

00181

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name LRT Investments LLC

Fictitious Trade Name (if any) TexArCanna Medical

Business Mailing Address

[Redacted]

Texarkana, Arkansas 71854

Business telephone number 903-701-3882

3. Business entity type Domestic Limited Liability Corporation

Date of business formation or incorporation September 6, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Robyn Leanne Thornell

Registered Agent Address 1905 East 18th Street, Texarkana, Arkansas 71854

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, Stockholder, Shareholder, Member, Officer and Board Member holds title to a Ownership/Membership Interest equal to Sixty (60%) of the aggregated Ownership/Membership Interests in LRT Investments LLC.

[Redacted] Owner, Stockholder, Shareholder, Member, Officer and Board Member holds title to a Ownership/Membership Interest equal to Forty (40%) of the aggregated Ownership/Membership Interests in LRT Investments LLC.

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.

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 area]

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

Jamie Womack
Notary Public

My Commission Expires: 8/20/2024

JAMIE WOMACK
MILLER COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires 08-20-2024
Commission No. 12400888

00185

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Interurban Capital Group INC

Fictitious Trade Name (if any) DBA Have A Heart CompassionCare

Business Mailing Address [Redacted] Seattle WA 98107

Business telephone number - 425-268-4391

3. Business entity type Profit Corporation

Date of business formation or incorporation 8/10/17

State(s) of Incorporation Delaware & Arkansas

Registered Agent Name Incorp Services INC.

Registered Agent Address 4250 Venetian Lane Fayetteville AR 72703

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 additional page. This response should include "Section A. Number 4.")

[Redacted]

managing member - 13.333 % ownership
member - 13.333 % ownership
- member - 13.333 % ownership
member - 60 % ownership

5. County of Proposed Location Carroll County

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

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]

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.

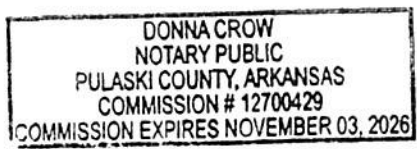
NO.

[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]

Subscribed and sworn to before me this 14 day of September, 2017.
(Donna Crow)
Notary Public

My Commission Expires: 11-3-26



00190

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Cache Cultivation LLC

Fictitious Trade Name (if any) _____

Business Mailing Address Arcego Armagon, AR
72205

Business telephone number ~~508-639-4152~~ 479-462-4151

3. Business entity type Cultivation

Date of business formation or incorporation 8-28-17

State(s) of Incorporation _____

Registered Agent Name Austin G Lowery

Registered Agent Address 3400 S Bowman Rd Little Rock, AR
72211

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] 16 2/3 %
[Redacted] 16 2/3 %
[Redacted] 16 2/3 %
[Redacted] 16 2/3 %
[Redacted] 33 1/3 %
- Board member

5. County of Proposed Location Jackson County

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.

No

Certification

I, _____ 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 16th day of September, 2017.

Subscribed and sworn to before me this 16th day of September, 2017.

Sydney Bennett
Notary Public

My Commission Expires: 6/15/2026



00218

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. **Business Name** Elevate Arkansas Holding, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address _____ Rogers, Arkansas 72758

Business telephone number 479-372-3002

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

Date of business formation or incorporation September 15, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Northwest Registered Agent, LLC

Registered Agent Address 701 South Street, Suite 100 Mountain Home, AR 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.")

- ████████████████████ Member, 60%
- ████████████████████ Member 20%
- ████████████████████ Member 20%
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

5. County of Proposed Location Washington County

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

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 does not intend to file an additional application for a cultivation facility.

