

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

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** Cultivation Facility

Date of business formation or incorporation July, 30 2017

State(s) of Incorporation Arkansas

Registered Agent Name _____

Registered Agent Address _____

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 13th day of September, 2017.

[REDACTED SIGNATURE]

Notary Public

My Commission Expires: 6/29/2026



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Peace of Green, Inc

Fictitious Trade Name (if any) n/a

Business Mailing Address _____ DeQueen, AR 71832

Business telephone number 918-869-0845

3. Business entity type Corporation

Date of business formation or incorporation 9/12/17

State(s) of Incorporation AR

Registered Agent Name Dennis Hale

Registered Agent Address 398 Rink Rd. Dequeen, AR 71823

4. List all owners, stockholders, sharcholders, 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 the 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.")

<u>Grow Natural Solutions, LLC</u>	<u>owned by _____</u>	<u>- Shareholder</u>	<u>4%</u>
<u>TMG Holdings, LLC</u>	<u>owned by _____</u>	<u>- Shareholder</u>	<u>60%</u>
<u>_____, LLC</u>	<u>- owned by _____</u>	<u>- Shareholder</u>	<u>36%</u>

5. County of Proposed Location: Sevier

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

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

- **[REDACTED]** – applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)
- **[REDACTED]** – applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)
- **[REDACTED]** - applying as an owner of a cultivation Center (Arkansas Aquacronic, Inc.)

ication

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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 13th day of September, 2017.



[redacted]

Signature of Applicant, Owner, Officer, or Board Member

Subscribed and sworn to before me this 13th day of September, 2017
Angela D. Morpew
Notary Public

My Commission Expires: June 01, 2021

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Grassroots OpCo AR, LLC

Fictitious Trade Name (if any) Grassroots Cannabis

Business Mailing Address [Redacted], Chicago, Illinois 60602

Proposed Facility Address: [Redacted], Hardy, Arkansas 72542

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
300 South Spring Street, Spring Building, Suite 900

Registered Agent Address Little Rock, Arkansas 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)	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], and CFO, [Redacted])		
GB Portfolio Investments, LLC		1.500%
(Owned by financial backers [Redacted])		
TOTAL		100.000%

5. County of Proposed Location Sharp County

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

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, the Company has applied for additional dispensary licenses under the same name at the following addresses:
705 East 2nd Street, Ward, Arkansas 72176
4423 East Broad Street, Texarkana, Arkansas 71854

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 Company has also applied for a cultivation license under the same name.

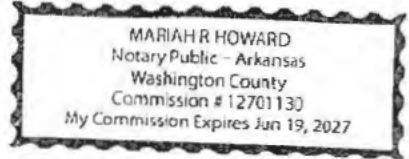
Certification

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

Signed this 11 day of September 2017
[redacted signature]
Signature of Applicant

Subscribed and sworn to before me this 11th day of September, 2017.
[Signature]
Notary Public

My Commission Expires: 06/19/2027



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Desert River Management LLC

Fictitious Trade Name (if any) _____

Business Mailing Address ██████████, 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 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	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) 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

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 Cultivation application, however all of the applicants as an identically comprised group are submitting a separate Dispensary 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.

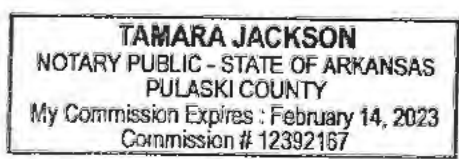
Signed this 13th day of September, 2017.

[REDACTED]
Signature of Applicant

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

Tamara Jackson
Notary Public

My Commission Expires: 2-14-23



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Grassroots OpCo AR, LLC

Fictitious Trade Name (if any) Grassroots Cannabis

Business Mailing Address [Redacted] Chicago, Illinois 60602

Proposed Facility Address: [Redacted], Texarkana, Arkansas 71854

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
300 South Spring Street, Spring Building, Suite 900

Registered Agent Address Little Rock, Arkansas 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)	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 backers [Redacted])	
	TOTAL	100.000%

5. 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 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, the Company has applied for additional dispensary licenses under the same name at the following addresses:

_____, Ward, Arkansas 72176
_____, Hardy, Arkansas 72542

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

Yes, the Company has also applied for a cultivation license 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.

