboro, AR 72403

Business telephone number \_\_\_\_\_

3. Business entity type Limited Liability Company

Date of business formation or incorporation April 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Donald L. Parker, II

Registered Agent Address 3000 Browns Lane, 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] - owner - 32.3334%  
[Redacted] - owner - 1%  
[Redacted] - owner - 32.3333%  
[Redacted] - owner - 1%  
[Redacted] - owner - 33.3333%

5. County of Proposed Location Washington County

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

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

[Redacted] Fort Smith, AR - d/b/a River Valley Medical Cannabis Company  
[Redacted] Paragould, AR 72450 - d/b/a NEA Medical

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.

Delta Medical Cannabis Company, LLC, a cultivation facility applicant proposed to be located in Jackson County, Arkansas. Valentine Holdings, LLC is a 22.22% owner of Delta Medical Cannabis Company, 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<sup>th</sup> day of September, 2017.

[Redacted Signature]

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

Natasha Wheeler

Notary Public

My Commission Expires: 11-17-2026



00122

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

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

\_\_\_\_\_

2. **Business Name** New Harvest Agri, LLC

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

**Business Mailing Address** \_\_\_\_\_ South Marianna, Arkansas  
72360

**Business telephone number** N/A

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

**Date of business formation or incorporation** December 16<sup>th</sup>, 2016

**State(s) of Incorporation** Arkansas

**Registered Agent Name** Michael Osburn

**Registered Agent Address** 2800 Highway 1 South Marianna, Arkansas  
72360

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

[Redacted]  
[Redacted] are all equity holders in a dispensary applicant named New Harvest Dispensary, 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 2 day of SEPTEMBER, 2017

[Redacted Signature]

Subscribed and sworn to before me this 2 day of Sept. 2017

Aneita Lamb  
Notary Public

My Commission Expires: Jan 26, 2020

ANEITA LAMB  
NOTARY PUBLIC-STATE OF ARKANSAS  
LEE COUNTY  
My Commission Expires Jan. 26, 2020  
Commission # 12374788

00123

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_

2. Business Name Natural State Wellness Enterprises, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address \_\_\_\_\_ Jonesboro, AR 72401

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 25, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Bart Calhoun

Registered Agent Address 1020 West 4th Street, Little Rock, AR 72201



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

|                                    |                             |
|------------------------------------|-----------------------------|
| [REDACTED] Applicant, Owner 17.00% | [REDACTED], Owner 1.04%     |
| [REDACTED], Owner 34.00%           | [REDACTED], Owner 1.56%     |
| [REDACTED], Owner 7.79%            | [REDACTED], Owner 1.56%     |
| [REDACTED], Owner 3.12%            | [REDACTED], Owner 1.56%     |
| [REDACTED], Owner 1.04%            | [REDACTED], Owner 2.08%     |
| [REDACTED], Owner 1.56%            | [REDACTED], Owner 5.19%     |
| [REDACTED], Owner 2.08%            | [REDACTED], Owner 1.04%     |
| [REDACTED], Owner 1.56%            | [REDACTED], Owner 3.00%     |
| [REDACTED], Owner 1.04%            | [REDACTED], y, Owner 3.00%  |
| [REDACTED]ston, Owner 1.04%        | [REDACTED]ston, Owner 2.00% |
| [REDACTED], Owner 1.04%            | [REDACTED], Owner 0.31%     |
| [REDACTED], Owner 2.08%            | [REDACTED], Owner 0.51%     |
| [REDACTED], Owner 2.60%            | [REDACTED], Owner 0.18%     |
| [REDACTED], Owner 1.04%            |                             |

5. County of Proposed Location Jefferson

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

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

Yes. Jackson County as Natural State Wellness Enterprises, LLC

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

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

[Redacted area] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Certification page attached)  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

00124

**APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY**

**SECTION A. GENERAL INFORMATION**

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

\_\_\_\_\_

2. Business Name Natural State Wellness Enterprises, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address \_\_\_\_\_ Jonesboro, AR 72401

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 25, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Bart Calhoun