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

Certification

[REDACTED], certify that the information provided in this [REDACTED] 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]
[REDACTED] of Applicant

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

[Signature]
Notary Public

My Commission Expires: 08.04.2026

ALEXIS CORDERO
Notary Public-Arkansas
Benton County
My Commission Expires 08-04-2026
Commission # 12699120

00226

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Elevate Arkansas Holding, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [REDACTED] Rogers, Arkansas 72758

Business telephone number 479-372-3002

3. Business entity type Limited Liability Company

Date of business formation or incorporation September 14, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Arkansas Registered Agent, LLC

Registered Agent Address 701 South Street, Suite 100 Mountain Home, Arkansas 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] Member, 60%

[REDACTED] Member, 20%

[REDACTED] Member, 20%

5. County of Proposed Location Washington County

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

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

The Applicant does not intend to file an additional application for a dispensary location.

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]

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 18TH day of SEPTEMBER, 2017.

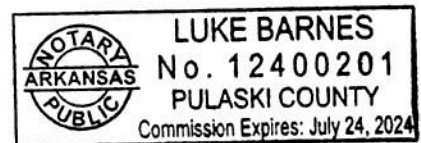
[REDACTED]

Subscribed and sworn to before me this 18th day of September, 2017.

Luke Barnes

Notary Public

My Commission Expires: July 24th 2024



00231

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name NELLIE VENTURES LLC

Fictitious Trade Name (if any) CLINTON COMPASSIONATE CARE

Business Mailing Address

[REDACTED]

CLINTON, AR 72031

Business telephone number (480) 577 6280

3. Business entity type LIMITED LIABILITY COMPANY

Date of business formation or incorporation 9/14/2017

State(s) of Incorporation ARKANSAS

Registered Agent Name CHARLES EDWARD MOORE

Registered Agent Address 7678 HWY 336 WEST, CLINTON AR 72031

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 - 60%

- OWNER - 20%

- OWNER - 20%

5. County of Proposed Location VAN BUREN

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

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

No.

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

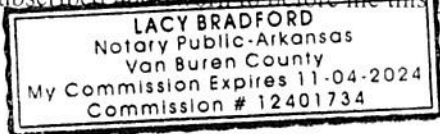
No.

Certification

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

Signed this 10th day of September, 2017.

Subscribed and sworn to before me this



10th day of September, 2017.
Lacy Bradford
Notary Public

My Commission Expires: _____

00232

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name

Southern Grown LLC

Fictitious Trade Name (if any)

Business Mailing Address

[Redacted]

Bryant, AR 72089

Business telephone number

870.866.3753

3. Business entity type

LLC

Date of business formation or incorporation

January 10, 2017

State(s) of Incorporation

AR

Registered Agent Name

Garrett Stanley

Registered Agent Address

11621 Hilario Springs Rd
Little Rock, AR 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]

24.5%

24.5%

25.5%

25.5%

5. County of Proposed Location

Chicot

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

00233

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Professional Registered Nurses, Inc. dba

Fictitious Trade Name (if any) The Herbal Company Dispensary

Business Mailing Address [Redacted]

Fort Smith, AR 72903

Business telephone number 479-785-9222

3. Business entity type Medical Staffing, Home Care, Nursing Assistant Training

Date of business formation or incorporation Business started January, 1990; Inc. May 27, 1992

State(s) of Incorporation Arkansas, Oklahoma, Missouri

Registered Agent Name AR and OK: Professional Registered Nurses, Inc.

Registered Agent Address 4500 Rogers Avenue Fort Smith, AR 72903

MO: InCorp Services, Inc.

2847 S. Ingram Mill Road, Ste. A100

Springfield, MO 65804

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/Financial Advisor - 55%
- [Redacted] Owner/Director - 40%
- [Redacted] Owner/General Manager - 5%

5. County of Proposed Location Sebastian

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

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

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

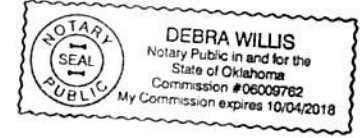
Signed this 15th day of September, 2017.

