

**APPLICATION INFORMATION SHEET**

<b>1</b>	<b>COMPANY NAME</b>	<b>KIND THERAPEUTICS USA, LLC</b>
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<b>2</b>	<b>STREET ADDRESS</b>	<b>16604 NORBECK FARM DRIVE</b>
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<b>3</b>	<b>CITY, STATE, ZIP</b>	<b>OLNEY, MD 20832</b>
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<b>4</b>	<b>TELEPHONE NUMBER</b>	
	<b>AREA CODE</b> 301	<b>NUMBER:</b> 774 9262
		<b>EXTENSION:</b>

<b>5</b>	<b>FAX NUMBER</b>	
	<b>AREA CODE</b> 301	<b>NUMBER:</b> 774 1692
		<b>EXTENSION:</b>

<b>6</b>	<b>TOLL FREE NUMBER</b>	
	<b>AREA CODE</b>	<b>NUMBER:</b>
		<b>EXTENSION:</b>

<b>7</b>	<b>Contact Person for providing information, signing documents, or ensuring actions are taken per COMAR 10.62.19-.24</b>	
	<b>Name:</b>	SUSAN ZIMMERMAN
	<b>Title:</b>	CEO
	<b>Address:</b>	789 Sonne Drive, Annapolis, MD
	<b>Email Address:</b>	szlpmr@aol.com

<b>8</b>	<b>TELEPHONE NUMBER AND FAX FOR CONTACT PERSON</b>	
	<b>AREA CODE</b>	<b>TELEPHONE NUMBER:</b> 410 761-0030
		<b>EXTENSION:</b>
	<b>AREA CODE</b>	<b>FAX NUMBER:</b> 410 761-4895

<b>9</b>	<b>CONTACT PERSON SIGNATURE</b>	
	<b>SIGNATURE:</b> 	<b>DATE:</b> 11/2/15



**Maryland Department of Health Mental Hygiene  
Maryland Medical Cannabis Commission (“MMCC”)**

**Application for Medical Cannabis Processor License**



MARYLAND  
**MMCC**

Natalie M. LaPrade  
**Maryland Medical Cannabis Commission**

**Publication Release Date:  
September 28, 2015; Revised, October 7, 2015**

**Application Response Deadline:  
Accepting Applications Period: September 28, 2015–November 6, 2015  
Business Days: M–F, 8:00 am–4:00 pm**

**For additional information regarding the Application process, please contact:  
Natalie M. LaPrade Medical Cannabis Commission  
Department of Health and Mental Hygiene  
Dedicated Email Address for Applicant Questions:  
[dhmh.medicalcannabisApplications@maryland.gov](mailto:dhmh.medicalcannabisApplications@maryland.gov)**



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**FORMS/Addenda CHECKLIST**

<b>FORM/Exhibit #</b>	<b>Name/Description of Exhibit</b>	<b>Included Yes</b>	<b>Not Included</b>
<b>Form 1</b>	<b>Consent for Investigation – Individual/Processor Agent</b>	<b>Yes</b>	
<b>Form 2</b>	<b>Consent for Investigation – Business Entity</b>	<b>Yes</b>	
<b>Form 3</b>	<b>Trade Secret &amp; Business Data Notification</b>	<b>Yes</b>	
<b>Form 4</b>	<b>Business Interest Identification &amp; Authorization Form</b>	<b>Yes</b>	
<b>Form 5</b>	<b>Investors, Agents, Owners &amp; Managing Director Certification Statement</b>	<b>Yes</b>	
<b>Addenda</b>		<b>Yes</b>	



## **SECTION A: INTRODUCTION**

Maryland Department of Health and Mental Hygiene  
Natalie M. LaPrade Maryland Medical Cannabis Commission

### **Medical Cannabis Processor License Application**

The State of Maryland, Department of Health and Mental Hygiene Natalie M. LaPrade Maryland Medical Cannabis Commission (“MMCC” or “Commission”) is seeking Applications from qualified Applicants interested in receiving a Medical Cannabis Processor License.

On October 1, 2013, the Commission became responsible for administering Maryland’s Medical Cannabis program, the effective date of the enactment of Ch. 403, Laws of Maryland (2013); subsequently amended by Ch. 240, 256, Laws of Maryland (2014); and Ch. 251, Laws of Maryland (2015), also referred to as the Maryland Session Laws. The Commission develops policies, procedures, and regulations to implement programs to make medical cannabis available to patients in a safe and effective manner. The Commission will license medical cannabis Growers, Processors, and Dispensaries. This Program allows a qualifying patient or caregiver who is registered with MMCC to purchase medical cannabis from a licensed dispensary. See also Md. Code, Health-Gen §§13-3301-13-3316; COMAR §§10.62.01-10.62-35.

The Commission intends to award licenses to Applicants that most efficiently and effectively ensure public safety and safe access to medical cannabis.

## **SECTION B: Number of Processor Licenses**

In accordance with COMAR 10.62.19.05(A), the Commission will pre-approve a number of licenses for licensed processors sufficient to supply the demand for medical cannabis concentrates and medical cannabis-infused products in a range of routes of administration desired by qualifying patients.

## **SECTION C: Processor Intention to Operate a Dispensary**

A Processor planning to operate a medical cannabis dispensary **must submit a separate Dispensary Application.**

## **SECTION D: Processor Intention to Operate as a Grower**

A Processor planning to operate a medical cannabis grower facility **must submit a separate Grower Application.**

## **SECTION E: TERMS AND DEFINITIONS**

Please refer to the COMAR Regulations in Section 10.62.01 “Definitions,” which are applicable to all MMCC license Applications. The Regulations are posted on the Maryland Medical Cannabis Commission’s website at <http://mmcc.maryland.gov>.

For the purposes of this Application, the following terms and definitions will be used.

<b>TERM</b>	<b>DEFINITION</b>
Annotated Code of Maryland	Maryland’s statutory law created by the State Legislature, the General Assembly.
Applicant	A person or entity applying for a license.
Audited Financial Statement	An audited financial statement that is: (a) Performed by a certified public accountant licensed or with practice privileges in Maryland pursuant to Business Occupations and Professions Article, Title 2, Annotated Code of Maryland; (b) Prepared in accordance with the Professional Standards of the American Institute of Certified Public Accountants; and (c) In the case of a publicly owned corporation, in conformity with the standards of the Public Company Oversight Board.
COMAR	Maryland State Regulations issued by State agencies.
Commission	The Natalie M. LaPrade Medical Cannabis Commission.
Caregiver	An individual 21 years old or older designated by a patient who has agreed to assist with a qualifying patient’s medical use of medical cannabis, and for a qualifying patient younger than 18 years old, a parent, or legal guardian.
Grower Agent	An owner, an employee, a volunteer, an officer, or a director of a licensed grower.
Independent Testing Laboratory	A facility, an entity, or a site that offers or performs tests related to the inspection and testing of cannabis and products containing cannabis in the State of Maryland.
Licensed Dispensary	An entity licensed by the Commission that acquires, possess, repackages, transfers, transports, sells, distributes, or dispenses, products containing cannabis, related supplies, related products including tinctures, aerosols, oils, or ointments, or educational materials for use by a qualifying patient or caregiver.
Licensed Grower	An entity licensed by the Commission that cultivates, manufactures, packages or distributes medical cannabis to licensed processors, licensed dispensaries or registered independent testing laboratories.

<b>TERM</b>	<b>DEFINITION</b>
Licensed Premises	The locations at which a licensed grower, licensed processor, or licensed dispensary operates.
Licensed Processor	An entity licensed by the Commission that: (a) transforms the medical cannabis into another product or extract; and (b) packages and labels medical cannabis.
Maryland Entity	A business entity registered to do business in the State of Maryland.
Maryland Residency	One who lives in Maryland.
Medical Cannabis	Any product containing usable cannabis or medical cannabis finished product.
Medical Cannabis Concentrate	A product derived from medical cannabis that is kief, hashish, bubble hash, oil, wax, or other product, produced by extracting cannabinoids from the plant through the use of: (a) Solvents; (b) Carbon dioxide; or (c) Heat, screens, presses or steam distillation.
Medical Cannabis Finished Product	Any product containing a medical cannabis concentrate or a medical cannabis infused product packaged and labeled for release to a qualifying patient.
Medical Cannabis Infused Products	Any oil, wax, ointment, salve, tincture, capsule, suppository, dermal patch, cartridge or other product containing medical cannabis concentrate or usable cannabis that has been processed so that the dried leaves and flowers are integrated into other material. (b) “Medical cannabis-infused product” does not include a food as that term is defined in Health-General Article, §21-101, Annotated Code of Maryland.
Must/Shall	The referenced action is “Mandatory” and not discretionary.
Pre-Approval of License	A preliminary approval of a potential authorization (license) to conduct business as a licensed processor.
Processing	The manufacture of usable medical cannabis into a medical cannabis concentrate, or manufacture of a medical cannabis-infused product.
State	The State of Maryland, Department of Health & Mental Hygiene, or the Natalie M. LaPrade Medical Cannabis Commission.
Site Plan	A drawing and brief description of the preliminary plan for the locations of any and all buildings and any and all security measures, including walls and doors within the facility.
Third Party Reviewers	An independent reviewer (or entity) hired to assist the Commission in the evaluation of Applications.
Transportation Agent	A registered grower agent, registered processor agent or a registered dispensary agent, authorized by the Licensee to

TERM	DEFINITION
	transport products containing medical cannabis, who meet the criteria specified in COMAR 10.62.18; or a licensed and bonded courier of a secure transportation company.

## **SECTION F: APPLICATION TIMELINE**

The following represents the timeline for this project.

TASK	DATE/TIME
Applications Posted on Website	Week commencing September 28, 2015
Deadline for Submission of Applications (hard copy, electronic copy and payment) to the Commission	40 calendar days after the Application is posted
Application Evaluation, Scoring and Ranking Period by Third Party Reviewers	Anticipated completion in December 2015 / January 2016
Commission Vote on Stage One Applications at Public Meeting	Anticipated in December 2015 / January 2016
Notice of Stage One Awards via Email	Anticipated in December 2015 / January 2016
Posting of Stage One Awards on website	Anticipated in December 2015 / January 2016
Site Visits/Inspections of Stage One Applicant Premises	Following request of an Applicant for inspection.
Granting licenses by the Commission.	Following request of an Applicant for final inspection.

### **Stage 1: Selection**

Once the Stage 1 Applicants have been determined, the Commission will inspect the Applicant’s processing and cultivation (if applicable) operations as evidence of the Applicant’s expertise and compliance.

Please indicate in the Application the existing operations that would serve as your inspection site location including the address and a contact to arrange for the site visit.

### **Stage 2: Final Approval**

Upon selecting the successful Applications, the Commission shall notify all Applicants of their status by email and in writing. The Commission’s decision to award or not award a license to an Applicant shall be final.

If a Licensee cannot commence operations within 365 days of being issued a pre-approval, the Commission may rescind the pre-approval.

## **SECTION G: APPLICATION SUBMISSION INSTRUCTIONS**

Applicants must submit a complete Application package by the deadline outlined in Section F. The Application package will consist of the following:

1. A hard copy of the Applicant’s completed Application and all related documents (as outlined in Section H),
2. An electronic copy of the Applicant’s Application and all related documents (as outlined in Section H) in Microsoft Word format on a USB drive, and
3. The Application payment to MMCC in the form of a cashier’s check or money order, only. The Application fee will be retained by the Commission and will not be returned under any circumstances.

The Application is only considered complete if all of these components are submitted. The Applicant is responsible for delivery of all of the Application material to MMCC on or before the deadline indicated in Section F. Any Applications or related documents received after the deadline will not be accepted or considered.

Other than the redacted material, the information provided in the hard copy and electronic copy of the Application should be identical. The hard copy of the Application will be retained by MMCC for its records. Only the information that is submitted in the electronic copy of the Application as well as the electronic related documents will be sent to evaluators for review.

Applicants must use the following file naming structure when submitting electronic documents: “Applicant Name\_Submission Date\_ File Type.” For example, the Word document file name would be “John Doe\_10012015\_Application.” In contrast, the site plan file name would be “John Doe\_10012015\_Site Plan.”

To ensure the integrity of the evaluation process, specific sections of the electronic copy of the Application and related documents will be redacted for the evaluation. It is the responsibility of the Applicant to redact this information in the electronic copy of the Application. Further details on what information should be redacted are outlined in Section H.

## **SECTION H: Evaluation and Selection Procedures**

The Regional Economic Studies Institute (RESI) of Towson University has been commissioned by MMCC to conduct an evaluation of the license Applications. This section will review the evaluation process.

MMCC will upload all electronic copies of all completed Applications together with any related documents that it receives within the timeline specified in Section F onto a Secure File Transfer Protocol (SFTP) for RESI to download. RESI will review every Application that is transferred to RESI by MMCC through the SFTP to ensure that it meets the mandatory qualification criteria, including the three following points:

1. All sections of the Application that are marked as mandatory with an asterisk (\*) are completed;
2. The checkboxes in Section U are marked with an affirmation to all questions posed; and
3. The electronic version of the Application (Microsoft Word document) and related documents are submitted as redacted documents.

The Word document must be devoid of any identifying information after Form 5, including the Applicant's name, the company name of the Applicant (if applicable), and the names of any investors and/or employees. The related documents must be devoid of any identifying information including the Applicant's name, the company name of the Applicant (if applicable), and the names of any investors and/or employees. Only the redacted Word document and related documents will be sent to evaluators if the Application meets the mandatory qualification criteria. Any Application that does not comply with these mandatory qualification criteria will be removed from the process and will not be evaluated.

RESI will process the Applications that meet the mandatory qualification criteria. RESI will assign unique identifying numbers to each Application and will separate each Application into sections. RESI has contracted a panel of third party evaluators, which will be composed of subject matter experts (SMEs) from across the country. Each SME will review assigned sections of the Application that align with the SME's field of expertise. The SME will be sent these sections via email. As each SME will not review the entire Application, it is of the utmost importance that the information outlined in each section of the Application is provided in that section. If section-specific information is found outside the section in which it should be, the SME will not consider that information during the evaluation process. In addition, each section has a set word count. If the word count in a section is exceeded, the SME will not review any information beyond the maximum number of words nor will the SME take into account this information during the evaluation.

Each Application section will be scored by the respective SME according to the quality of the responses provided. The scoring of the Application sections will be based on a scale of 1 to 5 as well as yes/no questions. The yes/no questions will focus on specific issues that are clearly set out in the processor regulations and that do not need further explanation from the Applicant. The scoring scale will be used to evaluate the questions that cannot be scored as yes/no and therefore need further explanation from the Applicant. Using this scale, a 3 will be given to Applications that meet the basic requirements set forth in the aforementioned regulations. A score of 1 will be given to Applications that fall significantly below meeting these basic requirements, and a score of 5 will be given to Applications that significantly exceed the basic requirements. An Application will receive a score of 0 in any section where the SME notices an egregious problem or error within that section. Any Application section receiving a 0 will be reviewed separately by the Commission to determine if the Application will continue in the evaluation process.

Using the scores provided by the SMEs in the evaluation panel, RESI will aggregate the scores from each Application, taking into account the weighting outlined in Section T of this document.

RESI will rank the Applications based on these scores for the Commission to review. The Commission will make the final decision on issuing any processor licenses.

## **SECTION I: IMPORTANT NOTICES/DISCLAIMERS**

- This Application form is an **OFFICIAL DOCUMENT** of the Maryland Medical Cannabis Commission. It **MAY NOT** be altered or changed in any fashion except to fill-in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Commission reserves the right to deny the Application in its entirety, or may determine to attribute no weight to the response.
- The license to operate as a processor is a privilege.
- The burden of proving an Applicant’s qualifications at all times rests on the Applicant. The Applicant accepts any and all risk of adverse public notice, criticism, emotional distress, or financial loss that may result from any action with respect to this Application. The Applicant expressly waives any and all claims for damages as a result thereof.
- The Commission may deny an Application that contains a misstatement, omission, misrepresentation, or untruth.
- An Application shall be complete in every material detail, including all of the mandatory sections that are marked with an asterisk (\*).
- If the electronic version of the Application cannot be read by MMCC, the Application will be suspended and not reviewed, and the Applicant will be contacted via email. The Applicant has 3 business days from the date when the email is sent to deliver another USB drive containing the electronic version of the Application to the Commission. In the event that the Applicant fails to comply, the Application will be withdrawn and the fee may be forfeited to the Commission.
- The Commission will notify Applicants via email when their Applications are successfully received.
- The Commission may request any additional information that it determines is necessary to process and fully investigate an Application. The Applicant shall provide all information, documents, materials, and certifications at the Applicant’s own expense.
- Should the Commission request any additional information that it determines necessary to process and fully investigate an Application, the Applicant shall provide the additional information within 14 business days after the request has been sent to the Applicant. If the Applicant does not provide the requested information within 14 business days, the Commission will remove the Application from the evaluation process.
- The Applicant is not able to contribute additional information after the Application is submitted, unless the Commission requests more information.
- The Applicant is under a continuing duty to promptly disclose any changes to the Commission in investors with an interest of five percent or more. **The duty to make such additional disclosures shall continue throughout any period of any license that may be granted by the Commission.**

- All notices regarding an Application submission will be sent to the email address provided on this form. The Applicant must immediately notify the Commission if the email address changes.
- An Applicant who applies for and obtains a license from the Commission may be required to submit to warrantless searches as stated in the law or regulation.
- After the Application has been submitted, the Applicant may withdraw the submitted Application only after written notice to the Commission.
- All submissions with and for this Application become the property of the Commission and will not be returned.
- **The Commission’s decision to approve or deny an Application is final.**

## **SECTION J: Communications with MMCC**

All questions about the Application or Application process must be forwarded to MMCC by **email only** at [dhmh.medicalcannabisApplications@maryland.gov](mailto:dhmh.medicalcannabisApplications@maryland.gov) with the subject line “**Medical Cannabis Application Question.**”

- Questions and answers of a substantive nature will be posted on the MMCC website (<http://mmcc.maryland.gov/>) so that all Applicants will have access to the same information.
- For questions received after Friday, October 23, 2015, the Commission may not respond prior to the submission deadline. Applicants are therefore encouraged to identify and raise any questions as soon as possible.
- All questions must be sent to the Commission email address only. Violation of this guideline will result in disqualification.

## **SECTION K: Consent for Investigation - COMAR Section 10.62.19.03 (A)**

An individual who is required to provide personal and background information under this chapter shall provide a statement that irrevocably gives consent to the Commission and persons authorized by the Commission to:

1. Verify all information provided in the Application documents; and
2. Conduct a background investigation of the individual.

## **SECTION L: Waiver of Any Contractual, Statutory, or Common Law Obligation of Confidentiality – COMAR Section 10.62.19.03 (B), (C)**

An Applicant shall waive any contractual, statutory, or common law obligation of confidentiality and authorize any government agency in any jurisdiction to release to and provide access to the Commission of any and all information that the Applicant has provided to any other jurisdiction while seeking a cannabis-related license in that other jurisdiction, as well as the information



obtained by that other jurisdiction during the course of any investigation it may have conducted regarding the Applicant.

An Applicant shall release all financial institutions, fiduciaries, and other parties from any contractual, statutory, or common law obligation of confidentiality to provide financial, personal, and background information to the Commission relevant to the Applicant's capacity to manage a licensed processor facility and the Applicant's good moral character.

## **SECTION M: Records & Maryland Public Information Act**

All materials submitted in response to this Application will be retained by MMCC. All pages containing confidential information must be marked "Confidential."

Data submitted during the Application process, including private data on individuals or nonpublic data, may or may not be disclosed pursuant to the Maryland Public Information Act ("MPIA"). Md. Code., Gen'l Prov §§4-101-601. While there are exceptions to production contained in the statute, and certain common law privileges may apply to the data, MMCC cannot guarantee that all data submitted to it will remain confidential at all times. Be advised, however, that the MPIA does contain provisions that relate to data that is a trade secret or that contains financial information. Md. Code, Gen'l Prov §§4-335, 36. MMCC recommends that the Applicant review the applicable law prior to submitting an Application as MMCC is unable to provide legal advice as to the absolute confidentiality of the data received.

Be further advised, that if a license is awarded to an Applicant, MMCC may use or disclose the trade secret or financial data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information or financial data will be made consistent with the MPIA and other relevant laws and regulations. Maryland Public Information Act ("MPIA"). Md. Code., Gen'l Prov §§4-101-601.

If the Applicant submits information in response to this Application that the Applicant believes to be trade secret information or financial data as defined by Maryland Statutes section Md. Code, Gen'l Prov §4-335-36, and the Applicant does not want such data used or disclosed for any purpose other than the evaluation of this proposal, the Applicant shall:

- A. Clearly mark every page of trade secret or financial materials in its proposal at the time the proposal is submitted with the words "**TRADE SECRET OR FINANCIAL DATA INFORMATION**" in capitalized, underlined and bolded type that is at least 20 pt.
- B. Acknowledge that the State does not assume liability for the use or disclosure of unmarked or unclearly marked trade secret information;
- C. Fill out and submit the attached "Trade Secret & Financial Data Information Notification Form," specifying the pages of the proposal that are to be restricted and justifying the trade secret designation for each item. If no materials is

designated as trade secret information or financial data, a statement of “None” should be listed on the form; and

- D. Satisfy the statutory burden to justify any claim of trade secret information.

MMCC may reject a claim that any particular information in a response is trade secret information if it determines that the Applicant has not met the burden of establishing the content to be trade secret information under any circumstance. Use of generic trade secret language encompassing substantial portions of the proposal or simple assertions of trade secret interest without substantive explanation of the basis therefore will not be sufficient to warrant a trade secret designation. If certain information is found to constitute a “trade secret” or “financial” exception to disclosure, then, the remainder of the Proposal will become public in the event a public information request is received. Applicants should understand that only the trade secret or financial data will be redacted prior to disclosure.

The Applicant must defend any action seeking release of the materials that it believes to be trade secret information, and indemnify and hold harmless the State, its agents, and employees, from any judgments against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State’s award of a license. In submitting an Application, the Applicant agrees that this indemnification survives as long as the trade secret information is in the possession of MMCC.

MMCC is required to keep all Processor Application documents in accordance with the document retention schedule adopted by the Commission after the conclusion of the license term. Non-selected Processor Applications will be kept by MMCC for a minimum of three years after the award of the licenses.

## **SECTION N: AMENDING AN APPLICATION - COMAR 10.62.19.02 (D)**

In the event that an Applicant amends an Application to include either a new individual investor with an interest of five percent or more, or another manager or director of the entity, then the Applicant shall forward to the Commission a copy of the request to the Central Repository.

## **SECTION O: Criminal History Record Check – COMAR Section 10.62.19.03**

For each individual identified in the Application, an Applicant shall provide to the Director of the Central Repository:

1. Two sets of legible fingerprints taken in a format approved by the Central Repository and the Director of the FBI together with the fee authorized under Md. Code Ann., Criminal Procedure Article, §10-221(B)(7), for access to State criminal history and records for each medical cannabis processor agent and investor identified in the Application; and

2. A request that the individual’s State and national criminal history record information be forwarded to the Commission.

## **SECTION P: How to Apply**

It is recommended all potential Applicants become familiar with Md. Code, Health-Gen §§13-3301-13-3316; COMAR §§10.62.01-10.62.35; Ch. 403, Laws of Maryland (2013); Ch. 240, 256, Laws of Maryland (2014); and Ch. 251, laws of Maryland (2015), governing processor operations for the Medical Cannabis program.

Applicants should use the definitions and descriptive sections of those documents to assist in interpreting this Application. The burden of proving an Applicant’s qualifications rests solely on the Applicant.

### **GENERAL APPLICATION INSTRUCTIONS**

Read each question carefully. Answer each question completely. Do not leave blank spaces. If a question does not apply, write “Does Not Apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.” If a question has an asterisk (\*), it is mandatory and must be completed. Answering a mandatory question with “Does Not Apply” or “N/A” is insufficient. Failure to submit an Application with all of the mandatory questions completed will result in the removal of the Application from the evaluation process.

- All entries on the Application should be single spaced and typed in 12-point Times New Roman font. Signatures must be in handwriting, unless otherwise stated by the Commission, by the individual providing the information. Do not misstate or omit any material fact(s).
- All required documentation, such as business formation papers, tax returns and appendices, as well as the Application forms that comprise an Application package for a license, as listed above, **must be submitted at the time of filing this Application.** Further, the Applicant is under a **continuing duty to promptly notify** the Commission if there is a change in the information provided to the Commission.
- An Applicant shall clearly identify those portions of its Application that it deems to be confidential, proprietary commercial information, trade secrets, or financial data, and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the Public Information Act (“MPIA”), Md. Code, Gen’l Prov §§4-101-601. Confidential information may be contained in the Application. A blanket statement by an Applicant that its entire Application is confidential is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the MPIA. The Applicant is advised that, upon request for this information from a third party, the Commission will make an

independent determination whether the information may be disclosed. An Applicant or Licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Department of Health and Mental Hygiene for any damages resulting from any disclosure or publication in any manner.

The Commission may request additional financial and other information as needed. COMAR 10.62.19.04(D)-(F).

### **APPLICATION CONTENTS**

A complete Application package must include:

1. A USB drive containing a redacted Microsoft Word document as well as related documents outlined in Section H;
2. A hard copy of the Application; and
3. A two thousand dollar (\$2,000) Stage 1 non-refundable Application fee in the form of a money order or a cashier's check.

The submittal of an Application constitutes acceptance of the requirements, administrative stipulations, and all of the terms and conditions of this Application. All costs and expenses incurred in submitting an Application in response to this Application will be borne by the Applicant.

### **APPLICATION DELIVERY**

- It is the Applicant's responsibility to allow sufficient time to address potential delays.
- Sole responsibility rests with the Applicant to ensure that their Application is received by MMCC on or before the submission deadline.
- Applicants are required to use a courier service to deliver the Applicant contents including the contents outlined in the "APPLICATION CONTENTS" section above.
- Late Applications will not be accepted.

MMCC Delivery Address:

Attn: Precious Wells, Administrative Specialist  
Maryland Department of Health and Mental Hygiene  
Maryland Medical Cannabis Commission  
4201 Patterson Avenue  
Baltimore, MD 21215  
410-764-2400

## **SECTION Q: AWARDING OF LICENSE PRE-APPROVAL – COMAR Section-10.62.19.05(D)**

The Commission shall notify an Applicant who has been pre-approved for a license within 10 business days of the Commission’s decision.

## **SECTION R Rescission of Processor License – COMAR Section-10.62.19.06(E)**

The Commission may rescind the pre-approval of a processor license if the processor is not operational within 1 year of pre-approval.

## **SECTION S: Denial or Disqualification of Application**

MMCC may deny any Application under any of the following circumstances:

- The Application contains a misstatement, omission, misrepresentation, or untruth COMAR 10.62.19.04(B).
- The Applicant fails to submit the Application by the submission deadline.
- The Applicant fails to pay the Application fee prior to the submission deadline.
- The criminal history record information or any other evidence demonstrates an absence of good moral character. COMAR 10.62.19.05(C)(1).
- The payment of taxes due in any jurisdiction is in arrears. COMAR 10.62.19.04(B)(6).
- The Application fails to meet the mandatory criteria as outlined in Section G of this document.

MMCC may deny issuing a pre-approval of a license if, for any individual identified in the Application:

- The criminal history record information or any other evidence that demonstrates an absence of good moral character. COMAR 10.62.19.05(C)(1); or
- The payment of taxes due in any jurisdiction is in arrears. COMAR 10.62.19.05(C)(2).

## **SECTION T: Application Ranking and Weighted Criteria – COMAR Section 10.62.19.04 (I)**

### **SELECTION PROCESS: Pre-Approval of License—Stage One**

The Commission, or a Commission independent contractor, shall review the submitted Applications for a **pre-approval** for a license. The Applications shall be ranked based on the following weighted criteria.

**Operational Factors—20%**

- A detailed operational plan for the production of medical cannabis extracts and medical cannabis-infused products;
- Summaries of policies and procedures for:
  - Laboratory operations;
  - Processing;
  - Packaging.

**Safety and Security Factors—20%**

- A detailed plan or information describing the security features and procedures;
- A detailed plan describing how the processor will prevent diversion;
- A detailed plan describing safety procedures.

**Commercial Laboratory, Pharmaceutical Manufacturing, and Consumer Products Production Factors—15%**

- Experience, knowledge, and training in:
  - Chemical plant management;
  - Pharmaceutical manufacturing;
  - Consumer product production.

**Production Control Factors—15%**

- A detailed quality control plan;
- A detailed inventory control plan;
- A detailed medical cannabis waste disposal plan.

**Business and Economic Factors—15%**

- A business plan:
  - Demonstrating a likelihood of success;
  - Demonstrating a sufficient business ability and experience on the part of the Applicant;
  - Providing for appropriate employee working conditions, benefits, and training;
- Demonstrating of adequate capitalization;
- A detailed plan evidencing how the processor will enforce the alcohol and drug free workplace policy.

**Additional Factors—15%**

- Demonstrated Maryland residency among the owners and investors;
- Evidence that the Applicant is not in arrears regarding any tax obligation in Maryland and other jurisdictions;

- A detailed plan evidencing how the processor will distribute to dispensaries;
- A list of proposed medical cannabis extracts and medical cannabis-infused products to be produced with proposed cannabinoid profiles, including:
  - Varieties with high cannabidiol content;
  - Whether the product has any demonstrated success in alleviating symptoms of specific diseases or conditions.

**SECTION U: Affirmation Section**

The Applicant understands the following:

	Yes	No
1. The burden of proving an Applicant’s qualifications rests on the party applying for the license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The Commission may deny an Application that contains a misstatement, omission, misrepresentation, or untruth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. An Application shall be complete in every material detail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The Commission may request any additional information the Commission determines is necessary to process and fully investigate an Application.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The party applying for the license shall provide requested additional information by the close of business of the 14th business day after the request has been received by the Applicant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. If the party applying for the license does not provide the requested information within 14 business days, the Commission may consider the Application to be suspended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. The Commission intends to award the licenses to the best Applications that most efficiently and effectively ensure public safety and safe access to medical cannabis and medical cannabis-infused products.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. The Commission, or a Commission independent contractor, shall review for a pre-approval for a license the submitted Applications. The Applications shall be ranked based on weighted criteria.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. The party applying for the license will provide an amended Application within 3 business days to include the name and documentation of a request to forward the criminal history record information and audited financial statement to the Commission of a new individual investor of an	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Yes	No
interest of 5 percent or more, or another manager or director of the entity, even after a license is issued.		
10. For each individual identified in the Application specified in Regulation .02B(1) and (2) of this chapter, an Applicant will provide to the Director of the Central Repository:		
a. Two sets of legible fingerprints taken in a format approved by the Director of CJIS and the Director of the FBI and the fee authorized under Criminal Procedure Article, §10-221(B)(7), Annotated Code of Maryland, for access to State criminal history and records for each processor agent and investor identified in the Application; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. A request that the individual’s state and national criminal history record information be forwarded to the Commission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. The Commission may deny issuing a pre-approval of a license if, for any individual identified in the Application:		
a. The criminal history record information or background information demonstrate an absence of good moral character; or	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. The payment of taxes due in any jurisdiction is in arrears.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. The Commission may rescind pre-approval of a processor license if the processor is not operational within 1 year of pre-approval.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. The Commission may issue a processor license on a determination that:		
a. The criminal history background check and background investigation reveal no evidence that demonstrates the absence of good moral character;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. All inspections are passed and all of the Applicant’s operations conform to the specifications of the applicable regulations;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. The proposed premises:		
i. Are under the legal control of the Applicant;	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii. Comply with all zoning and planning requirements; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>



- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| iii. Conform to the specifications of the Application as pre-approved pursuant to the applicable regulations; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| iv. The first year's license fee specified in COMAR 10.62.35 has been paid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. The Commission may deny transfer of an interest in a license if, for any proposed transferee:   |                                     |                          |
| a. The criminal history record information or the background investigation demonstrate an absence of good moral character; or   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. The payment of taxes due in any jurisdiction is in arrears.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. The Commission, after review of the criminal history record information, may disqualify any prospective registered processor agent from registration for an absence of good moral character or if the payment of taxes in any jurisdiction is in arrears. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. An identification card remains the property of the Commission and the Commission may order the return or seizure of an identification card if the registration is revoked or expires.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Please review and answer the following:**

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| 1. The party applying for the processor license irrevocably gives consent to the Commission and persons authorized by the Commission to:   |                                     |                          |
| a. Verify all information provided in the Application documents; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Conduct a background investigation of the individual(s).  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. The party applying for the processor license waives any contractual, statutory, or common law obligation of confidentiality and authorizes any government agency in any jurisdiction to release to and provide access to the Commission of any and all information the Applicant has provided to any other jurisdiction while seeking a cannabis-related license in that other jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation it may have conducted regarding the Applicant. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| 3. The party applying for the processor license releases all financial institutions, fiduciaries, and other parties from any contractual, statutory or common law obligation of confidentiality to provide financial, personal and background information to the Commission relevant to the Applicant’s capacity to manage a licensed processor facility and the Applicant’s good moral character. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. All processor agents affiliated with this Application are 21 years old or older at the time of Application.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. All of the processor agents affiliated with this Application have never been convicted of a felony drug offense   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**An Applicant Shall Commit to the Following:**

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 1. All processor agents will be 21 years or older.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. The party applying for the license commits to having any and all processor agents registered with the Commission before the agent may volunteer or work for a Licensee.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. The party applying for the license commits to registering a processor agent by submitting to the Commission:   |                                     |                          |
| a. The name, address, date of birth and Social Security Number of a processor agent;  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Documentation of the submission of fingerprints of the processor agent to the Central Registry; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. The request for the criminal history record information of the processor agent to be forwarded to the Commission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The Applicant will not register a prospective processor agent if the prospective processor agent has ever been convicted of a felony drug offense.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. The party applying for the license will provide an amended Application within 3 business days to include the name and documentation of a request to forward the criminal history record information and audited financial statement to the Commission of a new individual investor of an | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| interest of 5 percent or more, or another manager or director of the entity, even after a license is issued.   |                                     |                          |
| 6. For each individual identified in the Application the processor agent commits to requiring any prospective medical cannabis processor agent register with the Commission before the Applicant will employ the agent or permit the agent to volunteer for the Applicant. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. If an Applicant is issued a pre-approval for a license the party applying for the license commits to submitting to the Commission, as part of its Application:  |                                     |                          |
| a. An audited financial statement for the Applicant and for each individual, partnership, corporation, or other entity review that has invested, or is proposed to invest, 5 percent or more of the capital of the Applicant; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Payment of the stage 2 Application fee specified in COMAR 10.62.35.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. The party applying for the license commits to having no interest of 5 percent or more of a license issued pursuant to this chapter assignable or transferable unless:   |                                     |                          |
| a. The Commission has received notice in a manner determined by the Commission of the intent of the owner of the interest, or of the estate of the owner of the interest, to transfer or assign an interest in a license to another party;                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. The transferee has had forwarded the criminal history record information and audited financial statement to the Commission of the transferee;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. The Commission does not object to the transfer or assignment within 45 days of its receipt of notice; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. The transferee has paid the required fee specified in COMAR 10.62.35.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. The party applying for the license acknowledges that a Licensee is eligible to apply to renew a license every 2 years.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. The party applying for the license acknowledges that ninety days before  |                                     |                          |

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| the expiration of a license, the Commission will notify the Licensee of the:  |                                     |                          |
| a. Date on which the license expires;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Process and the fee required to renew the license; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Consequences of a failure to renew the license.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. The party applying for the license acknowledges that at least 30 business days before a license expires a Licensee shall submit:  |                                     |                          |
| a. The renewal Application as provided by the Commission;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Proof that fingerprints have been submitted to CJIS and the FBI for every processor agent and investor of an interest of 5 percent or more;  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. To full inspection of the operation, unless a full inspection was satisfactorily completed within 3 months before the date of the license expiration; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Payment of the fee specified in COMAR 10.62.35.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. The party applying for the license acknowledges that the Commission shall renew a license that meets the requirements for renewal as stated in COMAR 10.62.19.08(C).  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. The party applying for the license acknowledges that the Commission shall issue to each registered processor agent an identification card that shall include a photograph of the face of the registered processor agent taken no more than 6 months before the date of the Application. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. At all times at the premises of a Licensee, every processor agent shall visibly wear the identification card issued to the registered processor agent by the Commission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. The party applying for the license commits to renewing the identification card every 2 years.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. If a registered processor agent's identification card is lost, destroyed or stolen, within 24 hours of becoming aware of the loss, destruction or theft, the Licensee commits to:   |                                     |                          |

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| a. Reporting the loss, destruction or theft to a the Commission;  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Applying for a replacement card; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Paying a replacement card fee specified in COMAR 10.62.35.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. As soon as possible upon termination of a registered processor agent’s association with a Licensee, the Licensee commits to:  |                                     |                          |
| a. Take custody of the terminated registered processor agent’s identification card;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Obtain any keys or other entry devices from the terminated registered processor agent; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Ensure the terminated registered processor agent can no longer gain access to the premises of the Licensee.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Within 1 business day of the termination of a registered processor agent’s association with a Licensee, the Licensee commits to:  |                                     |                          |
| a. Notify the Commission:   |                                     |                          |
| i. Of the termination and the circumstances of a termination;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ii. Whether the terminated registered processor agent has returned the agent’s identification card; and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| iii. Initiate delivery of the terminated registered processor agent’s identification card to the Commission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. The party applying for the license acknowledges that the Commission will revoke an identification card of a processor agent upon receiving notification that a processor agent is no longer associated with a Licensee.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. The party applying for the license acknowledges that if a registered processor agent does not return the agent’s identification card within 30 days, the Commission shall notify the Maryland State Police and place a notice in the register of that fact. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. The party applying for the license acknowledges that the Licensee shall require a prospective processor agent to submit to a drug screen before commencement of association.  |                                     |                          |

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| a. The party applying for the license acknowledges that the drug screen shall be carried out following the procedures set forth in COMAR 17.04.09.04—.08.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. In addition to the drugs to be screened in accordance with the procedures set forth in COMAR 17.09.04-.08, the screen shall include any other drugs as required by the Commission.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. The party applying for the license acknowledges that unless medically justified, a prospective processor agent who has a positive response to any tested substance on a drug screen that meets the requirements of COMAR 17.04.09.07 may not be registered by the Commission. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. The party applying for the license acknowledges that a registered processor agent shall retain training materials and attendance records and make the training materials available for inspection.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. The party applying for the license acknowledges that a registered processor agent shall declare in writing that the registered processor agent will adhere to the State alcohol and drug free workplace policy, as identified in COMAR 21.11.08.03.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25. The party applying for the license acknowledges that the Licensee will retain the declaration in the registered processor agent's personnel record.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. The party applying for the license commits to notifying the Commission that the Licensee has verified that no registered processor agent has been convicted of a felony drug offense, every year, on a date determined by the Commission.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. The party applying for the license commits to locating the premises of a Licensee within Maryland.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. The party applying for the license commits to conspicuously displaying the processor license at the location where the Licensee is authorized to operate.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. The party applying for the license commits conforming the premises and operations to all local zoning and planning requirements.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. The party applying for the license commits to notifying the Commission before any major renovation or modification is undertaken.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 31. The party applying for the license acknowledges that if the Commission does not renew a license due to a failed inspection or an inadequate Application for renewal, the Licensee may apply for reinstatement by: |                                     |                          |
| a. Submitting a plan to correct the deficiencies noted during an inspection; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Amending the Application for renewal.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 32. The party applying for the license acknowledges that the Commission may decline to renew a license if:  |                                     |                          |
| a. The plan to correct deficiencies identified in an inspection is deficient;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. The amended Application for renewal is deficient; or   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. The Licensee has repeatedly failed inspections.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 33. The party applying for the license acknowledges that a Licensee who fails to apply for renewal of a license by the date specified by the Commission, or whose license was not renewed by the Commission:          |                                     |                          |
| a. Shall cease operations at all premises; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. May not process medical cannabis.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 34. The party applying for the license acknowledges that a license may be reinstated upon:  |                                     |                          |
| a. Payment of the reinstatement fee specified in COMAR 10.62.35; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Submission of a reinstatement Application approved by the Commission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35. The party applying for the license may apply to change the location of the Licensee's operation.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 36. The party applying for the license, to change the location of the Licensee's operation, must submit an Application to the Commission along with the fee specified in COMAR 10.62.35.                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Yes      No

37. The party applying for the license, to change the location of the Licensee's operation, may not begin processing medical cannabis at a new location until all inspections have been passed.
38. The party applying for the license commits to providing the Commission or law enforcement agency for just cause with any recording of security video surveillance as requested.

The undersigned attests that the Applicant organization will adhere to the statutory/regulatory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Susan Zimmerman  
Signature

10/26/15  
Date

Susan Zimmerman  
Printed Name



**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Susan Zimmerman  
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

  
Signature of Applicant

10/28/15  
Date

Susan Zimmerman  
Printed Name of Applicant

**Kind Therapeutics USA LLC - P**

NOTARY

The undersigned, a Notary Public in and for the County of Anne Arundel, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 28<sup>th</sup> day of October, 2015, and to which witness my hand and seal.

  
Notary Public

MICHAEL J. DE BARI  
NOTARY PUBLIC  
ANNE ARUNDEL COUNTY  
MARYLAND  
My Commission Expires 01-22-2018

Michael De Bari  
Printed Name

Stamp or Seal

My Commission Expires: 01/22, 2018

**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Jennifer DiPietro  
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.



Signature of Applicant

Jennifer DiPietro  
Printed Name of Applicant

10/28/15  
Date

NOTARY

The undersigned, a Notary Public in and for the County of Anne Arundel in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

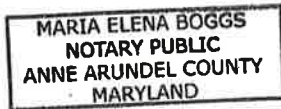
This 28 day of October, 2015, and to which witness my hand and seal.

Maria Elena Boggs

Notary Public

Maria Elena Boggs

Printed Name



Stamp or Seal

My Commission Expires: July 27, 2018

**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Sophia Leonard Burns  
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

  
\_\_\_\_\_  
Signature of Applicant

10/27/15  
\_\_\_\_\_  
Date

Sophia Leonard Burns  
\_\_\_\_\_  
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Anne Arundel in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 07 day of October, 2015, and to which witness my hand and seal.



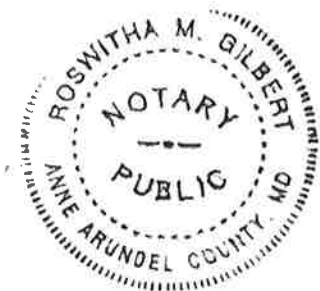
Notary Public



Printed Name

Stamp or Seal

My Commission Expires: 2/13, 2017



**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: William Tham  
(Investor/Agent's Name)

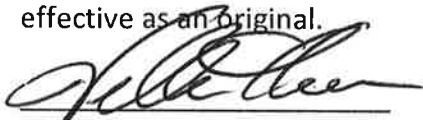
I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

  
Signature of Applicant

10/30/15  
Date

William Tham  
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Anne Arundel, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 30<sup>th</sup> day of October, 2015, and to which witness my hand and seal.

MICHAEL J. DE BARI  
NOTARY PUBLIC  
ANNE ARUNDEL COUNTY  
MARYLAND  
My Commission Expires 01-22-2018

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

Michael De Bari  
\_\_\_\_\_  
Printed Name

Stamp or Seal

My Commission Expires: 01/22, 2018



**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Tim Shaw  
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

  
\_\_\_\_\_  
Signature of Applicant

10/29/15  
\_\_\_\_\_  
Date

Tim Shaw  
\_\_\_\_\_  
Printed Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of Middlesex, in the State of MA, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 29<sup>th</sup> day of October, 2015, and to which witness my hand and seal.

  
Notary Public

Rita Glassman  
Printed Name

Stamp or Seal

My Commission Expires: 7/15, 2016

**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Kelley Miteff  
(Investor/Agent's Name)

I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Kelley Miteff  
Signature of Applicant

10-30-15  
Date

Kelley Miteff  
Printed Name of Applicant

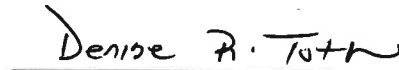
NOTARY

The undersigned, a Notary Public in and for the County of ANNE ARUNDEL in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

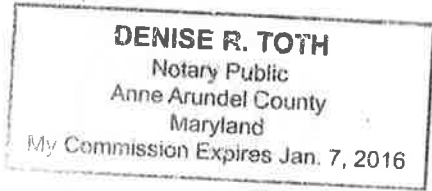
This 30 day of October, 2015, and to which witness my hand and seal.



Notary Public



Printed Name



Stamp or Seal

My Commission Expires: 1-7, 2016

**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-**  
**INVESTOR/DISPENSARY AGENT**

Investor/Agent: Richard Howard  
(Investor/Agent's Name)

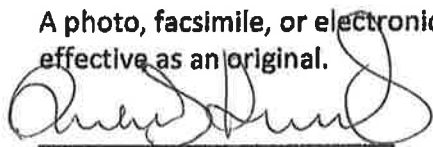
I am an investor or an agent applying for a Medical Cannabis Processor  
(Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission ("Commission") is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.



Signature of Applicant

11/4/15  
Date

Richard Howard  
Printed Name of Applicant

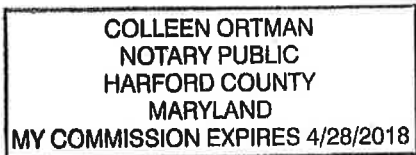
NOTARY

The undersigned, a Notary Public in and for the County of Harford, in the State of Maryland, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 4th day of November, 2015, and to which witness my hand and seal.