Registered Agent Address 1020 West 4th Street, Little Rock, AR 72201

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

|                                     |                         |
|-------------------------------------|-------------------------|
| ██████████, Applicant, Owner 17.00% | ██████████, Owner 1.04% |
| ██████████, Owner 34.00%            | ██████████, Owner 1.56% |
| ██████████, Owner 7.79%             | ██████████, Owner 1.56% |
| ██████████, Owner 3.12%             | ██████████, Owner 1.56% |
| ██████████, Owner 1.04%             | ██████████, Owner 2.08% |
| ██████████, Owner 1.56%             | ██████████, Owner 5.19% |
| ██████████, Owner 2.08%             | ██████████, Owner 1.04% |
| ██████████, Owner 1.56%             | ██████████, Owner 3.00% |
| ██████████, Owner 1.04%             | ██████████, Owner 3.00% |
| ██████████, Owner 1.04%             | ██████████, Owner 2.00% |
| ██████████, Owner 1.04%             | ██████████, Owner 0.31% |
| ██████████, Owner 2.08%             | ██████████, Owner 0.51% |
| ██████████, Owner 2.60%             | ██████████, Owner 0.18% |
| ██████████, Owner 1.04%             |                         |

5. County of Proposed Location Jefferson

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

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

Yes, Jackson County as Natural State Wellness Enterprises, LLC

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

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

(Please see the attached document for answers to #8)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Certification page attached)  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**CULTIVATION APPLICATION  
SECTION A. GENERAL INFORMATION, #8**

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

The following individuals are affiliated with Natural State Wellness Enterprises, LLC (submitting two cultivation applications with locations proposed in Jefferson County and Jackson County) and Natural State Wellness Dispensary, LLC (submitting six dispensary applications with locations proposed in Little Rock, Jonesboro, Fort Smith, and Pine Bluff):

- 1. [REDACTED] - Named Applicant and Owner
- 2. [REDACTED] - Owner
- 3. [REDACTED] - Owner
- 4. [REDACTED] - Owner (note: only an owner of Natural State Wellness Dispensary, LLC)
- 5. [REDACTED] - Owner
- 6. [REDACTED] - Owner
- 7. [REDACTED] - Owner
- 8. [REDACTED] - Owner
- 9. [REDACTED] - Owner
- 10. [REDACTED] - Owner/ Manager
- 11. [REDACTED] - Owner

The following individuals are affiliated with Natural State Wellness Enterprises, LLC and both cultivation applications for that company with proposed locations in Jefferson County and Jackson County:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1. [REDACTED] - Named Applicant and Owner</li> <li>2. [REDACTED] - Owner</li> <li>3. [REDACTED] - Owner</li> <li>4. [REDACTED] - Owner</li> <li>5. [REDACTED] - Owner</li> <li>6. [REDACTED] - Owner</li> <li>7. [REDACTED] - Neuropsychologist</li> <li>8. [REDACTED] - Owner/Manager</li> <li>9. [REDACTED] - Owner</li> <li>10. [REDACTED] - Owner</li> <li>11. [REDACTED] - Owner</li> <li>12. [REDACTED] - Owner</li> <li>13. [REDACTED] - Owner</li> <li>14. [REDACTED] - Owner</li> </ul> | <ul style="list-style-type: none"> <li>15. [REDACTED] - Owner</li> <li>16. [REDACTED] - Owner</li> <li>17. [REDACTED] - Owner</li> <li>18. [REDACTED] - Owner</li> <li>19. [REDACTED] - Owner</li> <li>20. [REDACTED] - Owner</li> <li>21. [REDACTED] - Owner</li> <li>22. [REDACTED] - Owner</li> <li>23. [REDACTED] - Owner</li> <li>24. [REDACTED] - Owner</li> <li>25. [REDACTED] - Owner</li> <li>26. [REDACTED] - Owner</li> <li>27. [REDACTED] - Owner</li> </ul> |
|---|--|

Certification

I, [REDACTED] certify that the information provided in this form (Section A) 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 of Applicant

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

Brittany Webb  
Notary Public

My Commission Expires: 02-11-2027



00125

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Wellness Dispensary, LLC

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

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Bart Calhoun

Registered Agent Address 1020 W. 4th Street, Little Rock, AR 72201

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

- [Redacted], Applicant, Owner 51.00%, [Redacted], Owner 0.49%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 0.51%

5. County of Proposed Location Jefferson County

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

Yes, as Natural State Wellness Dispensary, LLC. The applicant, [REDACTED] submitted  
four applications with locations proposed in Jonesboro, Fort Smith, Little Rock, and Pine  
Bluff.