Signature of Applicant

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

Debra Willis
Notary Public

My Commission Expires: 10/4/2018



SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. **Business Name** Deep Roots Dispensary, LLC

Fictitious Trade Name (if any) N/A

Business Mailing Address [REDACTED] Little Rock, AR 72210

Business telephone number (501) 821-2106

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

Date of business formation or incorporation August 31, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Mark Riable

Registered Agent Address 9710 I 30, Little Rock, AR 72209

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] 27%; [REDACTED] 27%; [REDACTED] 20%; [REDACTED] 10%; [REDACTED] 10%; [REDACTED] 6%.

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.

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]

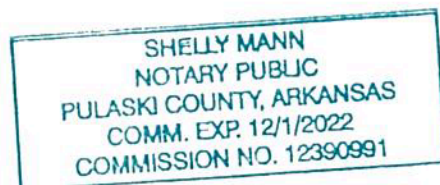
Signature of Applicant

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

Shelly Mann

Notary Public

My Commission Expires: 12/01/2022



00256

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name C & I, LLC

Fictitious Trade Name (if any) Southern Remedy

Business Mailing Address [REDACTED]

Little Rock, Arkansas 72201

Business telephone number _____

3. Business entity type Limited Liability Company

Date of business formation or incorporation 07/19/2017

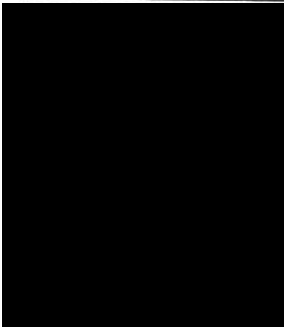
State(s) of Incorporation Arkansas

Registered Agent Name Robert Beach

Registered Agent Address 425 W. Capitol Avenue, Suite 3800, Little Rock, Arkansas 72201

ABC
2017 SEP 18 P 12:38
RECEIVED

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.")

Name	Affiliation	Ownership %
	Owner/Member	28.33%
	Owner/Member & Advisory Board Member	28.33%
	Owner/Member & Applicant	28.34%
	Owner/Member	3.33%
	Owner/Member	3.34%
	Owner/Member	3.33%
	Owner/Member & Advisory Board Member	5.00%

5. County of Proposed Location Lonoke

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

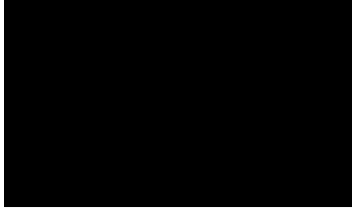
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

SECTION A. NUMBER 4

Name

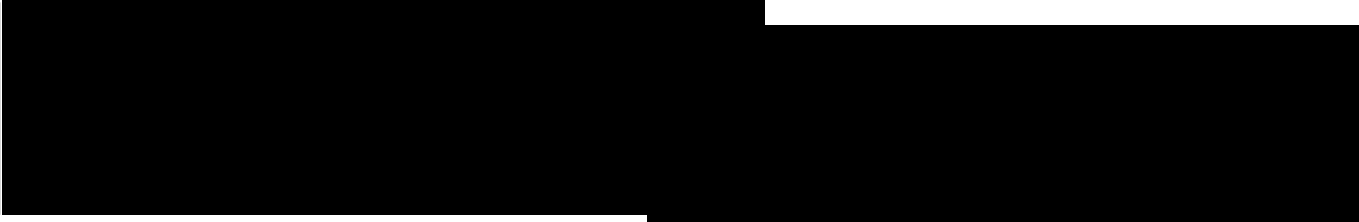


Affiliation

Advisory Board Member
Advisory Board Member
Advisory Board Member
Advisory Board Member
Advisory Board Member

Ownership %

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, _____, 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 _____, _____.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public

My Commission Expires: _____

00282

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Canna Vitae, LLC

Fictitious Trade Name (if any)

Business Mailing Address [Redacted] Little Rock, AR 72223

Business telephone number 501-519-4465

3. Business entity type Limited Liability Company

Date of business formation or incorporation 9-6-2017

State(s) of Incorporation Arkansas

Registered Agent Name Adam Sholes

Registered Agent Address 20 Bernay Way, Little Rock, AR 72223

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] Majority Owner, 51%
- [Redacted] - Owner, 24.5%
- [Redacted] - Owner, 24.5%