Colleen Ortman  
Notary Public

Colleen Ortman  
Printed Name



Stamp or Seal

My Commission Expires: 4/28, 2018

## FORM 2

### AUTHORIZATION FOR RELEASE OF INFORMATION-BUSINESS ENTITY

Business Entity Name: Kind Therapeutics USA, LLC

Name of Person Completing Form: Susan Zimmerman

(Authorized Representative)

Susan Zimmerman is an Authorized Representative, empowered by the Business Entity to execute this form on its behalf.


Kind Therapeutics USA, LLC is an Applicant for a Medical Cannabis Processor (Grower/Processor/Dispensary) License in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) is required by law to conduct an investigation of an Applicant for a Medical Cannabis Dispensary License. That investigation requires the Commission to collect and evaluate information about the Business Entity. The Business Entity irrevocably gives its consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of the Business Entity; and to have access to any and all information that the Business Entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the Business Entity.

By executing this Authorization, the Business Entity authorizes any of the following entities to release to the Commission any and all information about the Business Entity that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, the Business Entity expressly waives, releases, discharges and forever holds harmless and agrees to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

  
Signature of Authorized Representative

10/28/15  
Date

Susan Zimmerman  
Printed Name of Authorized Representative

NOTARY

The undersigned, a Notary Public in and for the County of Anne Arundel, in the State of Maryland, certifies that the above named individual, as an Authorized Representative of Wind Therapeutics USA, LLC, appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This 28<sup>th</sup> day of October, 2015, and to which witness my hand and seal.

MICHAEL J. DE BARI  
NOTARY PUBLIC  
ANNE ARUNDEL COUNTY  
MARYLAND  
My Commission Expires 01-22-2018

Michael De Bari  
Notary Public

Michael De Bari  
Printed Name

Stamp or Seal

My Commission Expires: 01/22, 2018




**FORM 3**

**Trade Secret & Financial Data Notification**

Kind Therapeutics USA, LLC is an Applicant for a Medical Cannabis Processor License.  
Kind Therapeutics USA, LLC understands that the Commission is an entity of the State of Maryland and any documents or data that is submitted to the State of Maryland may be disclosed by the State pursuant to a Maryland Public Information Act ("MPIA") Request.

While the MPIA permits certain exclusions from disclosure, Kind Therapeutics USA, LLC understands the State makes no guarantees or promises that such data will not be disclosed. Kind Therapeutics USA, LLC has reviewed the MPIA, as it is available online at <http://www.lexisnexis.com/hottopics/mdcode>. Kind Therapeutics USA, LLC understands that other helpful resources may be found at [www.oag.state.md.us/Opengov](http://www.oag.state.md.us/Opengov).

Kind Therapeutics USA, LLC understands that the documents or data it provides to the State of Maryland may not be confidential, or if confidential, may or may not be disclosed pursuant to a MPIA request.

  
\_\_\_\_\_  
Signature of Person or Authorized Representative

10/26/15  
Date

Susan Zimmerman  
\_\_\_\_\_  
Printed Name

## FORM 4

### Regulatory Agency Form

### **BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM**

I/We, the undersigned Applicant, hereby state(s) as follows:

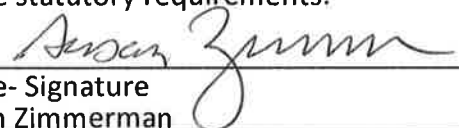
I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
None	None	None	None

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

- a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
- b. A copy of documentation so indicating; or
- c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

  
 \_\_\_\_\_  
 Name- Signature  
 Susan Zimmerman  
 \_\_\_\_\_  
 Name- Printed

10/26/15  
 \_\_\_\_\_  
 Date

## FORM 4

### Regulatory Agency Form

#### BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
None	None	None	None

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

- a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
- b. A copy of documentation so indicating; or
- c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.



Signature of Applicant

10/27/2015  
 Date

Sophia Leonard Burns  
 Printed Name of Applicant

## FORM 4

### Regulatory Agency Form

#### BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION FORM

I/We, the undersigned Applicant, hereby state(s) as follows:

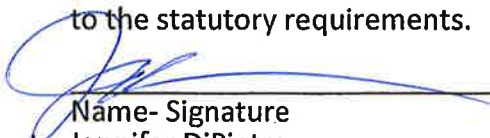
I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of Cannabis in any form, in the following States or jurisdiction and corresponding agency or authority:

State & Name of Agency	Type of License	Name of License	License or Registration #
None	None	None	None

I/We hereby specifically grant the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and their licensing agency or authority to confirm the information contained in the Application for a dispensary license. I/We hereby specifically grant permission to the above listed States or jurisdiction and their licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of Cannabis in any form, including the following:

- a. Any denial, suspension, revocation or other sanction of the Application, license or authorization; and
- b. A copy of documentation so indicating; or
- c. A statement that the Applicant was so licensed or authorized and was never sanctioned.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

  
 \_\_\_\_\_  
 Name- Signature  
 Jennifer DiPietro  
 \_\_\_\_\_  
 Name- Printed

10/28/15  
 \_\_\_\_\_  
 Date

**FORM 5**

**Investors, Agents, Owners & Managing Director**  
**Certification Statement Form**

<p>1. I certify that any Cannabis dispensary or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <hr/> <hr/> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>

<hr/> <hr/>		
<p>5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>7. Are you employed by the State of Maryland? If no, skip next question.</p>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>8. If you are employed by the State, please state the name, agency and position.</p> <hr/>		
<p>9. I acknowledge that I fully understand that:</p> <p>Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <u>et seq.</u>);</p> <p>Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>



privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission’s decisions in selecting the Applicants shall be final.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Dated this 28<sup>th</sup> day of October, 2015.

*Susan Zimmerman*  
 Signature of Owner/ Managing Director

Susan Zimmerman  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 28 day of October, 2015.

MICHAEL J. DE BARI  
 NOTARY PUBLIC  
 ANNE ARUNDEL COUNTY  
 MARYLAND  
 My Commission Expires 01-22-2018

*Michael J. De Bari*  
 Notary Public

**FORM 5**

**Investors, Agents, Owners & Managing Director**  
**Certification Statement Form**

<p>1. I certify that any Cannabis dispensary or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <hr/> <hr/> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>



<hr/> <hr/>		
<p>5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>7. Are you employed by the State of Maryland? If no, skip next question.</p>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>8. If you are employed by the State, please state the name, agency and position.</p> <hr/>		
<p>9. I acknowledge that I fully understand that:</p> <p>Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <u>et seq.</u>);</p> <p>Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>

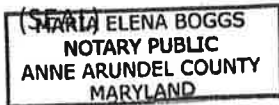
privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission’s decisions in selecting the Applicants shall be final.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Dated this 28<sup>th</sup> day of October, 2015.

  
 \_\_\_\_\_  
 Signature of Owner/ Managing Director

Jennifer DiPietro  
 \_\_\_\_\_  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 28 day of October, 2015.



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

*my commission expires July 27, 18*

## FORM 5

### Investors, Agents, Owners & Managing Director Certification Statement Form

<p>1. I certify that any Cannabis dispensary or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity’s proper operation under law. If no, please explain and refer to case or news reports.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>

<hr/> <hr/>		
<p>5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminate) by any State? If yes, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>7. Are you employed by the State of Maryland? If no, skip next question.</p>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>8. If you are employed by the State, please state the name, agency and position.</p> <hr/>		
<p>9. I acknowledge that I fully understand that:</p> <p>Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <u>et seq.</u>);</p> <p>Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>

privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
10. I certify that I have not been charged with or have been convicted of a felony offense which is reflective of an absence of good moral character.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. I certify my acknowledgement that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission’s decisions in selecting the Applicants shall be final.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>


Dated this 27 day of October, 2015.



Signature of Owner/ Managing Director

Sophia Leonard Burns  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 27 day of October, 2015.

Notary Public  
 EX 2/23/17

**FORM 5**

**Investors, Agents, Owners & Managing Director**  
**Certification Statement Form**

<p>1. I certify that any Cannabis dispensary or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <hr/> <hr/> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>



<hr/> <hr/>		
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privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
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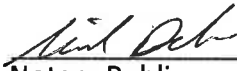
Dated this 30<sup>th</sup> day of October, 2015.

  
 Signature of Owner/ Managing Director

William Tham  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 30<sup>th</sup> day of October, 2015.

MICHAEL J. DE BARI  
 NOTARY PUBLIC  
 ANNE ARUNDEL COUNTY  
 MARYLAND  
 My Commission Expires 01-22-2018

  
 Notary Public



**FORM 5**

**Investors, Agents, Owners & Managing Director**  
**Certification Statement Form**

<p>1. I certify that any Cannabis dispensary or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <hr/> <hr/> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.</p> <hr/> <hr/>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <hr/> <hr/>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p>	<p>Yes  <input checked="" type="checkbox"/></p>	<p>No  <input type="checkbox"/></p>

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<p>7. Are you employed by the State of Maryland? If no, skip next question.</p>	<p>Yes  <input type="checkbox"/></p>	<p>No  <input checked="" type="checkbox"/></p>
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privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
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Dated this 29<sup>th</sup> day of October, 2015.

  
 \_\_\_\_\_  
 Signature of Owner/ Managing Director

Tim Shaw  
 \_\_\_\_\_  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 29 day of October, 2015.

(SEAL)

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

## FORM 5

### Investors, Agents, Owners & Managing Director Certification Statement Form

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12. I acknowledge that in filing an Application for a license and receiving a date and time stamped receipt, the following: a. The Commission is vested with broad discretion to select the Applicants to be awarded a License; and b. The Commission’s decisions in selecting the Applicants shall be final.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Dated this 30 day of October, 2015.

*Kelley Miteff*  
 Signature of Owner/ Managing Director

Kelley Miteff  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 30 day of October, 2015.

**DENISE R. TOTH**  
 Notary Public  
 Anne **(SEAL)** County  
 Maryland  
 My Commission Expires Jan. 7, 2016

*Denise R. Toth*  
 Notary Public

## FORM 5

### Investors, Agents, Owners & Managing Director Certification Statement Form

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**DHMH—Maryland Medical Cannabis Commission**  
**Application for Medical Cannabis Processor License**



privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
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Dated this 4<sup>th</sup> day of November, 2015.

*Richard Howard*  
 Signature of Owner/ Managing Director

Richard Howard  
 Printed Name of Owner/ Managing Director

Sworn to and subscribed before me on this 4<sup>th</sup> day of November, 2015.

**COLLEEN ORTMAN**  
 NOTARY PUBLIC  
 HARFORD COUNTY  
 MARYLAND  
 MY COMMISSION EXPIRES 4/28/2018

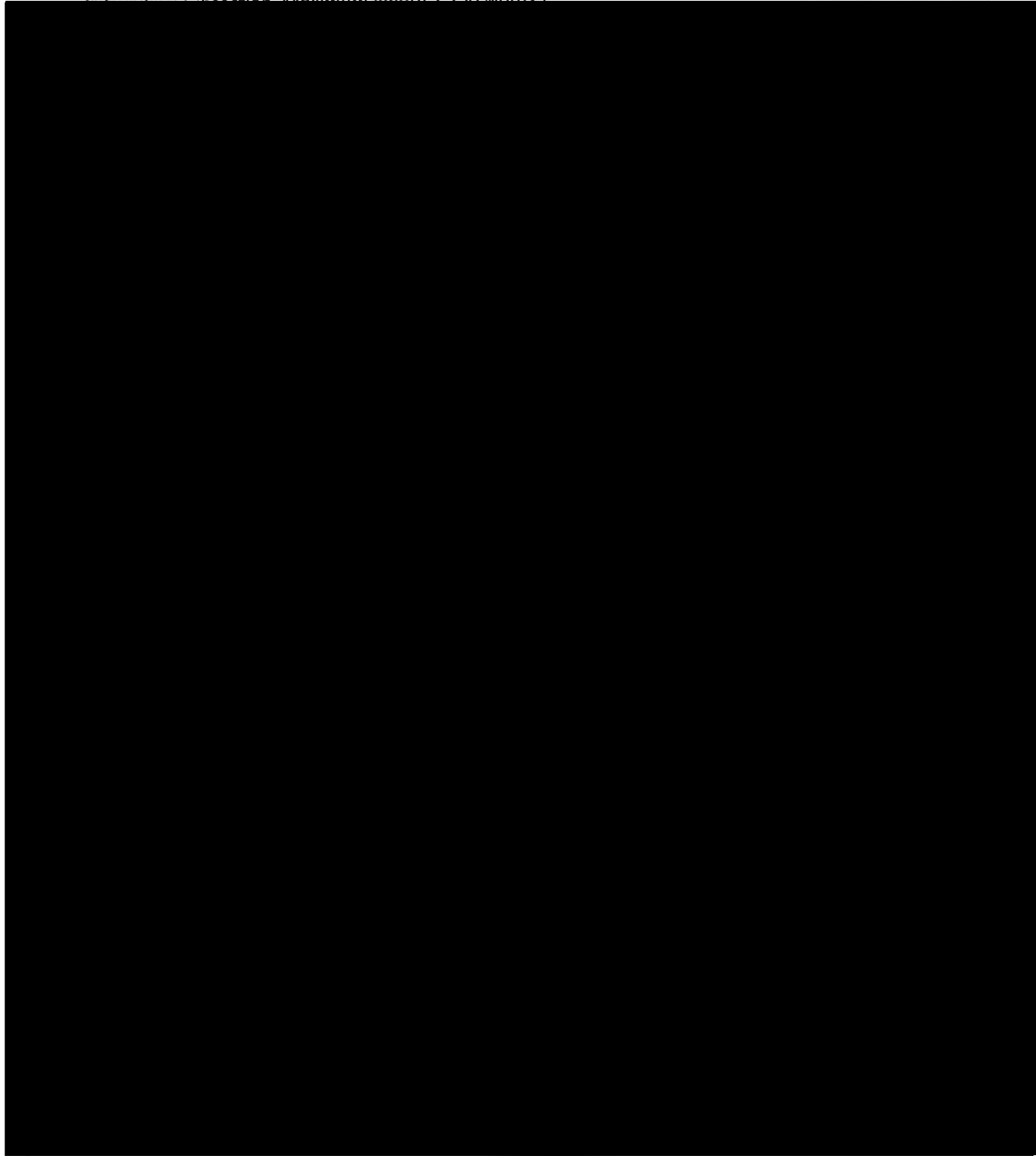
*Colleen Ortman*  
 Notary Public

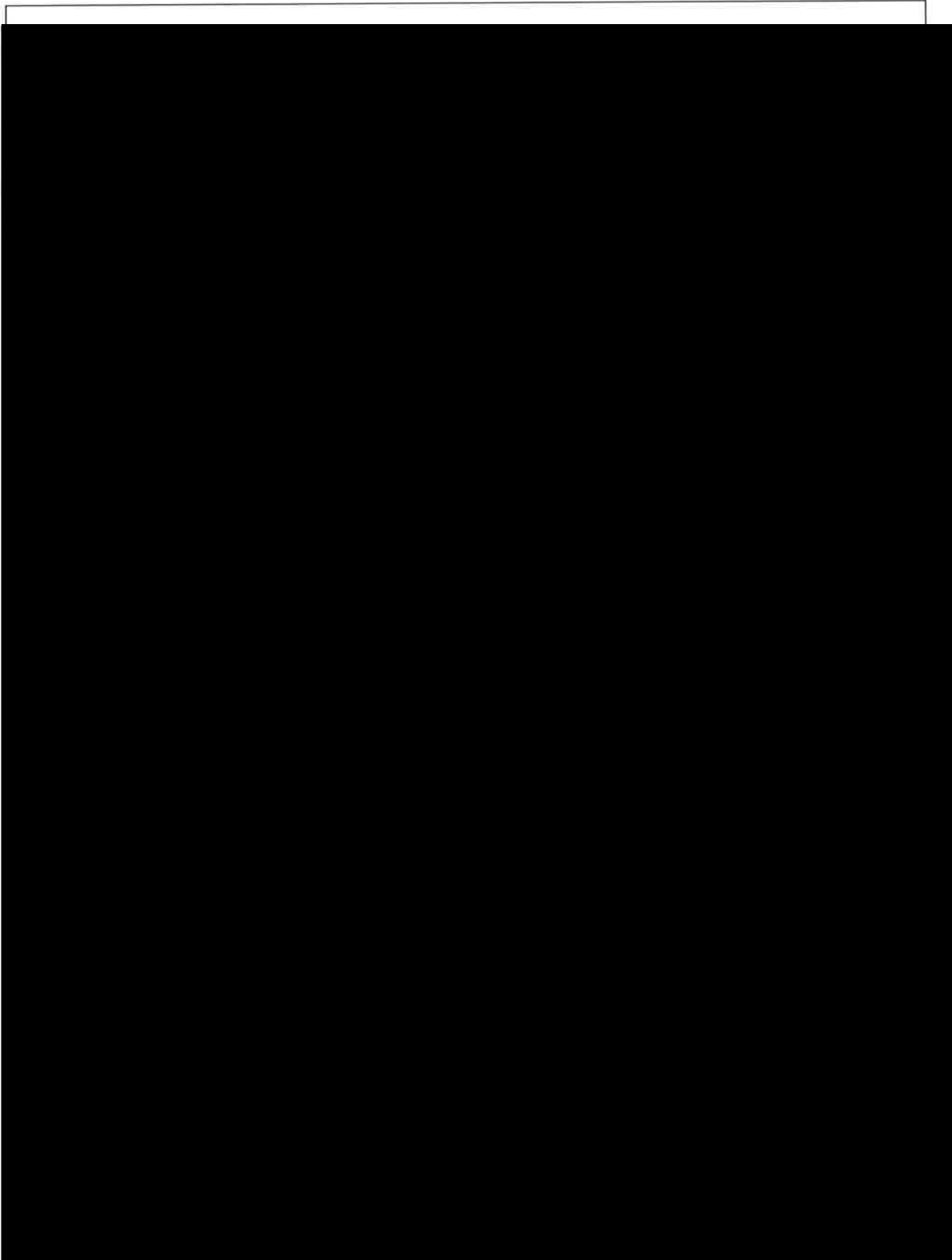
### 10.62.19.04

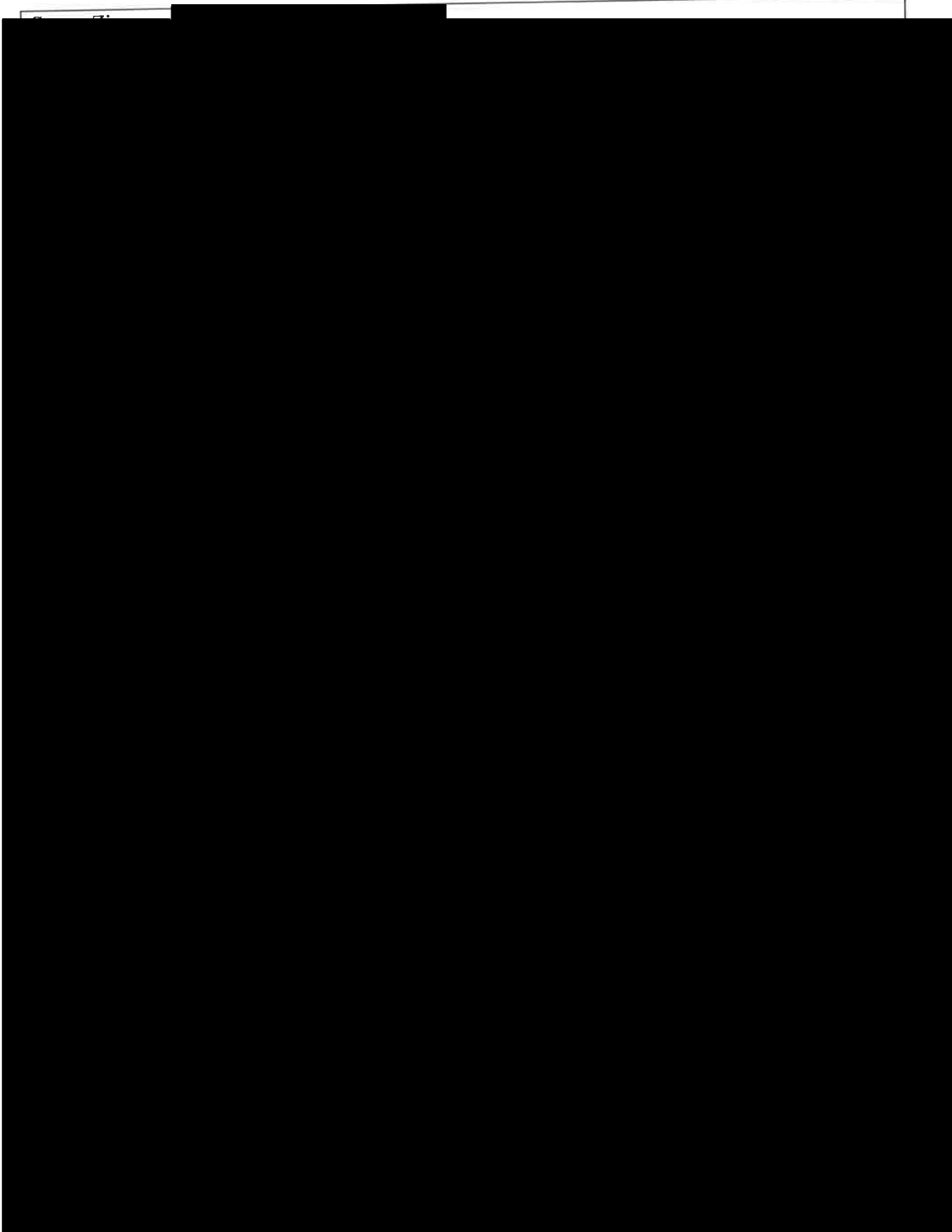
1. Please describe how the Applicant will address the following commercial laboratory, pharmaceutical manufacturing, and consumer products production factors:

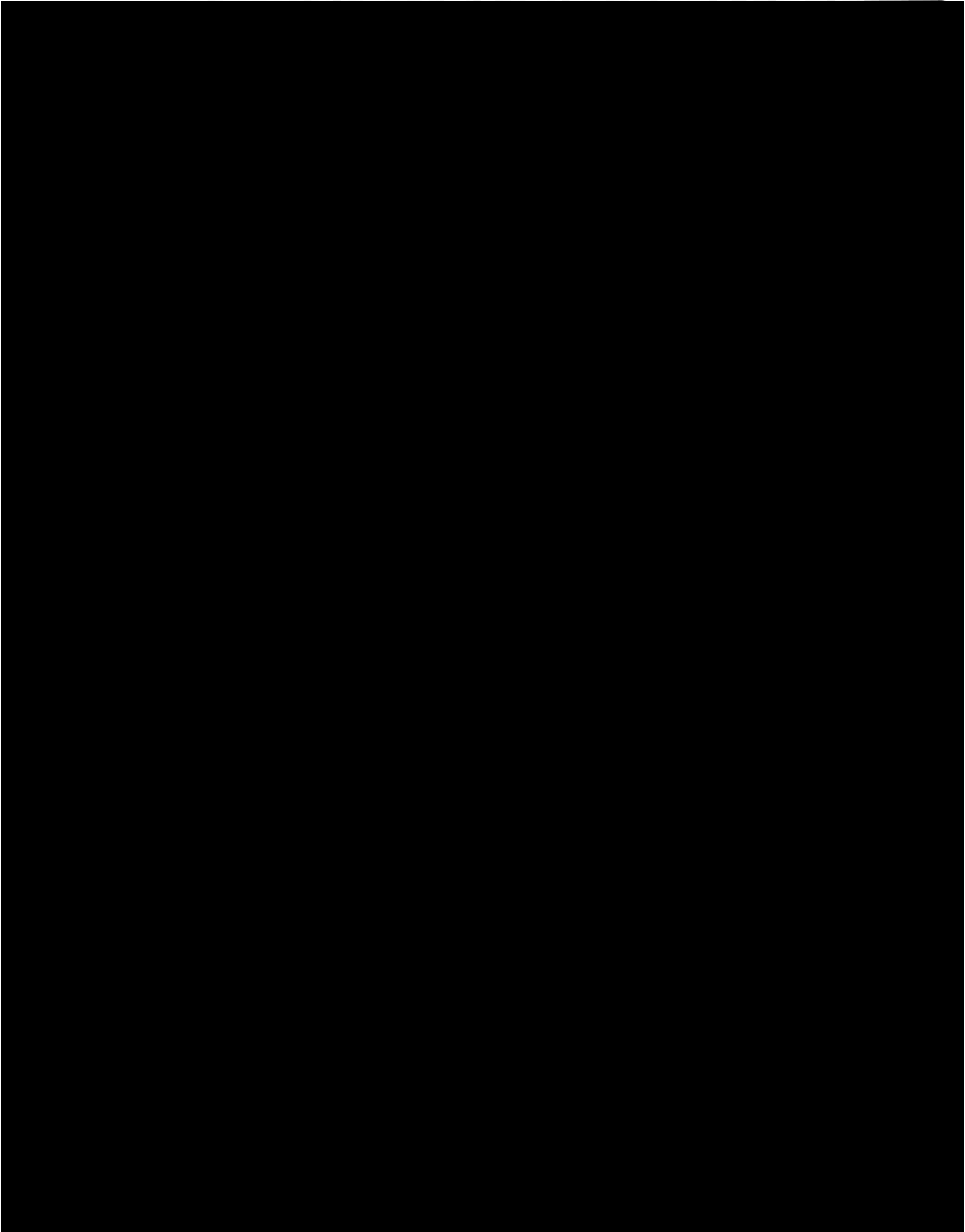
a. chemical plant manufacturing, \*

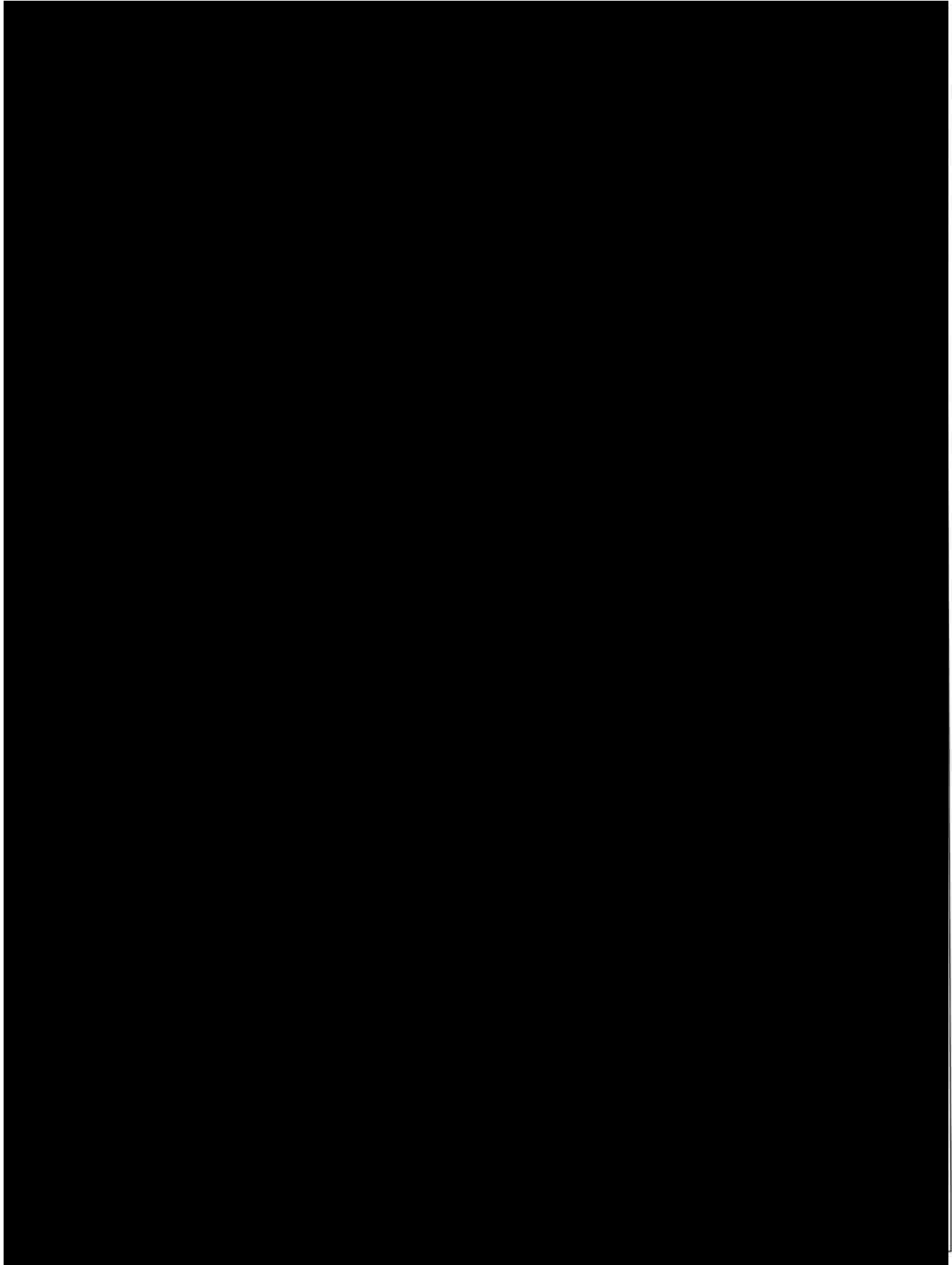
*(a) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 40% of the Commercial Processor License Application. Maximum length 2,250 words.]*

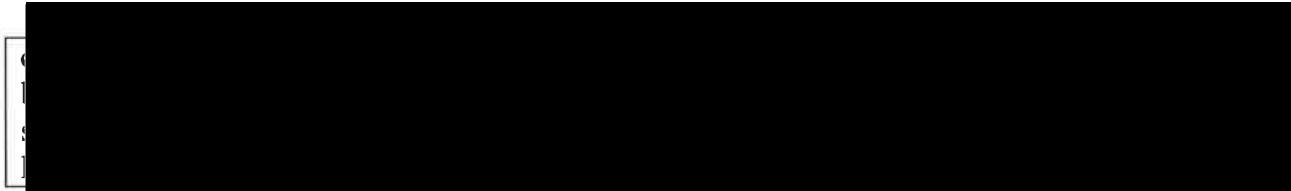






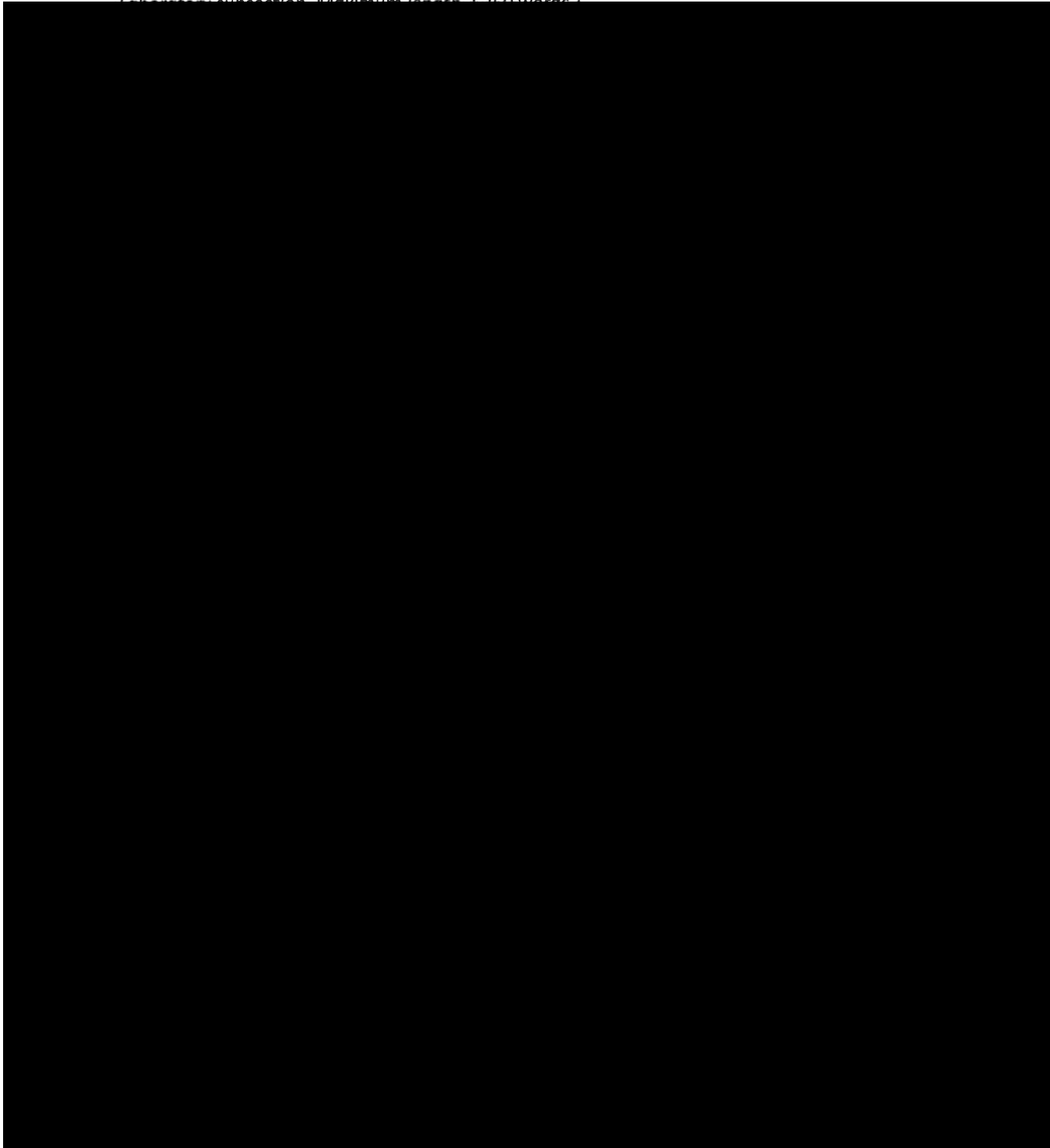


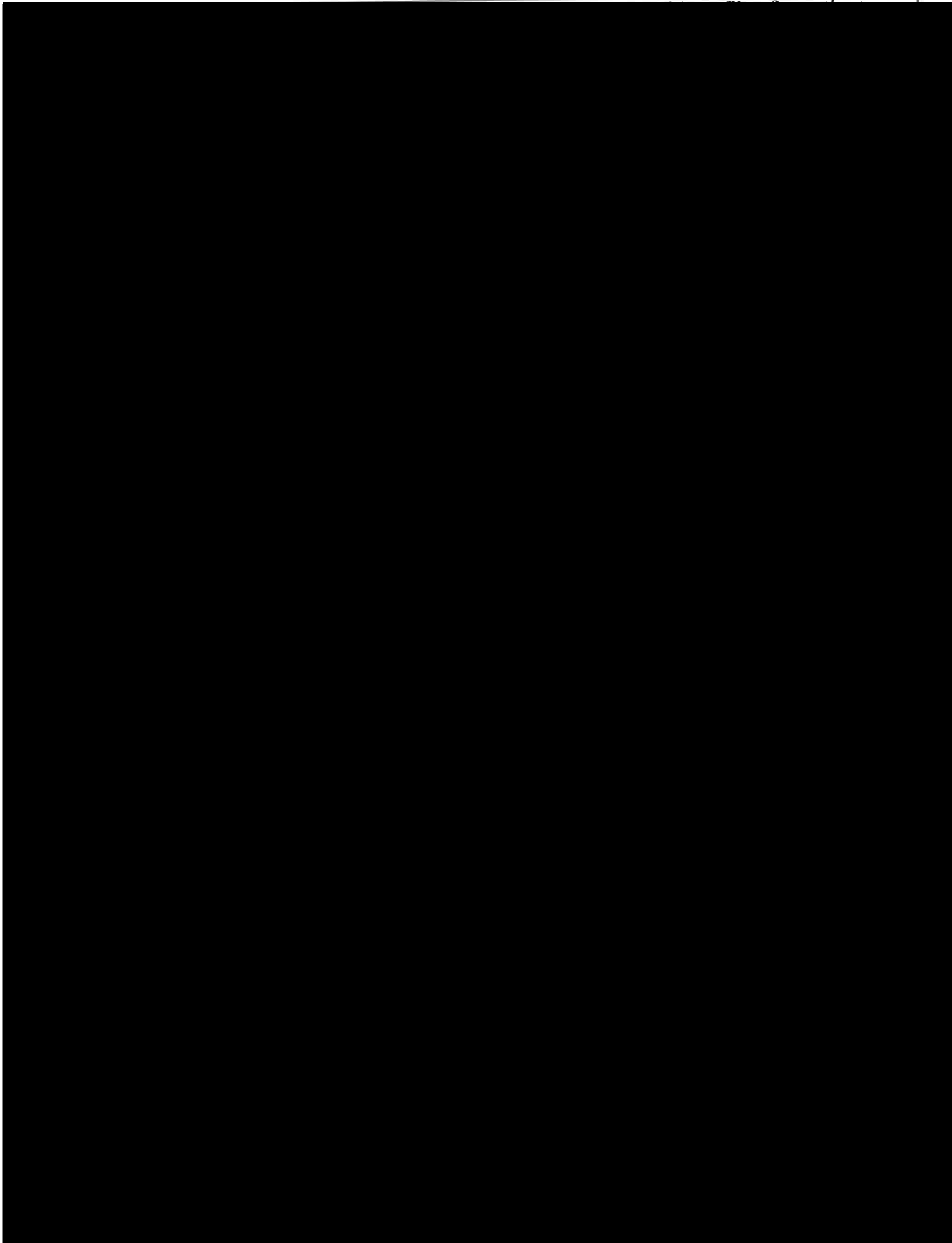




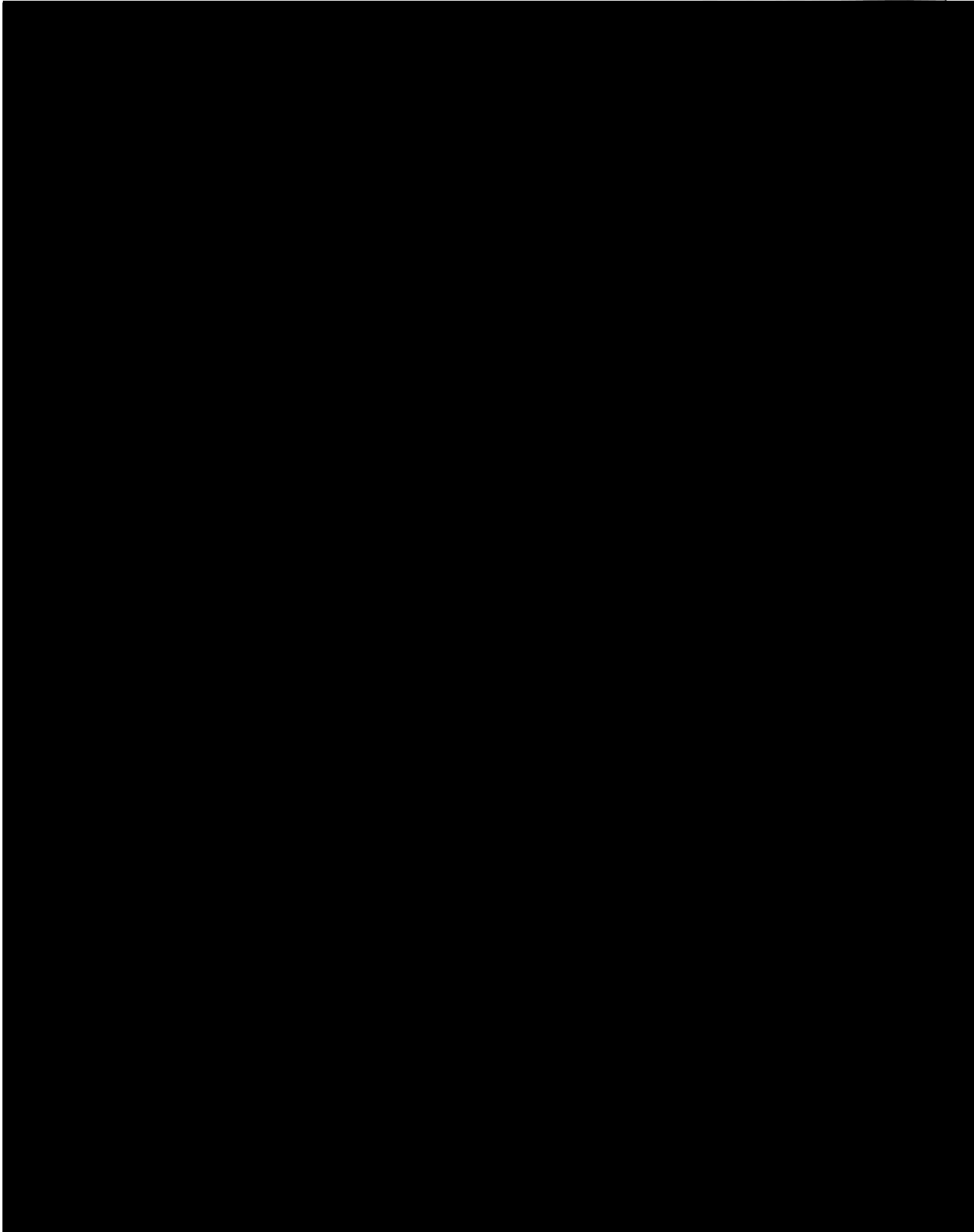
**b. pharmaceutical manufacturing, and \***

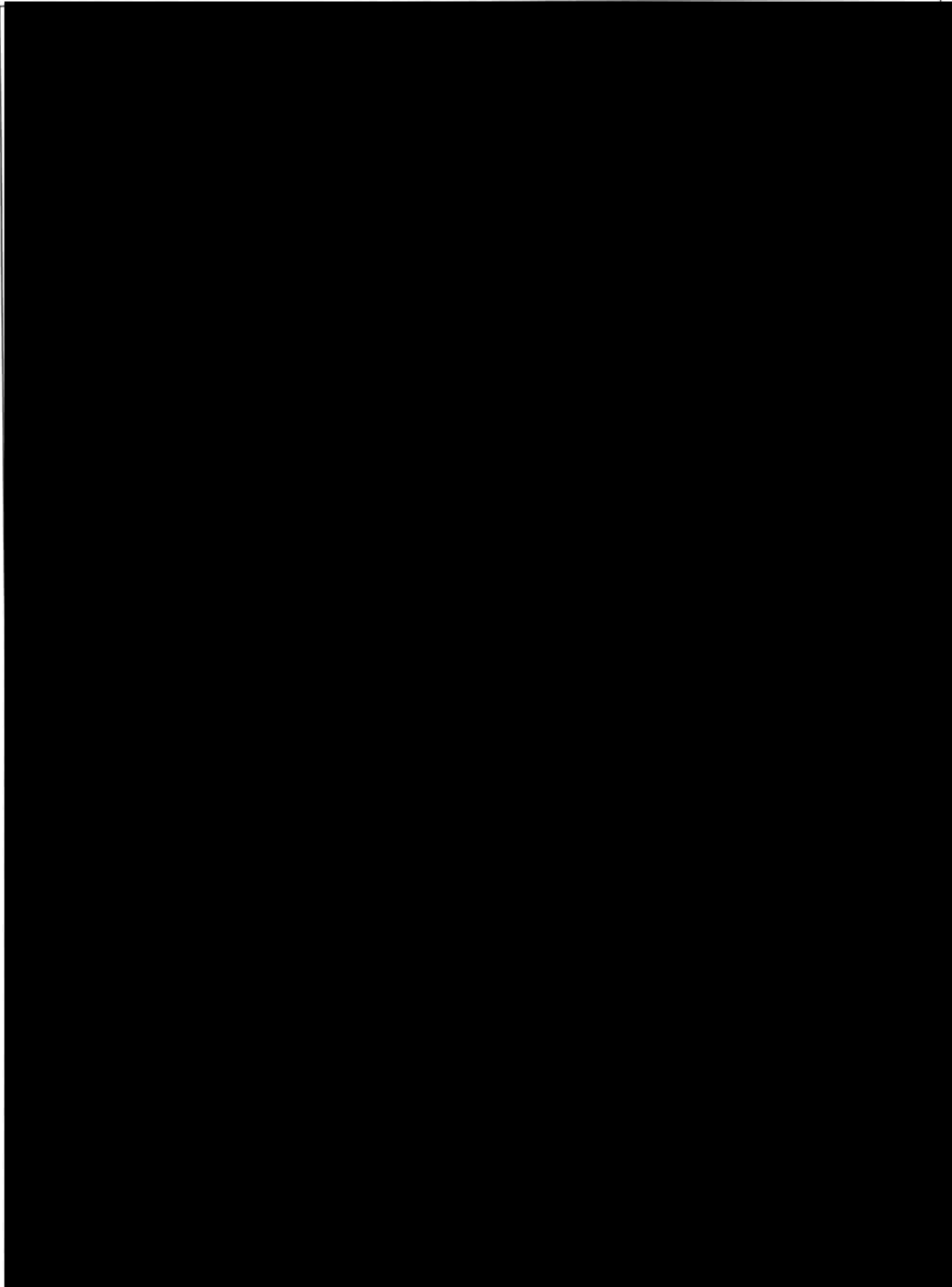
*(b) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 40% of the Commercial Laboratory subsection. Maximum length 7,750 words.]*