- 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.

(See the attached page with answers to Section A. #8)

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

(See the attached signed Certification)

Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

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**DISPENSARY APPLICATION**  
**SECTION A. GENERAL INFORMATION, #8**

#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 facility or dispensary, and briefly describe the nature of the relationship?

The following individuals are affiliated with Natural State Wellness Enterprises, LLC (submitting two cultivation applications with locations proposed in Jefferson County and Jackson County) and Natural State Wellness Dispensary, LLC (submitting six dispensary applications with locations proposed in Little Rock, Jonesboro, Fort Smith, and Pine Bluff):

1. [REDACTED] - Named Applicant and Owner
2. [REDACTED] - Owner
3. [REDACTED] - Owner
4. [REDACTED] - Owner (note: only an owner of Natural State Wellness Dispensary, LLC)
5. [REDACTED] - Owner
6. [REDACTED] - Owner
7. [REDACTED] - Owner
8. [REDACTED] - Owner
9. [REDACTED] - Owner
10. [REDACTED] - Owner/ Manager
11. [REDACTED] - Owner

The following individuals are affiliated with Natural State Wellness Enterprises, LLC and both cultivation applications for that company with proposed locations in Jefferson County and Jackson County:

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. [REDACTED] - Named Applicant<br/>and Owner</li> <li>2. [REDACTED] - Owner</li> <li>3. [REDACTED] - Owner</li> <li>4. [REDACTED] - Owner</li> <li>5. [REDACTED] - Owner</li> <li>6. [REDACTED] - Owner</li> <li>7. [REDACTED] - Neuropsychologist</li> <li>8. [REDACTED] - Owner/Manager</li> <li>9. [REDACTED] - Owner</li> <li>10. [REDACTED] - Owner</li> <li>11. [REDACTED] - Owner</li> <li>12. [REDACTED] - Owner</li> <li>13. [REDACTED] - Owner</li> <li>14. [REDACTED] - Owner</li> </ol> | <ol style="list-style-type: none"> <li>15. [REDACTED] - Owner</li> <li>16. [REDACTED] - Owner</li> <li>17. [REDACTED] - Owner</li> <li>18. [REDACTED] - Owner</li> <li>19. [REDACTED] - Owner</li> <li>20. [REDACTED] - Owner</li> <li>21. [REDACTED] - Owner</li> <li>22. [REDACTED] - Owner</li> <li>23. [REDACTED] - Owner</li> <li>24. [REDACTED] - Owner</li> <li>25. [REDACTED] - Owner</li> <li>26. [REDACTED] - Owner</li> <li>27. [REDACTED] - Owner</li> </ol> |
|---|--|

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Certification

I, [REDACTED] V, certify that the information provided in this form (Section A) 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 of Applicant

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

Brittany Webb  
Notary Public

My Commission Expires: 02-11-2027



00126

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Wellness Dispensary, LLC

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

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Bart Calhoun

Registered Agent Address 1020 W. 4th Street, Little Rock, AR 72201

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

- [Redacted], Applicant, Owner 51.00% [Redacted], Owner 0.49%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 6.00%
- [Redacted], Owner 0.51%

5. County of Proposed Location Pulaski County

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

00126

- 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, as Natural State Wellness Dispensary, LLC. The applicant, [REDACTED] submitted four applications with locations proposed in Jonesboro, Fort Smith, Little Rock, and Pine Bluff.

- 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.**

(See the attached page with answers to Section A, #8)

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

(See the attached signed Certification)

Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**DISPENSARY APPLICATION**  
**SECTION A. GENERAL INFORMATION, #8**

00126

#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 facility or dispensary, and briefly describe the nature of the relationship?