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 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 [redacted] understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 15 day of September, 2017

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

Marsha L. Elrod

Notary Public

My Commission Expires: 8/4/2018



00283

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Holistic Industries of Arkansas, LLC

Fictitious Trade Name (if any): PO

Business Mailing Address [REDACTED] Lake Village, AR 71653

Business telephone number 870-265-1565

3. Business entity type Limited liability company

Date of business formation or incorporation: September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Northwest Registered Agent, LLC

Registered Agent Address 701 South Street, Suite 100, Mountain Home, AR 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.")

Name	Affiliation	Ownership Interest
[REDACTED]	Owner	60%
[REDACTED]	Owner	15%
[REDACTED]	Owner	15%
[REDACTED]	Owner	10%

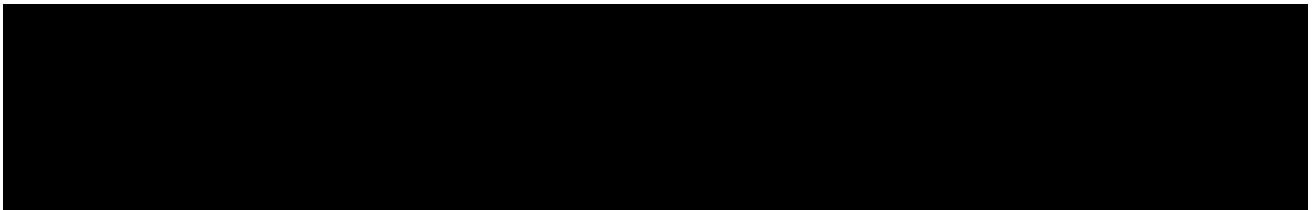
5. County of Proposed Location: Chicot

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

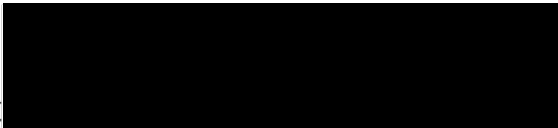
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

No

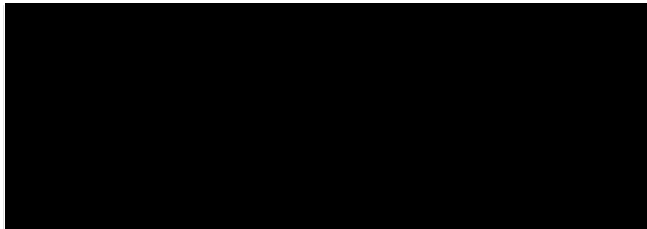
8. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicant(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary, and briefly describe the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



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.



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



Notary Public

My Commission Expires: 11-14-21



00286

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[Redacted]

2. Business Name Holistic Industries of Arkansas, LLC

Fictitious Trade Name (if any): _____

Business Mailing Address [Redacted] Lake Village, AR 71653

Business telephone number 870-265-1565

3. Business entity type Limited liability company

Date of business formation or incorporation: September 11, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Northwest Registered Agent, LLC

Registered Agent Address 701 South Street, Suite 100, Mountain Home, AR 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 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.")

Name	Affiliation	Ownership Interest
[Redacted]	Owner	60%
[Redacted]	Owner	15%
[Redacted]	Owner	15%
[Redacted]	Owner	10%