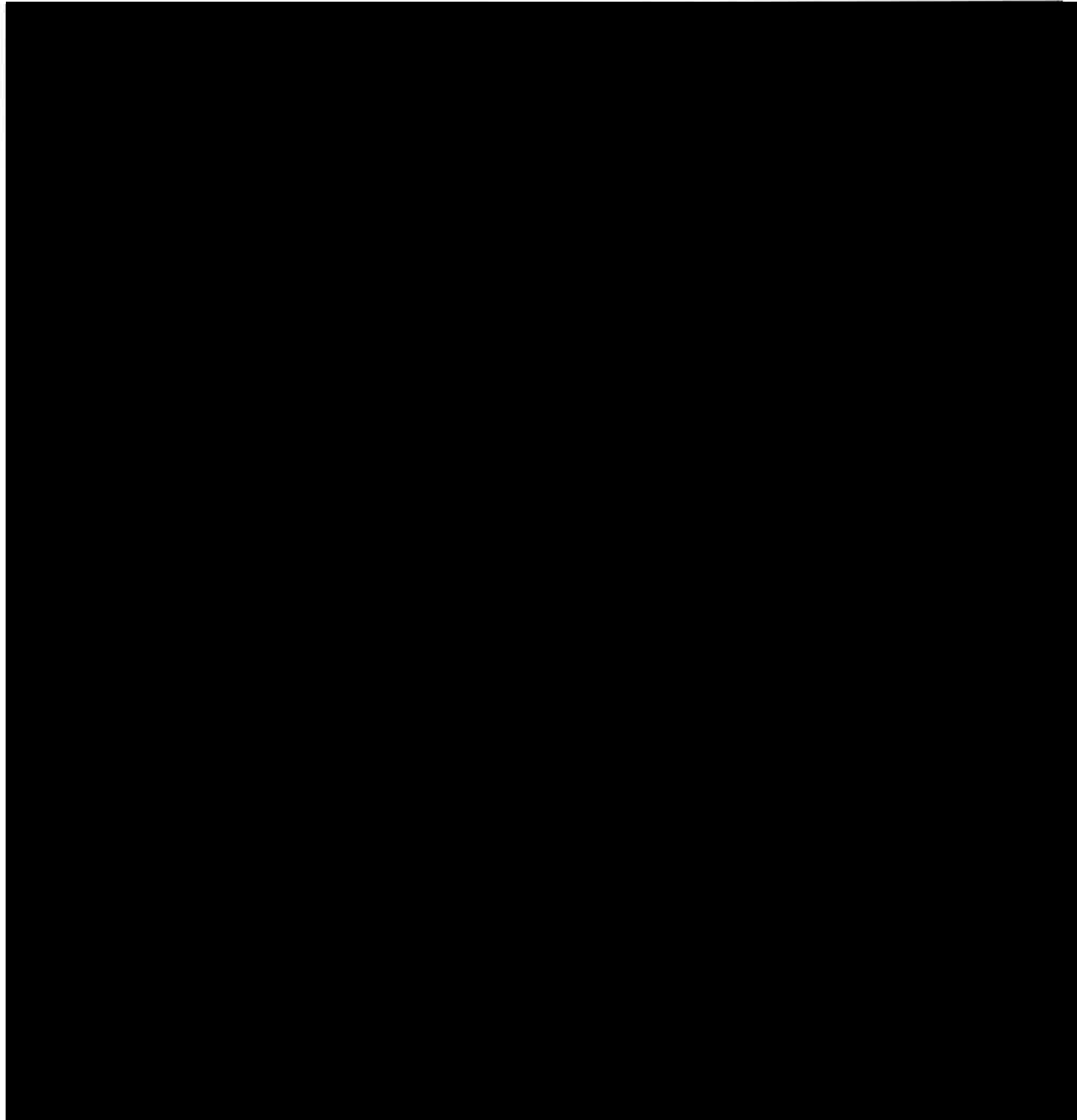






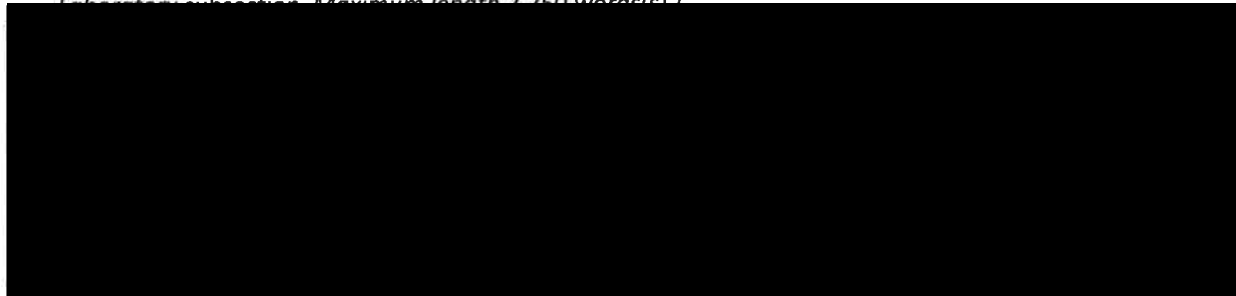


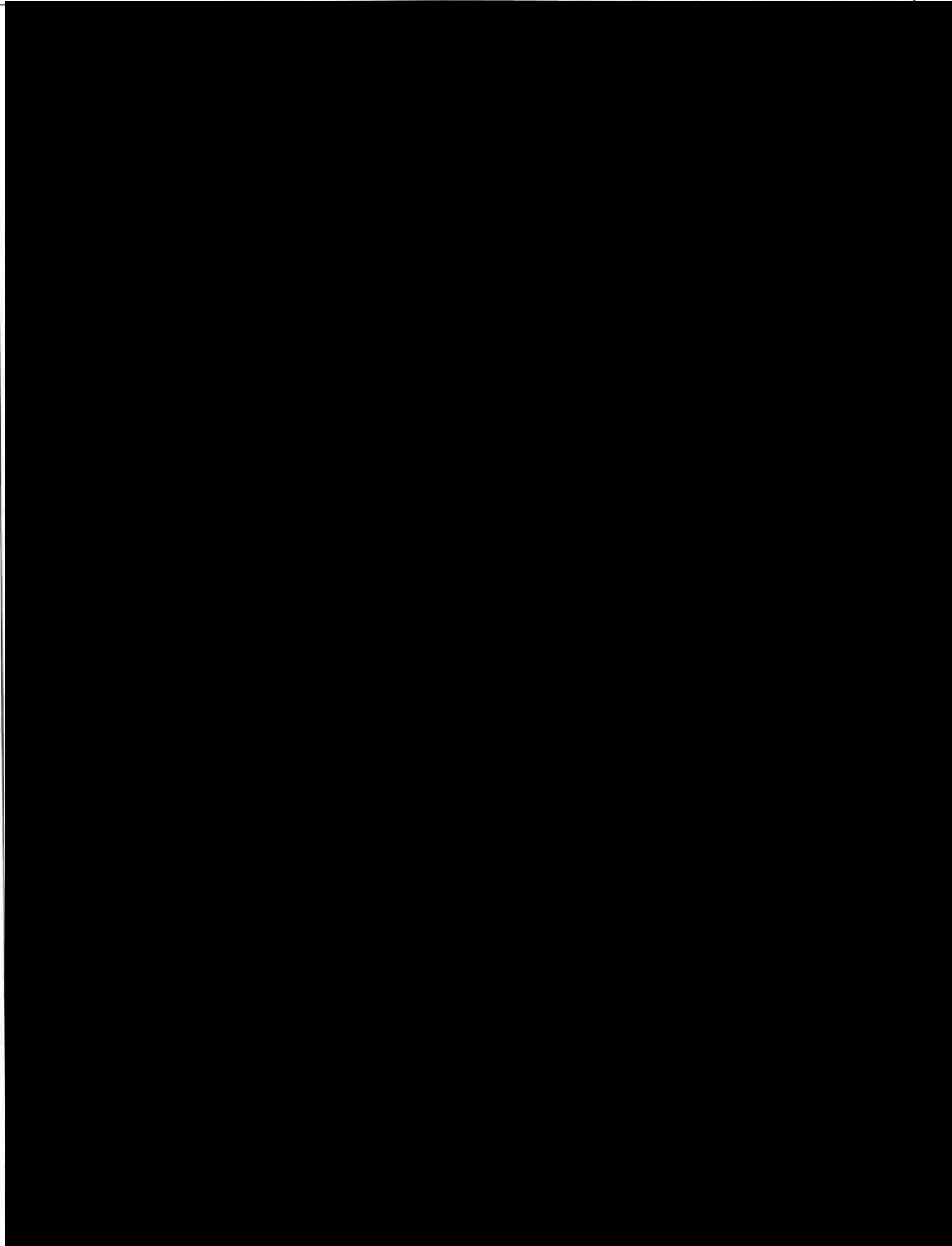


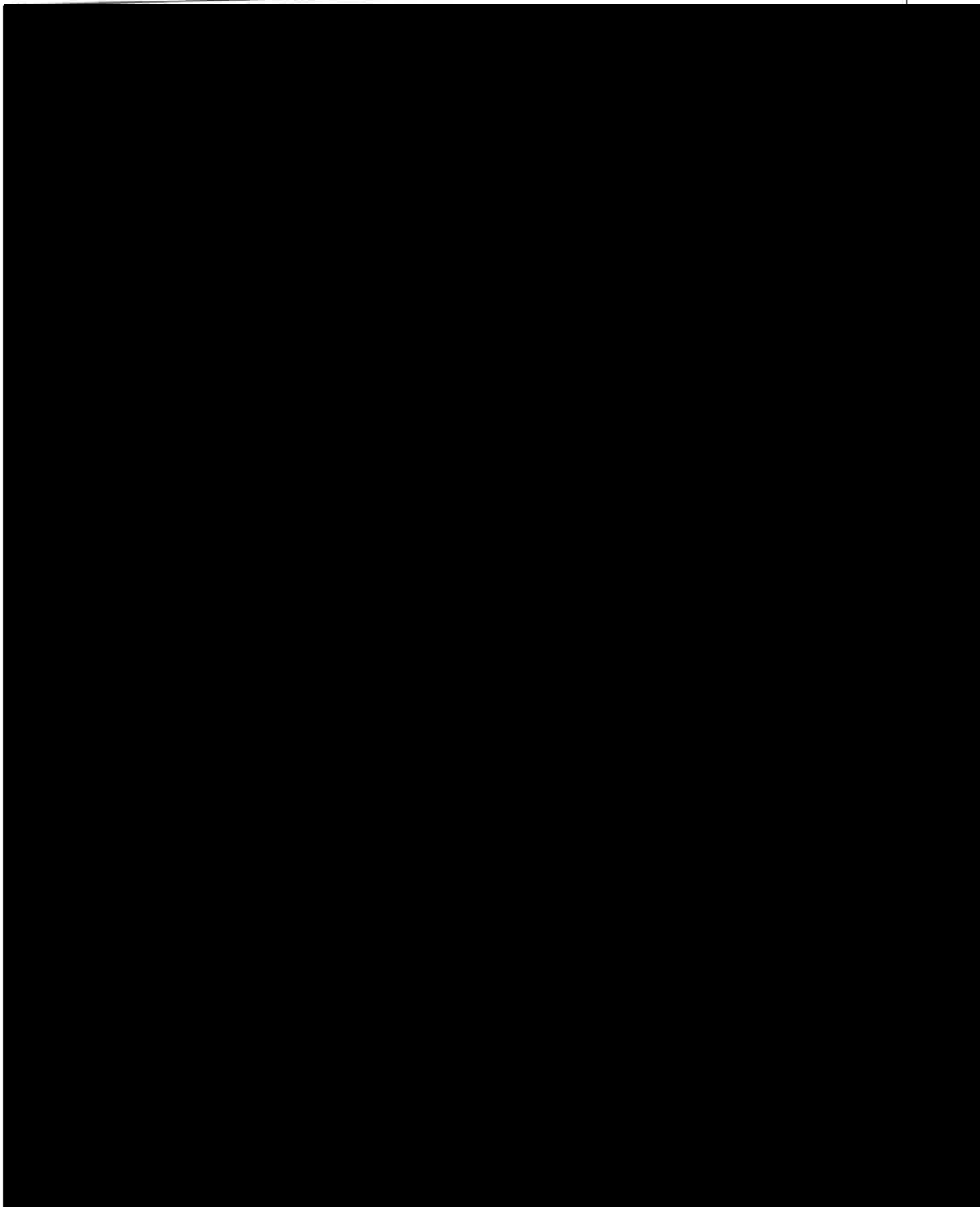


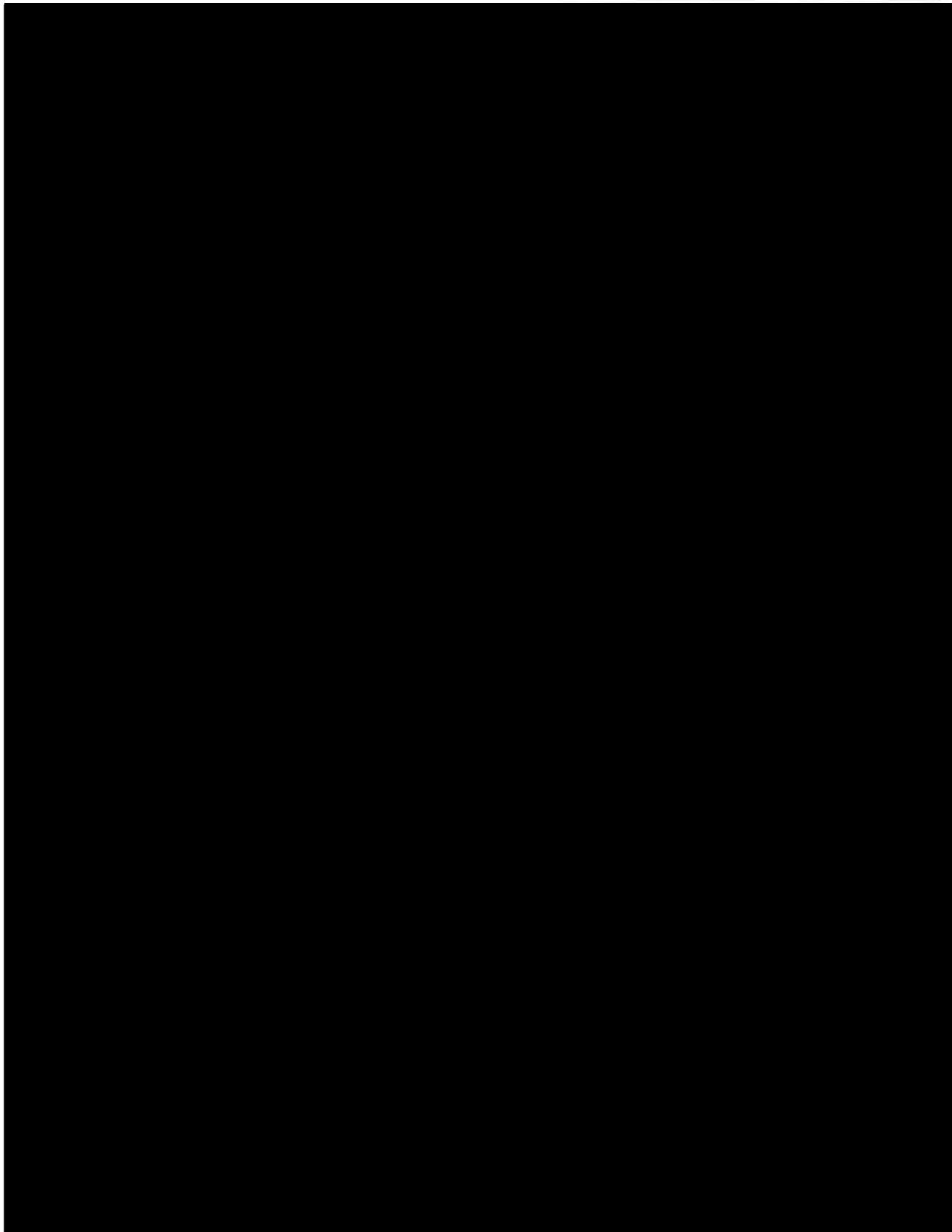
**c. consumer product manufacturing.\***

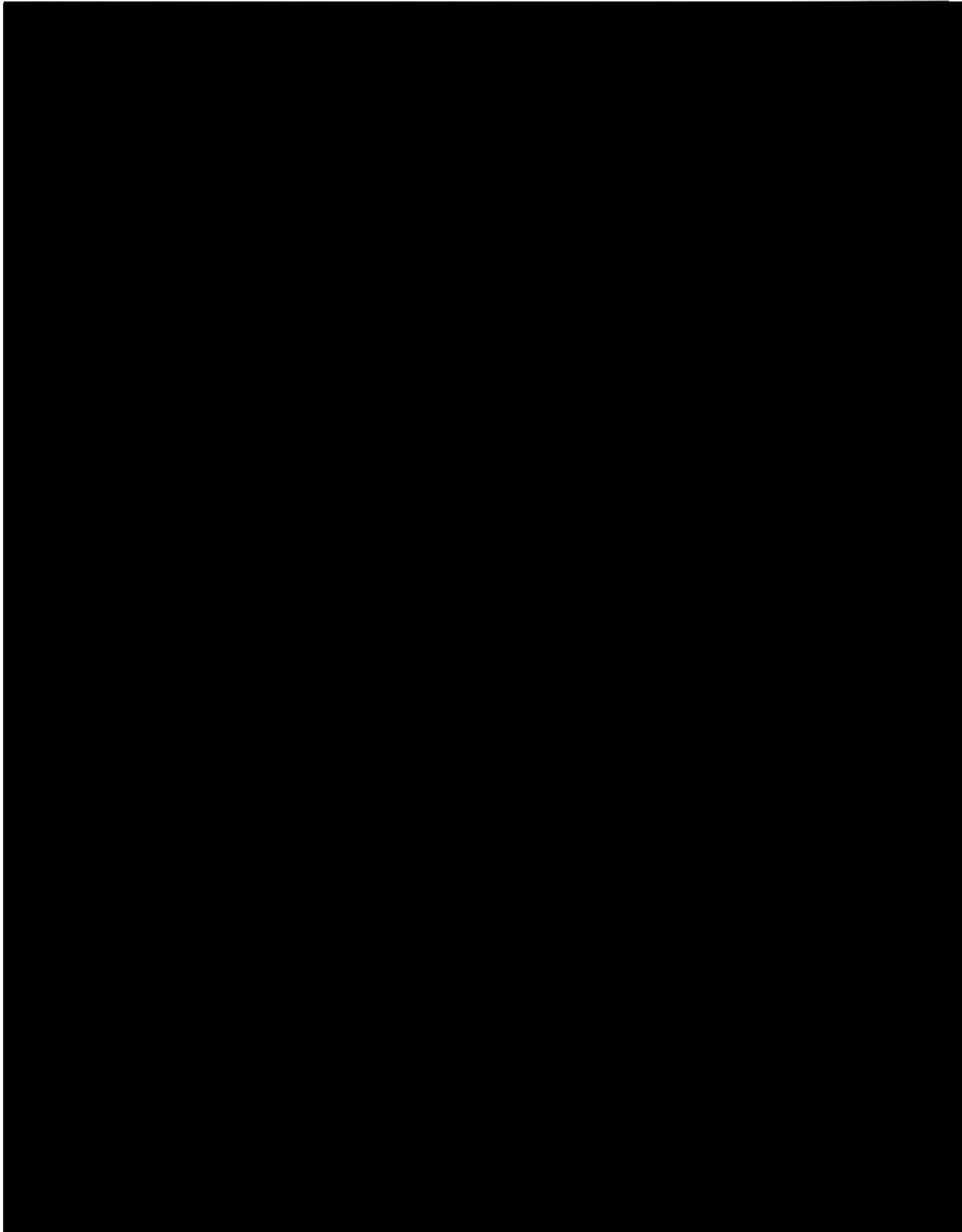
*(c) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Commercial Laboratory subsection. Maximum length 2,250 words/c.]*

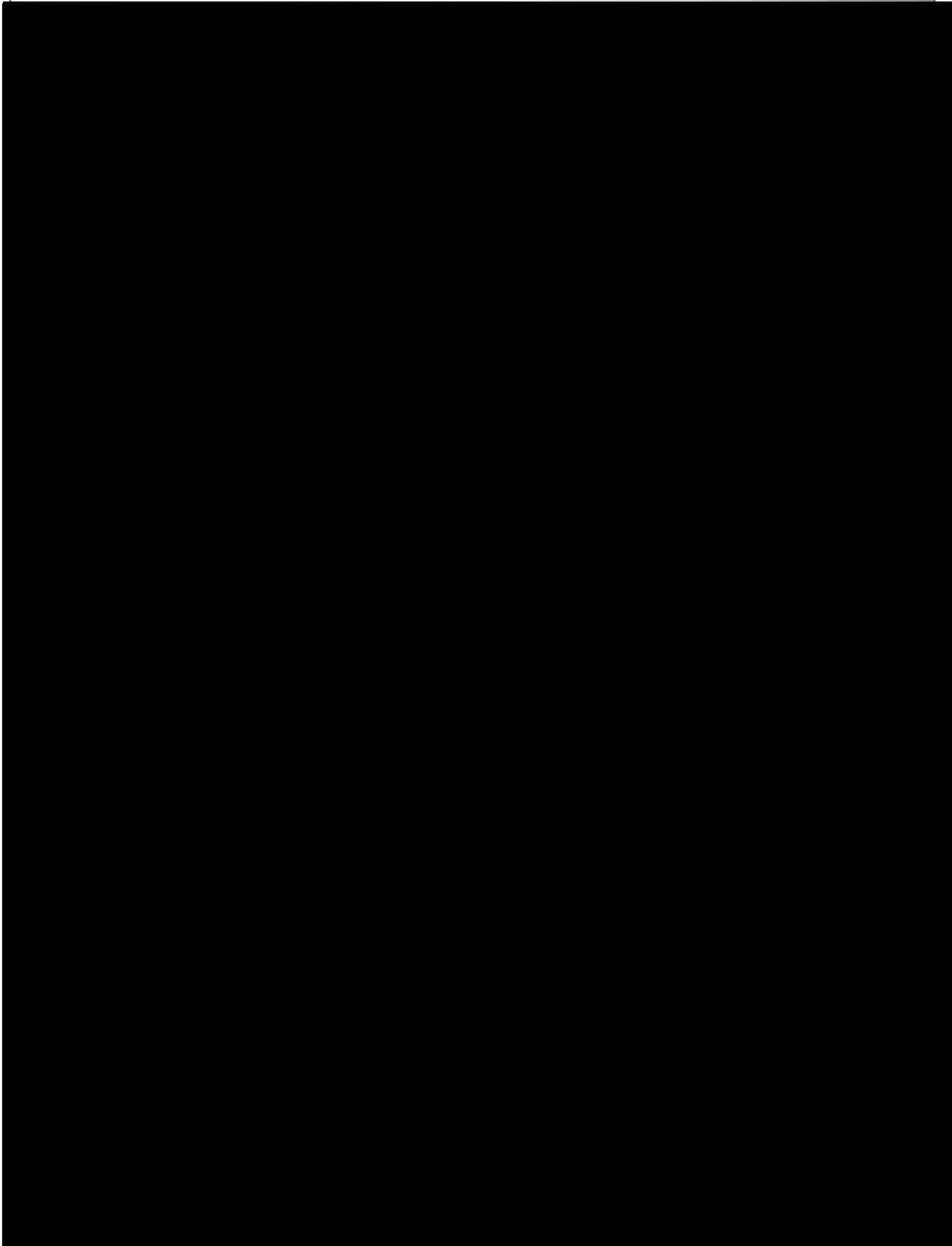














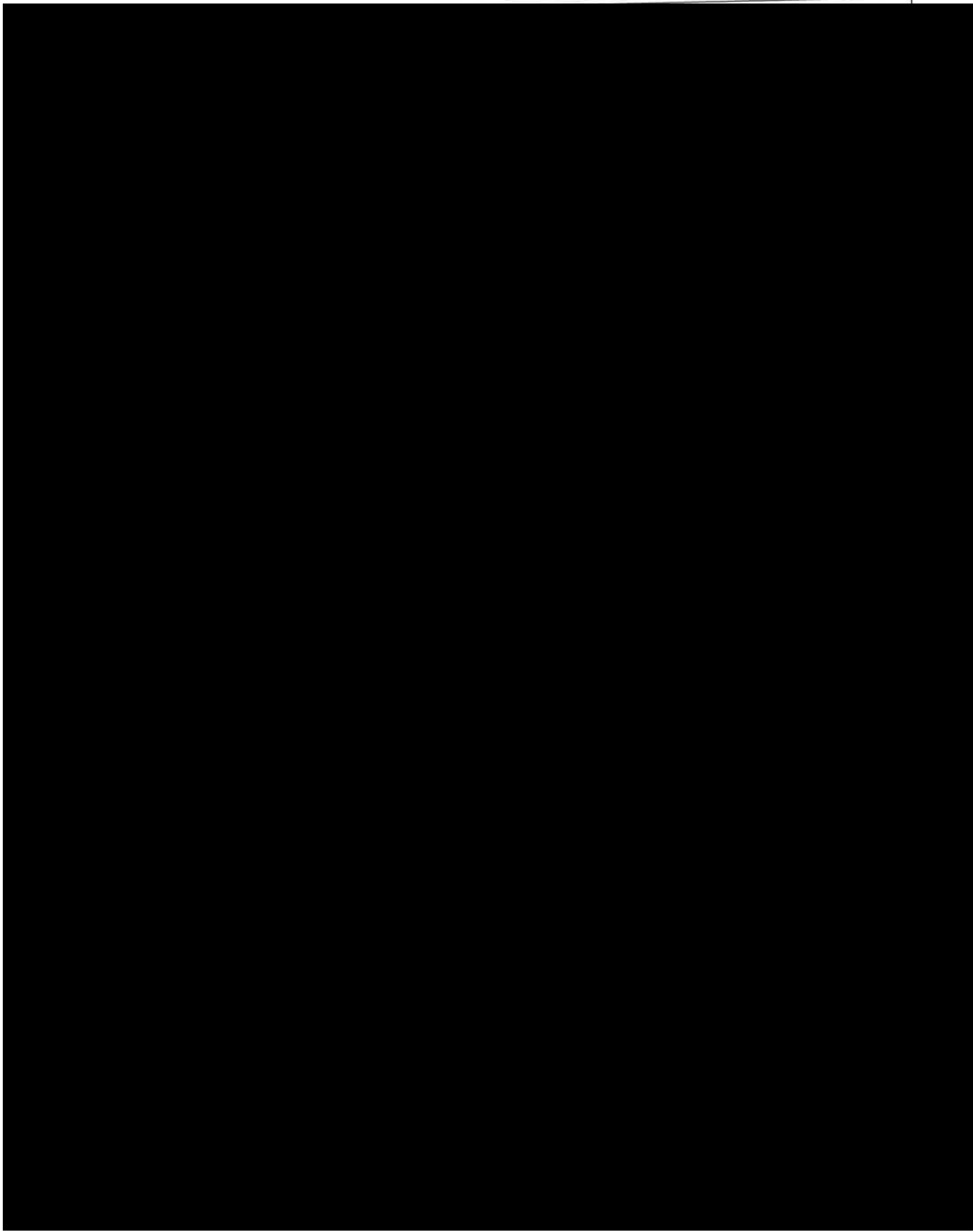


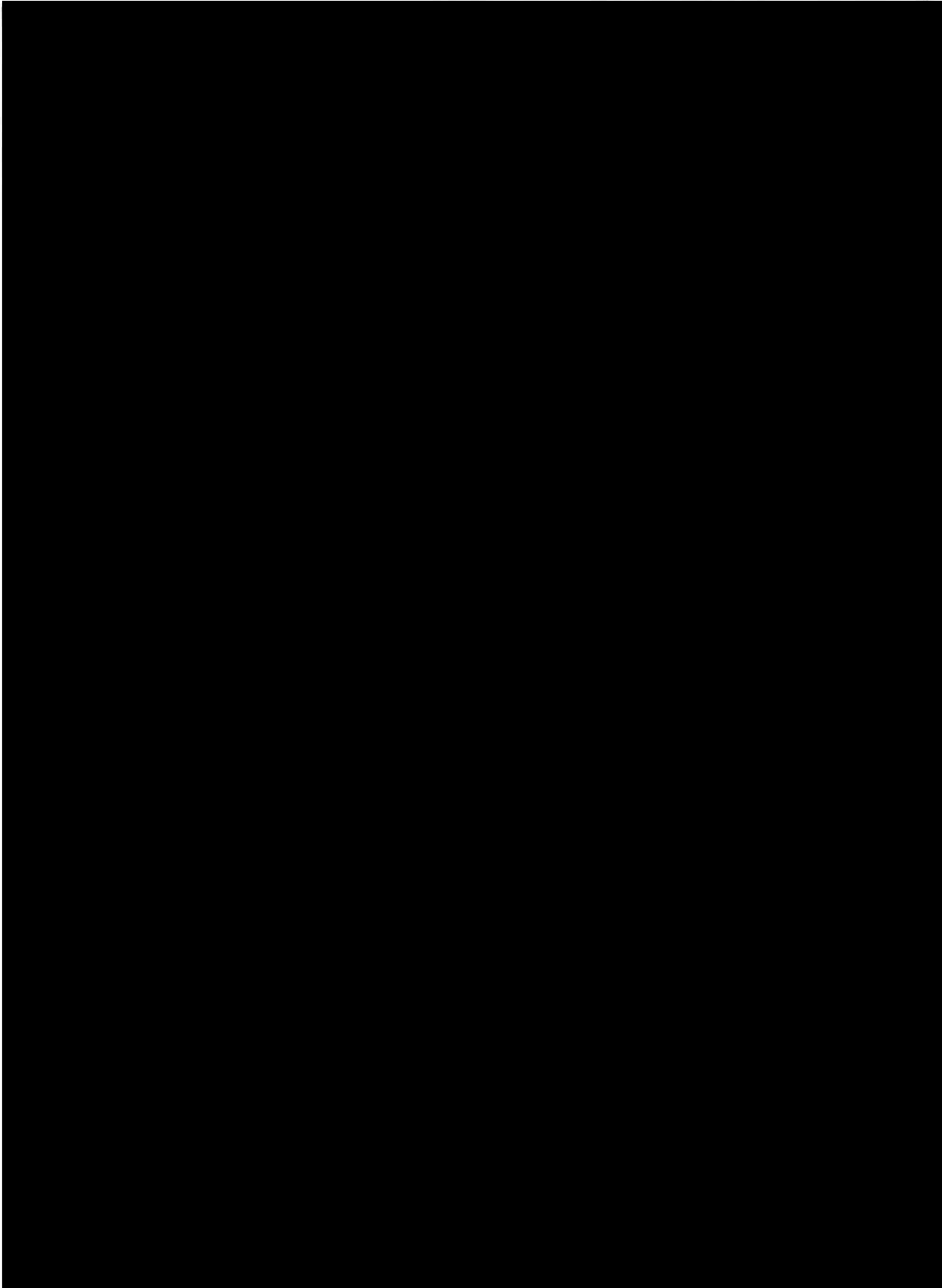
**2. Please describe how the Applicant will address the following business and economic factors:**

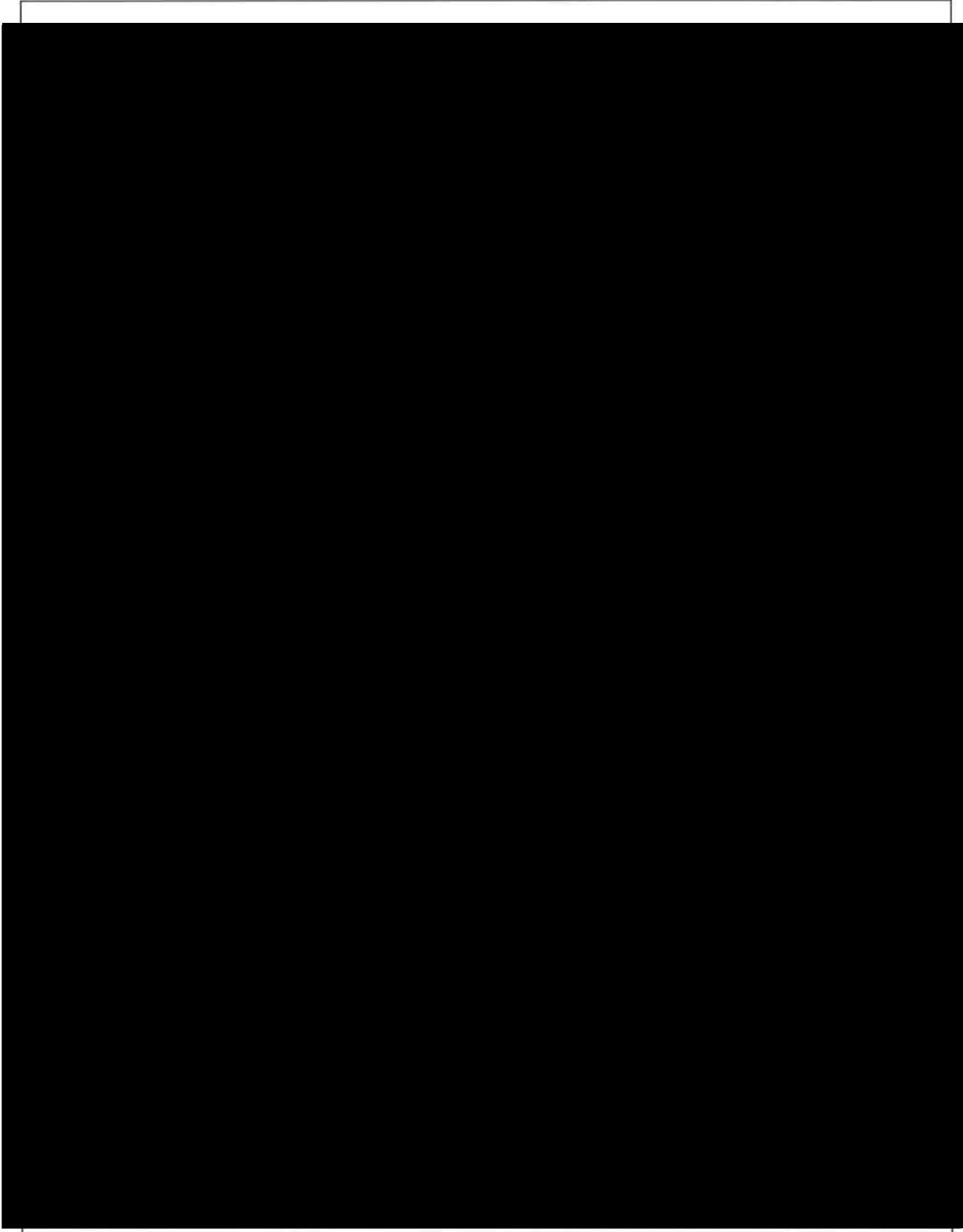
**a. a business plan that (i) demonstrates a likelihood of success and (ii) demonstrates a sufficient business ability and experience on the part of the Applicant, \***

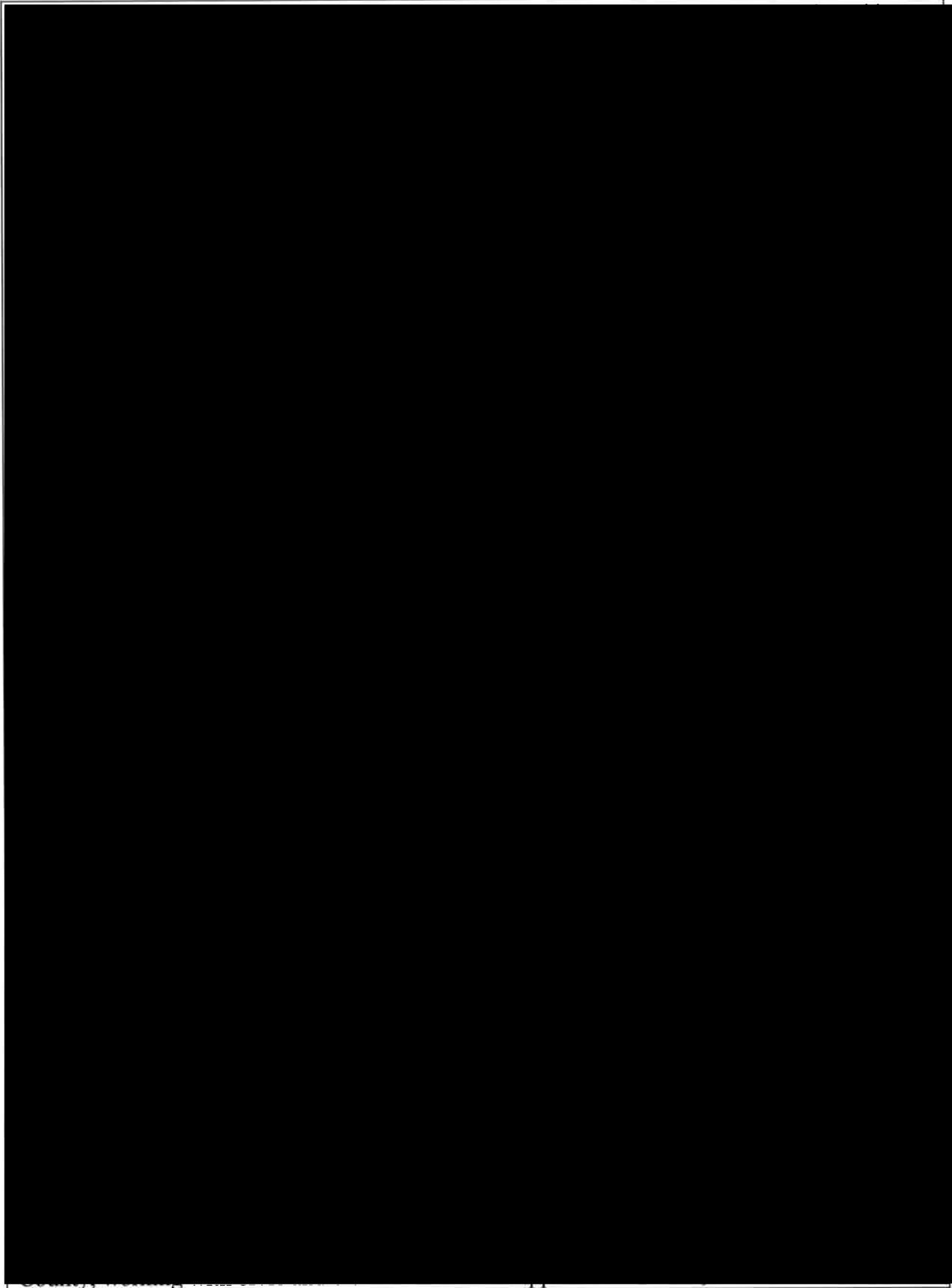
*(i) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Business and Economic subsection. Maximum length 3,150 words.]*

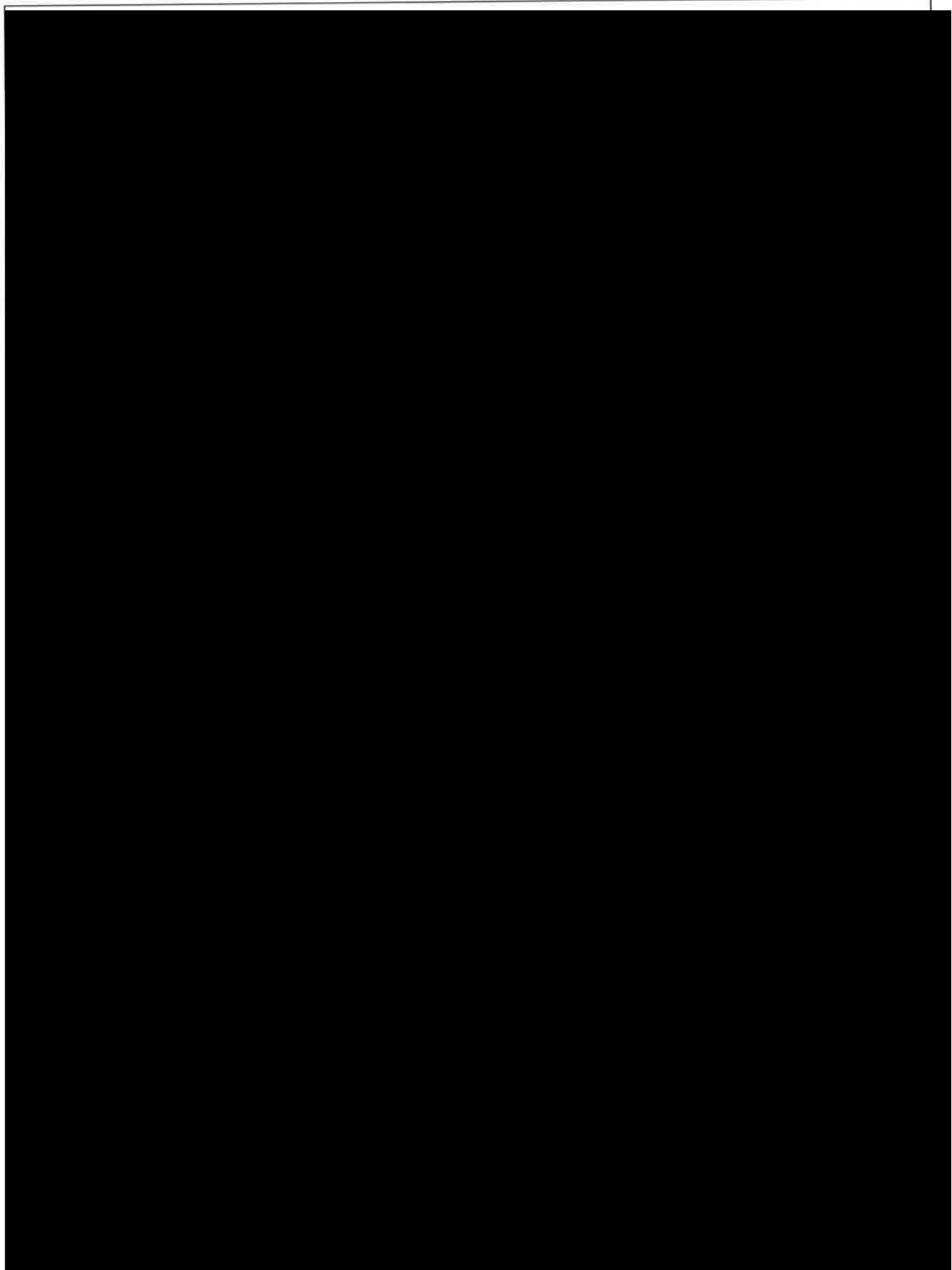
*(ii) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Business and Economic subsection. Maximum length 3,150 words.]*