The following individuals are affiliated with Natural State Wellness Enterprises, LLC (submitting two cultivation applications with locations proposed in Jefferson County and Jackson County) and Natural State Wellness Dispensary, LLC (submitting six dispensary applications with locations proposed in Little Rock, Jonesboro, Fort Smith, and Pine Bluff):

- 1. [REDACTED] - Named Applicant and Owner
- 2. [REDACTED] - Owner
- 3. [REDACTED] - Owner
- 4. [REDACTED] - Owner (note: only an owner of Natural State Wellness Dispensary, LLC)
- 5. [REDACTED] - Owner
- 6. [REDACTED] - Owner
- 7. [REDACTED] - Owner
- 8. [REDACTED] - Owner
- 9. [REDACTED] - Owner
- 10. [REDACTED] - Owner/ Manager
- 11. [REDACTED] - Owner

The following individuals are affiliated with Natural State Wellness Enterprises, LLC and both cultivation applications for that company with proposed locations in Jefferson County and Jackson County:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1. [REDACTED] - Named Applicant and Owner</li> <li>2. [REDACTED] - Owner</li> <li>3. [REDACTED] - Owner</li> <li>4. [REDACTED] - Owner</li> <li>5. [REDACTED] - Owner</li> <li>6. [REDACTED] - Owner</li> <li>7. [REDACTED] - Neuropsychologist</li> <li>8. [REDACTED] - Owner/Manager</li> <li>9. [REDACTED] - Owner</li> <li>10. [REDACTED] - Owner</li> <li>11. [REDACTED] - Owner</li> <li>12. [REDACTED] - Owner</li> <li>13. [REDACTED] - Owner</li> <li>14. [REDACTED] - Owner</li> </ul> | <ul style="list-style-type: none"> <li>15. [REDACTED] - Owner</li> <li>16. [REDACTED] - Owner</li> <li>17. [REDACTED] - Owner</li> <li>18. [REDACTED] - Owner</li> <li>19. [REDACTED] - Owner</li> <li>20. [REDACTED] - Owner</li> <li>21. [REDACTED] - Owner</li> <li>22. [REDACTED] - Owner</li> <li>23. [REDACTED] - Owner</li> <li>24. [REDACTED] - Owner</li> <li>25. [REDACTED] - Owner</li> <li>26. [REDACTED] - Owner</li> <li>27. [REDACTED] - Owner</li> </ul> |
|---|--|

00126

Certification

I, [REDACTED] certify that the information provided in this form (Section A) 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 of Applicant

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

*Brittany Webb*  
Notary Public

My Commission Expires: 02-11-2021



00127

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Wellness Dispensary, LLC

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

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Bar Calhoun

Registered Agent Address 1020 W. 4th Street, Little Rock, AR 72201

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

- [Redacted] Applicant, Owner 51.00%
- [Redacted] Owner 0.49%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 0.51%

5. County of Proposed Location Sebastian County

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



00127

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, as Natural State Wellness Dispensary, LLC. The applicant, [REDACTED] submitted four applications with locations proposed in Jonesboro, Fort Smith, Little Rock, and Pine Bluff.

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.

(See the attached page with answers to Section A. #8)

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

(See the attached signed Certification)  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

00127

**DISPENSARY APPLICATION  
SECTION A. GENERAL INFORMATION, #8**

#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 facility or dispensary, and briefly describe the nature of the relationship?

The following individuals are affiliated with Natural State Wellness Enterprises, LLC (submitting two cultivation applications with locations proposed in Jefferson County and Jackson County) and Natural State Wellness Dispensary, LLC (submitting six dispensary applications with locations proposed in Little Rock, Jonesboro, Fort Smith, and Pine Bluff):

- 1. [REDACTED] - Named Applicant and Owner
- 2. [REDACTED] Owner
- 3. [REDACTED] Owner
- 4. [REDACTED] - Owner (note: only an owner of Natural State Wellness Dispensary, LLC)
- 5. [REDACTED] - Owner
- 6. [REDACTED] - Owner
- 7. [REDACTED] Owner
- 8. [REDACTED] - Owner
- 9. [REDACTED] - Owner
- 10. [REDACTED] - Owner/ Manager
- 11. [REDACTED] - Owner