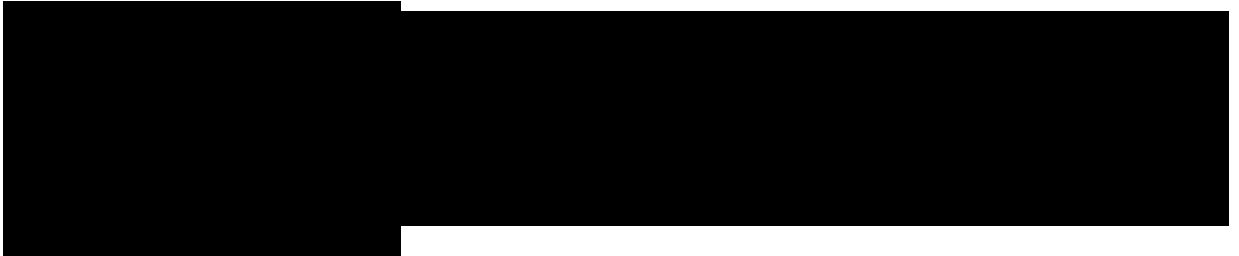
5. County of Proposed Location: Chicot

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

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.

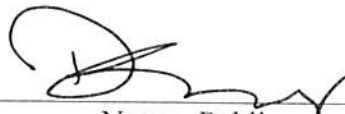


Certification

I, _____, certify that the information provided in this form _____ accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 11 day of September, 2017.

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



Notary Public

My Commission Expires: 11-14-21




00291

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY


SECTION A. GENERAL INFORMATION

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

 _____

2. **Business Name** Global Resource Operations, LLC

Fictitious Trade Name (if any) GRO, LLC

Business Mailing Address , Little Rock AR 72203

Business telephone number 615-300-4133

3. **Business entity type** LLC

Date of business formation or incorporation August 3, 2017

State(s) of Incorporation Arkansas

Registered Agent Name The Corp Company

Registered Agent Address 124 W. Capitol Ave, Suite 1900, Little Rock AR 72201

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

[REDACTED]	40%	[REDACTED]
[REDACTED]	16%	[REDACTED]
[REDACTED]	1%	[REDACTED]
[REDACTED]	3%	[REDACTED]
[REDACTED]	2%	[REDACTED]
[REDACTED]	2%	[REDACTED]
[REDACTED]	12%	[REDACTED]
[REDACTED]	1%	[REDACTED]

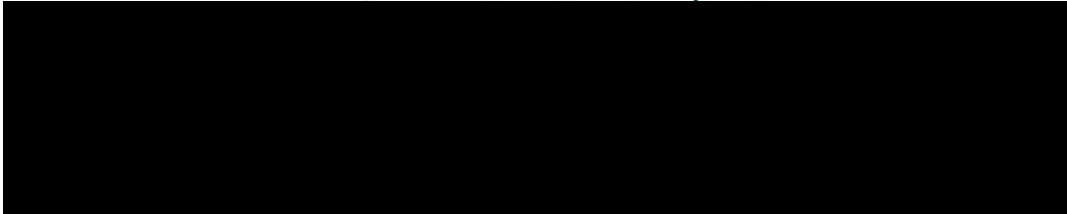
5. County of Proposed Location Jefferson

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

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

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.



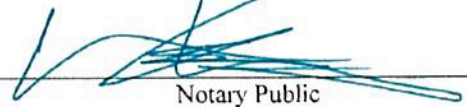
Certification

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

Signed this 16th day of September, 2017.



Subscribed and sworn to before me this 16 day of SEPTEMBER, 2017.



Notary Public

My Commission Expires: 10-19-2026



292

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. **Business Name** Global Resource Operations, LLC

Fictitious Trade Name (if any) GRO, LLC

Business Mailing Address [REDACTED] Little Rock AR 72203

Business telephone number 615-300-4133

3. **Business entity type** LLC

Date of business formation or incorporation August 3, 2017

State(s) of Incorporation Arkansas

Registered Agent Name The Corp Company

Registered Agent Address 124 W. Capitol Ave, Suite 1900, Little Rock AR 72201

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

[REDACTED]	40%	[REDACTED]
[REDACTED]	16%	[REDACTED]
[REDACTED]	1%	[REDACTED]
[REDACTED]	3%	[REDACTED]
[REDACTED]	2%	[REDACTED]
[REDACTED]	2%	[REDACTED]
[REDACTED]	12%	[REDACTED]
[REDACTED]	1%	[REDACTED]