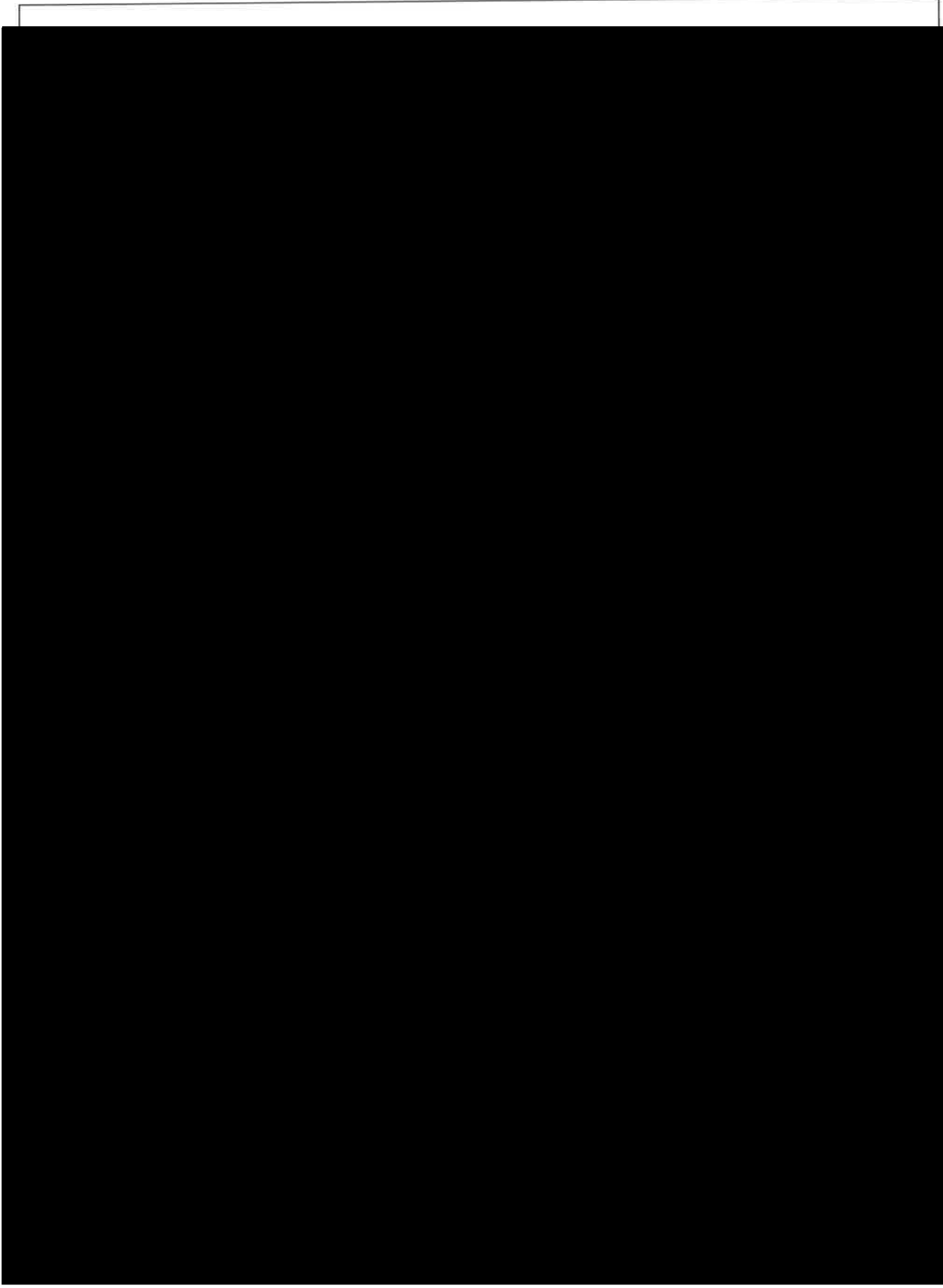


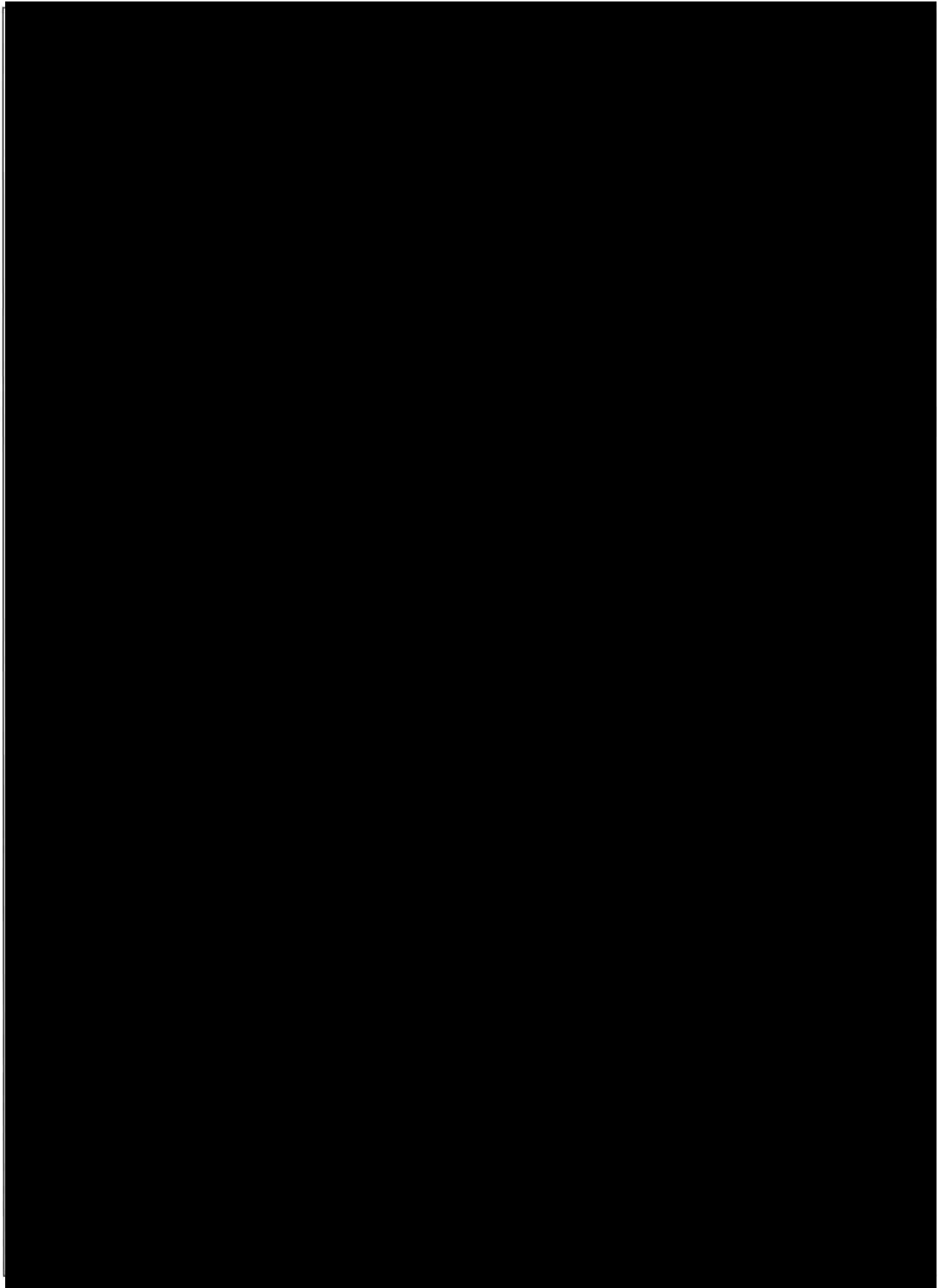




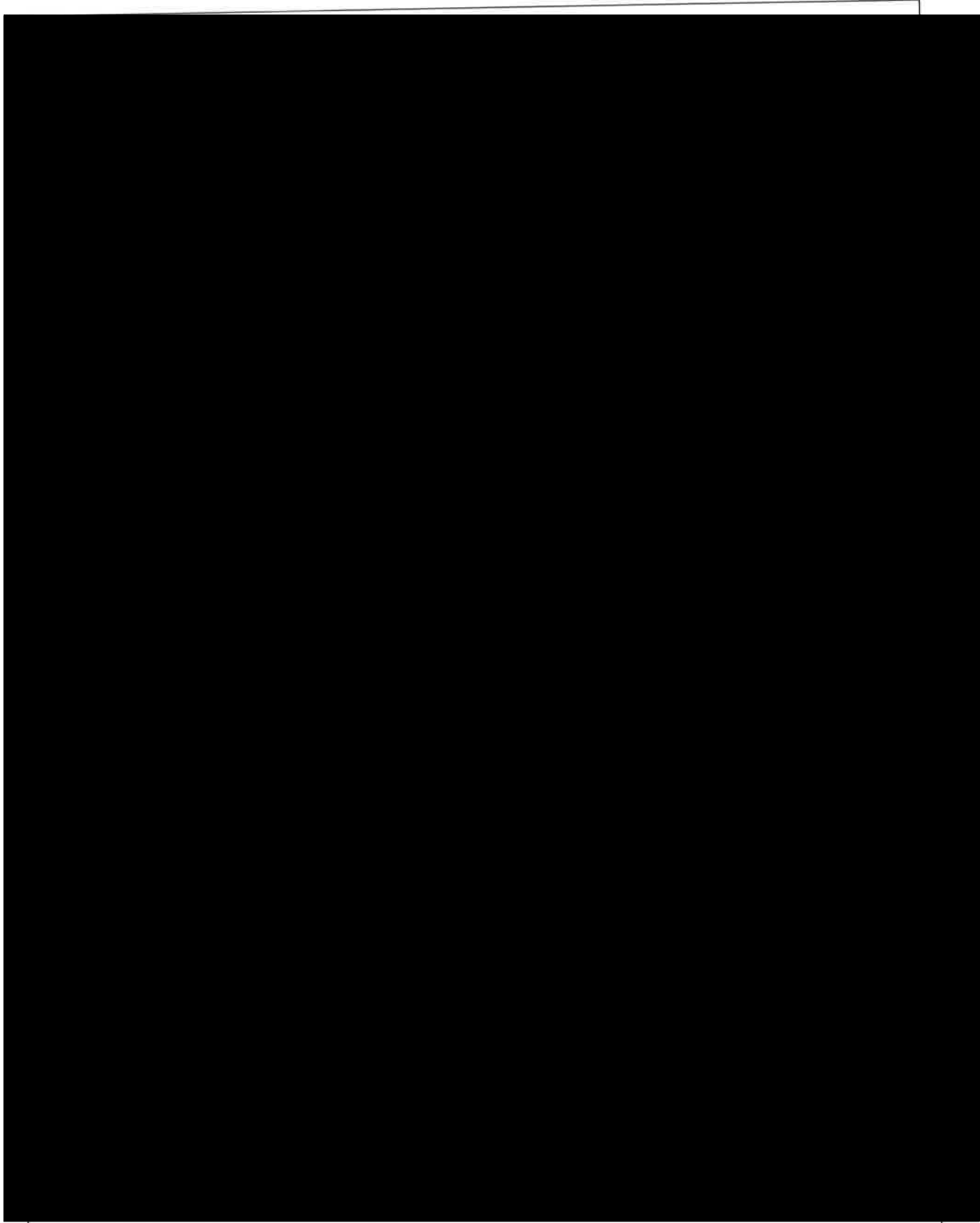


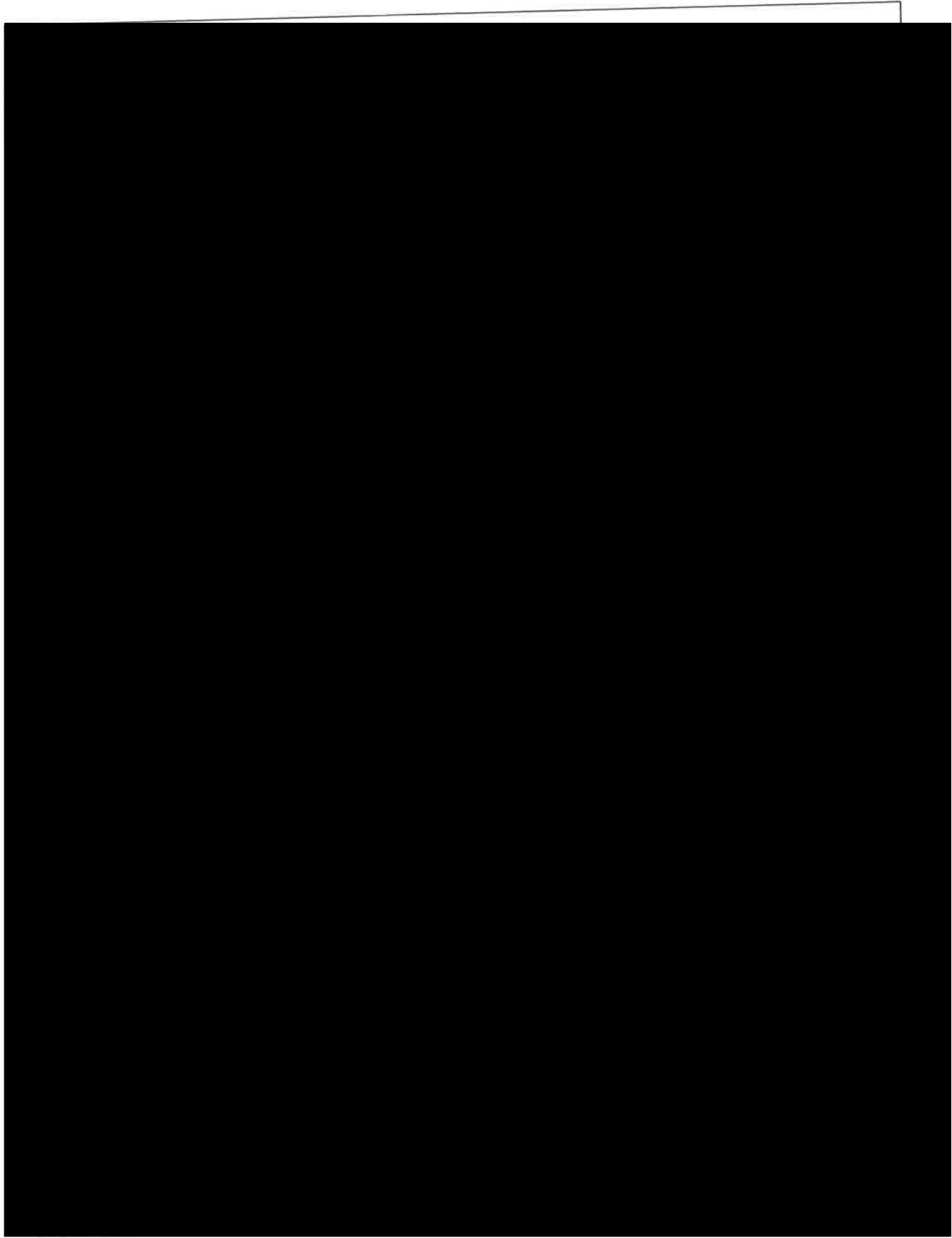


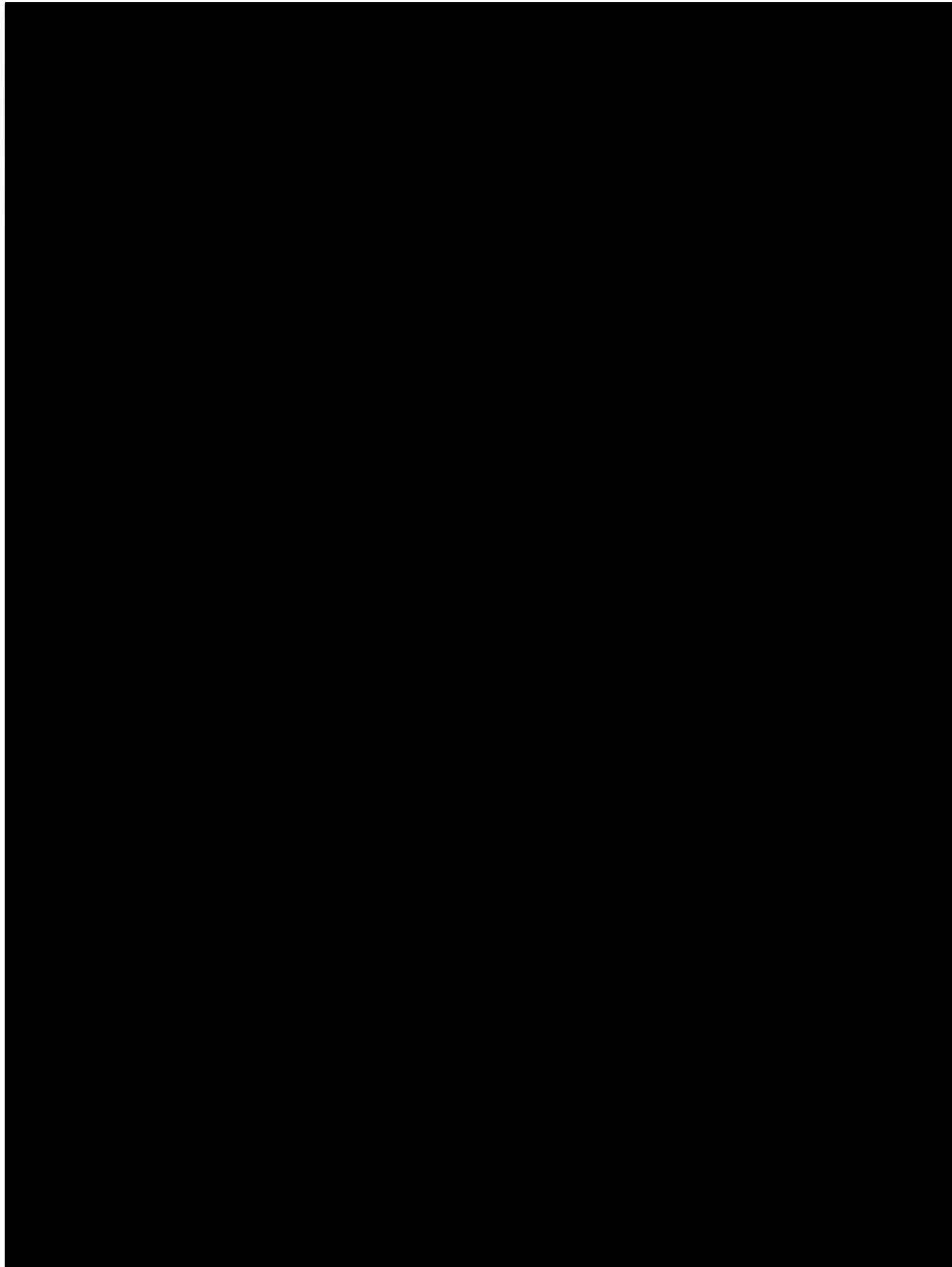


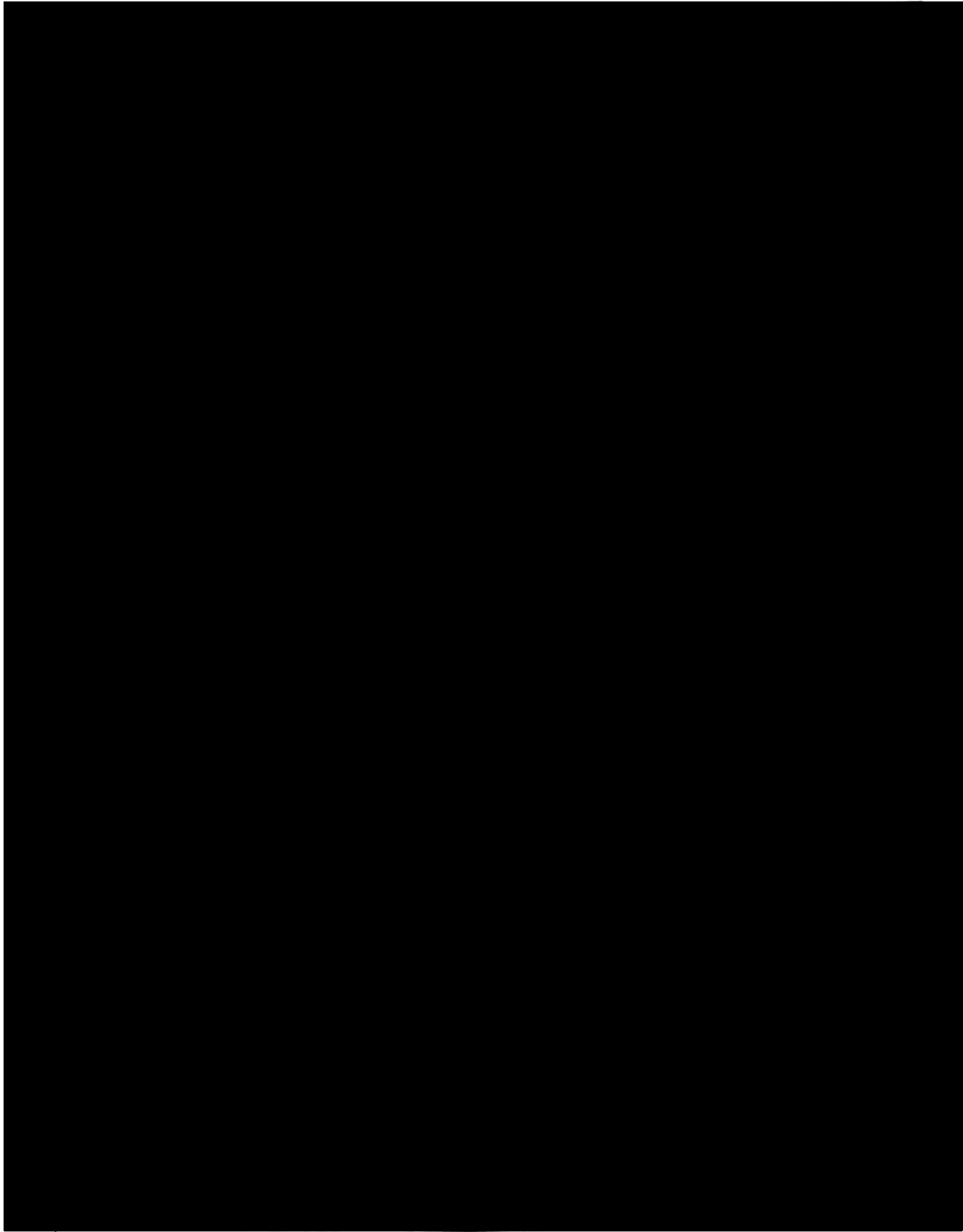


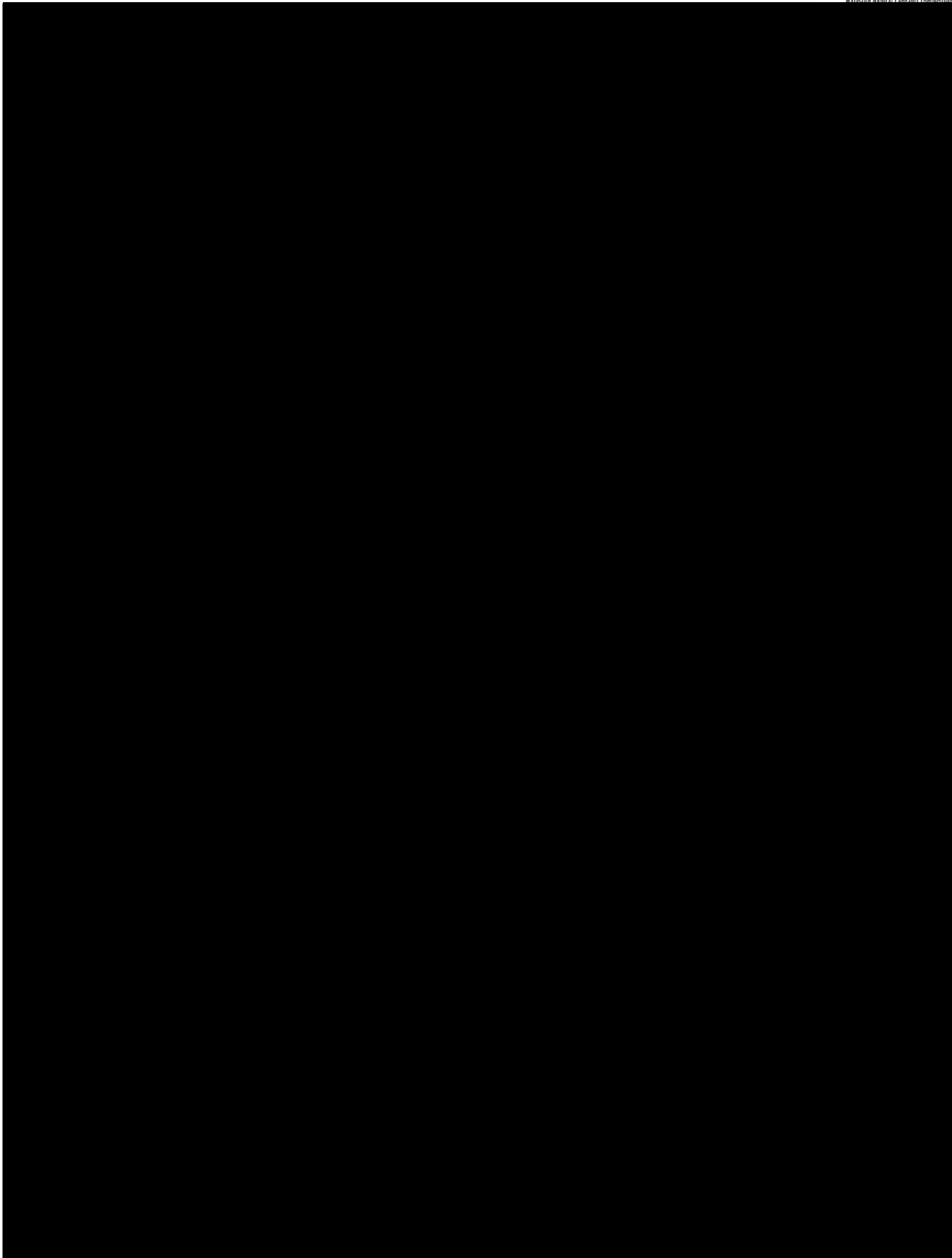


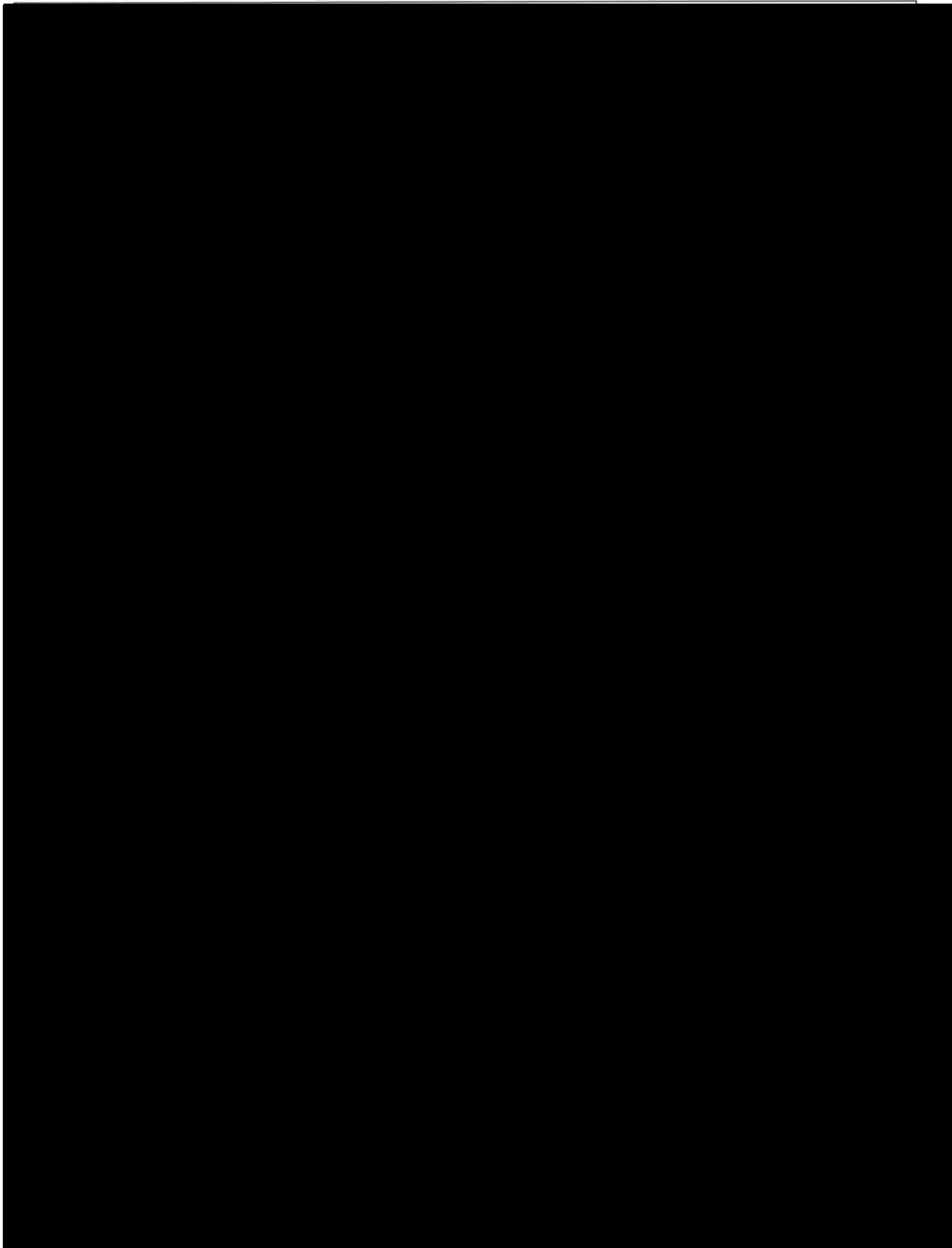


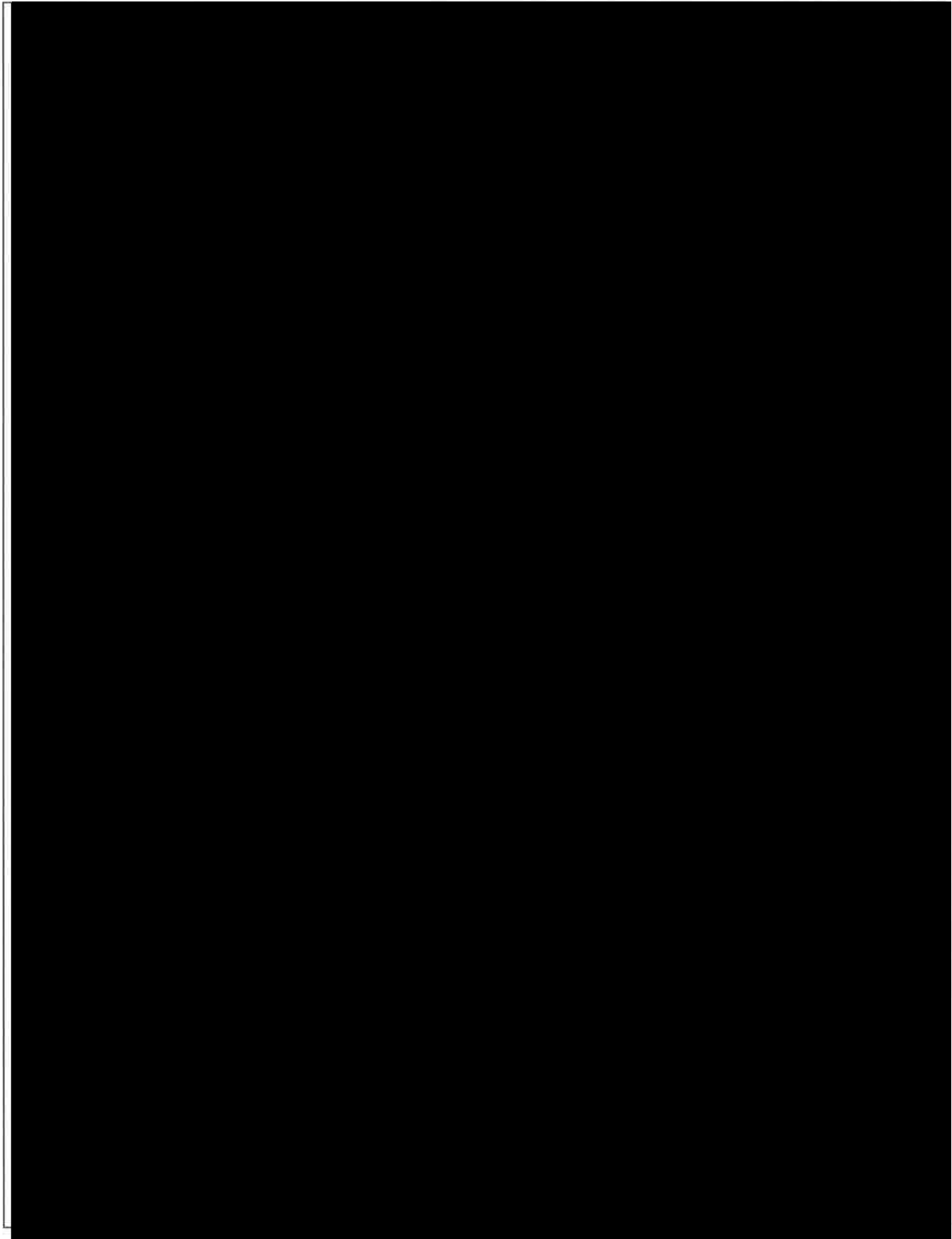


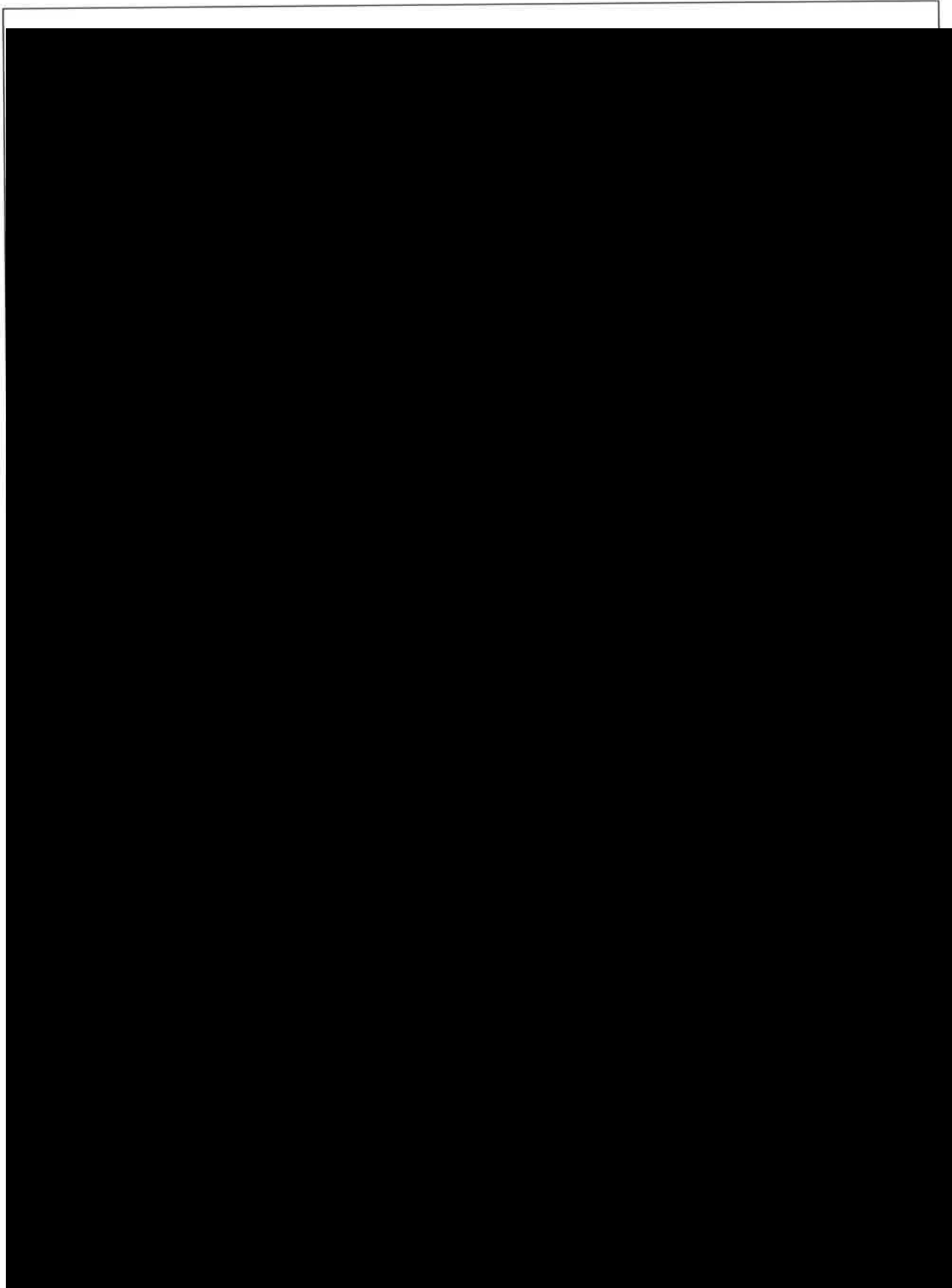




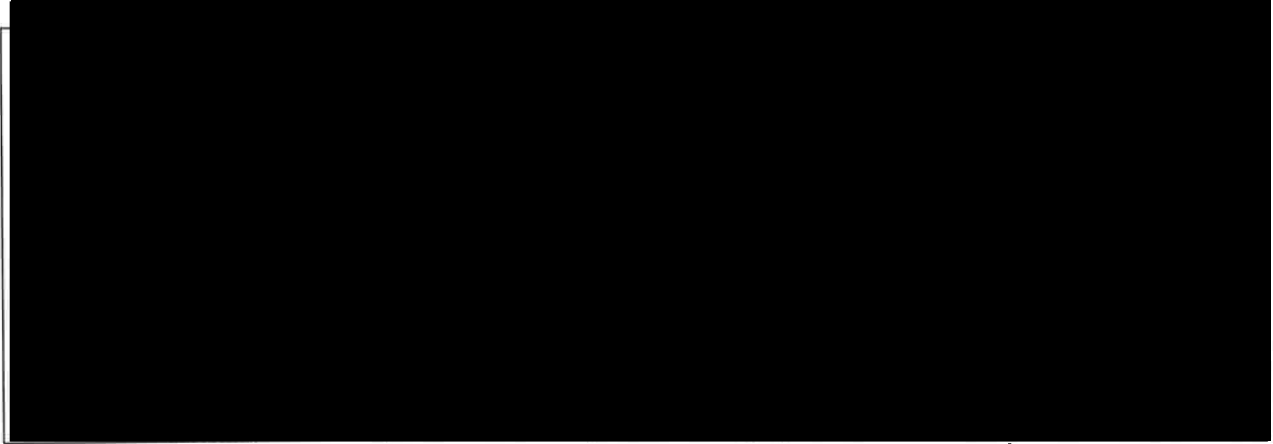












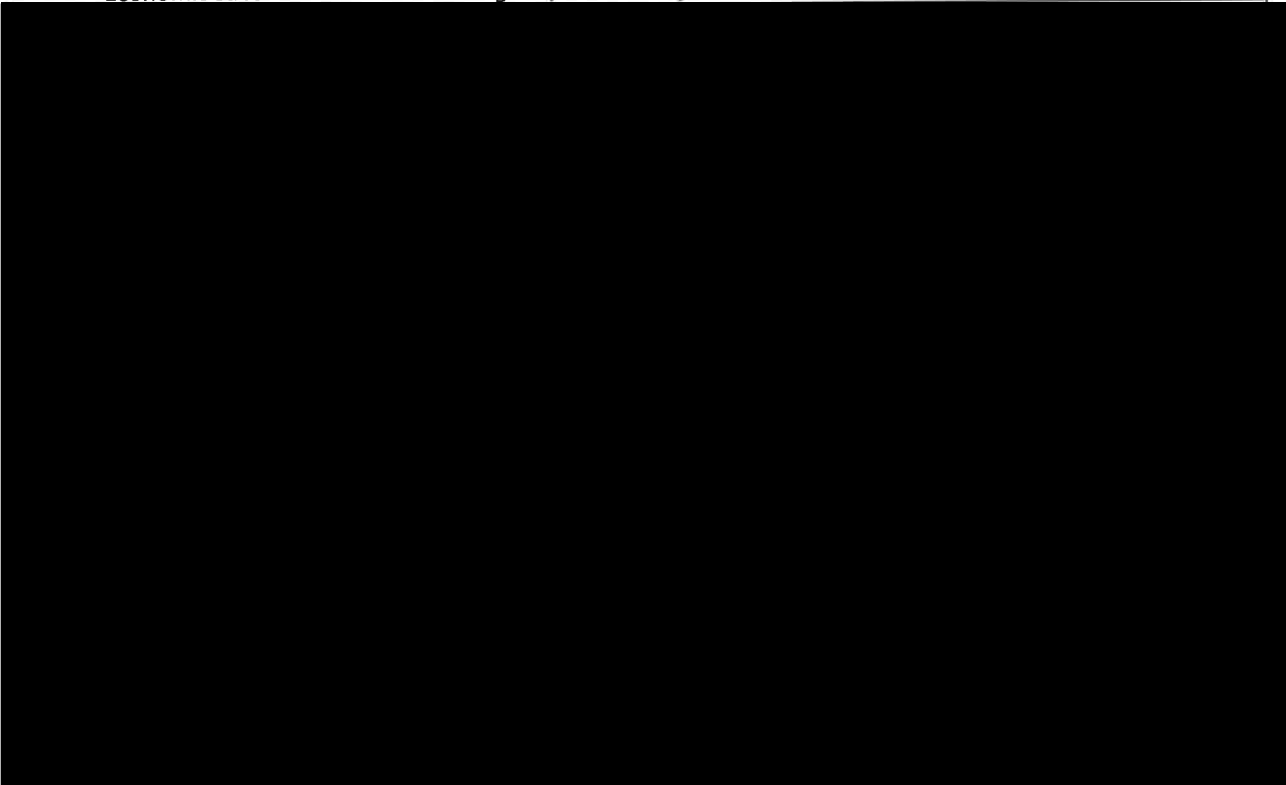
**b. certify adequate capitalization and attach relevant documentation \***

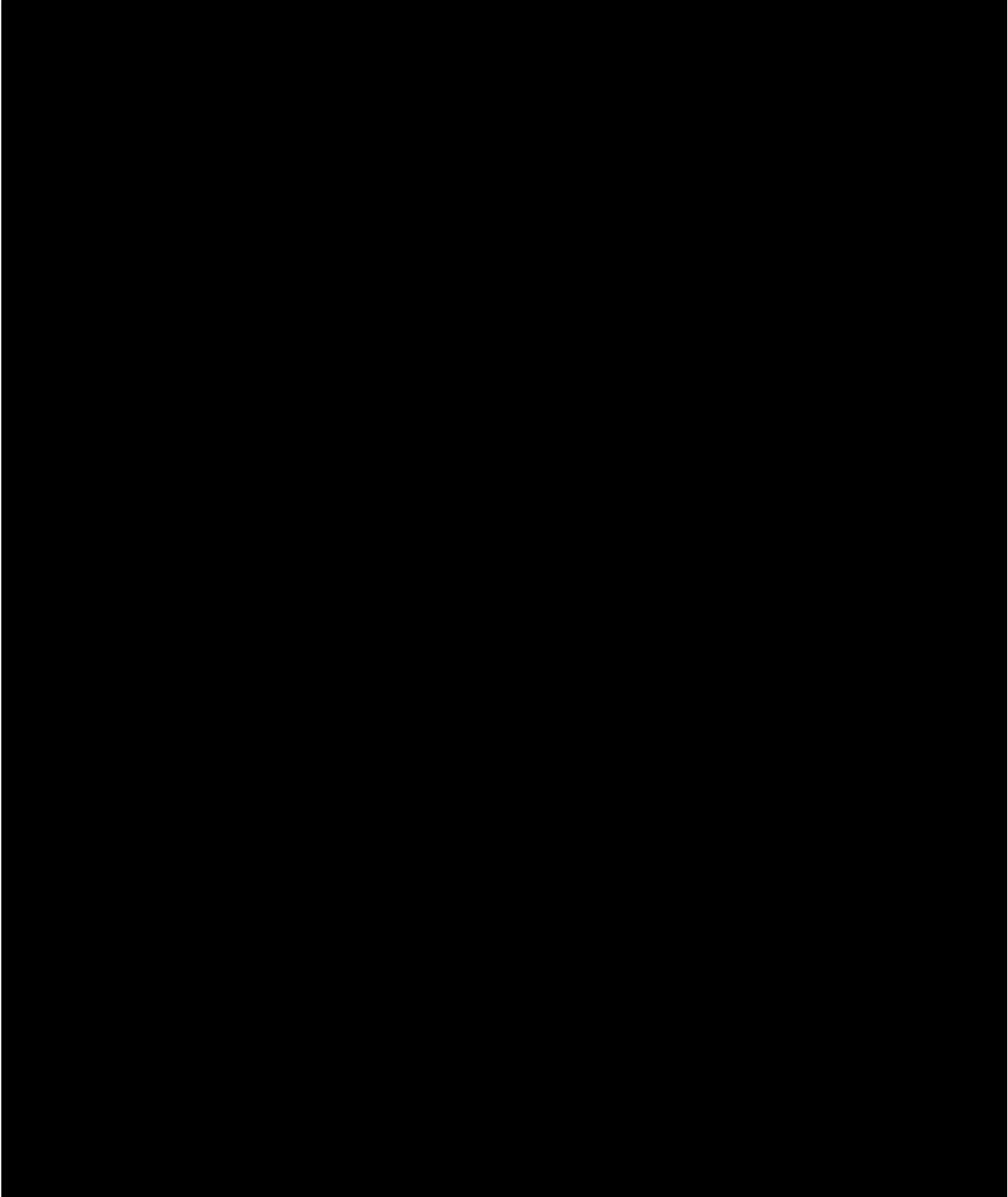
*(b) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 20% of the Business and Economic subsection. Maximum length 6 pages.]*

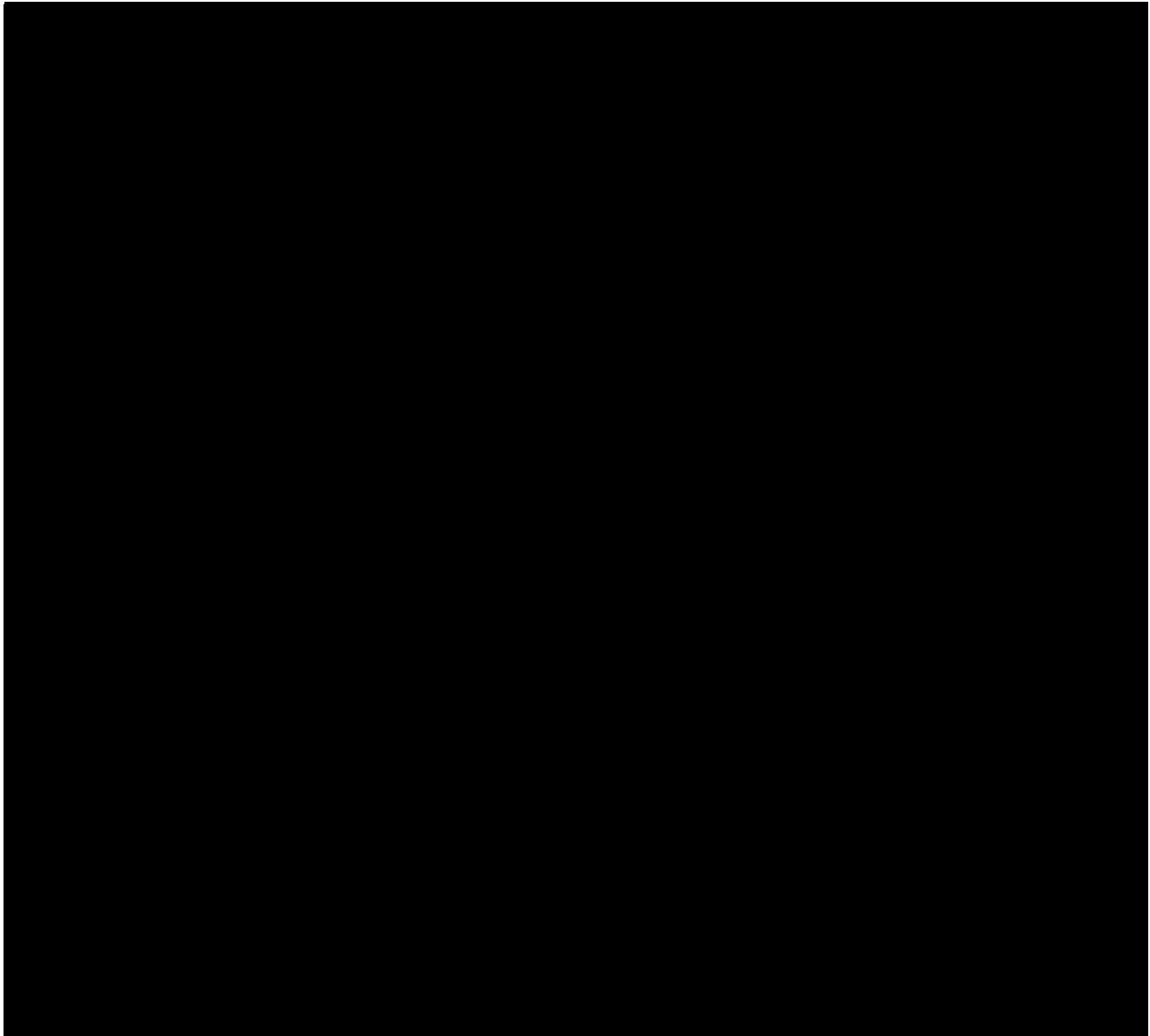


**c. a detailed plan evidencing how the processor will enforce the alcohol and drug free workplace policy. \***

*(c) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 10% of the Business and Economic subsection. Maximum length 1,575 words.]*



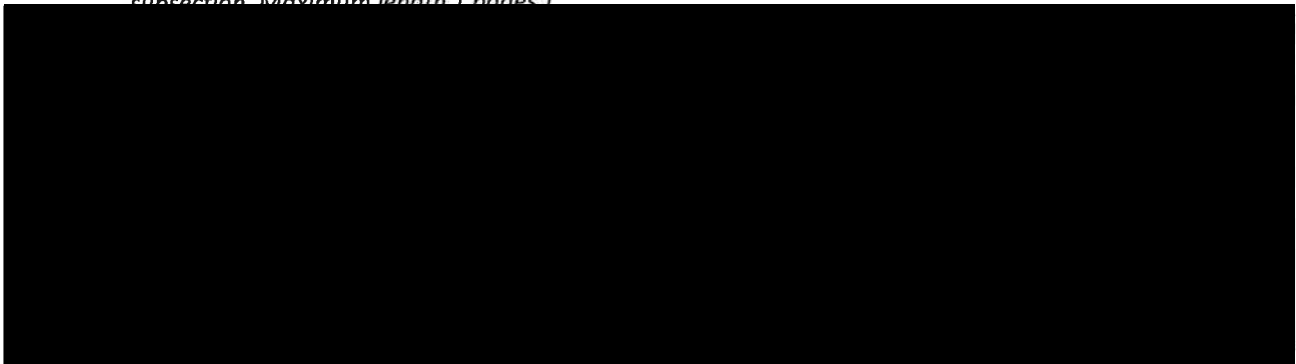




**3. Please describe how the Applicant will address the additional factors to:**

- a. certify Maryland residency among the owners and investors and attach relevant documentation, \***

*(a) [Reference 10.62.19.04 of the regulations. Graded Yes or No. Weighted 20% of the Additional Factors subsection. Maximum length 1 pages.]*



[REDACTED]

documenting Maryland residency.]