Signature of Applicant

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

Notary Public

My Commission Expires: 06/19/2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Grassroots OpCo AR, LLC

Fictitious Trade Name (if any) Grassroots Cannabis

Business Mailing Address [Redacted], Chicago, Illinois 60602

Proposed Facility Address: [Redacted] Ward, Arkansas 72176

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
300 South Spring Street, Spring Building, Suite 900

Registered Agent Address Little Rock, Arkansas 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)	70.200%
[Redacted]	(Owner)	20.100%
[Redacted]	(Owner)	0.050%
[Redacted]	Holdings Arkansas, LLC	4.075%
[Redacted]	(Wholly owned by the Company's CEO, [Redacted])	
[Redacted]	PCCW Investments, LLC	4.075%
[Redacted]	(Owned by the Company's COO, [Redacted])	
[Redacted]	GB Portfolio Investments, LLC	1.500%
[Redacted]	(Owned by financial backers [Redacted])	
	TOTAL	100.000%

5. County of Proposed Location Lonoke County

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

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, the Company has applied for additional dispensary licenses under the same name at the following addresses:

_____ Texarkana, Arkansas 71854
_____ Hardy, Arkansas 72542

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

Yes, the Company has also applied for a cultivation license 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.

Signature of Applicant

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

Notary Public

My Commission Expires: 06/19/2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Medibox, Inc.

Fictitious Trade Name (if any) n/a

Business Mailing Address [Redacted] DeQueen, AR 71832

Business telephone number 918-869-0845

3. Business entity type Corporation

Date of business formation or incorporation 9/14/17

State(s) of Incorporation Arkansas

Registered Agent Name Dennis Hale

Registered Agent Address 393 Rink Rd. DeQueen AR, 71832

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 of TCDM, LLC 60%

[Redacted] Owner [Redacted], LLC 40%

5. County of Proposed Location Polk

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

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.

[redacted] is applying as a partial owner of a cultivation center named Arkansas Aquaconic, Inc.

[redacted] is applying as a partial owner of a cultivation center named Arkansas Aquaconic, Inc.

Certification

I, [redacted], [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 day of September, 2017.

[redacted] Applicant

Subscribed and sworn to before me this 17th day of September, 2017.

Renee Cook
Notary Public

My Commission Expires: 11-10-2022



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Arkansas Natural Medicines, Ince

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72212

Business telephone number 501-428-1153

3. Business entity type For Profit Corporation

Date of business formation or incorporation 5/11/17

State(s) of Incorporation Arkansas

Registered Agent Name Tracy L. Johnson

Registered Agent Address 1507 Dorado Beach Drive, Little Rock, AR72212

4. List all owners, stockholders, sbareholders, 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 Pulaski

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 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. Applicant/Owner is an owner of Delta Medical Cannabis Company

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 15th day of September 2017.

[Signature]
Notary Public

My Commission Expires: May 15, 2023

JANTEL R STAMPS
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires May 15, 2023
Commission # 12330503

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name Weigle, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
West Memphis, AR 72301

Business telephone number (870) 732-2242

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 8-17-2017

State(s) of Incorporation Arkansas

Registered Agent Name Shane Patterson

Registered Agent Address 105 W. Harrison, W. Memphis, AR 72301

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 Crittenden

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

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

No

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

No

Certification

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

Signed this 7th day of September, 2017.

[redacted signature]

Signature of Applicant

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

[Handwritten signature of Mark Holland]

Notary Public

My Commission Expires: 3/6/2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name West Ark Dispensary, L.L.C.