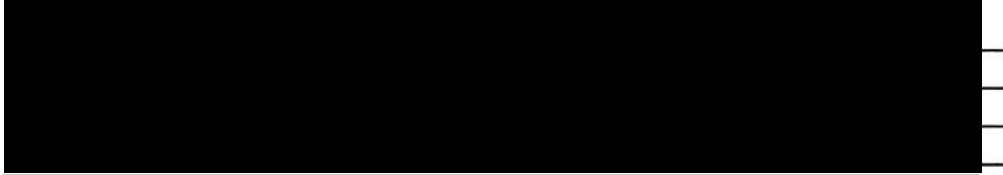
5. County of Proposed Location Jefferson

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

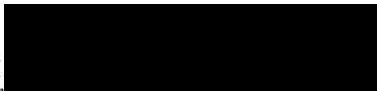
7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a cultivation facility license, under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s)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

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.



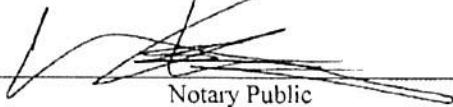
Certification

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 16th day of September, 2017.



Subscribed and sworn to before me this 16 day of SEPTEMBER, 2017.



Notary Public

My Commission Expires: 10-19-2026



Name of Applicant (Must be printed)

00295

Business Name N/A ^{KNE} Kenneth HAROLD EACKLES

Alternative Trade Name (if any) N/A

Business Mailing Address N/A ^{KNE} Scott ARK, 72142

Business telephone number N/A

Business entity type MEDICAL MARIJUANA DISPENSARY

Date of business formation or incorporation N/A

State(s) of Incorporation N/A

Registered Agent Name N/A

Registered Agent Address N/A

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.")

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

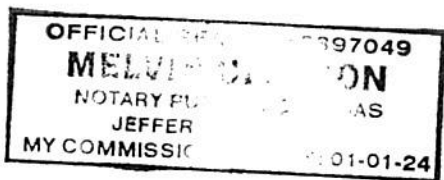
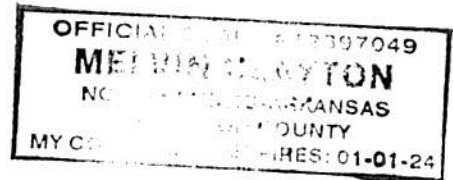
I, [REDACTED] certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this 18th day of September, 2017.

[REDACTED]

Subscribed and sworn to before me this 18 day of September, 2017.
Melvin Clayton
Notary Public

My Commission Expires: 01-01-2024



Certification

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

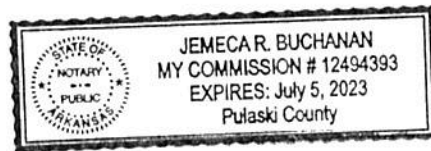
Signed this 15th day of September, _____.

[REDACTED]

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

Jemecar Buchanan
Notary Public

My Commission Expires: 5 July 2023



00296

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name: Green Leaf Cannabis Dispensary LLC (hereinafter "GREENLEAF")

Fictitious Trade Name: (if any) _____

Business Mailing Address: [REDACTED] Helena, Arkansas, 72342

Business telephone number: (501) 350-4334

3. Business entity type: Arkansas Limited Liability Company

Date of business formation or incorporation: May 1, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: Dr. Michael Alred

Registered Agent Address: 11544 Crystal Bay Circle, North Little Rock, Arkansas 72113

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 Attachment. Section A. Number 4.

5. County of Proposed Location Phillips County

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

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

_____ 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.

Signature of Applicant

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

DAVID M. BERRY
Notary Public

My Commission Expires: FEB 18, 2019



00303

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

[REDACTED]

2. Business Name Medicus Arkansas LLC

Fictitious Trade Name (if any) _____

Business Mailing Address [REDACTED]

Austin, TX 78746

Business telephone number 850-499-2587

3. Business entity type LLC

Date of business formation or incorporation 08/10/2017

State(s) of Incorporation Arkansas

Registered Agent Name Northwest Registered Agent, LLC

Registered Agent Address 4701 South St. Ste. 100

Mountain Home, AR 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.")