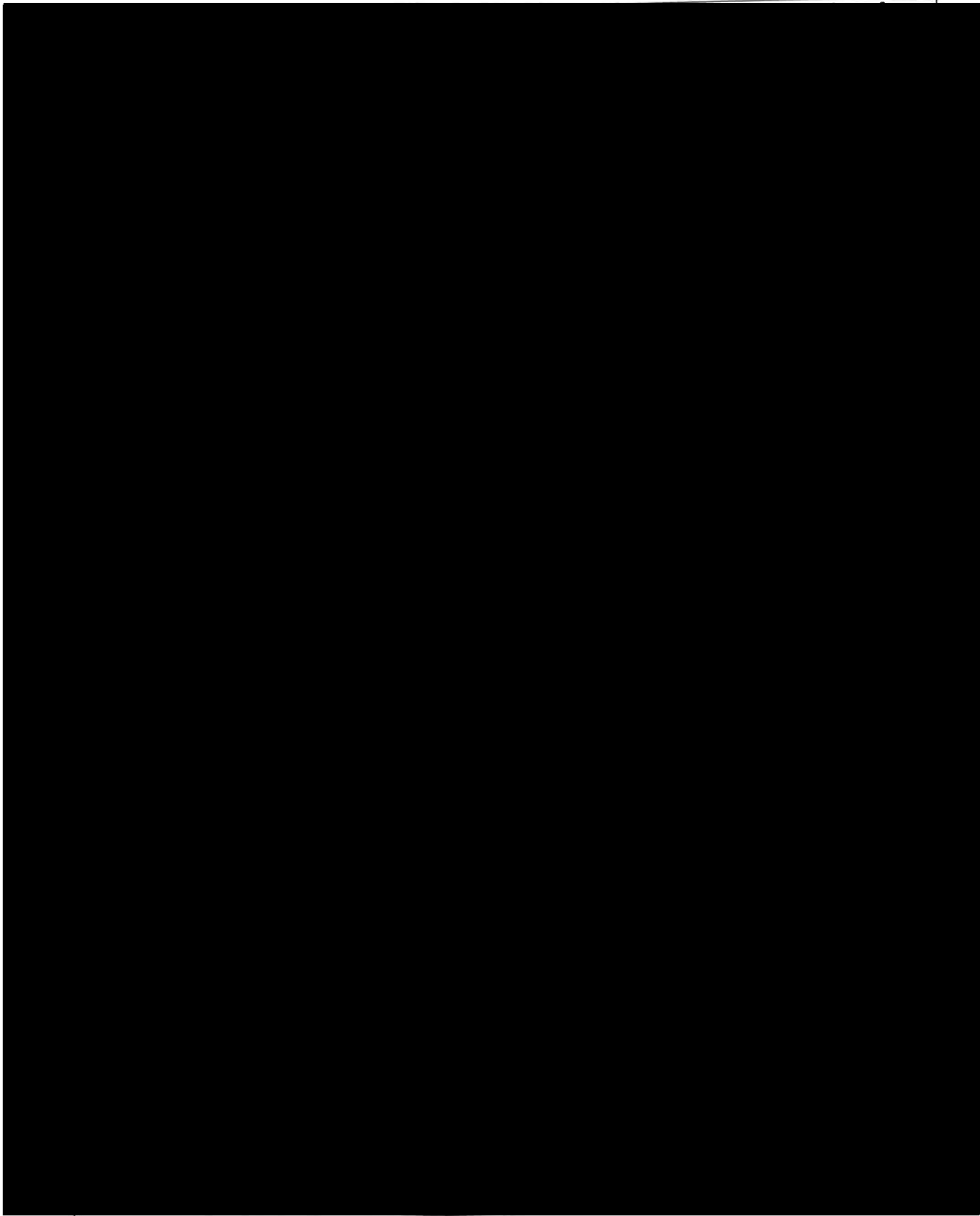
- b. certify that the Applicant is not in arrears regarding any tax obligation in Maryland and in any other jurisdictions and attach relevant documentation, \***

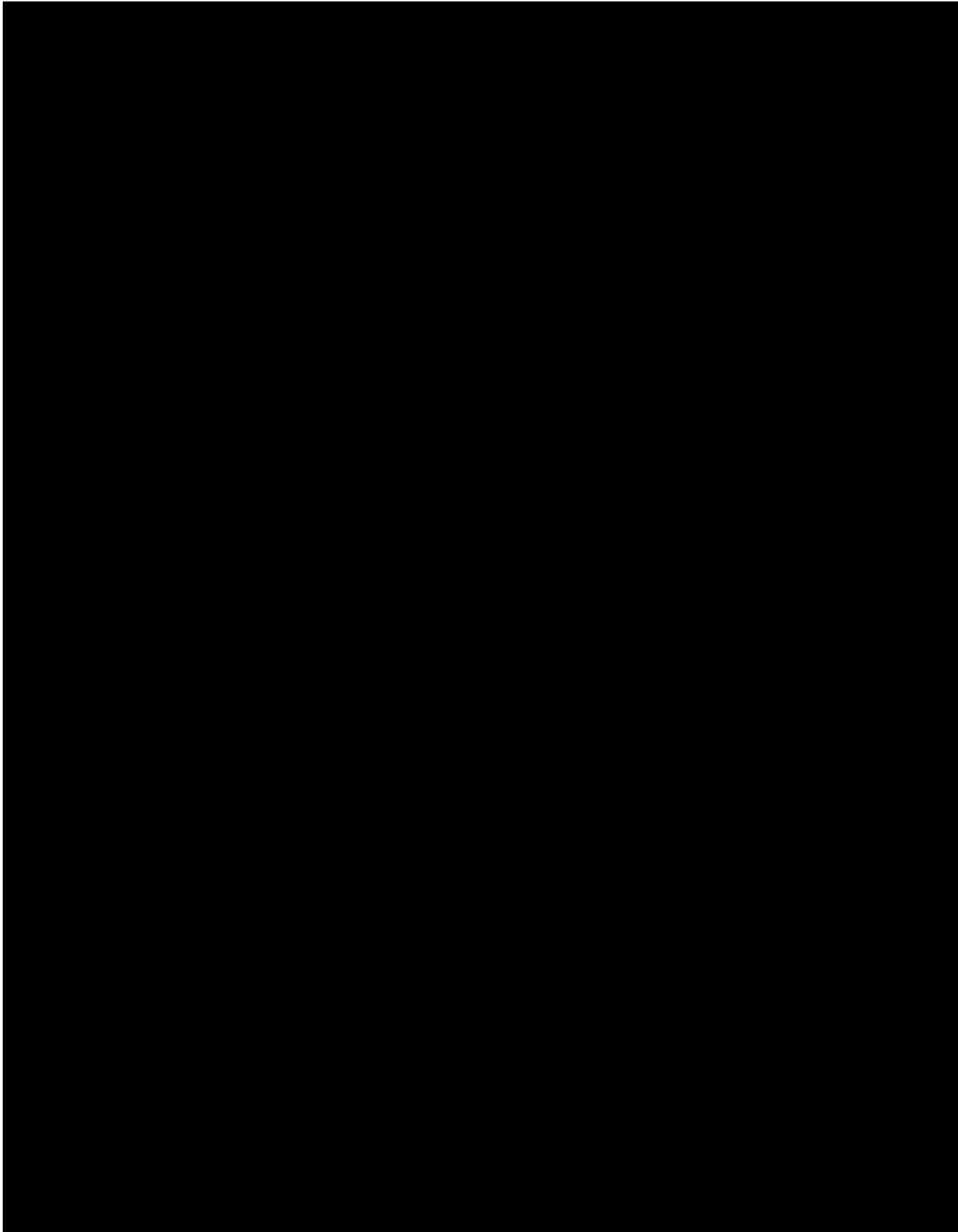
*(b) [Reference 10.62.19.04 of the regulations. Graded Yes or No. Weighted 30% of the Additional Factors subsection. Maximum length 1.5 pages.]*

[REDACTED]

- c. a list of proposed medical cannabis extracts and medical cannabis-infused products proposed to be produced with proposed cannabinoid profiles, including (i) varieties with high cannabidiol content and (ii) whether the product has any demonstrated success in alleviating symptoms of specific diseases or conditions. \***

- i) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 49.5% of the Additional Factors subsection. Maximum length 1,125 words.]*
- ii) [Reference 10.62.19.04 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Additional Factors subsection. Maximum length 115 words.]*
- [REDACTED]



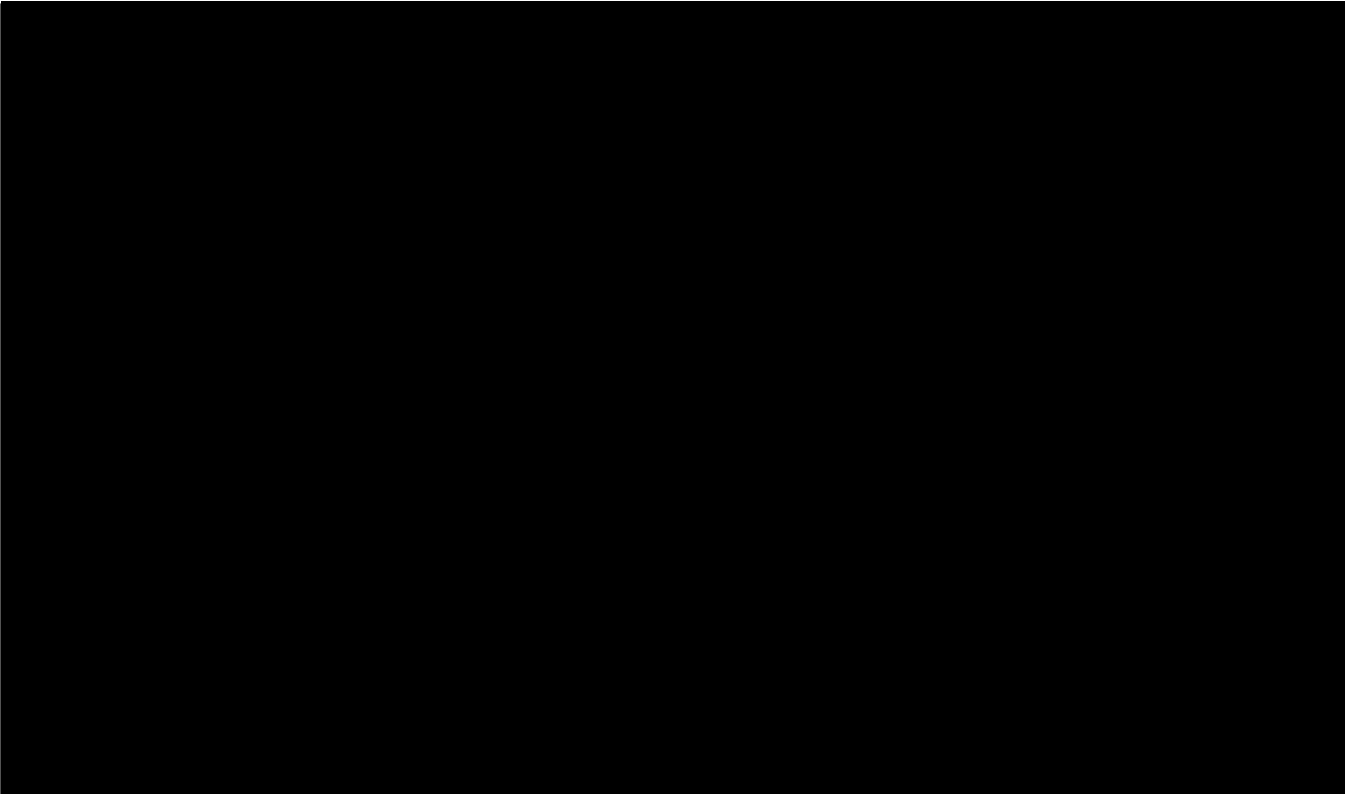




**10.62.19.05**

**4. Please describe how the Applicant will address the stipulation that the Commission may deny issuing a pre-approval of a license if, for any individual identified in the Application specified in COMAR 10.6219.02B(1) and (2) of this chapter, the payment of taxes due in any jurisdiction is in arrears. \***

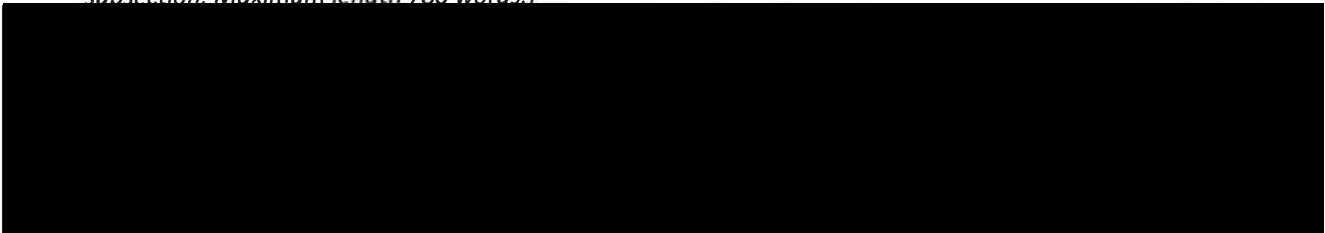
*[Reference 10.62.19.05 of the regulations. Graded Yes or No. Weighted 5% of the Business and Economic*

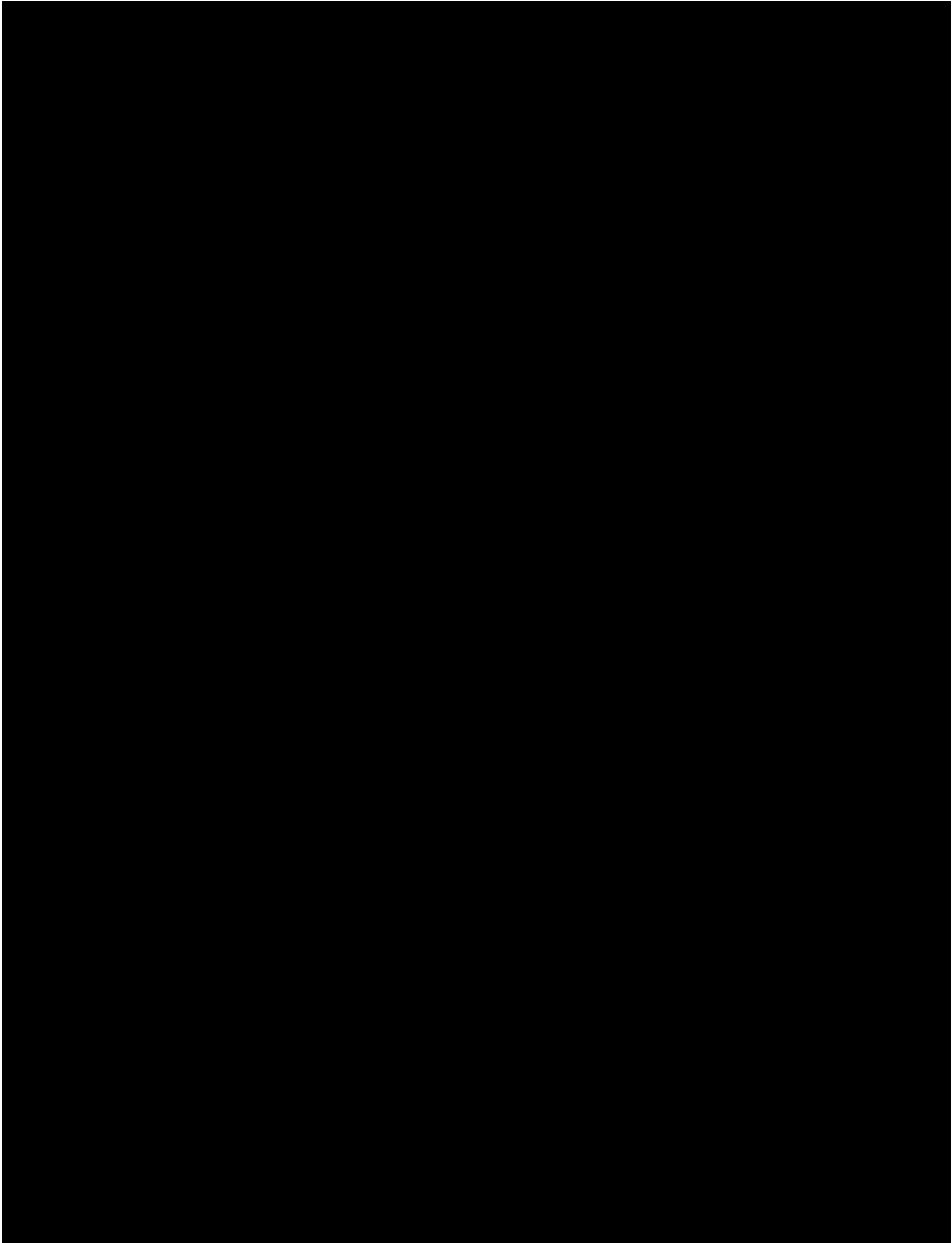


**10.62.20.07**

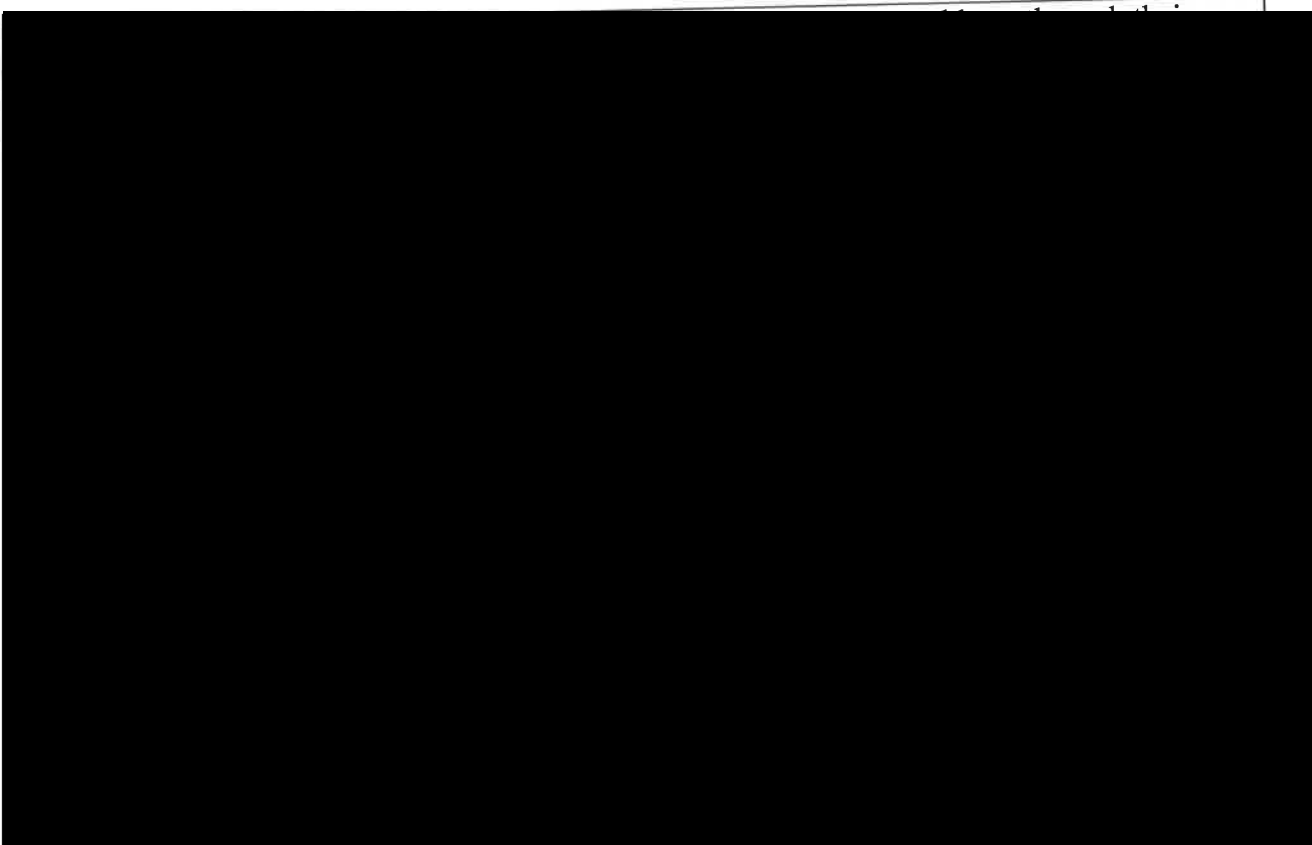
**5. Please describe how the Applicant will train all registered processor agents on Federal and State medical cannabis laws and regulations and other laws and regulations pertinent to the processor agent’s responsibilities. \***

*[Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Business and Economic subsection. Maximum length 780 words.]*



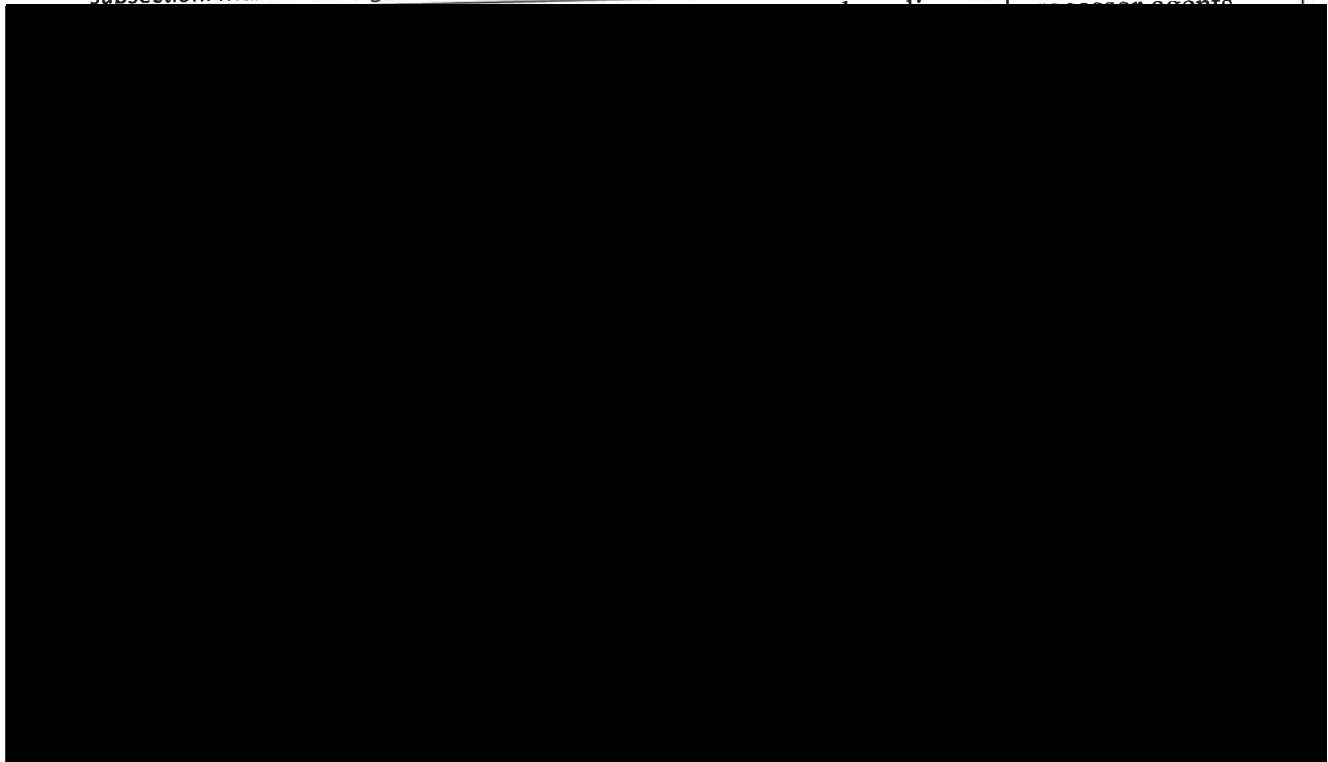


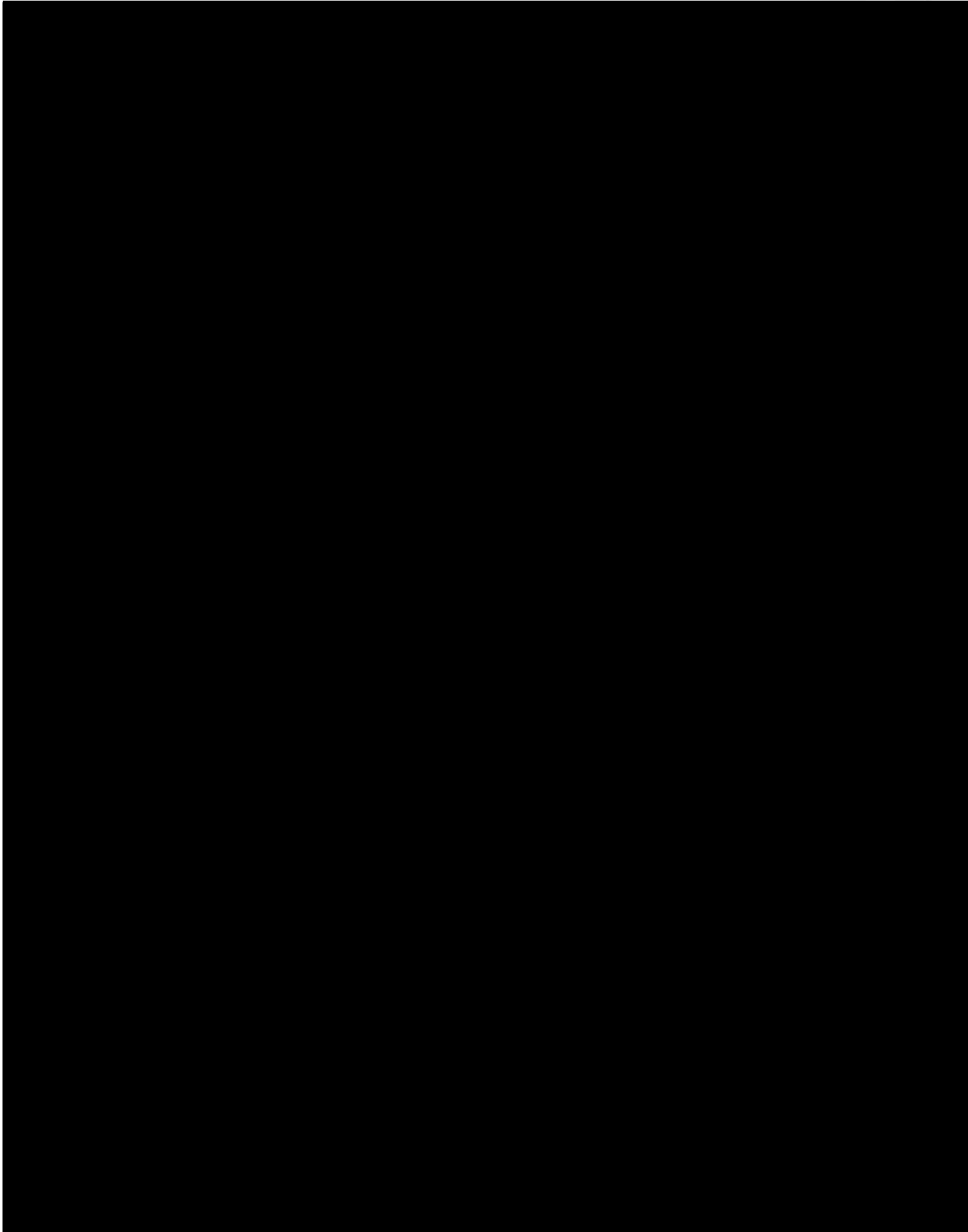




**6. Please describe how the Applicant will train all registered processor agents on standard operating procedures. \***

*[Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 10% of the Business and Economic subsection. Maximum length 1,575 words.]*

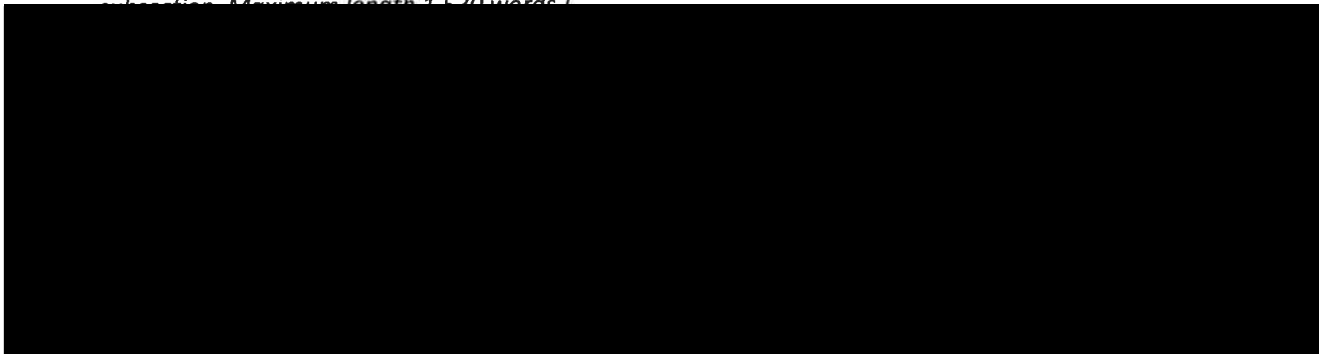


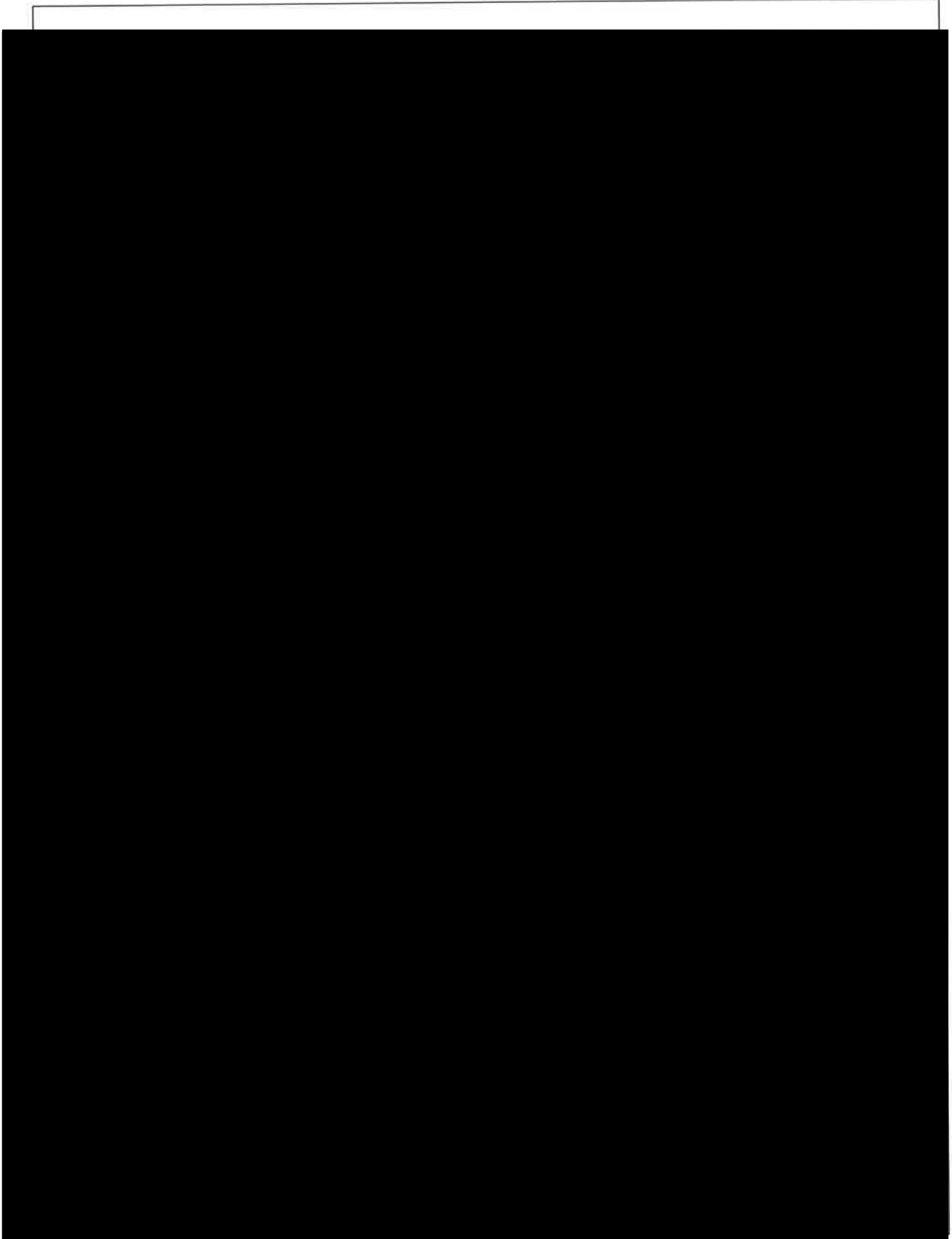


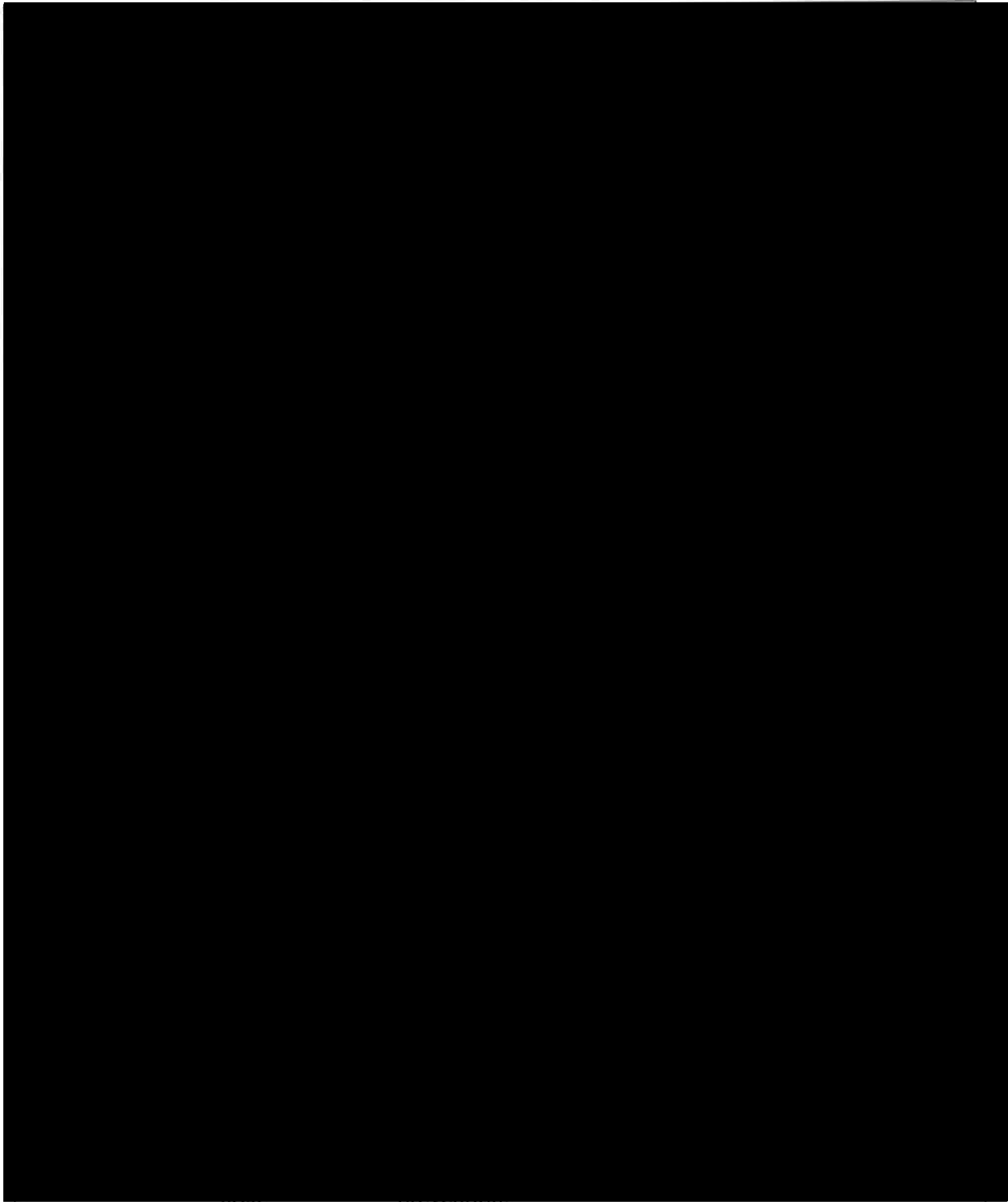


**7. Please describe how the Applicant will train all registered processor agents on detection and prevention of diversion of medical cannabis. \***

*[Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 17% of the Safety and Security subsection. Maximum length 1,520 words.]*



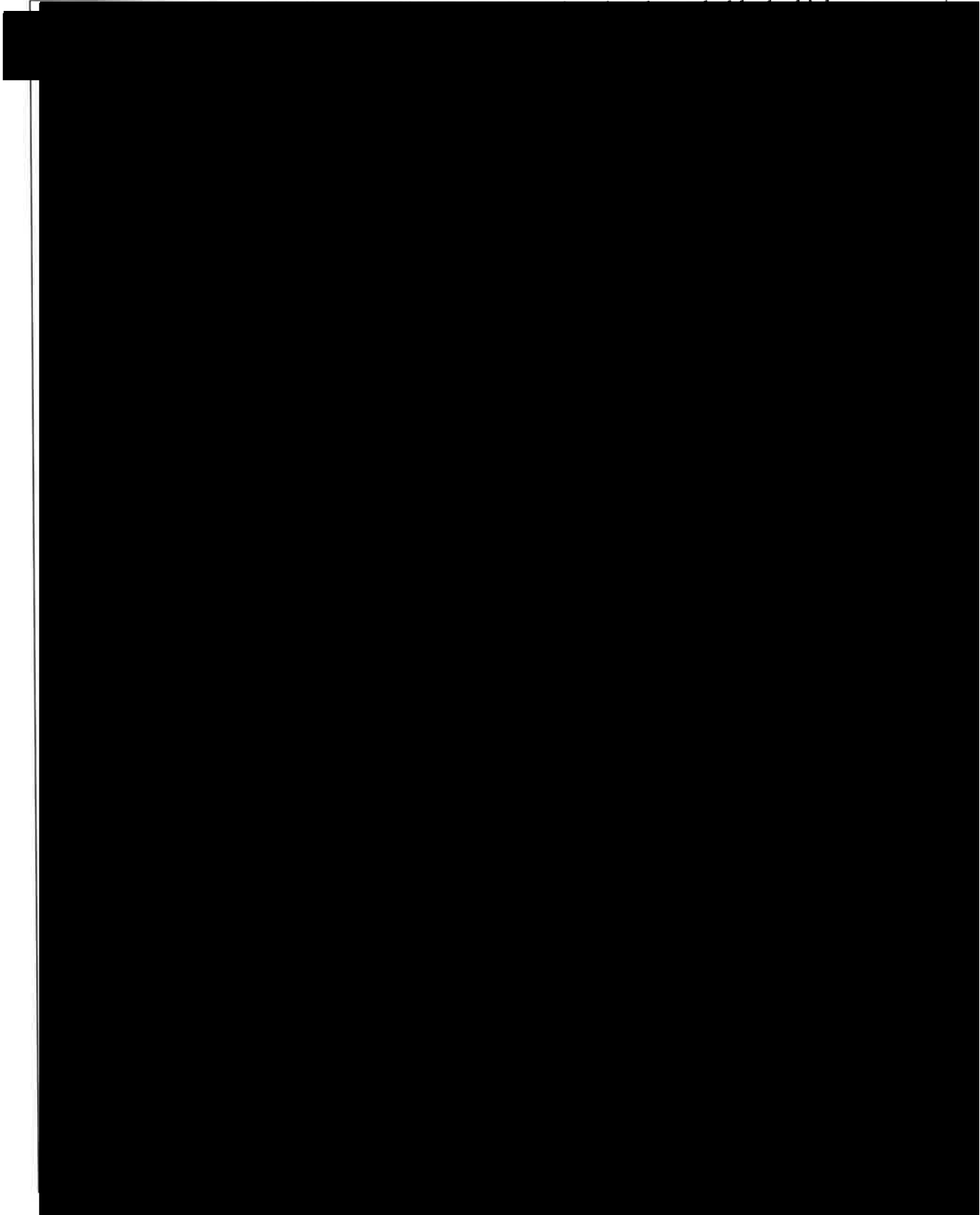


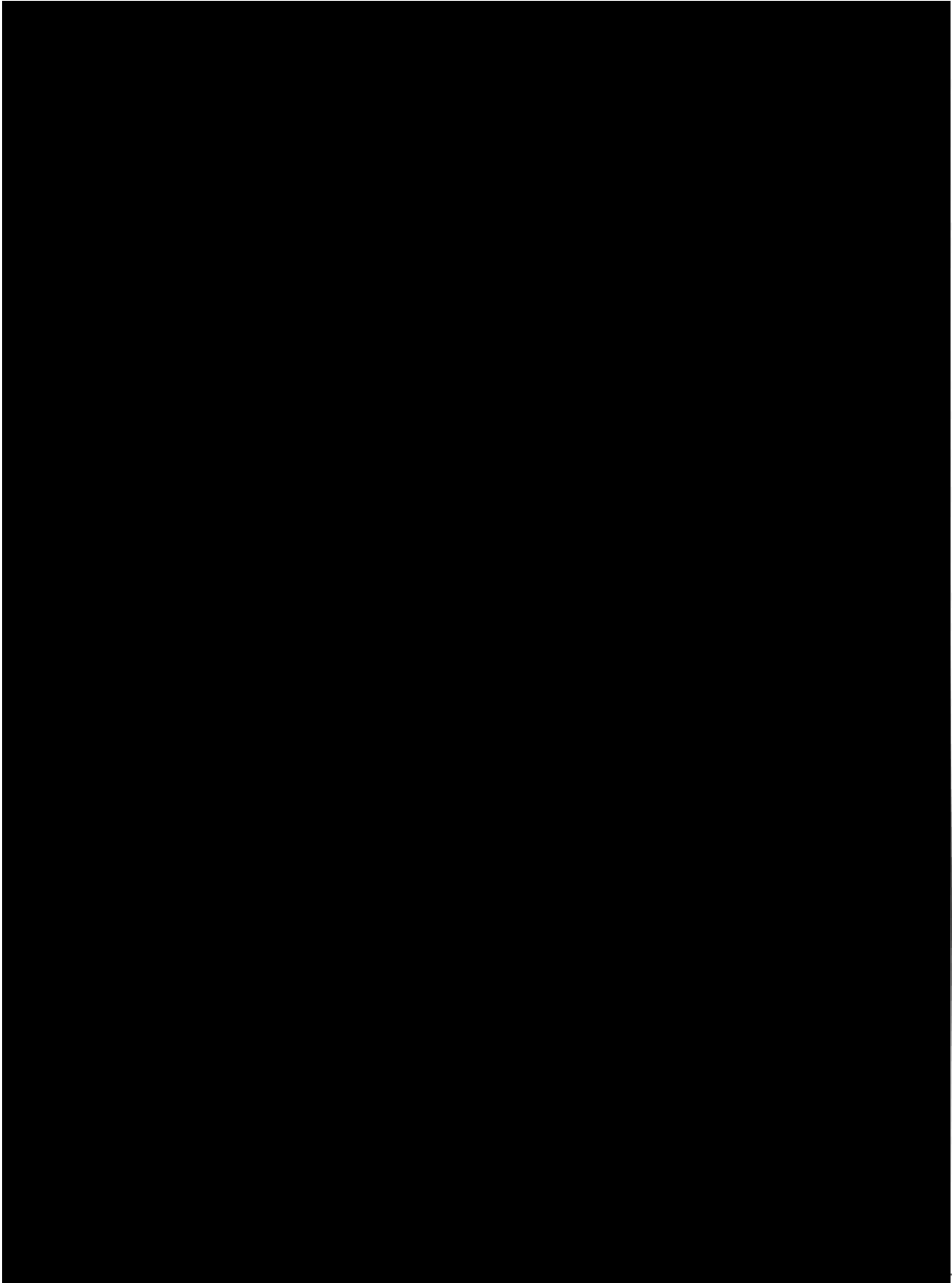


of diversion with a goal of enhanced prevention.