The following individuals are affiliated with Natural State Wellness Enterprises, LLC and both cultivation applications for that company with proposed locations in Jefferson County and Jackson County:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1. [REDACTED] - Named Applicant<br/>and Owner</li> <li>2. [REDACTED] - Owner</li> <li>3. [REDACTED] - Owner</li> <li>4. [REDACTED] - Owner</li> <li>5. [REDACTED] - Owner</li> <li>6. [REDACTED] - Owner</li> <li>7. [REDACTED] - Neuropsychologist</li> <li>8. [REDACTED] - Owner/Manager</li> <li>9. [REDACTED] - Owner</li> <li>10. [REDACTED] - Owner</li> <li>11. [REDACTED] - Owner</li> <li>12. [REDACTED] - Owner</li> <li>13. [REDACTED] - Owner</li> <li>14. [REDACTED] - Owner</li> </ul> | <ul style="list-style-type: none"> <li>15. [REDACTED] - Owner</li> <li>16. [REDACTED] - Owner</li> <li>17. [REDACTED] - Owner</li> <li>18. [REDACTED] - Owner</li> <li>19. [REDACTED] - Owner</li> <li>20. [REDACTED] - Owner</li> <li>21. [REDACTED] - Owner</li> <li>22. [REDACTED] - Owner</li> <li>23. [REDACTED] - Owner</li> <li>24. [REDACTED] - Owner</li> <li>25. [REDACTED] - Owner</li> <li>26. [REDACTED] - Owner</li> <li>27. [REDACTED] - Owner</li> </ul> |
|---|--|

00127

Certification

I, [redacted] certify that the information provided in this form (Section A) 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.

*Brittany Webb*  
Notary Public

My Commission Expires: 02-11-2021



00/28

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Wellness Dispensary, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72201

Business telephone number (501) 235-8336

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Ben Calhoun

Registered Agent Address 1020 W. 4th Street, Little Rock, AR 72201

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

- [Redacted] Applicant, Owner 51.00%
- [Redacted] Warren Ross, Owner 0.49%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 6.00%
- [Redacted] Owner 0.51%

5. County of Proposed Location Craighead County

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

00128

- 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, as Natural State Wellness Dispensary, LLC. The applicant, [REDACTED] submitted  
four applications with locations proposed in Jonesboro, Fort Smith, Little Rock, and Pine  
Bluff.

- 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.

(See the attached page with answers to Section A. #8)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

(See the attached signed Certification)  
 \_\_\_\_\_  
 Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

**DISPENSARY APPLICATION**  
**SECTION A. GENERAL INFORMATION, #8**

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

The following individuals are affiliated with Natural State Wellness Enterprises, LLC (submitting two cultivation applications with locations proposed in Jefferson County and Jackson County) and Natural State Wellness Dispensary, LLC (submitting six dispensary applications with locations proposed in Little Rock, Jonesboro, Fort Smith, and Pine Bluff):

- 1. [REDACTED] - Named Applicant and Owner
- 2. [REDACTED] Owner
- 3. [REDACTED] Owner
- 4. [REDACTED] - Owner (note: only an owner of Natural State Wellness Dispensary, LLC)
- 5. [REDACTED] Owner
- 6. [REDACTED] - Owner
- 7. [REDACTED] - Owner
- 8. [REDACTED] - Owner
- 9. [REDACTED] - Owner
- 10. [REDACTED] - Owner/ Manager
- 11. [REDACTED] - Owner

The following individuals are affiliated with Natural State Wellness Enterprises, LLC and both cultivation applications for that company with proposed locations in Jefferson County and Jackson County:

- 1. [REDACTED] - Named Applicant and Owner
- 2. [REDACTED] - Owner
- 3. [REDACTED] - Owner
- 4. [REDACTED] - Owner
- 5. [REDACTED] - Owner
- 6. [REDACTED] - Owner
- 7. [REDACTED] - Neuropsychologist
- 8. [REDACTED] - Owner/Manager
- 9. [REDACTED] - Owner
- 10. [REDACTED] - Owner
- 11. [REDACTED] - Owner
- 12. [REDACTED] - Owner
- 13. [REDACTED] - Owner
- 14. [REDACTED] - Owner
- 15. [REDACTED] - Owner
- 16. [REDACTED] - Owner
- 17. [REDACTED] - Owner
- 18. [REDACTED] - Owner
- 19. [REDACTED] - Owner
- 20. [REDACTED] - Owner
- 21. [REDACTED] - Owner
- 22. [REDACTED] - Owner
- 23. [REDACTED] - Owner
- 24. [REDACTED] - Owner
- 25. [REDACTED] - Owner
- 26. [REDACTED] - Owner
- 27. [REDACTED] - Owner