5. County of Proposed Location St. Francis

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

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

No

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

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

No

Certification

I, [REDACTED], certify that the information provided in this form [REDACTED] 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 day of September, 2017.

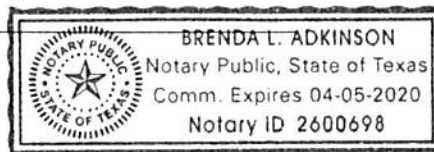
[REDACTED]

Signature of Applicant

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

Brenda L Adkinson
Notary Public

My Commission Expires:



00311

HONEST RELIEF, INC.

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY
SECTION A. GENERAL INFORMATION

1. Name of Applicant (Must be a natural person.) [Redacted]
Business Name: Honest Relief, Inc.
Fictitious Trade Name (if any):
Business Mailing Address: [Redacted] Little Rock, AR 72212
Business telephone number: 501-707-7600

2. Business entity type: Sub Chapter S Corporation
Date of business formation or incorporation: September 14, 2017

State(s) of Incorporation: Arkansas

Registered Agent Name: Dr. Salman Hashmi

Registered Agent Address: 13800 Belle Pointe Dr., Little Rock, AR 72212

3. 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.")

"Section A. Number 4."

Corporate Ownership:

a. [Redacted]
[Redacted] 1/3 owner of Honest Relief, Inc. [Redacted]

b. [Redacted] a 1/3 owner of Honest Relief, Inc. [Redacted]

c. [Redacted] 1/3 owner of Honest Relief, Inc. [Redacted]

d.



- 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 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.

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Certification

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

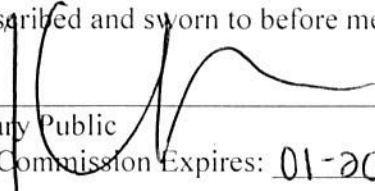
Signed this 14th day of September, 2017

[redacted signature area]

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

Notary Public

My Commission Expires: 01-20-2025



Certification

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

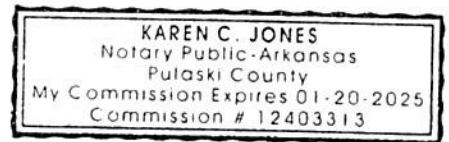
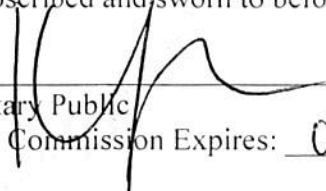
Signed this 14th day of September, 2017.

[redacted signature area]

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

Notary Public

My Commission Expires: 01-20-2025



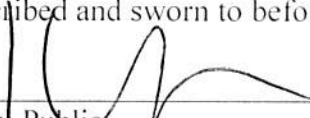
Certification

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

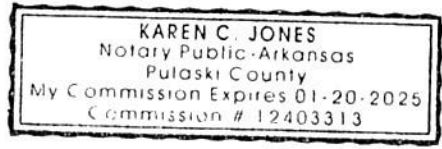
Signed this 14th day of September, 2017.

[REDACTED]
Signature of Applicant

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



Notary Public
My Commission Expires: 01-20-2025



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00316

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

SECTION A. GENERAL INFORMATION

1. **Name of Applicant:** [REDACTED]

2. **Business Name:** Krystal Palace, LLC
Business Mailing Address: [REDACTED] Kilgore, Texas, 75662
Business Telephone Number: (903) 353-7637

3. **Business entity type:** Limited Liability Company
Date of Business formation: April 6, 2017
State(s) of Incorporation: Arkansas Limited Liability Company
Registered Agent Name: Trammell Piazza Law Firm, PLLC
Registered Agent Address: 418 N State Line Ave, Texarkana, AR 71854

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]
[REDACTED] holds Sixty Percent (60%)
ownership interest in Krystal Palace, LLC. [REDACTED]

[REDACTED] holds Ten Percent (10%) ownership interest in Krystal Palace,
[REDACTED] Markham holds Thirty
Percent (30%) ownership interest in Krystal Palace, LLC.