**8. Please describe how the Applicant will train all registered processor agents on security procedures. \***

*[Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 17% of the Safety and Security subsection. Maximum length 1,530 words.]*







**9. Please describe how the Applicant will train all registered processor agents on safety procedures, including responding to (1) a medical emergency, (2) a fire, (3) a chemical spill, and (4) a threatening event including an armed robbery, an invasion, a burglary, or any other criminal incident. \***

*(1) [Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Safety and Security. Maximum length 450 words.]*

*(2) [Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Safety and Security subsection. Maximum length 450 words.]*

*(3) [Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Safety and Security subsection. Maximum length 450 words.]*

*(4) [Reference 10.62.20.07 of the regulations. Graded 0 to 5 scoring. Weighted 10% of the Safety and Security subsection. Maximum length 900 words.]*

(1) All registered processor agents will receive training on responding to a medical emergency during their mandatory orientation session prior to the beginning work within the facility. The medical emergency training will be administered by the Director of Security. Annual in-service trainings and reviews of medical emergency response will be conducted as part of an agent’s annual training program.

All agents will be trained on recognition of a medical emergency, and the importance of immediately contacting the security operations center for intervention. The Director of Security serves as the chief emergency contact for the organization, and will lead the assessment of all emergency situations and contact with outside emergency assistance. If for some reason during an emergency there is an inability to contact the security operations center, agents will be trained to contact 9-1-1 for assistance.

Agents will be trained that there are times when a medical condition is so severe that it requires immediate, professional, medical assistance. They will be educated on symptoms that are signs of serious medical emergencies. In these emergency situations, agents are trained to contact security personnel who can assess the situation and call 9-1-1. In emergency situations, seconds can save lives. The following symptoms are signs of medical emergencies that require immediate attention: Shortness of Breath; No Breath or Pulse; Chest or Upper Abdominal Pain; Unconsciousness; Possible Spinal or Neck Injury; Disorientation; Sudden Severe Pain; Bleeding that Cannot be Controlled; Severe or Persistent Vomiting; Coughing or Vomiting Blood; Major Injury or Trauma; Feeling of Impending Doom; Sudden Vision Changes or Loss; and Suicidal or Homicidal Feelings. Processor agents will be trained to recognize these symptoms and signs of medical emergency and initiate the assistance through security department personnel or 9-1-1 response.



For non-life threatening medical emergencies, like injury, illness, falls, cuts, communicable diseases, infections, processor agents will be trained on resources available through the security operations center for immediate assistance and treatment. Agents will learn that while these situation may not require 9-1-1 emergency response, they often requite timely attention for the benefit of the affected agent and the overall health and well-being of everyone at the facility.

To complement emergency medical training, all processor agents will receive training on CPR and basic first aid. CPR training will be mandated as part of an agent’s annual employee training program. Basic first aid training will occur at orientation prior to working at the facility.

(2) All registered processor agents will receive training on fire safety procedures and responding to a fire during their mandatory orientation session prior to beginning work within the facility. The fire safety training will be administered by the Director of Security. Annual in-service trainings and reviews of fire safety procedures will be conducted as part of an agent’s annual training program.

In the event of fire, processor agents will be trained to do the following: If there is a fire in the work area and you have been trained and are able to safely extinguish the fire, do so; Leave the area immediately; Evacuate the building as soon as the alarm sounds and proceed to the designated Emergency Assembly Area (far corner of the building’s property); On the way out of the building, warn others nearby; Move away from fire and smoke; Close doors if time permits; Touch closed doors - do not open them if they are hot; Stay away from the building and go to the designated Emergency Assembly Area; Do not re-enter the building or work area until you have been instructed to do so by the Director of Security. If there is a failure in the alarm system and security department personnel are unable to respond to the fire emergency, agents are encouraged to dial 9-1-1 upon evacuation from the building. If possible, agents will also be trained on the location of fire alarms within the building and instructed to pull the alarm (if possible) during a fire emergency.

Licensed processor agents will be trained that the potential for loss of life or injury from a fire-related incident can be a serious risk at the facility. Our organization takes a proactive approach to recognize and evaluate fire safety risks and institute appropriate steps to remove or reduce them. Our Fire Safety Program includes code compliance, education of all agents in fire safety practices, fire drills and enforcement to correct fire safety violations. Beyond basic life-safety code compliance, fire safety is a primary component in the design and construction of our facility. Equally important are the inspection, testing and maintenance of alarm systems, sprinkler systems, emergency signs lighting and inspection of smoke detectors.

Agents will be trained that a fire emergency exists when a building fire evacuation alarm is sounding; An uncontrolled fire or imminent fire hazard occurs in any of the facility; There is the presence of smoke, or the odor of burning; or There is spontaneous or abnormal heating of

any material, an uncontrolled release of combustible or toxic gas or other material, or a flammable liquid spill.

(3) All registered processor agents will receive training on responding to a chemical spill during their mandatory orientation session prior to beginning work within the facility. The chemical spill safety training will be administered by the Director of Security. Annual in-service trainings and reviews of chemical spill procedures will be conducted as part of an agent's annual training program.

If a spill is minor in nature and involves a non-life threatening release of chemical, licensed agents will be required to immediately contact the security operations center of the facility to report the incident. Security staff leadership will assess the situation and assist in the determination if the spill is minor or major. If minor, agents must alert people in immediate area of spill; increase ventilation in area of spill (open door, turn on fan if possible); wear protective equipment, including safety goggles or face shield, gloves and long-sleeve lab coat; avoid breathing vapors from spill; confine spill to small area with adsorbent materials; and use appropriate kit to neutralize and absorb inorganic acids and bases - for other chemicals, use appropriate kit or absorb spill with vermiculite, dry sand, diatomaceous earth or paper towels. All spill residue must be safely collected, place in an appropriate spill container, and disposed of in accordance with state regulation.

If a spill is confirmed to be major, agents will be trained to leave the spill area and alert others in the area and direct/assist them in leaving. Contact with the security operations center is mandated so that appropriate public safety agencies will be contacted for intervention. Agents will be trained to seek fresh air and remove contaminated clothing and flush contaminated skin and eyes with water for 15 minutes. If an agent has been injured or exposed to toxic chemicals or chemical vapors, Security personnel will contact 9-1-1 for immediate assistance.

During a major spill agent will be trained to close doors and isolate the affected area, as well as prevent people from entering spill area. Until emergency response personnel arrive, the spill area will be blocked off with security personnel preventing any agents from entering the area. If the spill requires evacuation and an evacuation order is called by the Director of Security, agents will be trained on proper evacuation routes.

(4) All registered processor agents will receive training on what to do in the event of an armed robbery, invasion, burglary, or other criminal incident prior to beginning work within the facility. The training will be administered by the Director of Security. Annual in-service trainings and reviews of robbery, invasion, burglary, and criminal incidents will be conducted as part of an agent's annual training program.

Agents will be trained first and foremost to not be a hero. The security department of the facility is highly trained in responding to criminal threats and intervening in these situations. They are also the responsible party for contacting law enforcement if called for by a situation. Agents will be trained not to do anything that will jeopardize their safety or the safety of

others. In the event that a firearm is displayed, agents will be trained to assume that it is real and loaded. If a gun is presented, agents are not to make any sudden moves and remain calm. It is important not to provoke the perpetrator in any way in order to mitigate against discharge of the firearm.

All agents will be trained prior to working in the facility during orientation of the location of panic alarm buttons throughout the facility. In the event of an armed robbery, invasion, burglary, or other criminal incident, agents will be trained to only activate panic alarms if it can be done safely and without detection. Agents are instructed to follow the directions of the perpetrators but not volunteer any more information than asked. They are to make no sudden moves or provoke further tension in the situation,

Agents will be trained that if a perpetrator seeks to rob the facility and presents a note, the note should be retained out of sight as evidence when the situation is over. Training will be administered at orientation on how to study a perpetrator's characteristics, like height, weight, approximate age, race, clothing, jewelry, sex, speech characteristics, scars, tattoos, deformities, gait, and methods of operation without being obvious. Agents will be trained to study characteristics of accomplices (if any), with special attention to monitoring the way a perpetrator addresses an accomplice. Under stress, they may often use their real names. Agents will also be trained to monitor the type of weapon used in an incident, the direction in which they depart the facility, and how any stolen items are carried away. All of the information on the perpetrators will be included in the post-event investigation. The founding principle of all training for situation like a robbery, invasion, burglary, or other criminal incident is this: money or equipment can be recovered or replaced, a life cannot.

Agents will receive training on what to do after a criminal event takes place at the facility. They will learn that the Director of Security will lead all internal response and coordinate all activities with law enforcement. Agents will be taught to cooperate fully with all investigations, and will be schooled on shut-down procedures of the facility immediately following an incident. Agents will also be trained not to touch anything after a serious criminal event to preserve a crime scene.

While the prevention of armed robberies, invasions, burglaries, or other criminal incidents is impossible to fully prevent, the organization will take significant steps to make the likelihood of these situations limited. Facility design with a 24/7 extensive security presence is a major contributing factor to avoid adverse situations. Alarms, security gates, biometric card readers on doors, and proper lighting will all be incorporated in the building to heighten safety. Despite these elements, the organization will continue to conduct training on what to do when adverse situations arise, at the time of hire and annually during an agent's work, to make sure that preparedness is assured.

**10. Please describe how the Applicant will retain training materials and attendance records and make the training materials available for inspection by the Commission. \***

*[Reference 10.62.20.07 of the regulations. Graded Yes or No. Weighted 5% of the Business and Economic subsection. Maximum length 780 words.]*

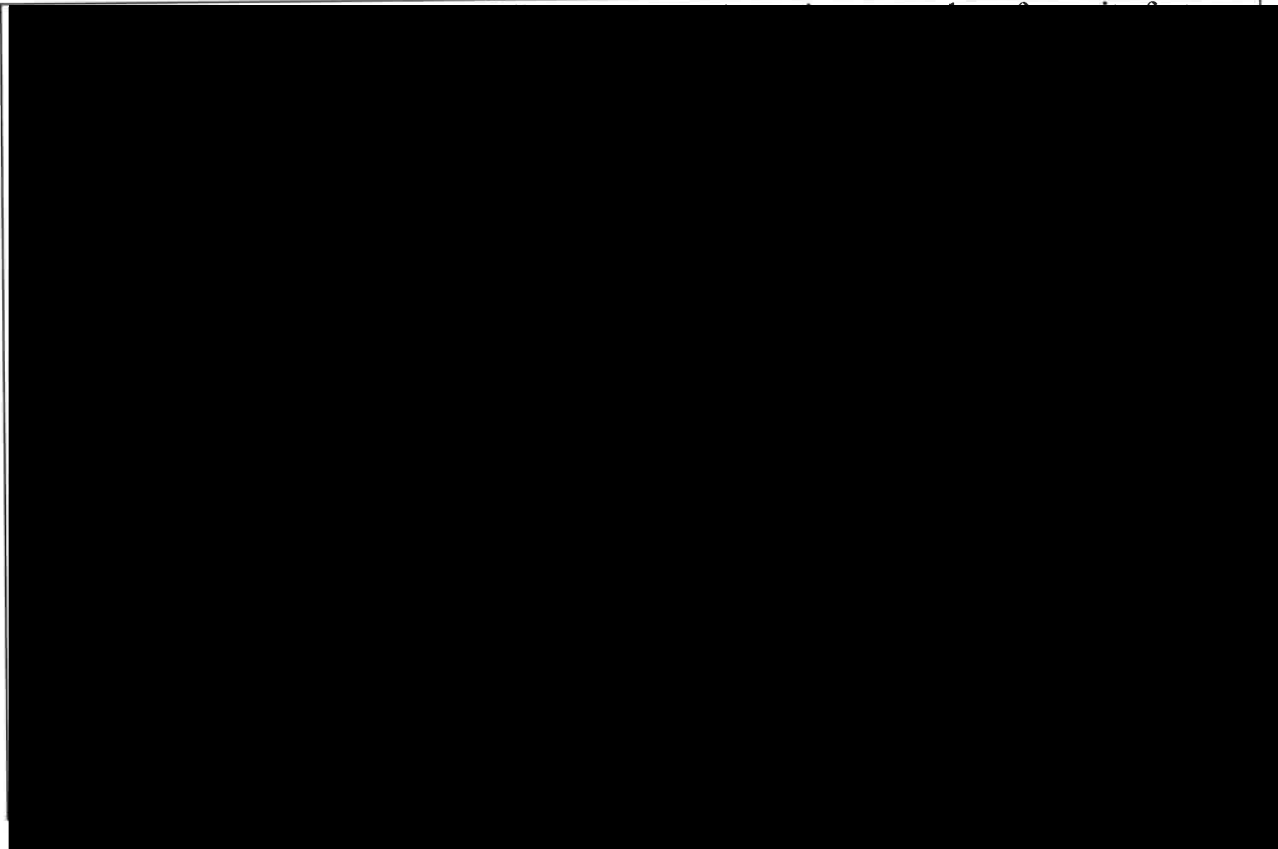
Our organization is committed to following state regulation regarding training and education for all licensed processor agents. The training and education sessions offered are mandatory for all agents. Attendance at each session will be taken by supervisory staff, with records of an agent's attendance at the required sessions documented in their individual personnel file. HR staff will audit personnel records to ensure compliance with attendance requirements at all mandated education trainings, and alert an agent if they are in need of completing a training requirement. Attendance records for all trainings will be compiled in single lists, retained as part of the organization's record keeping protocol, and available for review by the Commission upon request.

All training materials provided or presented during training session will be maintained by the HR department, stored and filed as part of the organization's record keeping protocol, and available for inspection or review by the Commission at any time. Training materials can include handouts, copies of scholarly studies, presentations, worksheets, tests, and any other documentation developed for a training session. If requested, the organization can tape (video or audio) training sessions and provide with copies of training materials to the Commission upon request.

### 10.62.21.03

#### 11. Please describe how the Applicant will construct the premises to prevent unauthorized entry. \*

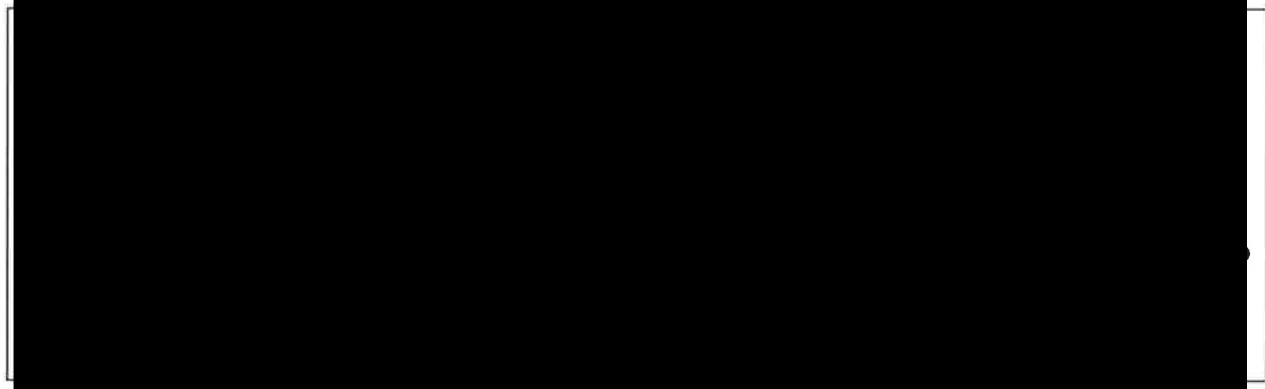
*[Reference 10.62.21.03 of the regulations. Graded 0 to 5 scoring. Weighted 3% of the Safety and Security subsection. Maximum length 270 words.]*



### 10.62.21.04

**12. Please describe how the Applicant will design and install lighting fixtures to ensure proper surveillance. \***

*[Reference 10.62.21.04 of the regulations. Graded 0 to 5 scoring. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*



### 10.62.21.05

**13. Please describe how the Applicant will maintain a security alarm system that covers all perimeter entry points and windows at the premises. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 3.5% of the Safety and Security subsection. Maximum length 315 words.]*

We will install and maintain a comprehensive security alarm system at the facility prior to the completion of construction and the presence of any cannabis in the building. We will contract with a security alarm company to install the security alarm system, and will develop the necessary functionality and design with our Director of Security. Of paramount focus in the alarm system will be security that covers all perimeter entry points, including doors and gates.

The security alarm company will install the perimeter surveillance cameras that provide coverage for the entire property, with specific focus on entry points like doors and gates. The alarm system will be installed at all entry doors as well as on the gate into the property. The alarm will alert the security operations center of the facility and be connected to the outside alarm monitoring company and local law enforcement. No area of the premises will be exempt from surveillance coverage and no entry way into the property or building will be exempt from active alarm functionality.

When an alarm is sounded at the facility, an alert will be sent to the security operations center indicating the point of intrusion. The alarm monitoring company will also receive the alert along with local law enforcement. Security personnel can immediately investigate and intercede at the site of the alarm and determine the threat posed to the organization. The security alarm system will be equipped with battery backup in the event of a power outage to ensure constant protection against a threat.

Regular monthly maintenance and testing of the security alarm will be conducted by security personnel and the Director of Security. Any deficiencies found in the alarm system will be repaired immediately.

The organization has made security of the facility an utmost priority. The security alarm system will be in place and operational well in advance of final construction and business operation.

**14. Please describe how the Applicant will assure that the security alarm system is continuously monitored. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

Our organization will employ a full-time, manned security presence at the facility, with security personnel assigned to various locations inside and outside of the building. A security operations center will be housed within the facility, serving as the epicenter of security oversight and monitoring 24 hours a day, seven days a week. The security system and alarms will be monitored by security personnel housed in the security operations center at all times. Additionally, the organization will contract with an outside, third-party alarm company that will monitor and respond to any incident with the system. The alarm company's monitoring services will also be maintained 24 hours a day, seven days a week.

**15. Please describe how the Applicant will assure that the security alarm system is capable of detecting smoke and fire. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

The security system includes an integrated fire alarm system with the capability of detecting smoke and fire. The fire alarm will be installed and activated prior to any medical cannabis in the building, and be inspected and approved prior to installation by the local fire inspector. The smoke and fire alarm detection systems will be tied directly to the local fire department and the contracted outside alarm company.

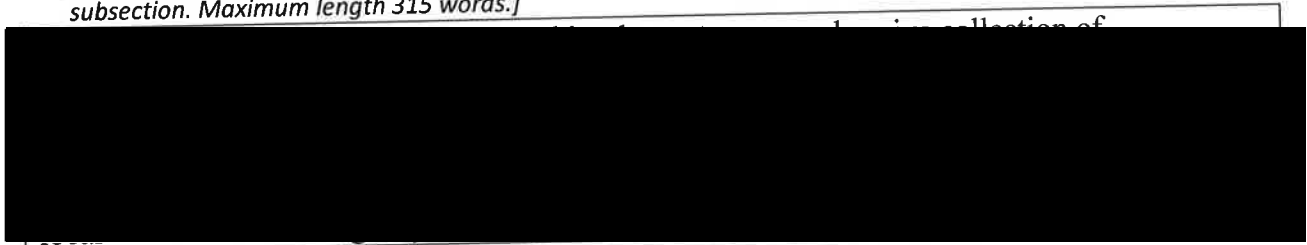
**16. Please describe how the Applicant will assure that the security alarm system is capable of detecting power loss. \***

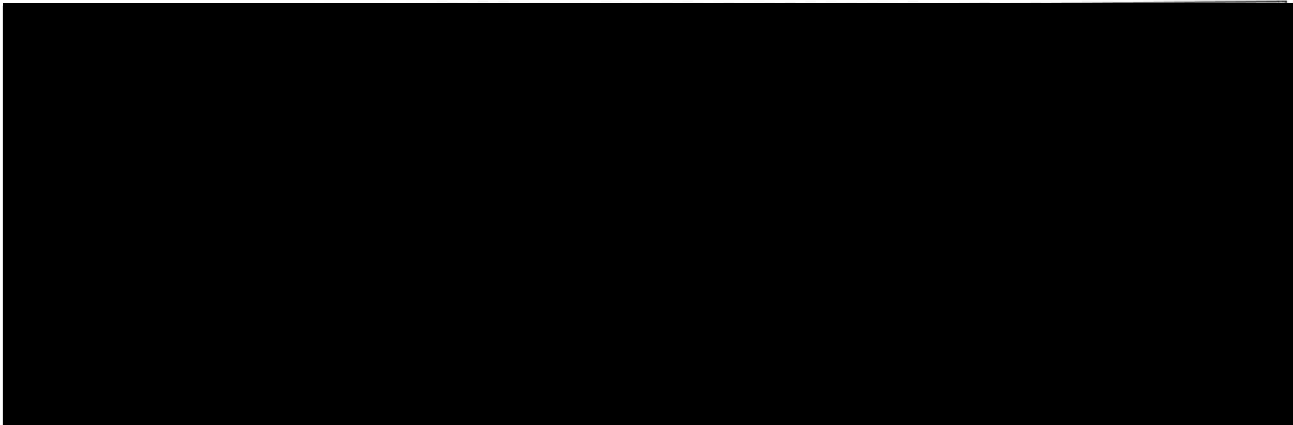
*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

The security system installed at our facility will include all of the most up-to-date detection features, including the ability to determine the loss of power. When power is lost the outside security alarm monitoring company will be alerted and will contact the appropriate individuals at the facility. In all practicality, the loss of power will be immediately evident because the facility will have a 24/7/365 manned security presence on-site.

**17. Please describe how the security alarm system will include panic alarm devices mounted at convenient, readily-accessible locations through the licensed premises. \***

*[Reference 10.62.21.05 of the regulations. Graded 0 to 5 scoring. Weighted 3.5% of the Safety and Security subsection. Maximum length 315 words.]*





**18. Please describe how a second, independent alarm system will be used to protect the location where records are stored on-site. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

To comply with state regulation, the organization will design, implement, and monitor a second independent security alarm system to protect all records stored on-site. The room containing the organization's records will be access-limited and secured for limited entry. The Director of Security and the CEO will be responsible for granting access privileges to this area. As part of the limited entry, an alarm system independent from the overall facility alarm system will be installed with requisite back-up capability in the event of a power outage. The Director of Security will contract with an outside security alarm monitoring company to monitor the alarm of the on-site records storage room, with additional monitoring done by in-house security personnel.

**19. Please describe how a second, independent alarm system will be used to protect the location where records are stored off-site. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

For all records stored off-site, the organization will contract with a records storage facility for the secure maintenance and storage of records. As part of the contract with the records storage facility, it will be required to demonstrate optimal security and limited access to the organization's records. The facility must have a security alarm system that provides protection for the records included in the building. The alarm system at the off-site records storage site will be independent of the security alarm system housed at our processing facility.

**20. Please describe how a second, independent alarm system will be used to protect any room that holds medical cannabis. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

A secure room for storage of medical cannabis is included in the processing building. The secure room will be access-limited, constructed of reinforced material, and equipped with a security alarm system that is independent of the facility's overall alarm system. This alarm system will be installed with requisite back-up capability in the event of a power outage. The Director of Security will contract with an outside security alarm monitoring company to

monitor the alarm of the safe room, with additional monitoring done by in-house security personnel.

**21. Please describe how the security alarm system will remain operational until the premises of the Licensee no longer have any medical cannabis on the premises. \***

*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

The organization will maintain an operational security alarm system at all times. In the event that medical cannabis is fully removed from the building, the security alarm system will remain operational until medical cannabis is no longer present. The Director of Security is charged with making a determination that no medical cannabis in any forms remains on the premises before any decisions are made on discontinuing alarm service. Discontinuation of the security alarm system is prohibited until the Director of Security makes the determination.

**22. Please describe how all security alarm systems will be equipped with auxiliary power sufficient to maintain operation for at least 48 hours. \***

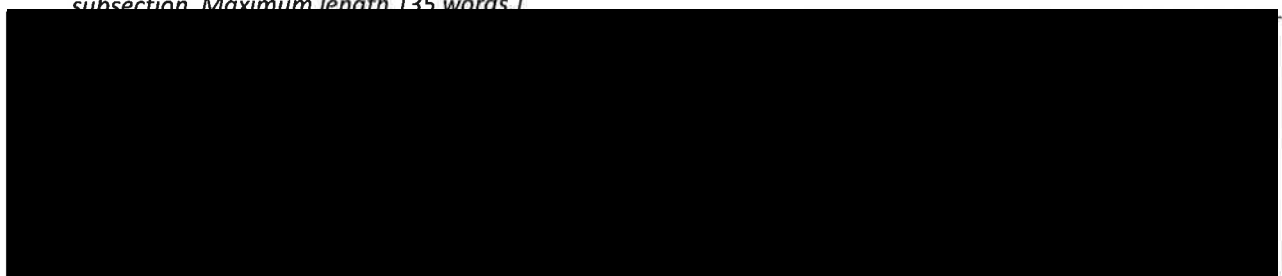
*[Reference 10.62.21.05 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

The security alarm system will be equipped with a U.P.S. (uninterrupted power supply system) to ensure that auxiliary battery power is available in the event of a power outage The U.P.S. will have capability for maintaining power to the alarm system for a period of at least 48 hours. The facility will also be equipped with an on-site backup power generator in the event of power loss. The generator will be activated the moment power is lost to ensure a seamless continuation of power to the building.

**10.62.21.06**

**23. Please describe how the Applicant will maintain a motion activated video surveillance recording system at all premises that records all activity in images of high quality and high resolution capable of clearly revealing facial detail. \***

*[Reference 10.62.21.06 of the regulations. Graded 0 to 5 scoring. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*



**24. Please describe how the Applicant will maintain a motion activated video surveillance recording system at all premises that operates 24-hours a day, 365 days a year without interruption. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*



The video surveillance recording system employs redundancy to ensure full operation 24 hours a day, 365 days a year without interruption. In the event of a power outage, the recording system is equipped with battery backup. All dome cameras also include battery backup in the event of a power outage, ensuring full operation throughout the year.

**25. Please describe how the Applicant will maintain a motion activated video surveillance recording system at all premises that provides a date and time stamp for every recorded frame. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

The video surveillance recording system records all activity with a date and time stamp for optimal search and records storage capabilities. All recorded frames can be searched by date and time, and images can be captured from the recordings according to date and time – allowing for enhanced investigatory capability.

**26. Please describe how the Applicant will post appropriate notices advising visitors of the video surveillance. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

Upon entry into the facility by visitors at the security operations center, a notice will be posted that all areas of the building are under constant video surveillance. Notices of video surveillance will also be posted outside of the building at entrance doors, at the security gates, and in all hallways. The visitor log maintained at the security operations center will also make note of the 24/7 video surveillance.

**27. Please describe how the Applicant will assure that a surveillance camera shall be located and operated to capture activity at each exit from the premises. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

**28. Please describe how the Applicant will assure that a surveillance camera shall capture activity at each entrance to an area where medical cannabis is processed, tested, packaged, and stored. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

All areas of the processing facility where medical cannabis is processed, tested, packaged and stored will have full surveillance camera coverage monitored by on-site security personnel at all times of the day. The entire facility will have video surveillance coverage, with the exception of inside restrooms. No portion of the facility that contains medical cannabis in any form or stage of processing will be hidden from surveillance. The placement of cameras will

be expertly installed prior to operations to ensure full coverage, but also ensure that coverage of an area is not blocked by any potential visual impediments. Entrance areas to various areas of the facility are especially important for surveillance coverage so that clear coverage on an individual's travel is fully documented.

**29. Please describe how a recording of all images captured by each surveillance camera will be kept at the licensed premises. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 0.5% of the Safety and Security subsection. Maximum length 70 words.]*

All surveillance video recordings and images will be stored on file servers in a secure, fire-resistant room within the licensed facility. Access to the file server room will be limited only to those with approved clearance.

**30. Please describe how a recording of all images captured by each surveillance camera will be kept at an off-site location. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 0.5% of the Safety and Security subsection. Maximum length 70 words.]*

All surveillance video recordings and images will be retained for a 30 day period and stored on file servers in a secure room within the facility. At the conclusion of the 30 day period, all recordings will be archived in an electronic format and securely stored at an off-site records storage facility. The archived recording will be stored in waterproof and fireproof storage containers at the storage facility.

**31. Please describe how recordings of security video surveillance will be accessed-limited. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1.5% of the Safety and Security subsection. Maximum length 135 words.]*

All surveillance recordings that are stored in the organization's secure data servers will only be accessible by licensed agents that are granted access to a review. Limited access will be granted to the CEO, COO and Director of Security. Access to review stored surveillance recordings will require a system password. To preserve limited access to the recordings, the CEO's approval is required to extend any additional access to agents other than those specifically noted above. To ensure further security and limited access, those individuals who are cleared to review stored recordings will be required to change their system passwords on a quarterly basis.

**32. Please describe how recordings of security video surveillance will be secured by a security alarm system that is independent of the main premises security alarm system. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

All security recordings will be maintained on file servers housed in a secure, fire-proof data room. Access to the facility will be restricted and overseen by the Director of Security. The secure file server room will be equipped with an alarm separate from the facility's existing alarm system. Any intrusion or attempt to enter the server room will sound an alarm in the security operations center. Security staff will also monitor the server room on closed circuit television monitors (part of the overall security surveillance operations of the facility).

**33. Please describe how recordings of security video surveillance will be in a format that can be easily accessed for investigational purposes. \***

*[Reference 10.62.21.06 of the regulations. Graded 0 to 5 scoring. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

Stored video from surveillance recordings can be accessed for investigational purposes on the recording system software. The recordings are searchable and easily accessed and saved for review by internal security department staff or outside regulatory agencies or law enforcement. The system allows for content to be delivered in a variety of formats, including compressed video files viewable in standard programs across any platform. These files can be electronically delivered if necessary. Recordings can be saved to a CD, DVD, or external storage drive and sent to the requesting agency.

**34. Please describe how recordings of security video surveillance will be retained for a minimum of 30 calendar days. \***

*[Reference 10.62.21.06 of the regulations. Graded Yes or No. Weighted 0.5% of the Safety and Security subsection. Maximum length 70 words.]*

All security surveillance recordings will be maintained and stored on the organization's in-house file servers for a period of 30 days. Backup copies of all recordings will be archived in saved in an electronic format and stored at an off-site, secure storage facility. All recordings will be archived after 30 days and securely stored for a period of five years at the off-site records storage facility.

**10.62.21.07**

**35. Please describe how, when a visitor is admitted to a non-public area of the premises of a Licensee, a registered processor agent will log the visitor in and out. \***

*[Reference 10.62.21.07 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

All visitors to the facility will enter the building at the designated visitor entrance where the security operations center is located. Security personnel will contact the registered processor agent associated with the visit, and accompany the visitor throughout the operations areas of the facility. Visitors will sign the visitor log upon entry and exit of the facility by security personnel. Visitors will be given a "visitor identification badge" of the facility to be affixed to their clothing and visible throughout their time at the facility.

**36. Please describe how, when a visitor is admitted to a non-public area of the premises of a Licensee, a registered processor agent will retain with the log a photocopy of the visitor's government issued identification. \***

*[Reference 10.62.21.07 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

All visitors to the non-public areas of our facility will be required to produce government-issued photo identification prior to entry. Security personnel will make a photocopy of the identification prior to allowing the visitor to proceed. Copies of all photocopied IDs will be retained with all visitor logs for a two year period, and securely stored electronically and in hard copy as part of the organization's records.

**37. Please describe how, when a visitor is admitted to a non-public area of the premises of a Licensee, a registered processor agent will continuously visually supervise the visitor while on the premises. \***

*[Reference 10.62.21.07 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Safety and Security subsection. Maximum length 180 words.]*

All approved visitors that have been cleared for entry to a non-public area will be accompanied at all times throughout their stay with the registered processor agent associated with their visit. No visitor will be permitted to travel to any portion of the facility without being accompanied by a registered processor agent. Visitors must check any bags or jackets in a designated area during their visit, which are prohibited while walking in operations areas of the building. In the event that a visitor requests to use the bathroom facilities, the registered processor agent must affirm that the visitor has no bags or jacket, and wait outside the door until they are finished. Visual supervision of all visitors is mandated of all processor agents throughout a visit and until they are returned to the security operations center to log out and leave the premises.

**38. Please describe how, when a visitor is admitted to a non-public area of the premises of a Licensee, a registered processor agent will ensure that the visitor does not touch any plant or medical cannabis. \***

*[Reference 10.62.21.07 of the regulations. Graded 0 to 5 scoring. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

All visitors that are cleared to enter a non-public area will be informed of the policy against any contact with medical cannabis. Security personnel and the registered processor agent accompanying the visitor will both inform the visitor of the policy. The organization will severely limit visitors to any areas where medical cannabis is stored. The accompanying agent will remind the visitor on the contact prohibition upon entering an area with these items. Processor agents will be trained to position themselves during visits between medical cannabis product and the visitor.

**39. Please describe how the Applicant will maintain a log of all visitors to non-public areas for 2 years. \***

*[Reference 10.62.21.07 of the regulations. Graded Yes or No. Weighted 1% of the Safety and Security subsection. Maximum length 90 words.]*

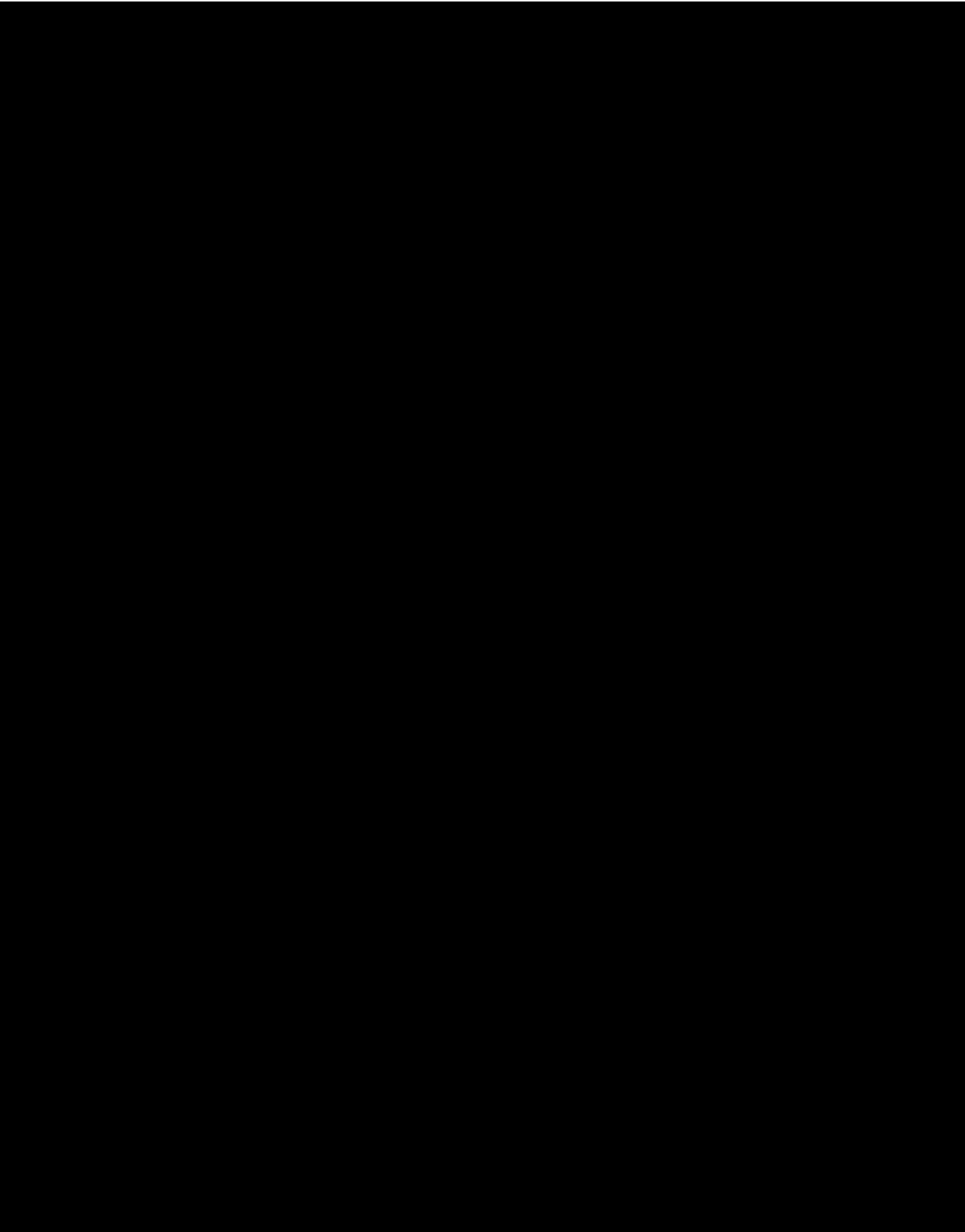
All visitors to non-public areas of the facility will be required to enter at the security operations center entrance. This will be the only point of entry for visitors to the facility. Security staff will require all visitors to present identification, reason for visit, and sign the visitor log, Visitor logs will be maintained daily, with hard copy and electronic copies stored in the organization's records for two years.

## 10.62.22.02

**40. Please describe how the Applicant will train each registered processor agent in the standard operating procedure and retain attendance records. \***

*[Reference 10.62.22.02 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Business and Economic subsection. Maximum length 780 words.]*





**41. Please describe how the Applicant will assure that a copy of the standard operating procedure will be readily available on site for inspection by the Commission. \***

*[Reference 10.62.22.02 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

A copy of the standard operating procedure, broken down and catalogued by department function is maintained by the CEO and reviewable in hard copy or electronic format. The SOP is available for review and inspection by the Commission at any time. The CEO will coordinate the review with the Commission and make documents available immediately.

### 10.62.22.03

**42. Please describe how the Applicant will not acquire medical cannabis from an individual or entity in Maryland other than a Licensee. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

The organization will not acquire medical cannabis from an individual or entity that is not licensed by the State of Maryland. All agents are trained on this provision. The electronic inventory control system is also designed to prevent the acquisition of any medical cannabis without providing verified licensee information from the source. Security personnel are also trained to detect and prevent any attempts to acquire medical cannabis outside of regulation.

**43. Please describe how the Applicant will not acquire medical cannabis from outside Maryland unless authorized by the Commission. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

As part of the SOP, the organization will not acquire medical cannabis from outside of Maryland. The organization will not seek to acquire medical cannabis from any source outside of Maryland. Because of the clear federal guidance on interstate drug trafficking, the organization will never seek authorization from the Commission to acquire medical cannabis from a non-Maryland based licensee.

**44. Please describe how the Applicant will not transport medical cannabis to any place outside of Maryland. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

As part of the organization's SOP and specific guidelines for delivery and transport, no medical cannabis will ever be transported outside of Maryland. Transport agents will be trained and made aware of this mandate. The Security Director will reiterate the policy prior to each transport. GPS monitoring of vehicles by the Security Department will offer continuous review that the SOP is being followed.

**45. Please describe how the receiving Applicant will detail in the standard operating procedure the steps set forth in 10.62.22.03 (C), (D) and(H), and a shipping Licensee shall detail in its standard operating procedure the steps set forth in 10.62.22.03 (C)—(H), to assure the integrity of the shipment of products containing cannabis. \***

*[Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Our standard operating procedure for receiving medical cannabis from a shipping licensee assures the integrity of the shipment and the products containing cannabis. Processor agents are trained prior to employment and throughout their time at the organization to adhere to the SOP. The steps in the SOP include the following:

Upon arrival of a medical cannabis transport vehicle, the transport agent must notify our security staff of the delivery. The appropriate processor agent receiving the delivery is contacted and begins the chain of custody protocol for the shipment. The processor agent logs into the electronic manifest, takes custody of the shipment, confirms that the transport agent is carrying appropriate identification, the packaging is secure, undamaged and appropriately labeled, each package in the shipment is labeled as described in the electronic manifest, and the contents of the shipment are as described in the manifest. The processor agent receiving the shipment records the confirmation in the manifest, obtains an electronic signature of the transport agent in the manifest, records the date, time, and name of agent taking delivery in the manifest, enters the products received into the electronic inventory control system, and segregates all shipped items for further inspection. The items are inspected in the segregated area to ensure all packaging is undamaged, accurate and complete. Once items pass inspection, they are released into the organization's inventory. The processor agent receiving the shipment requires the transport agent to provide a copy of the electronic manifest (printed out from a computer terminal and on a printer in the receiving area). The shipping licensee is required to maintain the electronic manifest of the shipment for 5 years. If discrepancies are found in shipments, the organization will report the discrepancy to the Commission and State Police within one day, conduct and complete an investigation within 30 days, amend an SOP if needed, and send a report of the findings to the Commission. The shipping licensee will be required to meet all of these requirements in the event of a discrepancy as well.

**46. Please describe how the receiving Applicant will detail in the standard operating procedure the steps set forth in 10.62.22.03 (C), (D) and(H), and a shipping Licensee shall detail in its standard operating procedure the steps set forth in 10.62.22.03 (C)—(H), to assure the integrity of the electronic manifest and inventory control system. \***

*[Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

As a receiving licensee, our organization will follow standard operating procedures for assuring the integrity of the electronic manifest and inventory control system as spelled out in 10.62.22.03 subsections C-H. As documented in the SOP, prior to any shipments being received at our organization, we will meet with all shipping licensees to review their SOP for chain of custody procedures during shipments. Specific focus will be given to the integrity of our inventory control system and the shipping licensee's electronic manifest capability. Information systems staff at our organization will review the functionality, interoperability, and security features of our inventory control system with the electronic manifest of all shipping licensees. Particular attention will be made on the security features of both the electronic manifest system and the electronic inventory control system to detect and prevent instances of theft, diversion, or discrepancy. The SOP requires system tests of the functionality and compliance of the electronic manifest and inventory control systems prior to any shipments being received. If, following the tests, the systems are deemed to be secure, functional, and capable of meeting the requirements of state regulation, shipments of medical

cannabis will be permitted with the particular shipping licensee that underwent the testing. Per SOP, this testing and review of capabilities of each shipping licensee will take place with processor staff before any medical cannabis shipments are received.