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
Hot Springs, AR 71913

Business telephone number (501) 520-7782

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation _____

State(s) of Incorporation Arkansas

Registered Agent Name Lonnie Wright

Registered Agent Address 310 Crestview Dr. Hot Springs, AR 71913

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] 25.5%
- [Redacted] 44%
- [Redacted] 25.5%
- [Redacted] 5%

5. County of Proposed Location Polk

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

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

No

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

[Redacted] is a member of Boll Weevil Farms of the Delta which is applying for a cultivation license. [Redacted] is a member of Boll Weevil Farms of the Delta which is applying for a cultivation license.

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 11th day of September, 2017.

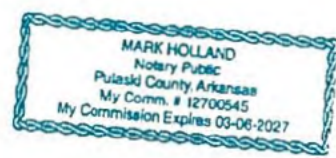
[Redacted Signature]

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

[Signature of Notary Public]

Notary Public

My Commission Expires: 3/6/2027



New Harvest Dispensary: Section A. Number 4. Operating Agreement

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name New Harvest Dispensary, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted], Marianna, Arkansas 72360

Business telephone number N/A

3. Business entity type Limited Liability Company

Date of business formation or incorporation July 13th, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Michael Osburn

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

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] CEO - 10% [Redacted] Board Member - 10% [Redacted] Board Member - 20% [Redacted] COO - 10% [Redacted] Board Member - 10% [Redacted] Board Member - 10% [Redacted] Board Member - 10% [Redacted] Medical Director - 10% [Redacted] General Manager - 10% See attachment Section A

Number 4 for the official signed operating agreement showing the equity division

5. County of Proposed Location Crittenden

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

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

No

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

[Redacted] are all equity holders in a cultivation applicant named New Harvest Agri, 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 14 day of SEPTEMBER, 2017

[Redacted Signature]

Signature of Applicant

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

Kimberly Gordon

Notary Public

My Commission Expires: 9-9-2023



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Medical Group

Fictitious Trade Name (if any)

Business Mailing Address

North Little Rock, AR 72118

Business telephone number 501-690-2855

3. Business entity type Corporation

Date of business formation or incorporation March 9, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Graham Catlett

Registered Agent Address 323 Center St. Suite 1800 Tower Bldg
Little Rock, AR

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]	15%
	15%
	30%
	5%
	3%
	2%
	30%

5. County of Proposed Location JACKSON

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

no

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

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

same corporation own owners
will apply for dispensaries

Certification

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

Signed this 11th day of September, 2017.

[redacted signature]

Signature of Applicant

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

Pipere Brettell

Notary Public

My Commission Expires: 12.12.2017



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Boll Weevil Farms of the Delta, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [Redacted]

Hot Springs, AR 71913

Business telephone number (501) 520-7792

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation 9/01/2017

State(s) of Incorporation Arkansas

Registered Agent Name Dr. Lonnie Wright

Registered Agent Address 310 Crestview Dr., Hot Springs, AR 71913

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.")



- (52%) Fifty two Percent
- (12%) Twelve Percent
- (11%) Eleven Percent
- (8%) Eight Percent
- (4%) Four Percent
- (4%) Four Percent
- (4%) Four Percent
- (4%) Four Percent
- (1%) One Percent

5. County of Proposed Location Jackson

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

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.
No

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

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

See Attached Disclosure



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 7th day of Sept., 2017



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

Mark Holland
Notary Public

My Commission Expires: 3/6/2027



Section A. Number 8.

Additional Affiliations of Owners/Board Members of Boll Weevil Farms of the Delta, LLC

██████████ ██████████ is also a 60% owner in Johnson County Dispensary LLC who is applying for a dispensary license.

██████████ ██████████ is also a 44% owner in Westark Dispensary LLC who is applying for a dispensary license.

██████████ ██████████ is also a 4% owner in River Valley Dispensary LLC who is applying for a dispensary license.

██████████ - ██████████ is also a 4% owner in River Valley Dispensary LLC who is applying for a dispensary license.

██ is also a 12% owner in B.U. Dispensary who is applying for a dispensary license.

██ is also a 25% owner in Johnson County Dispensary LLC who is applying for a dispensary license.