5. **County of Proposed Location:**

Garland County, Arkansas

6. **City of Proposed Location:**

Hot Springs, Arkansas

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

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?**

No.

Certification

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

Signed this 15 day of SEPT., 2017

Subscribed and sworn to before me this 15 day of [REDACTED], 2017.

My Commission Expires: at death

Virginia Hornsby
Notary Public #55617
Virginia Hornsby



00318

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

2. Business Name Rosie Cultivation

Fictitious Trade Name (if any) _____

Business Mailing Address _____

Rosie AR, 72571

Business telephone number 870-251-2577

3. Business entity type LLC

Date of business formation or incorporation Sept 1, 2017

State(s) of Incorporation Arkansas

Registered Agent Name Jack Wyatt

Registered Agent Address 2969 Newport Rd, Rosie AR 72571

RECEIVED
2017 SEP 18 P 4: 15
ABC

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

____ Chief Executive Officer 30%
____ Chief Financial Officer 30%
____ Chief Architect 30%
____ Member/Shareholder 5%
____ Chief Research Officer 5%
____ Chief Compliance Officer

5. County of Proposed Location Independence

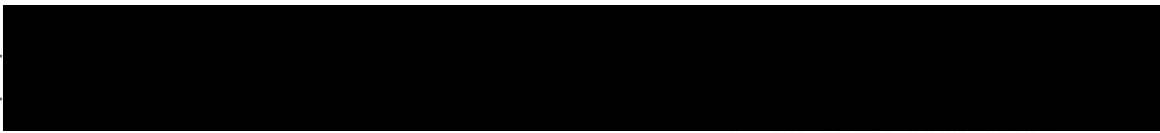
6. City of Proposed Location (If inside city limits) None

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



Certification



_____, certify that the information provided in this _____ and accurate. I understand that any misstatement or _____ for refusal of application or revocation of license if later _____.

Signed this 15 day of Sept 2017.



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

Patricia Savell
Notary Public

My Commission Expires: 1-7-2022



00319

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

SECTION A. GENERAL INFORMATION

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

_____ [REDACTED] _____

2. Business Name ARD CORP

Fictitious Trade Name (if any)

Business Mailing Address _____ [REDACTED] _____

Newport, AR 72112

Business telephone number 901-270-8390

3. Business entity type LLC

Date of business formation or incorporation Sept 7, 2017

State(s) of Incorporation ARKANSAS

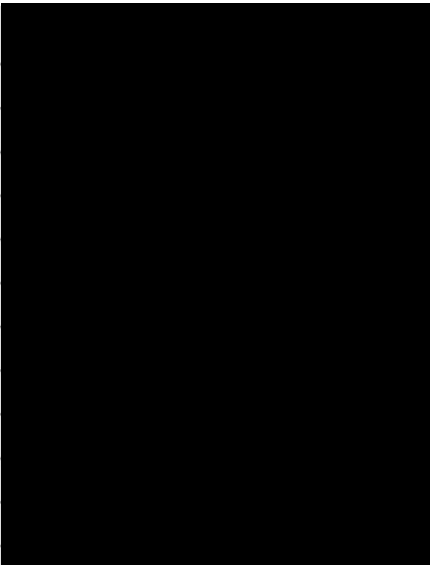
Registered Agent Name Mitch Williams HAR

Registered Agent Address 425 West Capitol Ave

Suite 1800
Little Rock AR

72201

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

	34%
	20 25
	5
	2.37
	3.63
	2
	2
	10
	4
	5
7	

5. County of Proposed Location ARSON COUNTY

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.

[Redacted]

Certification

I, [Redacted], certify that the information provided in this for [Redacted] ate. 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]

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

Stephanie Guitner

Notary Public

My Commission Expires: 8/27/2020