**47. Please describe how the receiving Applicant will detail in the standard operating procedure the steps set forth in 10.62.22.03 (C), (D), and (H) and a shipping Licensee shall detail in its standard operating procedure the steps set forth in 10.62.22.03 (C)—(H), to assure the quality of the products in the shipment. \***

*[Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

As part of the standard operating procedure for receiving medical cannabis shipments from shipping licensees, our organization has an SOP that details steps to assure the quality of medical cannabis products in a shipment. All processor agents are trained on the SOP prior to employment at the facility and throughout their time working at the facility. The SOP includes the following steps to assure quality of products in a shipments:

All medical cannabis shipments received by our organization will be segregated within the receiving area for inspection by processor agents. The inspection includes a review to ensure that each item is undamaged, accurate, and complete. Processor agents assigned to conduct inspections of received packages of medical cannabis will be trained to identify problems with received packages and the appropriate protocols for segregating, annotating, and returning damaged, inaccurate, or incomplete items. Agents will work in teams of two to review each packed item. One agent will be responsible for visual inspection of the contents, labeling, and condition of each package. The second processor agent is charged with weighing contents and entering inspection data into the electronic inventory control and tracking system for each item. The second processor agent also serves a secondary source of inspection throughout the process.

During the inspection process, any package that is determined to be defective, meaning it is damaged, inaccurate, or incomplete, is set aside apart from other received items and prepared for return to the licensee of origin. Notation and records of any received shipment that is defective is included in the electronic inventory tracking system by processor agents. A process for securing defective shipments is enacted once an entire shipment has been inspected and approved items are moved out of the segregated receiving storage area. The process includes documenting the defect with the package, alerting the licensee of origin of the problem, and scheduling a pick-up by the licensee of origin of the package.

**48. Please describe how the Applicant will assure that, upon arrival of a medical cannabis transport vehicle, the transportation agent will notify an appropriate registered processor agent to continue the chain of custody of the shipment of products containing cannabis. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Operational subsection. Maximum length 135 words.]*

Our organization’s SOP for receiving medical cannabis deliveries from a transportation agent requires specific steps to be followed to continue the chain of custody. Upon arrival at the facility, a transportation agent is greeted by a security officer outside of the receiving dock.



The security officer will verify from the transport agent that they are delivering medical cannabis to the facility, and inspect the transport agent's registered agent identification card. Security personnel will radio to the security operations center that a transport agent has arrived, and the appropriate processor agent in charge of receiving deliveries should open the receiving door. After being contacted, the processor agent in charge of receiving the medical cannabis shipment will meet the transport agent (accompanied by security personnel) and receive the shipment – continuing the chain of custody.

**49. Please describe how the Applicant will assure that an agent of the receiving Licensee will log into the electronic manifest. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

Our organization will follow SOP for receiving deliveries. This includes the requirement that an agent of the receiving licensee accepting the delivery will log data into the electronic manifest to complete the chain of custody. Records of the electronic manifest are retained, and included in the electronic inventory control system. No delivery can be completed in our system without the receiving licensee logging into the electronic manifest and taking custody.

**50. Please describe how the Applicant will assure that an agent of the receiving Licensee will take custody of a shipment of products containing cannabis. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

All receiving licensee agents taking custody of medical cannabis shipments will verify our transport agent's identification, that the package is secure, undamaged and labeled, and that the contents match the electronic manifest. Confirmation of the shipment must be recorded in the electronic manifest and an electronic signature of the transport agent is obtained (with date and time). The shipment is then entered into the electronic inventory control system.

**51. Please describe how the Applicant will assure that an agent of the receiving Licensee will confirm that (1) the transportation agent is carrying appropriate identification; (2) the package is secure, undamaged, and appropriately labeled; (3) each package in the shipment is labeled as described in the electronic manifest; (4) the contents of the shipment are as described in the electronic manifest. \***

*(1) [Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

*(2) [Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

*(3) [Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

*(4) [Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

(1) As part of the SOP of receiving medical cannabis shipments, our organization requires all agents receiving a delivery confirm that the transportation agent has a valid identification card. The information is recorded in the electronic manifest and included in the electronic inventory control system. No shipment can be accepted without entering confirmation of identification.

(2) As part of the SOP of receiving medical cannabis shipments, our organization requires all agents receiving a delivery confirm that the packaging is secure, undamaged, and appropriately labeled. The information is recorded in the electronic manifest and included in the electronic inventory control system. No shipment can be accepted without entering confirmation that the package was secure, undamaged, and appropriately labeled.

(3) As part of the SOP of receiving medical cannabis shipments, our organization requires all agents receiving a delivery confirm that each package in the shipment is labeled as described in the electronic manifest. Confirmation that the package and labels match the manifest is recorded electronic inventory control system. No shipment can be accepted without entering confirmation that the shipment as labeled matches the description in the electronic manifest.

(4) As part of the SOP of receiving medical cannabis shipments, our organization requires all agents receiving a delivery confirm that the contents of the shipment match the description in the electronic manifest. Confirmation that the shipment contents match the manifest is recorded electronic inventory control system. No shipment can be accepted without entering confirmation that the contents of the shipment match the description in the electronic manifest.

**52. Please describe how the Applicant will assure that an agent of the receiving Licensee will record the confirmations of the electronic manifest. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

As a receiving licensee, our organization will follow SOP for receiving all medical cannabis shipments from a licensee. This includes recording confirmation in the electronic manifest from the transportation agent. The confirmation will also be entered into the organization's electronic inventory control system, with all records from the manifest retained.

**53. Please describe how the Applicant will assure that an agent of the receiving Licensee will obtain in the electronic manifest the signature or identification number of the transportation agent who delivers the shipment. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

We will follow SOP for receiving medical cannabis shipments from a licensee. This includes obtaining an electronic signature or the identification number of the transportation agent delivering the medical cannabis. The confirmation will also be entered into the organization's electronic inventory control system, with all records from the manifest retained. No shipment can be finalized without the electronic signature or ID number of transport agent obtained.

**54. Please describe how the Applicant will assure that an agent of the receiving Licensee will record in the electronic manifest the date and time the receiving agent takes custody of the shipment. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

As a receiving licensee, our organization will follow SOP for receiving all medical cannabis shipments from a licensee. This includes recording the date and time our organization takes custody of the shipment in the electronic manifest from the transportation agent. The

confirmation will also be entered into the organization’s electronic inventory control system, with all records from the manifest retained.

**55. Please describe how the Applicant will assure that an agent of the receiving Licensee will enter the products containing cannabis into the inventory control system. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

[Redacted]

**56. Please describe how the Applicant will assure that an agent of the receiving Licensee will segregate the items in the shipment from the inventory until the item can be inspected. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

As a receiving licensee, we will follow SOP for receiving all medical cannabis shipments from a licensee. This includes segregating all items from the shipment, after being entered into the electronic inventory control system, in a secure area of the facility for further inspection. The area where the shipments are kept for inspection is away from any medical cannabis product that has been approved for processing.

**57. Please describe how the Applicant will assure that an agent of the receiving Licensee will inspect each item to ensure that the packaging of each item is undamaged, accurate, and complete. \***

*[Reference 10.62.22.03 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

As a receiving licensee, our organization will follow SOP for receiving all medical cannabis shipments from a licensee. This includes inspecting each item to ensure that all packages are undamaged, accurate, and complete.

Processor agents assigned to conduct inspections of received packages of medical cannabis will be trained to identify problems with received packages and the appropriate protocols for segregating, annotating, and returning damaged, inaccurate, or incomplete items. Processor agents will begin their review of all received shipments by entering the segregated area of the facility where packages are held. Agents will work in teams of two to review each packed item. One agent will be responsible for visual inspection of the contents, labeling, and condition of each package. The second processor agent is charged with weighing contents and entering inspection data into the electronic inventory control and tracking system for each item. The second processor agent also serves a secondary source of inspection throughout the process. It should be noted that all inspections are conducted in a secure area of the facility that is under continuous monitoring and surveillance by security department personnel.

During the inspection process, any package that is determined to be defective, meaning it is damaged, inaccurate, or incomplete, is set aside apart from other received items and prepared

for return to the licensee of origin. Notation and records of any received shipment that is defective is included in the electronic inventory tracking system by processor agents. A process for securing defective shipments is enacted once an entire shipment has been inspected and approved items are moved out of the segregated receiving storage area. The process includes documenting the defect with the package, alerting the licensee of origin of the problem, and scheduling a pick-up by the licensee of origin of the package.

All items shipped to our facility undergo an inspection for damage, accuracy, and completeness. No medical cannabis can be prepared for processing and distribution without the required inspection documented in the inventory control system.

**58. Please describe how the Applicant will assure that an agent of the receiving Licensee will, upon determining that the item passes inspection, release the item into the stock. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

All shipments will undergo a rigorous inspection by processor agents. Inspection results are maintained in the electronic inventory control system. No item can move into regular inventory without approved inspection notification in the inventory control system. Once an item passes inspection, it is cleared in the inventory tracking system for processing and distribution. The item is then moved out of segregation and included in the regular inventory of the organization.

**59. Please describe how the Applicant will assure that the transportation agent will provide a copy of the electronic manifest for the shipment to the receiving Licensee. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

We will follow SOP for deliveries. This includes the requirement that the transport agent provide a copy of the electronic manifest. A computer terminal with printer at the receiving area will be connected to both the electronic manifest and the inventory control system. A copy of the completed manifest will be printed there with records retained. Shipments cannot be cleared in the system without a printed copy of the manifest.

**60. Please describe the Applicant will assure that the transportation agent will provide the completed electronic manifest to the shipping Licensee. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

For all shipments, processor agents will have computer access to the electronic manifest in the secure receiving area. The manifest will be reviewed by the processor and transport agents for completeness. Once determined that the manifest is complete with all required signatures and approvals, a copy will be printed. No shipment can proceed in the inventory control system without notation of the manifest being completed.

**61. Please describe how the Applicant will assure that the shipping Licensee will retain the electronic manifest for the shipment for 5 years. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

As a shipping licensee, our organization has an established SOP for receiving shipments of medical cannabis. The SOP requires that copies of the electronic manifest (hard copy and electronic copy) be maintained for a 5 year period. These records are included in the inventory control system (with back-up storage) and hard copies are retained for 5 years as part of the organization’s record keeping protocol.

**62. Please describe how the Applicant will assure that a discrepancy between the electronic manifest and the shipment, identified by either a transportation agent or a receiving agent, will be reported by each agent to each agent’s supervisor. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Our organization’s SOP for receiving shipments of medical cannabis from another licensee requires strict reporting guidelines in the event of a discrepancy between the electronic manifest and the contents of the shipment. If a discrepancy is found during an inspection of a medical cannabis shipment, either by one of our processor agents or a transportation agent from the shipping licensee, our processor agents are required to follow specific steps for documenting the situation. Once the discrepancy is found (either by our processor agent or the transportation agent), the processor agent must immediately report the situation to their supervisor (the Processing Director). The Processing Director is called to the receiving area where the shipment was made to review the situation. Once there, the discrepancy is reported in the electronic manifest, as well as input as a note in our organization’s electronic inventory control system. The supervisor will attest to the discrepancy in the manifest and in the electronic inventory control system. If the discrepancy can be immediately rectified, the supervisor will oversee correction and update the manifest and inventory control system. If the situation is a major discrepancy, the shipment will be sent back to the shipping licensee, with notations made in the manifest and the inventory control system. The Director will also require the agent of the shipping licensee to report the discrepancy to their supervisor immediately. No shipment can be sent to processing in our facility without clearance through the electronic manifest or the electronic inventory control system.

**63. Please describe how the Applicant will assure that, if a discrepancy can be immediately rectified, the accepting processor supervisor will record the rectification in the electronic manifest. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Our organization’s SOP for receiving shipments of medical cannabis from another licensee requires strict reporting guidelines in the event of a discrepancy between the electronic manifest and the contents of the shipment. The SOP allows for discrepancies to be rectified by supervisory staff, if possible, as long as all records of the rectification are updated in the electronic manifest and inventory control system.

If a discrepancy is found during an inspection of a medical cannabis shipment, either by one of our processor agents or a transportation agent from the shipping licensee, our processor agents are required to follow specific steps for documenting the situation. Once the discrepancy is found (either by our processor agent or the transportation agent), the processor agent must immediately report the situation to their supervisor (the Processing Director). The Processing

Director is called to the receiving area where the shipment was made to review the situation. Once there, the discrepancy is reported in the electronic manifest, as well as input as a note in our organization's electronic inventory control system. The supervisor will attest to the discrepancy in the manifest and in the electronic inventory control system.

If the discrepancy can be immediately rectified, the supervisor will oversee correction and update the manifest and inventory control system. An example of a discrepancy that can be rectified is a clerical error by the shipping licensee in the electronic manifest when the actual shipment matches the requested order. No shipment can be sent to processing in our facility without clearance through the electronic manifest or the electronic inventory control system, with notice of any rectified discrepancy documented.

**64. Please describe how the Applicant will assure that a discrepancy that cannot be immediately rectified will be reported to the Commission by the receiving Licensee within 24 hours of the observation of the discrepancy and an investigation of the discrepancy shall be initiated by the shipping Licensee. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Our organization's SOP for receiving shipments of medical cannabis from another licensee requires strict reporting guidelines in the event of a discrepancy between the electronic manifest and the contents of the shipment. The SOP allows for discrepancies to be rectified by supervisory staff, if possible, as long as all records of the rectification are updated in the electronic manifest and inventory control system. If a discrepancy cannot be rectified at the time of shipment, protocols are in place to follow state regulation.

If a discrepancy is found during an inspection of a medical cannabis shipment, either by one of our processor agents or a transportation agent from the shipping licensee, our processor agents are required to follow specific steps for documenting the situation. Once the discrepancy is found (either by our processor agent or the transportation agent), the processor agent must immediately report the situation to their supervisor (the Processing Director). The Processing Director is called to the receiving area where the shipment was made to review the situation. Once there, the discrepancy is reported in the electronic manifest, as well as input as a note in our organization's electronic inventory control system. The supervisor will attest to the discrepancy in the manifest and in the electronic inventory control system.

If the discrepancy cannot be immediately rectified, the supervisor will immediately report the discrepancy to the Commission within 24 hours. The report will be sent electronically as well as in hard copy to the Commission outlining all relevant data on the discrepancy. Additionally, the shipping licensee will be required to initiate an investigation on the cause of the discrepancy. All licensees that ship medical cannabis to our organization will be required to investigate discrepancies in shipments and report findings to the Commission. We will not accept medical cannabis from any licensee that does not agree to this requirement prior to a delivery. We will also require that shipping licensees share the findings of their investigations with us, as well as outline steps taken to prevent future discrepancies.

**65. Please describe how the Applicant will assure that the shipping Licensee will submit to the Commission a preliminary report of an investigation of a discrepancy within 7 business days of the observation of the discrepancy. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

As a licensed processor, our organization acts as both a receiving licensee and shipping licensee. In our interactions with shipping licensees that provide medical cannabis product to our facility, we will require that they submit to the Commission within 7 business days of the observation of a discrepancy a preliminary report of an investigation into the discrepancy. The manner in which this will be carried out will be immediate notification by our organization when a discrepancy is found in a shipment to the shipping licensee that made the shipment. Details of the discrepancy will be shared by us, and we will initiate our own investigation and notification to the Commission and State Police. We will require as a condition receiving any medical cannabis shipments that shipping licensees agree to provide a preliminary report of an investigation when a discrepancy is observed to the Commission within 7 business days of the observation. We will require that the shipping licensee document that the report has been sent to the Commission within the 7 day period, and request a copy of the report for our records. If a shipping licensee fails to adhere to the reporting requirement to the Commission when a discrepancy occurs, our organization will refuse to accept shipments until the licensee is in compliance with the Commission.

**66. Please describe how the Applicant will assure that the shipping Licensee will submit to the Commission a final report of the investigation within 30 business days. \***

*[Reference 10.62.22.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

As a licensed processor, our organization acts as both a receiving licensee and shipping licensee. In our interactions with shipping licensees that provide medical cannabis product to our facility, we will require that they submit to the Commission within 30 business days of the observation of a discrepancy a final report of an investigation into the discrepancy. The manner in which this will be carried out will be immediate notification by our organization when a discrepancy is found in a shipment to the shipping licensee that made the shipment. Details of the discrepancy will be shared by us, and we will initiate our own investigation and notification to the Commission and State Police. We will require as a condition receiving any medical cannabis shipments that shipping licensees agree to provide a preliminary report of an investigation when a discrepancy is observed to the Commission within 7 business days of the observation, and a final report within 30 days of the observation of the discrepancy to the Commission. We will require that the shipping licensee document that the initial report has been sent to the Commission within the 7 day period, the final report has been sent within the 30 day period, and request a copy of the reports for our records. If a shipping licensee fails to adhere to the reporting requirements to the Commission when a discrepancy occurs, our organization will refuse to accept shipments until the licensee is in compliance with the Commission.

## 10.62.22.04

**67. Please describe how an Applicant’s standard operating procedure will provide for maintaining the cleanliness of any building or equipment used to store or display medical cannabis. \***

*[Reference 10.62.22.04 of the regulations. Graded 0 to 5 scoring. Weighted 4% of the Operational subsection. Maximum length 540 words.]*

The organization has established a SOP for maintaining the cleanliness of the processing building as well as all equipment used to store or display medical cannabis. Cleanliness of the facility and all equipment and displays is essential to maintaining the highest quality of medical cannabis for qualifying patients. Processor agents are trained during their orientation session upon hire of the cleanliness policy and SOP for maintaining all equipment and displays in the facility. Enforcement of the policy is carried out by departmental supervisors and team leaders, with overall facility enforcement overseen by the Processing Director. Regular in-service trainings on cleanliness policy are administered throughout the course of the year, and the issue is regularly covered in departmental staff meetings.

Cleanliness and hygiene are imperative in the medical cannabis processing setting. Work processes, outside contaminants, spills, airborne pathogens, and poor personal hygiene can create an adverse cleanliness environment in the building and in medical cannabis displays. Keeping equipment and work areas in peak condition not only improves performance, but reduces unplanned downtime, production inefficiency, and the potential for contamination of medical cannabis. Three immediate steps are contained in the organization’s cleanliness SOP including 1.) Removal of all dust, 2.) Microbiologically disinfecting the environment, and 3.) Regular inspection of cleanliness each day. The simple act of brushing, sweeping, and removing all dust and debris from work and public areas, storage areas for medical cannabis, and around equipment that stores or displays cannabis can remove more than 90% of bacteria from surfaces. Washing all surfaces after dust removal with sanitizing cleaner (like detergent, water, or isopropyl alcohol) reduces the number of microorganisms in all areas. Rinsing all sterilizing agents is also required in surfaces to ensure no residual sanitizing agents remain, which could interfere with the quality of medical cannabis.

Cleanliness of the facility, storage areas, and displays will occur at the end of each work day to prevent any component residue from remaining overnight and promoting bacterial growth. Agents performing cleaning duties will adhere to standards, including wearing appropriate gloves. Cleaning equipment and supplies will be stored in a designated area of the facility to ensure segregation from any medical cannabis. All mops and brushes will be hung vertically to promote drying when not in use.

Processor agents are responsible for regular cleaning and disinfectant of any display areas containing medical cannabis. Cleaning is performed using cleaning materials each day when the display areas are empty, Agents working in the production areas of the processing facility are responsible for cleanliness of equipment and work spaces in their area. This involves daily cleaning of equipment at the close of the work day, sanitizing tools and equipment that come into contact with medical cannabis, and maintaining a work space that is free of debris, clutter and dust.



Along with processor agents fulfilling daily cleanliness requirements, the organization will employ a full-time maintenance worker to clean floors in all areas of the facility, clean any debris throughout the building, and sanitize and clean all restrooms.

**68. Please describe how an Applicant will have a standard operating procedure to maintain the medical cannabis free from contamination. \***

*[Reference 10.62.22.04 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Processor agents will be trained on the organization's SOP for maintaining that all medical cannabis be free of contamination. Training on this SOP begins during orientation for each agent prior to working the facility. Annual in-service trainings are also held for agents on proper handling and contamination prevention of medical cannabis.

Our organization recognizes that medical cannabis with bacterial mold species, or toxic byproducts like aflatoxins, can cause allergic reactions, illnesses, and even life threatening infections in patients. Patients with compromised immune systems are at a heightened risk of infection from cannabis contamination. Because of this, our organization places a premium on adhering to the SOP for keeping medical cannabis free of contamination.

The SOP for keeping medical cannabis free of contamination includes ongoing, regular cleanliness of the facility. Agents are trained to regularly clean all equipment and work areas that come in contact with medicine. Good personal hygiene practices are also required of processor agents, along with safe handling of medical cannabis by use of protective gloves, protective eyewear, and hair nets. The organization also trains agents on proper storage techniques of medical cannabis to prevent contamination. This includes regular maintenance and cleaning of storage areas and storage containers, segregating contaminated or expired cannabis for proper disposal, maintaining proper temperature in storage areas to prevent the growth of molds, mildew and other organic matter, maintaining proper humidity levels where cannabis is stored to prevent mold, keeping cannabis away from harmful UV rays that may degrade cannabinoids, and minimizing oxygen exposure in stored cannabis.

Proper packaging is also included in the SOP to prevent contamination of medical cannabis. This includes using containers or packages that do not impart any toxic or deleterious substances to the contained medical cannabis product.

Maintaining a clean and optimal environment for medical cannabis that is free of contaminants is a priority of the organization. Agents and supervisory staff follow the SOP for contaminant-free medical cannabis processes each day, and constantly review practices to ensure compliance with the contamination-free mandate.

**69. Please describe how an Applicant will have a standard operating procedure to require a processor agent to report any personal health condition that might compromise the cleanliness or quality of the medical cannabis the processor agent might handle. \***

*[Reference 10.62.22.04 of the regulations. Graded Yes or No. Weighted 2% of the Production Control subsection. Maximum length 135 words.]*

The SOP requires any registered processor agent to report to a supervisor any personal health condition that might compromise the cleanliness or quality of the medical cannabis the processor agent might handle. Maintaining the medical efficacy, quality, and purity of medicine is a foremost priority. Any factors that compromise the cleanliness or quality of medicine could impact the administration and efficacy of medicine for qualifying patients. The organization has established a policy and protocol for processor agents to report any health conditions that might adversely affect medicine.

If an agent’s personal health issue is of a serious nature and may have caused medical cannabis to be compromised, swift action will be taken to pull all medicine from inventory and prepared for disposal. The Commission will be apprised via report of any serious health-related agent issue.

**70. Please describe how an Applicant’s standard operating procedure will provide for disposal and segregated storage of any medical cannabis that is outdated, damaged, deteriorated, misbranded, or adulterated. \***

*[Reference 10.62.22.04 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Production Control subsection. Maximum length 135 words.]*

Medical cannabis that is outdated, damaged, deteriorated, misbranded, or adulterated, and is prepared for disposal will be quarantined from existing stock and securely stored in a segregated areas of the facility for disposal. After the affected products have been accounted in the inventory control system, they will be placed in tamper-evident packaging and segregated within the secure storage area exclusively for medical cannabis to be disposed. The segregation diminishes the potential for the soon-to-be disposed medical cannabis coming in contact or contaminating active medical cannabis in inventory. The organization will severely limit the amount of time that cannabis-to-be-disposed remains in the segregated area. It will focus on regular, timely disposal of medical cannabis in compliance with state regulations and the organization’s composting process, with a goal of disposing cannabis within one day.

**71. Please describe how an Applicant’s standard operating procedure will provide for disposal and segregated storage of any medical cannabis whose containers or packages have been improperly or accidentally opened. \***

*[Reference 10.62.22.04 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Production Control subsection. Maximum length 135 words.]*

Medical cannabis whose containers or packages have been improperly or accidentally opened, and is prepared for disposal, will be quarantined from existing stock and securely stored in a segregated areas of the facility for disposal. After the affected products have been accounted for in the inventory control system, they will be placed in tamper-evident packaging and segregated within the secure storage area exclusively for medical cannabis disposal. The segregation diminishes the potential for the soon-to-be disposed medical cannabis coming in contact or contaminating active medical cannabis in inventory. The organization will severely limit the amount of time that cannabis-to-be-disposed remains in the segregated area. It will focus on timely disposal of medical cannabis in compliance with state regulations and the organization’s composting process, with a goal of disposing cannabis within one day.

## 10.62.22.05

### 72. Please describe how an Applicant's standard operating procedure will provide for maintaining the sanitation of equipment that comes into contact with medical cannabis. \*

*[Reference 10.62.22.05 of the regulations. Graded 0 to 5 scoring. Weighted 4% of the Operational subsection. Maximum length 540 words.]*

To prevent the contamination of equipment in the facility that comes in contact with medical cannabis, our organization will implement an aggressive maintenance and sanitation method that conforms to the SOP. Contamination of equipment that comes in contact with medical cannabis can adversely impact existing stock and be a significant detriment to the operation. Our organization has developed a method for maintenance and cleaning of equipment that is focused on preventing contamination and preserving the medical grade of all medicine. The method is based on maintenance that is regular, thorough, and documented.

Equipment that comes in contact with medical cannabis includes items within the production area of the processing facility where medical cannabis is processed and packaged. The maintenance and cleaning of equipment in the operation areas is regular. Equipment that comes in contact with medical cannabis in the operations area can include trimming scissors, scales and measuring devices, work tables/station, trimming machinery, shipping and transport containers, CVault storage containers, and extraction equipment. Processor agents will employ a regular daily review and maintenance check on all equipment to ensure all is in good working order. The review and inspection is logged and maintained in all maintenance and cleaning records. If any equipment is deemed to be deficient, it will be immediately replaced and documented in a maintenance log.

Processor agents will keep and maintain all equipment housed in other areas of the facility that might pose a contamination risk to medical cannabis stock. Daily cleanings and wipe downs of all equipment using isopropyl alcohol or other non-toxic cleaners will be required of processor agents in conformance with the SOP. This includes cleaning equipment like trimming scissors, scales, work tables and work stations, trimming machinery shipping and transport containers, empty CVault curing containers, as well as storage racks. Cleaning and maintenance logs are maintained and certified by the processor agents completing the work and documented and stored as part of the organization's records.

### 73. Please describe how the Applicant will ensure that automatic, mechanical, or electronic equipment is routinely calibrated and periodically checked to ensure proper performance. \*

*[Reference 10.62.22.05 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

Per the standard operating procedure, all automatic, mechanical, or electronic equipment will be routinely calibrated and periodically checked to ensure proper performance within the facility. We will employ a Director of Operations who will maintain a record of all automatic, electronic, and mechanical equipment in the building. The Director will ensure that each piece of equipment remains in proper working order, and will initiate corrective action when needed. Logs documenting all maintenance checks on calibration and performance of automatic, mechanical, and electronic equipment will be completed and maintained as part of the organization's record-keeping protocol. Periodic checks and tests on all equipment is included in the SOP and overseen by the Director.

Processor agents will undergo training on detection of calibration or performance issues with all equipment in their work area. The training follows the SOP, which requires agents to inform the Director whenever equipment is not properly performing. The Director is trained to utilize in-house resources and maintenance staff for some repairs and calibration, while also calling in support from outside repair technicians as required. Equipment requiring maintenance or calibration is taken off-line when a defect is detected, and no processor agents are allowed to utilize the affected equipment until repairs are completed and it is returned to service by the Director.

**74. Please describe how the Applicant will ensure that any scale, balance, or other measurement device is routinely calibrated and periodically check to ensure accuracy. \***

*[Reference 10.62.22.05 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

All measurement devices involved with the production, review, and packaging of medical cannabis will be regularly calibrated by a calibration laboratory accredited to ISO standard by an accredited body that is signatory to the ILAC Mutual Recognition Agreement. Our organization will contract with a lab that meets the above standards for quarterly calibration of all scales and measurement devices. The contract for the calibration services will be signed at the start of operation and call for on-site review and repair by the accredited lab. Processor agents will also conduct periodic checks of scales, balances, and other measurement devices as part of the SOP for processing, taking weighted samples of medical cannabis or medical cannabis finished product and verifying the accuracy of weights across all of the scales and measuring devices in the facility.

The integrity of all measuring devices is essential to the accuracy of inventory and the distribution of medical cannabis to licensees. A quarterly schedule for calibration ensures the integrity of all equipment. It also assures compliance in advance of inspections by the Maryland Department of Agriculture’s Weights and Measures Division.

**75. Please describe how the Applicant will maintain an accurate log recording the cleaning of equipment. \***

*[Reference 10.62.22.05 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

As part of the regular cleaning of equipment, processor agents will be required to maintain logs of all cleaning performed. These logs will be maintained in every department where equipment resides. Agents of the facility will complete information on the date, time, and description of all cleaning. The logs will be maintained in hard copy and electronic format and archived as part of the organizations business records.

**76. Please describe how the Applicant will maintain an accurate log recording the maintenance of equipment. \***

*[Reference 10.62.22.05 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

As part of the regular maintenance of equipment, processor agents will be required to maintain logs of all work performed. These logs will be maintained in every department where

equipment resides. Agents of the facility will complete information on the date, time, and description of all maintenance. The logs will be maintained in hard copy and electronic format and archived as part of the organizations business records.

**77. Please describe how the Applicant will maintain an accurate log recording the calibration of equipment. \***

*[Reference 10.62.22.05 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

As part of the regular calibration of equipment, processor agents will be required to maintain logs of all work performed. These logs will be maintained in every department where equipment resides. Agents of the facility will complete information on the date, time, and description of all calibration. The logs will be maintained in hard copy and electronic format and archived as part of the organizations business records.

**10.62.22.06**

**78. Please describe how an Applicant will submit to the Commission at the end of the month following each calendar quarter a list of the products and the products' specifications that the Licensee offered for distribution in the previous calendar quarter. \***

*[Reference 10.62.22.06 of the regulations. Graded Yes or No. Weighted 1% of the Operational subsection. Maximum length 70 words.]*

The organization will provide to the Commission a quarterly report that lists the products and product specifications that were offered for distribution in the previous quarter. The report will be submitted on the last day of the month following each quarter. The list will be generated from the electronic inventory control system and presented in an easy-to-follow format (delineated by product type) for review by the Commission.

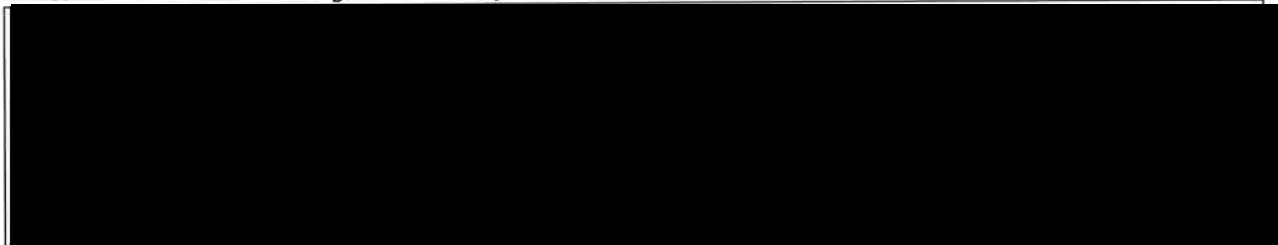
**10.62.23.02**

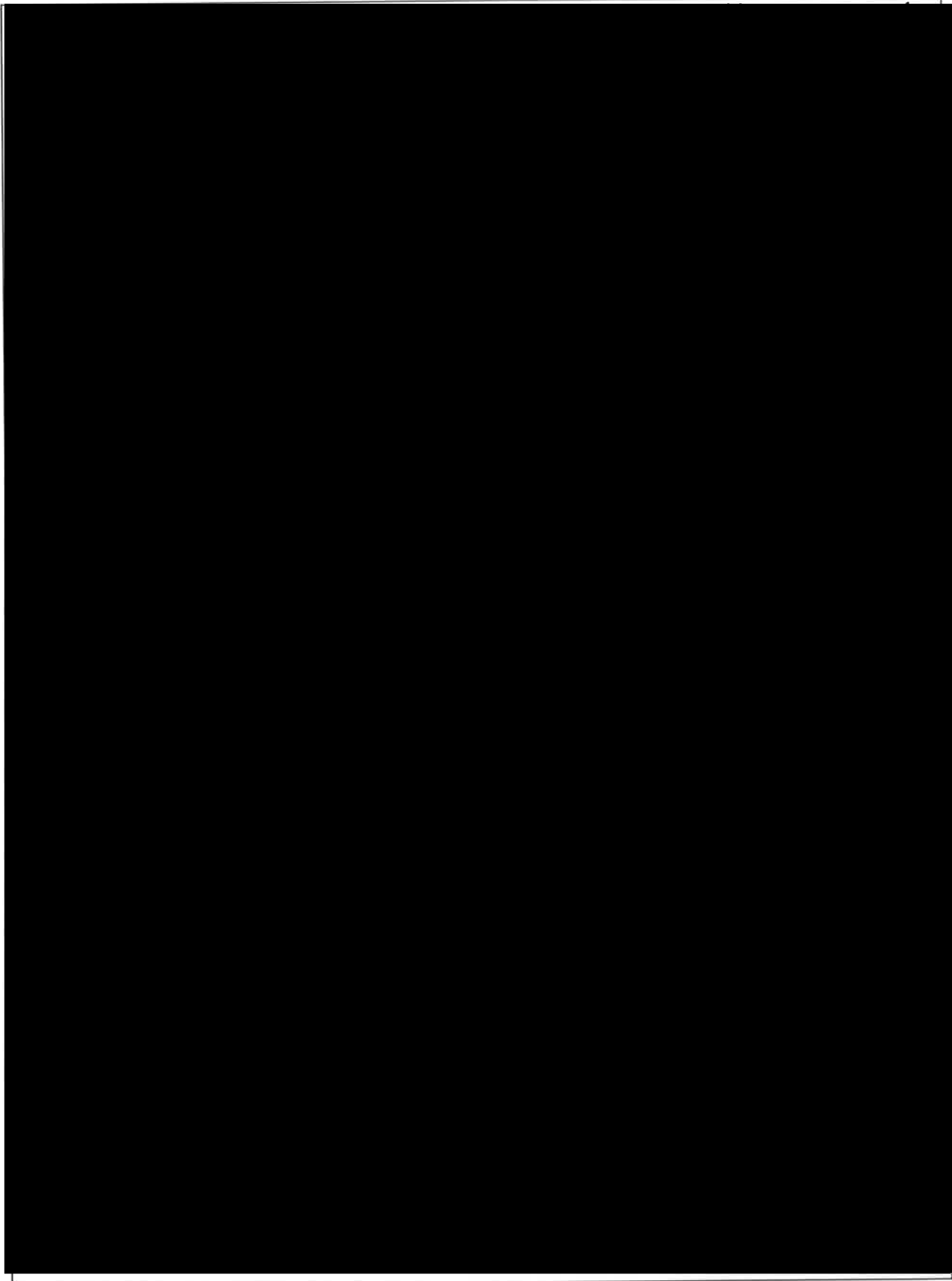
**79. Please describe how the Applicant will require that any person involved in processing medical cannabis concentrates and medical cannabis-infused products is (1) appropriately trained in accordance to their job description to safely operate and maintain the system used for processing and attendance records are retained, (2) has direct access to applicable material safety sheets and labels, and (3) follows OSHA protocols for handling and storage of all chemicals. \***

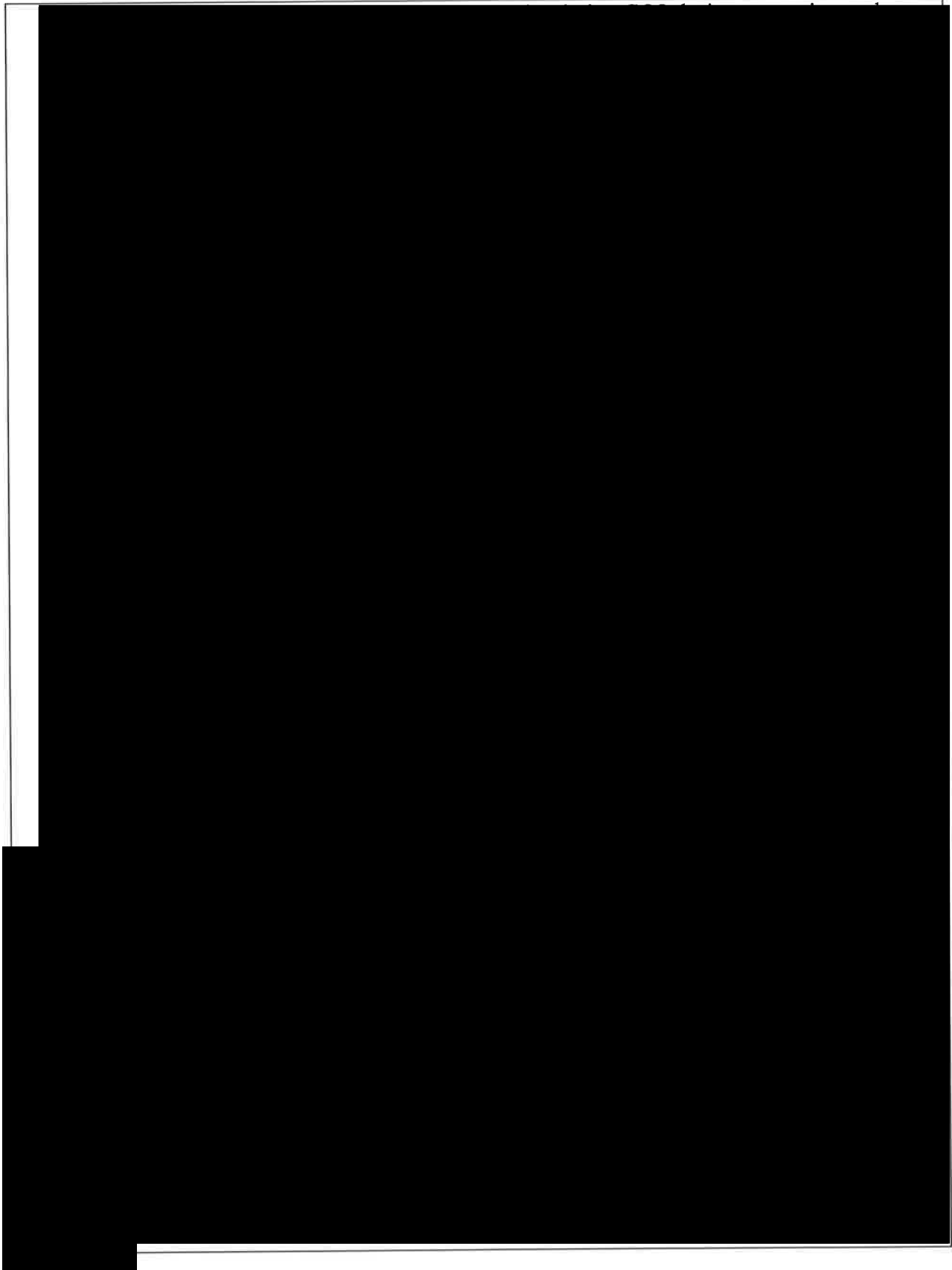
*(1) [Reference 10.62.23.02 of the regulations. Graded 0 to 5 scoring. Weighted 10% of the Operational subsection. Maximum length 1,350 words.]*

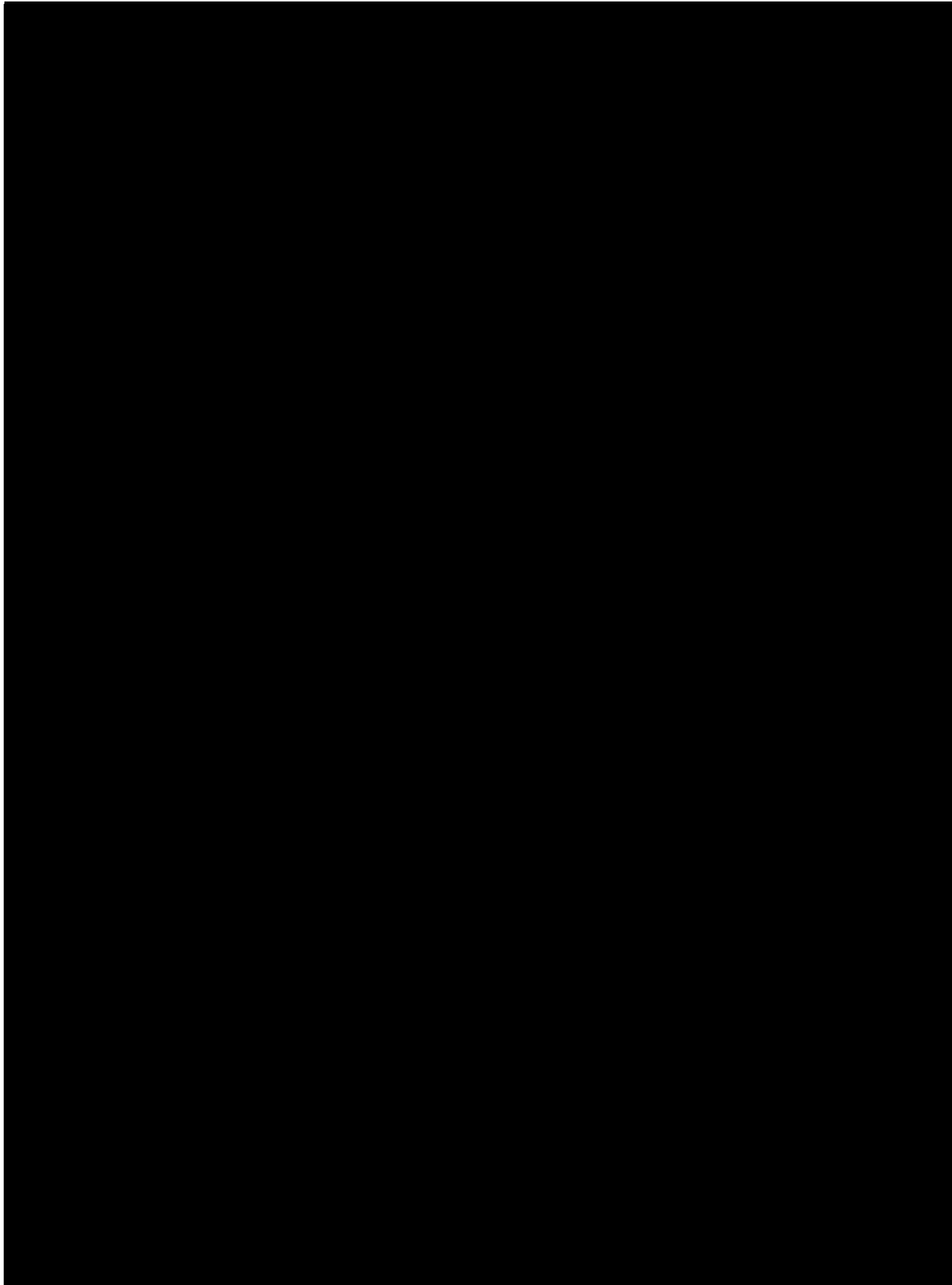
*(2) [Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

*(3) [Reference 10.62.23.02 of the regulations. Graded 0 to 5 scoring. Weighted 5% of the Operational subsection. Maximum length 675 words.]*