██ is a 5% owner in Westark Dispensary LLC who is applying for a dispensary license.

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Medical Group

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
North Little Rock, AR 72118

Business telephone number 501-690-2855

3. Business entity type Corporation

Date of business formation or incorporation March 9, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Graham Catlett

Registered Agent Address 323 Center St. Ste 1800, Tower Bldg
Little Rock, AR

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]	President, owner	15%
[Redacted]	owner	15%
[Redacted]	Secretary, owner	30%
[Redacted]	Vice President, owner	30%
[Redacted]	owner	3%
[Redacted]	owner	2%
[Redacted]		5%

5. County of Proposed Location Polaski

6. City of Proposed Location (If inside city limits) none

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, same group, in Garland Count

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

NO

Certification

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

Signed this 11th day of September, 2017.

[REDACTED]

Signature of Applicant

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

Pipere Brettell
Notary Public

My Commission Expires: 12-12-2017



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Natural State Medical Group

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
North Little Rock, AR 72118

Business telephone number 501-690 2855

3. Business entity type Corporation

Date of business formation or incorporation March 9, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Graham ~~Rosier~~ Catlett

Registered Agent Address 323 Center St. Ste 1800 Tower Bldg
Little Rock, AR

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]	President - owner	15%
[Redacted]	owner	15%
[Redacted]	Secretary owner	30%
[Redacted]	board member - owner	5%
[Redacted]	owner	3%
[Redacted]	owner	2%
[Redacted]	vice president owner	30%

5. County of Proposed Location Garland

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

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

yes, same group, in Pulaski County

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

NO

Certification

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

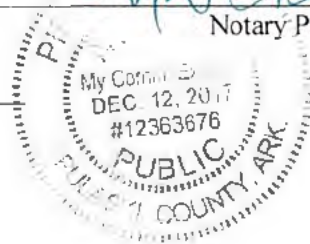
Signed this 11th day of September, 2017.

[REDACTED]
Signature of Applicant

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

[REDACTED]
Notary Public

My Commission Expires: 12-12-2017



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Big Fish of North Central Arkansas LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted]

Bryant, AR 72022

Business telephone number (501) 773-9895

3. Business entity type Limited Liability Corporation

Date of business formation or Incorporation August 16, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Joshua Londers

Registered Agent Address 2316 Byron Drive, Bryant AR 72022

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]

- fifty five percent	(55%)
- twenty five percent	(25%)
- nineteen percent	(19%)
- one percent	(1%)

5. County of Proposed Location Cleburne

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

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

No

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

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]

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

Mark Holland
Notary Public

My Commission Expires: 3/6/2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Arkadelphia Dispensary, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]

Arkadelphia, AR 71923

Business telephone number (870) 692-7963

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation Aug. 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Percy Malone

Registered Agent Address 518 clay st. Arkadelphia, AR 71923

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%
- 24.5%
- 24.5%

5. County of Proposed Location Clark

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

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.

[Redacted] is a owner/member of Heritage Farms of Eastern Arkansas LLC which is applying for a cultivation license
[Redacted] is a owner/member of Heritage Farms of Eastern Arkansas, LLC which is applying for a cultivation license.

Certification

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

Signed this 11th day of September, 2017.

[Redacted Signature]

Signature of Applicant

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

[Handwritten Signature]

Notary Public

My Commission Expires: 3/6/2027



APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name _____ 7-Hybrid Cultivation LLC

Fictitious Name (if any) _____

Business Mailing Address _____

_____ North Little Rock, AR 72115

Business Telephone Number _____ 501-690-4809

3. Business Entity Type _____ Limited Liability Company

Date of business formation or incorporation _____ June 13, 2017

State(s) of Incorporation _____ Arkansas

Registered Agent Name _____ The Corporation Company

Registered Agent Address _____ 124 West Capitol Avenue, Suite 1900

_____ Little Rock, Arkansas 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. (Please make sure that 100% of the ownership interest in the proposed cultivation facility is accounted for in this section. Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")

SEE EXHIBIT "SECTION A. NUMBER 4."