00128

Certification

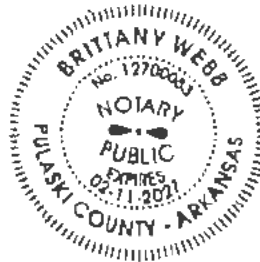
I, [REDACTED] certify that the information provided in this form (Section A) and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 13<sup>th</sup> day of Sep [REDACTED]  
Signature of Applicant

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

Brittany Webb  
Notary Public

My Commission Expires: 02-11-2021 - - - -



00129

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name NCD Group, LLC

Fictitious Trade Name (if any) AR Wellness Solutions

Business Mailing Address [Redacted] Little Rock, AR 72209

Business telephone number 501-680-6485

3. Business entity type Dispensary

Date of business formation or incorporation 7/18/2017

State(s) of Incorporation Arkansas

Registered Agent Name Gill Ragon Owen, P.A.

Registered Agent Address 425 West Capitol, Suite 3800, 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] - Owner and Chief Executive Officer, 35.55% ownership
- [Redacted] - Owner and Chief Operating Officer, 30% ownership
- [Redacted] - Owner and Chief Medical Officer, 24.45 % ownership
- [Redacted] - Owner and Chief Financial Officer, 5% ownership
- [Redacted] - Owner and Chief Dispensary Officer, 5% ownership
- [Redacted] - Chief Technology Officer
- [Redacted] Chief Strategy Officer

5. County of Proposed Location Pulaski

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



00129

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

No

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

No

Certification

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

Signed this 12th day of September, 2017.

[redacted signature]

Signature of Applicant

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

Lana E. Williams

Notary Public

My Commission Expires: 18 JANUARY 2026



00130

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_

2. Business Name Independence Investments LLC

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

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

Batesville, AR 72501

Business telephone number 1-870-793-3400

3. Business entity type LLC

Date of business formation or incorporation 9-16-2002

State(s) of Incorporation Arkansas

Registered Agent Name The Corporation Company

Registered Agent Address 425 West Capitol Ave ,Ste 1700

Little Rock, AR 72201



00130

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 8 day of September, 2017.

[REDACTED]

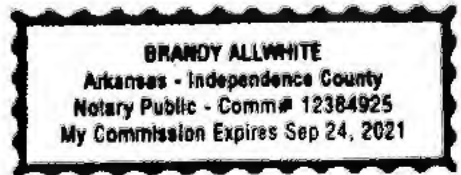
Signature of Applicant

Subscribed and sworn to before me this 8 day of September, 2017.

Brandy Allwhite

Notary Public

My Commission Expires: Sept 24, 2021



00131

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Naturalis Health, LLC

Fictitious Trade Name (if any) Naturalis Health

Business Mailing Address

[REDACTED]  
Little Rock, AR 72206

Business telephone number 501-270-8104

3. Business entity type Limited Liability Company

Date of business formation or incorporation May 24, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Henry P. Willmuth

Registered Agent Address 2200 Commercial Ln. LR, AR 72206

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 / Board Member                         | 35.75% equity |
| [REDACTED] | Owner / Board Member                           | 35.75% equity |
| [REDACTED] | Owner / Chief Executive Officer / Board Member | 15% equity    |
| [REDACTED] | - Owner / Chief Retail Officer / Board Member  | 8.5% equity   |
| [REDACTED] | Owner / Chief Legal Officer / Board Member     | 5% equity     |
|            |  | 100% equity   |
|            |  |               |
| [REDACTED] | sley- Chief Operations Officer                 | 0% equity     |
| [REDACTED] | ard- Chief Financial Officer                   | 0% equity     |
| [REDACTED] | - Chief Security Officer                       | 0% equity     |
| [REDACTED] | - Chief Medical Officer                        | 0% equity     |

5. County of Proposed Location Pulaski County

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

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

No

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

00131

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 13th day of September, 2017.

[REDACTED SIGNATURE]

Signature of Applicant

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

[Handwritten Signature]

Notary Public

My Commission Expires: 10-1-2017



00132

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Independence Investment LLC

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

Business Mailing Address [Redacted]

Batesville, AR 72501

Business telephone number 1-870-793-3400

3. Business entity type LLC

Date of business formation or incorporation 9-16-2002

State(s) of Incorporation Arkansas

Registered Agent Name The Corporation Company

Registered Agent Address 425 West Capitol Ave, Ste 1700

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 Independence

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



00132

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

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

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

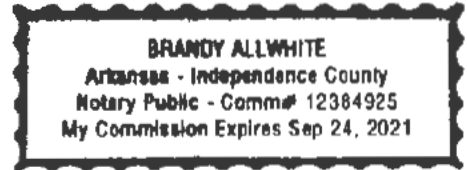
Signed this 11<sup>th</sup> day of September, 2017.

[REDACTED]

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

Brandy Allwhite  
Notary Public

My Commission Expires: September 24, 2021



00133

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Valentine Holdings, LLC

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

Business Mailing Address [Redacted]  
Jonesboro, AR 72403

Business telephone number 870-268-7601

3. Business entity type Limited Liability Company

Date of business formation or incorporation April 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Donald L. Parker II

Registered Agent Address 3000 Browns Lane, 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] -owner - 32.3334%  
[Redacted] -owner - 10%  
[Redacted] -owner - 32.3333%  
[Redacted] -owner - 10%  
[Redacted] -owner - 33.3333%

5. County of Proposed Location Sebastian County

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

00133

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

[Redacted] Paragould, AR 72450 d/b/a NEA Medical Cannabis Company  
[Redacted] Fayetteville, AR 72704 d/b/a NWA Medical Cannabis Company

- 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.

Delta Medical Cannabis Company, LLC, a cultivation facility applicant proposed to be located in Jackson County, Arkansas. Valentine Holdings, LLC is a 22.22% owner of Delta Medical Cannabis Company, 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<sup>th</sup> day of September, 2017.

[Redacted Signature]

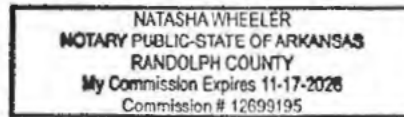
Signature of Applicant

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

Natasha Wheeler

Notary Public

My Commission Expires: 11-17-2026



00134

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

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%  
[Redacted] 20%  
[Redacted] 20%

5. County of Proposed Location Washington County

6. City of Proposed Location (if inside city limits) Fayetteville, AR

00134

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, Crawford County

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

No

Certification

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

Signed this 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



00135

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Naturalis Health, LLC  
Fictitious Trade Name (if any) Naturalis Health  
Business Mailing Address [REDACTED] Little Rock, Arkansas 72206  
Business telephone number 501-270-8104

3. Business entity type Limited Liability Company  
Date of business formation or incorporation May 24, 2017  
State(s) of Incorporation Arkansas  
Registered Agent Name Henry P. Willmuth  
Registered Agent Address 2200 Commercial Ln. Little Rock, Arkansas 72206

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 / Board Member                           | 35.75% equity |
| ✓ [REDACTED] | Owner / Board Member                           | 35.75% equity |
| ✓ [REDACTED] | Owner / Chief Executive Officer / Board Member | 15% equity    |
| ✓ [REDACTED] | Owner / Chief Retail Officer / Board Member    | 8.5% equity   |
| ✓ [REDACTED] | Owner / Chief Legal Officer / Board Member     | 5% equity     |
|              |  | 100% equity   |
| [REDACTED]   | Chief Operations Officer                       | 0% equity     |
| [REDACTED]   | Chief Financial Officer                        | 0% equity     |
| [REDACTED]   | Chief Security Officer                         | 0% equity     |
| ✓ [REDACTED] | Chief Medical Officer                          | 0% equity     |

5. County of Proposed Location Pulaski County

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

00135

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 13th day of September, 2017

[redacted signature]

Signature of Applicant

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

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

My Commission Expires: 10-1-2017



00136

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_

2. Business Name Nectar Markets of Arkansas, LLC

Fictitious Trade Name (if any) N/A

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

Portland, OR 97232

Business telephone number (971) 703-4777

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Service Company

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

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

\_\_\_\_\_ - 60% Owner in Nectar Markets of Arkansas, LLC

\_\_\_\_\_ - 37.4% Owner and CEO of Nectar Markets of Arkansas, LLC

\_\_\_\_\_ - 2% Owner and COO of Nectar Markets of Arkansas, LLC

\_\_\_\_\_ - .6% Owner and CFO of Nectar Markets of Arkansas, LLC

5. County of Proposed Location Pulaski

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



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

[Redacted] Conway; [Redacted]  
Ft. Smith,  
Fayetteville

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

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

Certification

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

Signed this 1<sup>st</sup> day of September, 2017.