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

No.

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

SEE EXHIBIT "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.

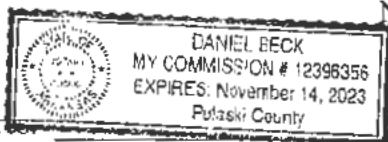
Signed this 17th

[REDACTED]

Subscribed and sworn to before me this 17th day of September, 2017.



Notary Public



My Commission Expires

CULTIVATION APPLICATION

SECTION A. NUMBER 4.

Name	Affiliation	Ownership Percentage
[REDACTED]	Owner/President	45.6625%
	Owner	2.0875%
	Owner	18.875%
	Owner/Chief Financial Officer	18.875%
	Owner/Board Member	0.25%
	Owner/Board Member/Cultivation Director	0.50%
	Owner/Board Member	1.00%
	Owner/Board Member	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member	0.25%
	Owner/Board Member	0.50%
	Owner/Board Member/Chief Education Officer	0.50%
	Owner	5.00%
	Owner/Board Member	0.25%
	Owner/Board Member/Chief Science Officer	0.50%
	Owner/Board Member	0.50%
	Owner/Chief Medical Officer	1.00%
	Owner/Board Member/Security Director	0.50%
Owner	0.50%	

¹ [REDACTED] owns 6.00% of the Company as an individual and 39.6625% through J & B Cultivating, LLC, an Arkansas limited liability company, for a total of 45.6625% of the Company. J & B Cultivating, LLC owns 41.75% of the Company. [REDACTED] owns 95% of J & B Cultivating, LLC.

² [REDACTED] owns 2.0875% of the Company through J & B Cultivating, LLC, which owns 41.75% of the Company. [REDACTED] owns 5.00% of J & B Cultivating, LLC

³ [REDACTED] owns 18.875% of the Company through 7-Hybrid Holdings LLC, an Arkansas limited liability company which owns 37.75% of the Company. [REDACTED] owns 50% of 7-Hybrid Holdings LLC.

⁴ [REDACTED] owns 18.875% of the Company through 7-Hybrid Holdings LLC, which owns 37.75% of the Company. [REDACTED] owns 50% of 7-Hybrid Holdings LLC.

CULTIVATION APPLICATION

SECTION A. NUMBER 8.

CLINTON ALTERNATIVE CARE, LLC - DISPENSARY APPLICATION

██████████ and ██████████, each owners of 7-Hybrid Cultivation LLC, will submit an application for a dispensary license on behalf of Clinton Alternative Care, LLC, an Arkansas limited liability company. The location of the proposed dispensary will be in Clinton, Arkansas. ██████████ owns 60% of Clinton Alternative Care, LLC and ██████████ owns 40%.

██████████, an owner and the Security Director of 7-Hybrid Cultivation LLC, will serve as security director of Clinton Alternative Care, LLC, but will not have any ownership interest.

APOLLO BIO PHARMACY, INC. - DISPENSARY APPLICATION

██████████ an owner and board member of 7-Hybrid Cultivation LLC, will submit an application for a dispensary license on behalf of Apollo Bio Pharmacy, Inc., an Arkansas corporation. The location of the proposed dispensary will be in Hot Springs, Arkansas. ██████████ will have a 30% ownership interest in Apollo Bio Pharmacy, Inc.

GREEN REMEDIES GROUP, LLC - DISPENSARY APPLICATION

██████████, an owner and board member of 7-Hybrid Cultivation LLC, has a 1% ownership interest and is a member of Green Remedies Group, LLC, an Arkansas limited liability company, which is submitting an application for a dispensary license. The location of the proposed dispensary will be in Hot Springs, Arkansas.

GREEN SPRINGS MEDICAL, LLC - DISPENSARY APPLICATION

██████████, an owner and board member of 7-Hybrid Cultivation LLC is a board member of Green Springs Medical, LLC, an Arkansas limited liability company, which is submitting an application for a dispensary license. The location of the proposed dispensary will be in Garland County, Arkansas. ██████████ has no ownership interest in Green Springs Medical, LLC.