[Redacted Signature]

Signature of Applicant

Subscribed and sworn to before me this 1<sup>st</sup> day of September, 2017.

Anitha Joy Gipson  
 Notary Public

My Commission Expires: 11-06-26



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APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Desert River Services, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Phoenix AZ 85004

Business telephone number 602-595-6873

3. Business entity type Limited Liability Company "LLC"

Date of business formation or incorporation 8/11/2017

State(s) of Incorporation Arkansas

Registered Agent Name Registered Agents, Inc

Registered Agent Address 701 South St, Ste 100  
Mountain Home AZ 72653

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, Owner | 60% |
| [Redacted] | Owner            | 10% |
| [Redacted] | Owner            | 10% |
| [Redacted] | Owner            | 5%  |
| [Redacted] | Owner            | 5%  |
| [Redacted] | Owner            | 5%  |
| [Redacted] | Owner            | 5%  |

5. County of Proposed Location Pulaski

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

00137

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.

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

Certification

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

Signed this 13th day of September, 2017.

[redacted signature]

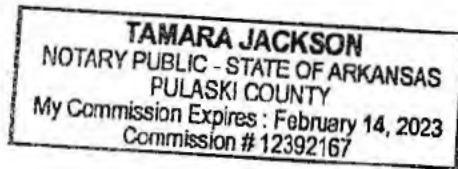
Signature of Applicant

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

Tamara Jackson

Notary Public

My Commission Expires: 2-14-23



00138

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY  
SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_

2. Business Name Grassroots OpCo AR, LLC

Fictitious Trade Name (if any) Grassroots Cannabis

Business Mailing Address \_\_\_\_\_, Chicago, Illinois 60602

Proposed Location Address: \_\_\_\_\_ Williford, Arkansas 72482

Business telephone number 773-870-2439

3. Business entity type Limited Liability Company

Date of business formation or incorporation August 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Corporation Services Company

Registered Agent Address 300 South Spring Street, Spring Building, Suite 900  
Little Rock, Arkansas 72201

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

|   |                   |          |
|---|-------------------|----------|
| [Redacted]                                      | (Applicant Owner) | 70.200%  |
| [Redacted]                                      | (Owner)           | 20.100%  |
| [Redacted]                                      | (Owner)           | 0.050%   |
| [Redacted] Holdings Arkansas, LLC               |                   | 4.075%   |
| (Wholly owned by the Company's CEO, [Redacted]) |                   |          |
| PCCW Investments, LLC                           |                   | 4.075%   |
| (Owned by the Company's COO, [Redacted])        |                   |          |
| GB Portfolio Investments, LLC                   |                   | 1.500%   |
| (Owned by financial backer, [Redacted])         |                   |          |
|   | TOTAL             | 100.000% |

5. County of Proposed Location Sharp

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

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

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

Yes, the Company has also applied for dispensary licenses under the same name.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

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

Signed this 11 day of September, 2017.

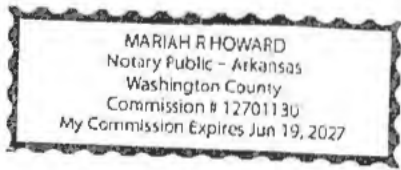
\_\_\_\_\_  
[Redacted Signature]

Signature of Applicant

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

[Signature]  
Notary Public

My Commission Expires: 06/19/2027



00139

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

\_\_\_\_\_

2. Business Name Northwest Arkansas Solutions, LLC

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

Business Mailing Address \_\_\_\_\_ Bentonville, AR 72712

Business telephone number 479-640-4699

3. Business entity type Dispensary Facility

Date of business formation or incorporation July, 30 2017

State(s) of Incorporation Arkansas

Registered Agent Name \_\_\_\_\_

Registered Agent Address \_\_\_\_\_

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

\_\_\_\_\_, 40% ownership

\_\_\_\_\_, 40% ownership

\_\_\_\_\_, 20% ownership

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. County of Proposed Location Benton County

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

00139

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 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

[signature]

Notary Public

My Commission Expires: 6/29/2026