CULTIVATION APPLICATION

SECTION A. NUMBER 4.


Name	Affiliation	Ownership Percentage
[REDACTED]	Owner/President	45.6625%
	Owner	2.0875%
	Owner	18.875%
	Owner/Chief Financial Officer	18.875%
	Owner/Board Member	0.25%
	Owner/Board Member/Cultivation Director	0.50%
	Owner/Board Member	1.00%
	Owner/Board Member	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member	0.25%
	Owner/Board Member	0.50%
	Owner/Board Member/Chief Education Officer	0.50%
	Owner	5.00%
	Owner/Board Member	0.25%
	Owner/Board Member/Chief Science Officer	0.50%
	Owner/Board Member	0.50%
	Owner/Chief Medical Officer	1.00%
	Owner/Board Member/Security Director	0.50%
Owner	0.50%	

¹ [REDACTED] owns 6.00% of the Company as an individual and 39.6625% through J & B Cultivating, LLC, an Arkansas limited liability company, for a total of 45.6625% of the Company. J & B Cultivating, LLC owns 41.75% of the Company. [REDACTED] owns 95% of J & B Cultivating, LLC.

² [REDACTED] owns 2.0875% of the Company through J & B Cultivating, LLC, which owns 41.75% of the Company. [REDACTED] owns 5.00% of J & B Cultivating, LLC

³ [REDACTED] owns 18.875% of the Company through 7-Hybrid Holdings LLC, an Arkansas limited liability company which owns 37.75% of the Company [REDACTED] owns 50% of 7-Hybrid Holdings LLC.

⁴ [REDACTED] owns 18.875% of the Company through 7-Hybrid Holdings LLC, which owns 37.75% of the Company. [REDACTED] owns 50% of 7-Hybrid Holdings LLC.

	Owner/Board Member	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member/Manufacturing Director	0.50%
	Owner/Board Member	0.50%
	Owner/Board Member	0.25%
	Chief Operating Officer	0.00%
	Chief Compliance Officer	0.00%
		100.00%

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

2. Business Name River Valley Dispensary, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Little Rock, AR 72212

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation 8/15/2017

State(s) of Incorporation Arkansas

Registered Agent Name Rick Angel

Registered Agent Address 2200 Hidden Valley Drive; Little Rock, AR 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.")

51%

40%

4%

4%

1%

5. County of Proposed Location Yell County

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

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

No.

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

No.

Certification

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

Signed this 11th day of September, 2017.

[redacted signature]

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

Mark Holland
Notary Public

My Commission Expires: 3/6/2027



APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED] 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 [REDACTED]

Webb, Smith, Cole & Hickey PLC, 2805 East Broad Street, Texarkana, AR 71851

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 129 West Capitol Avenue, Suite 1900, 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.")

See attached Section A. Number 4

5. County of Proposed Location Pulaski

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

! CONFIDENTIAL

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. The applicant entity, GreenThumb Industries Arkansas, LLC db/a GTI Arkansas, LLC is also applying for a cultivation license under the same applicant entity name (GTI Arkansas, LLC). 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



! CONFIDENTIAL

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name B. U. Dispensary, LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [Redacted]
Searcy, AR 72143

Business telephone number (501) 278-9585

3. Business entity type Limited Liability Corporation

Date of business formation or incorporation August 17, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Dennis Stearns

Registered Agent Address 105 Bartlett Road
Searcy, AR 72143

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] — 24%
[Redacted] — 12%
[Redacted] — 4%

5. County of Proposed Location Woodruff

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

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

No

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

[Redacted] is a member/owner in Boll Weevil Farms of the Delta, LLC which is applying for a cultivation license.

Certification

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

Signed this 7th day of Sept., 2017.

[Redacted Signature]

Signature of Applicant

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

Mark Kell &

Notary Public

My Commission Expires: 3/6/2027