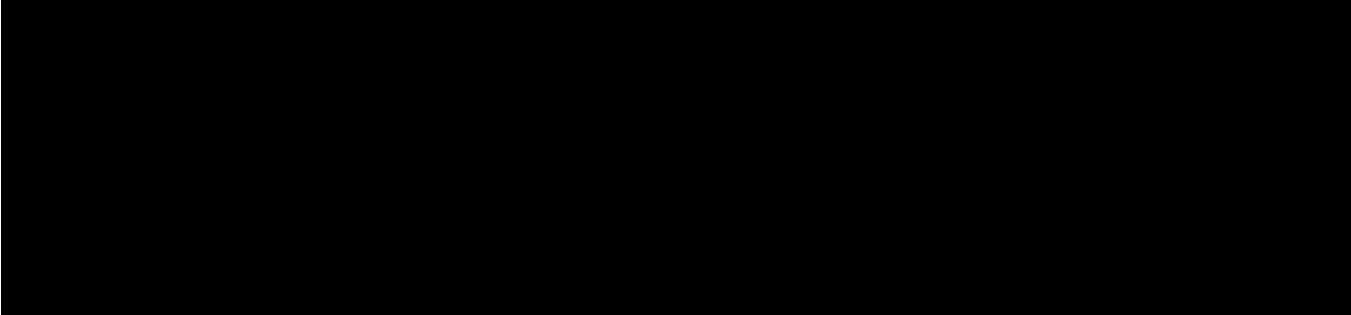






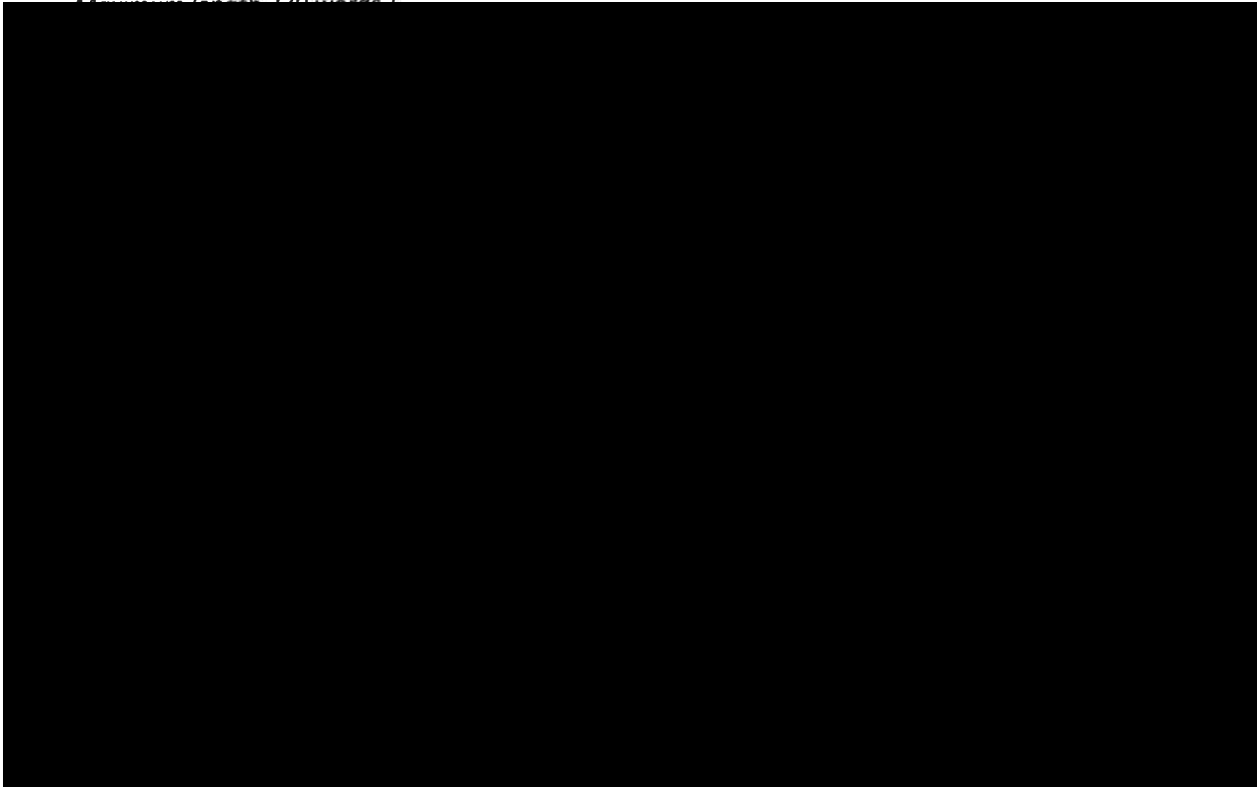






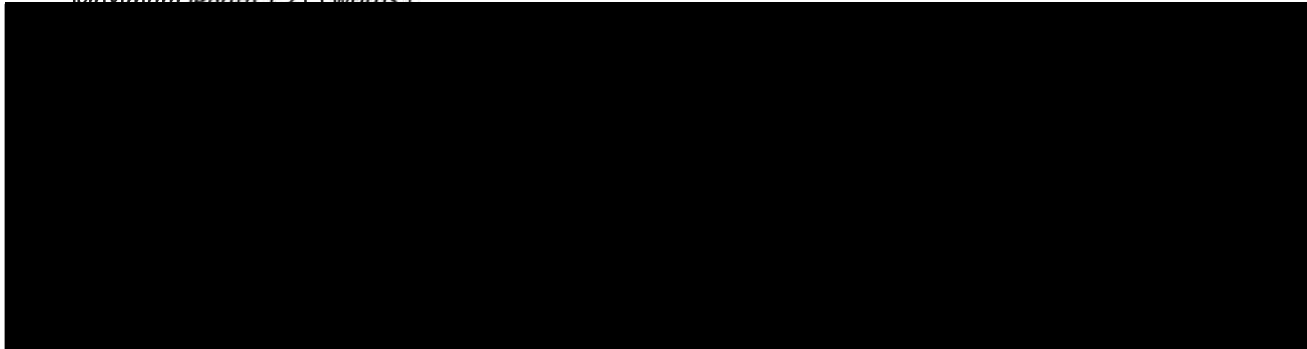
**80. Please describe how the Applicant will assign a unique lot number to each lot of medical cannabis concentrate of medical cannabis-infused product. \***

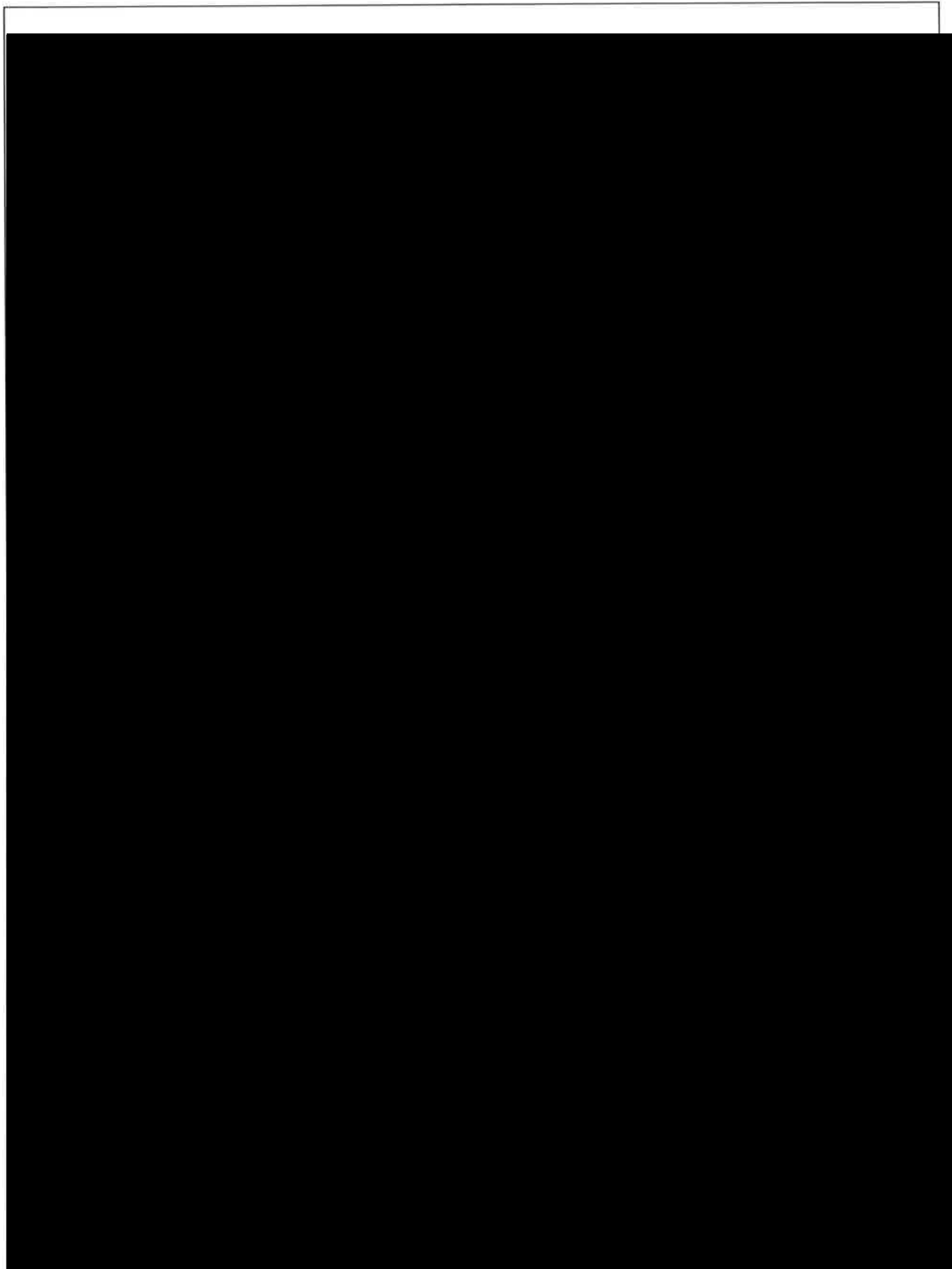
*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*



**81. Please describe how the Applicant will carry out a validation process on the first 10 lots of any new medical cannabis concentrate, medical cannabis-infused product, or process, to establish the validity of the production process. \***

*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 9% of the Operational subsection. Maximum length 1,215 words.]*





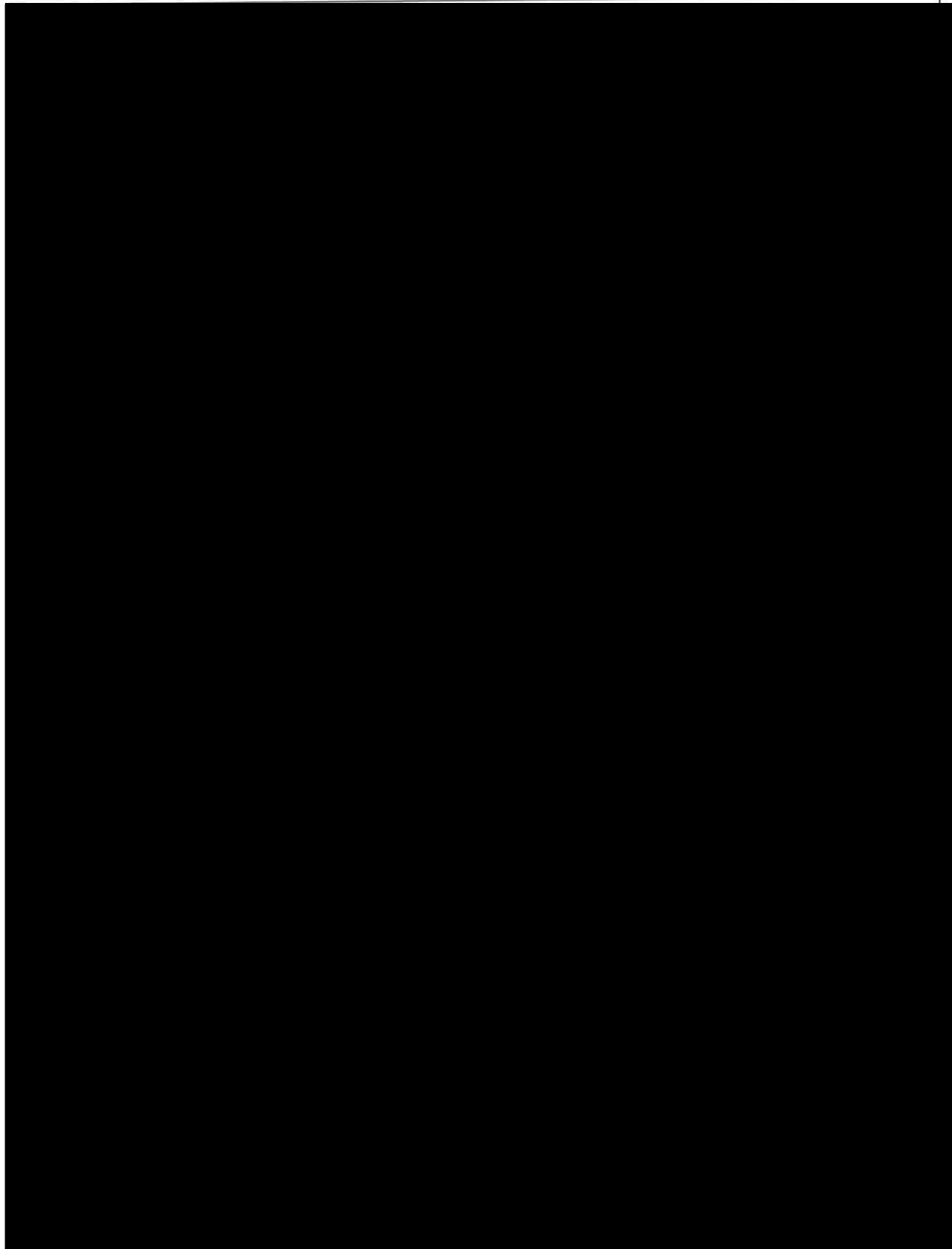
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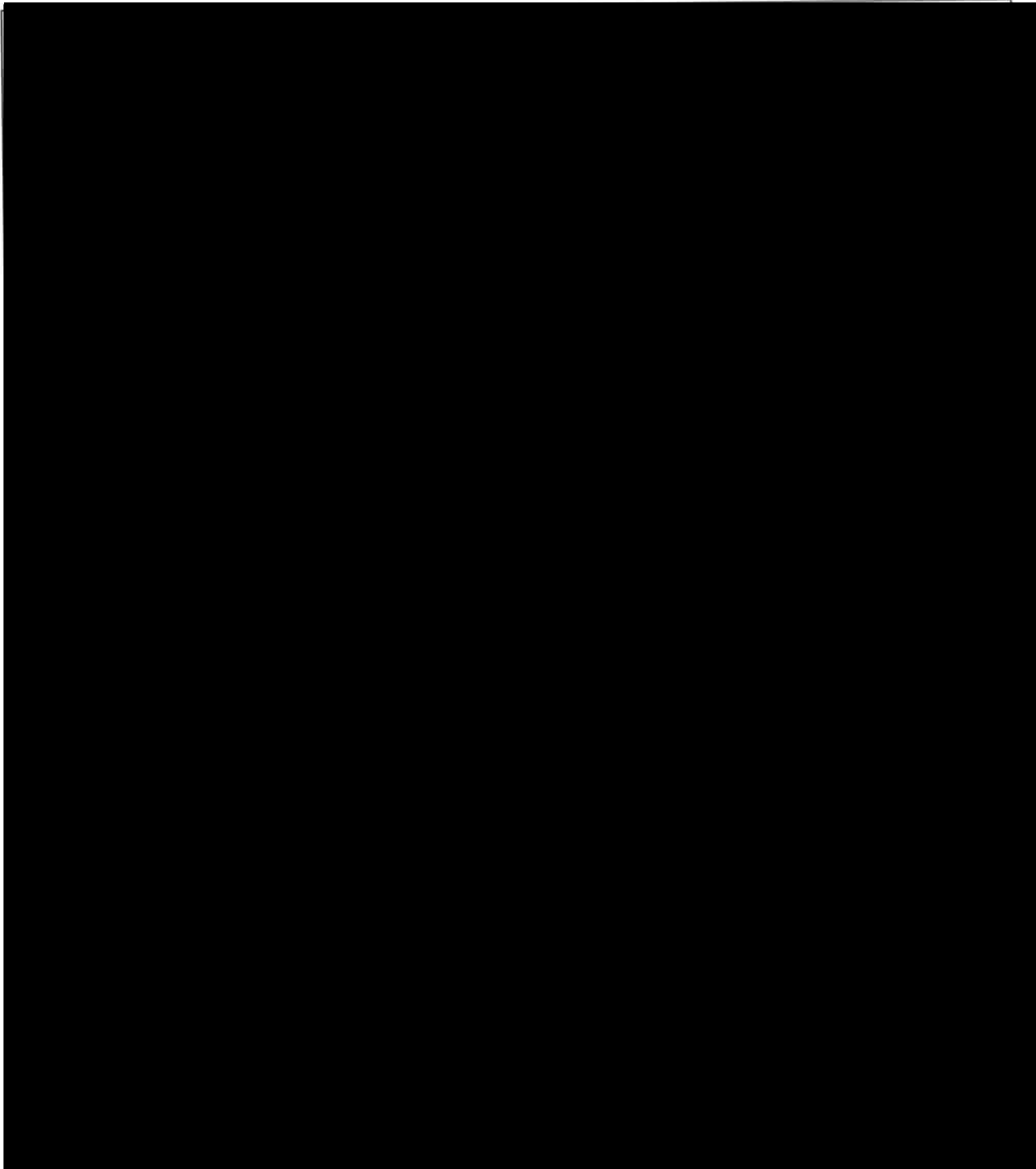
**82. Please describe how the Applicant will establish a standard operating procedure for the methods, equipment, solvents, and gases when processing medical cannabis concentrates and medical cannabis-infused products. \***

*[Reference 10.62.23.02 of the regulations. Graded 0 to 5 scoring. Weighted 14.5% of the Operational subsection. Maximum length 1,960 words.]*

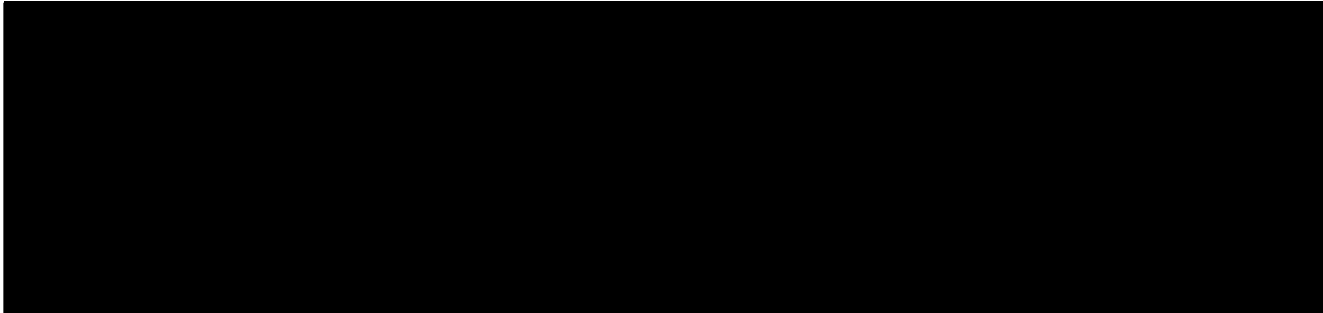
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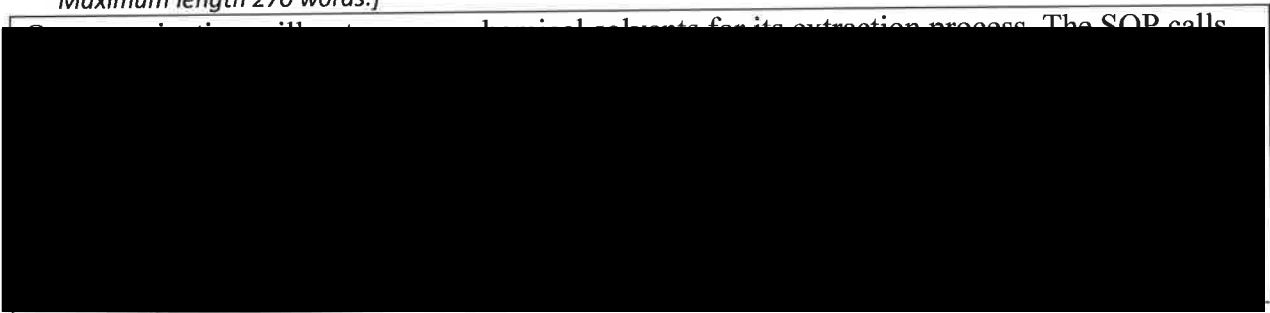


**83. Please describe how, if the Applicant uses a solvent-based extraction method, the solvents will be at least 99 percent pure. \***  
*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*



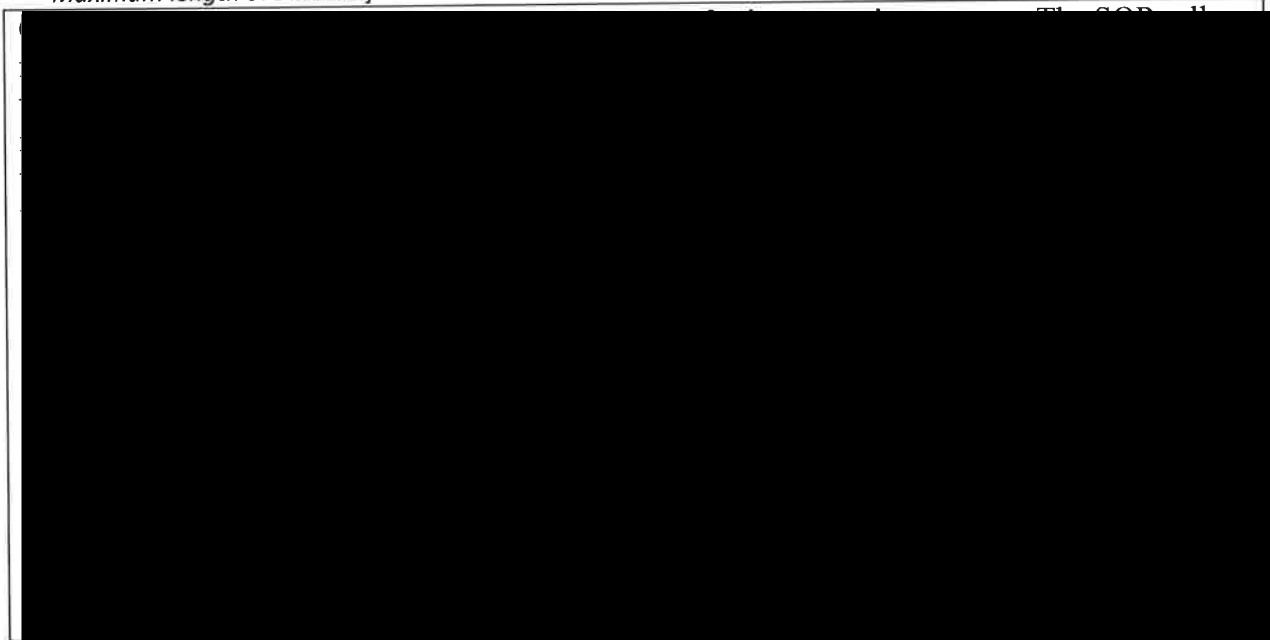
**84. If the Applicant uses solvent extraction, please describe how the standard operating procedure of an Applicant will require the use of solvents in a professional grade, closed-loop extraction system designed to recover the solvents. \***

*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

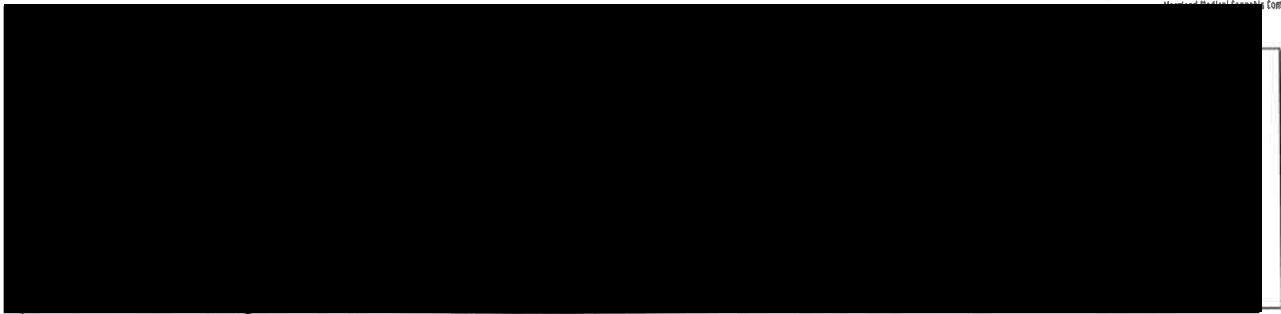


**85. Please describe how, if the Applicant uses solvent extraction, the standard operating procedure of an Applicant will require work in a spark-free environment with proper ventilation. \***

*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 5% of the Operational subsection. Maximum length 675 words.]*

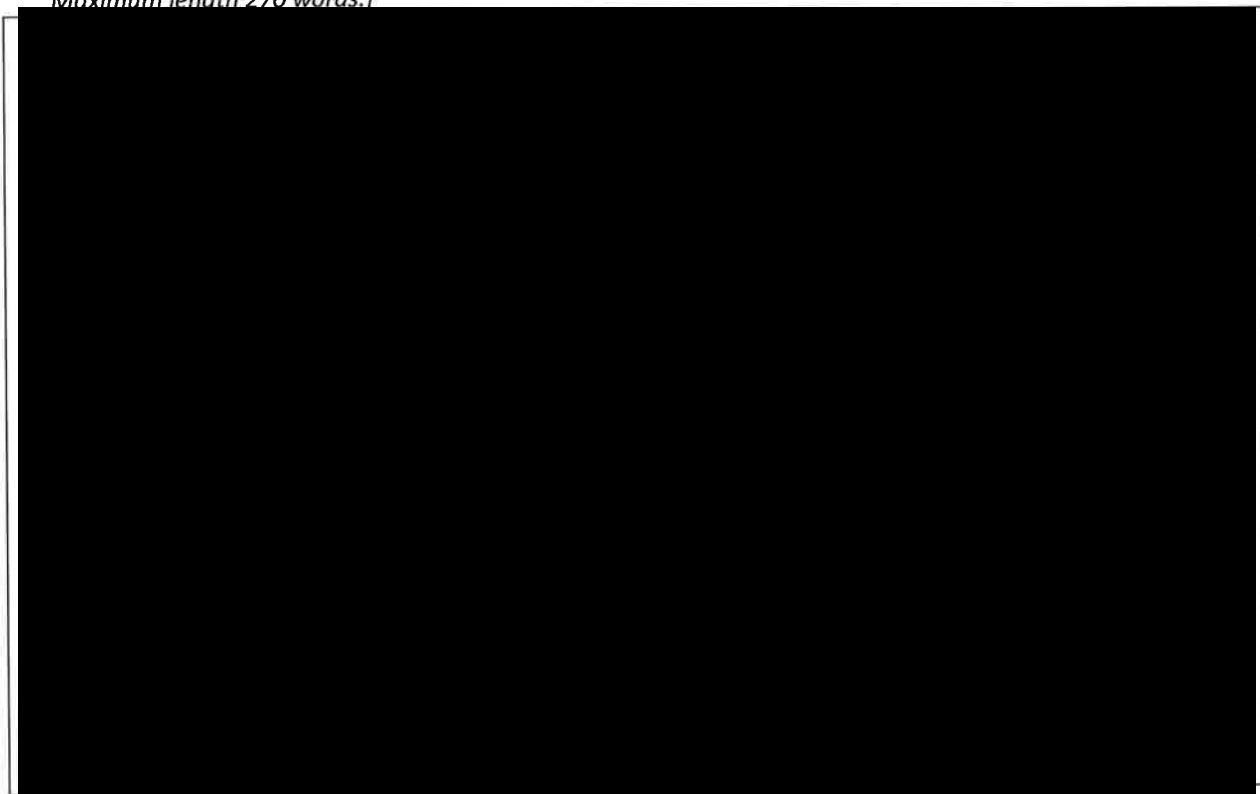






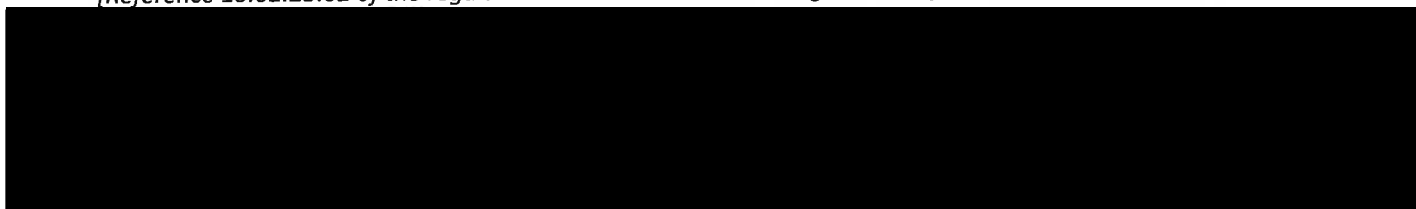
**86. Please describe how, if the Applicant uses solvent extraction, the standard operating procedure of an Applicant will require following all applicable OSHA regulations, and local fire, safety, and building codes in the processing and storages of the solvents. \***

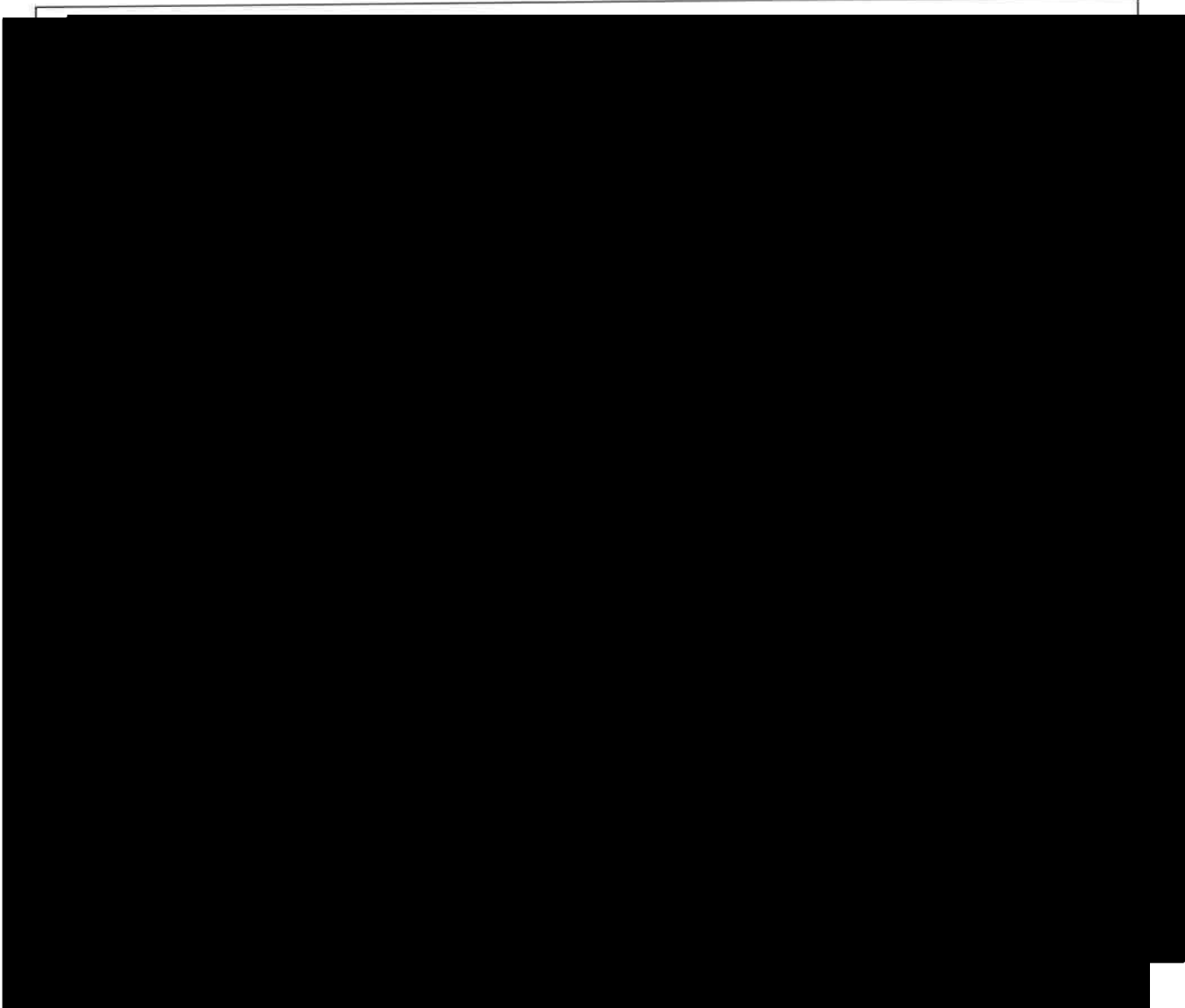
*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*



**87. Please describe how, if the Applicant uses carbon dioxide gas extraction, the standard operating procedure will require every vessel be rated to a minimum of 900 pounds per square inch. If using propane, the vessel should be rated to a minimum of 600 pounds per square inch. If using butane, the vessel should be rated to a minimum of 200 pounds per square inch. \***

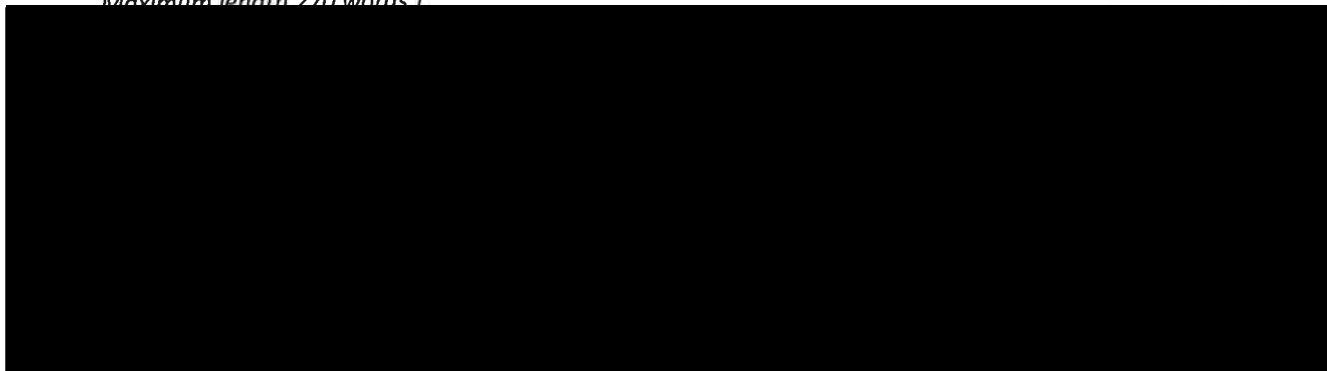
*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 4% of the Operational subsection.]*

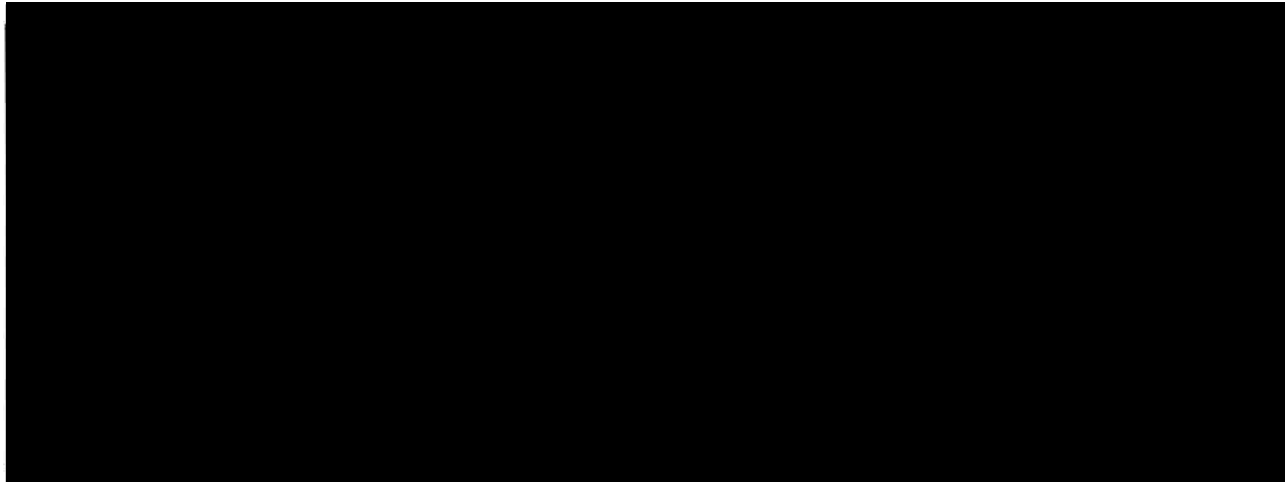




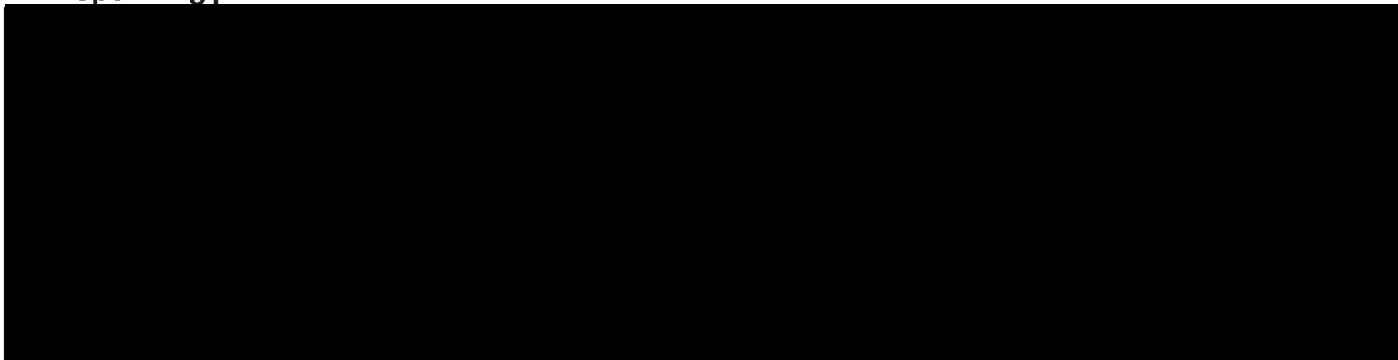
**88. Please describe how, if the Applicant uses carbon dioxide gas extraction, the standard operating procedure will follow all applicable OSHA regulations, and local fire, safety, and building codes. \***

*[Reference 10.62.23.02 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*





**89. Please describe how, if the Applicant uses carbon dioxide gas extraction, the standard operating procedure will use carbon dioxide that is at least 99 percent pure. \***



**10.62.23.03**

**90. Please describe how, upon successful completion of a validation process, the Applicant will use an independent testing laboratory that has adopted a standard operating procedure to test medical cannabis and medical cannabis concentrate that is approved by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement. \***

*[Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 5% of the Production Control subsection. Maximum length 340 words.]*

Our organization will utilize an independent testing laboratory to test all medical cannabis concentrate and finished product processed at our facility. Testing will be conducted upon completion of each successful validation process at our facility. As part of its review and selection of an independent testing laboratory, it will be required that the lab has adopted a standard operating procedure to test medical cannabis and medical cannabis concentrate that is approved by an accreditation body that is signatory to the International Laboratory Accreditation Cooperation Mutual Recognition Arrangement. Organizations that meet this requirement include the A-S-B, AIHA, A2LA, or ANAB. We believe it is important to utilize an independent lab that conducts its testing utilizing a SOP that is approved by an accredited national organization. Potential labs that do not follow a SOP by an accredited organization will not be considered for use.

**91. Please describe how, upon successful completion of a validation process, the Applicant will use an independent testing laboratory to have an agent of the independent testing laboratory obtain samples according to a statistically valid sampling method for each lot.** \*

*[Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 2.5% of the Production Control subsection. Maximum length 170 words.]*

Prior to selecting an independent testing laboratory to analyze lot samples, the organization will interview, tour, and query potential labs to determine the most qualified provider. The interview process will be led by the VP of Quality Assurance and the Director of Processing. A decision on the selected independent laboratory will be based on a host of factors, including the professionalism and experience of staff, the quality of equipment used in analysis, experience working in the medical cannabis field, adherence to analysis procedures set forth by the American Herbal Pharmacopeia, confirmation that no conflicts of interest exist with any member of the organization, and timeliness and accuracy of results. A premium will also be placed on establishing protocols for testing each lot utilizing a statistically valid sampling method by the lab’s staff. It is important that samples be obtained and tested to ensure a full and statistically valid analysis of the entire lot. These issues will be addressed prior to engaging the lab and continuously updated and improved over time.

**92. Please describe how, upon successful completion of a validation process, the Applicant will use an independent testing laboratory to analyze the samples according to (1) the most current version of the cannabis Inflorescence monograph published by the American Herbal Pharmacopeia (AHP) or (2) a scientifically valid methodology that is equal or superior to that of the AHP monograph.** \*

*(1) [Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

*(2) [Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

(1) Upon successful completion of all validation processes, we will use an independent testing laboratory to analyze samples according to the most current version of cannabis inflorescence monograph published by the AHP. The AHP is the leader in responsible use of herbal products. The AHP monograph provides outstanding testing standards for cannabis. We strongly prefer to use a laboratory that uses the most recent version of AHP’s cannabis inflorescence monograph.

(2) In the absence of labs that use the most current version of the cannabis inflorescence monograph published by the AHP, we will seek a lab that uses a scientifically valid method that is equal or superior to that of the AHP monograph. We will review methodologies of independent labs to understand the testing methods, and if satisfied, agree to have analysis done according to their scientifically valid methodology.

**93. Please describe how, upon successful completion of a validation process, the Applicant will use an independent testing laboratory that, in the event of a test result which falls out of specification, will follow their standard operating procedure to confirm or refute the original result.** \*

*[Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

The organization may request a second test on an original sample if a result deviates from anticipated specification. This provision will be part of an agreement with any chosen lab. The organization may question or review a lab’s SOP, and will maintain dialogue with a lab in the event of an unanticipated result. The organization may request a third-party review of a test result if deviation from SOP is suspected.

**94. Please describe how, upon successful completion of a validation process, the Applicant will use an independent testing laboratory to destroy the remains of the sample of medical cannabis after analysis is completed. \***

*[Reference 10.62.23.03 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

The independent laboratory will be required to destroy the remains of medical cannabis samples upon completion of a validation process. This requirement will be spelled out in all contractual arrangements with labs. The labs will also attest that remains of samples will be destroyed in accordance with disposal requirements of state law and regulation. Upon request, the organization may request documentation from the lab that sample products are properly destroyed.

**10.62.23.04**

**95. Please describe how the Applicant will assure that an independent testing laboratory will issue a certificate of analysis for each lot, with supporting data, to report whether or not the lot conforms to the specifications for the lot of the following compounds: Δ9-Tetrahydrocannabinol (THC), Tetrahydrocannabinolic Acid (THCA), Cannabidiol (CBD), Cannabidiolic Acid (CBDA), the terpenes described in the most recent version of the cannabis Inflorescence monograph published by the American Herbal Pharmacopeia (AHP), Cannabigerol (CBG), and Cannabinol (CBN). \***

*[Reference 10.62.23.04 of the regulations. Graded Yes or No. Weighted 10% of the Production Control subsection. Maximum length 675 words.]*

To conform to the organization’s SOP and comply with state regulation, we will only utilize the services of an independent laboratory for all testing. When selecting an independent laboratory, leadership of our organization including the CEO, Processing Director, and VP of Quality of Assurance will undertake a rigorous review of potential labs to find an organization that upholds the highest standards for independent analysis. The review will include interviews with leaders of prospective labs as well as site visits to inspect equipment, review procedures, and ensure the cleanliness of the lab facility.

Any independent lab that is selected by our organization to perform testing on medical cannabis concentrate or medical cannabis finished product will be contractually required to adhere to a number of standards. Included in these standards is a requirement that the lab issue a certificate of analysis for each lot, with supporting data, to report on whether the lot conforms to our specifications for each particular lot for the following compounds: Δ9-Tetrahydrocannabinol (THC), Tetrahydrocannabinolic Acid (THCA), Cannabidiol (CBD), Cannabidiolic Acid (CBDA), the terpenes described in the most recent version of the cannabis

Inflorescence monograph published by the American Herbal Pharmacopeia (AHP), Cannabigerol (CBG), and Cannabinol (CBN).

Independent labs selected by our organization for testing of products will be required to provide certificates of analysis on each lot that is sent to them. The certificates must provide results for the compounds listed above. The certificates must be sent electronically to our facility for analysis and review by processor agents. The agents will ensure that the certificate of analysis demonstrates all of the required compounds in amounts that match the standards set forth in the SOP for each individual lot. All certificate of analysis information will be recorded and saved in the electronic inventory control system. If the certificate for a particular lot meets the standards set forth in the SOP, the lot will be approved for production and distribution. If the certificate for a lot does not meet the results for the compounds listed above, Quality Control staff members will record and save the results in the inventory control system, and begin the process of rework and reprocessing of the lot to conform to the necessary standards.

To ensure the optimal results from an independent lab, our organization will require that the lab utilize High Performance Liquid Chromatography (HPLC) or better technology for analysis. Labs that only provide Gas Chromatography techniques will not be considered. HPLC allows for more accurate results because the test samples are not subjected to heat, where compounds are more susceptible to degradation. By requiring that the independent lab our organization selects utilize HPLC technology, we believe the quality and accuracy of test results and certificates of analysis is optimized.

**96. Please describe how the Applicant will assure that an independent testing laboratory will issue a certificate of analysis for each lot, with supporting data, to report that the presence of the following contaminants do not exceed levels as required by the AHP monograph: any residual solvent or processing chemicals; foreign material such as hair, insects, or any similar or related adulterant; any microbiological impurity, including total aerobic microbial count (TAMC), total yeast mold count (TYMC), *P. aeruginosa*, *Aspergillus spp.*, *S. aureus*, *Aflatoxin B1, B2, G1, and G2*, and *Ochratoxin A*; and whether the batch is within specification for odor and appearance. Please also describe how residual levels of volatile organic compounds (VOCs) will be below the specifications as set by the United States Pharmacopeia (USP Chapter 467). \***

*[Reference 10.62.23.04 of the regulations. Graded Yes or No. Weighted 10% of the Production Control subsection. Maximum length 675 words.]*

To conform to the organization’s SOP and comply with state regulation, we will only utilize the services of an independent laboratory for all testing. When selecting an independent laboratory, leadership of our organization including the CEO, Processing Director, and VP of Quality Assurance will undertake a rigorous review of potential labs to find an organization that upholds the highest standards for independent analysis. The review will include interviews with leaders of prospective labs as well as site visits to inspect equipment, review procedures, and ensure the cleanliness of the lab facility.

Any independent lab that is selected by our organization to perform testing on medical cannabis concentrate or medical cannabis finished product will be contractually required to adhere to a number of standards. Included in these standards is a requirement that the lab issue

a certificate of analysis for each lot, with supporting data, to report that the presence of the following contaminants do not exceed levels as required by the AHP monograph: any residual solvent or processing chemicals; foreign material such as hair, insects, or any similar or related adulterant; any microbiological impurity, including total aerobic microbial count (TAMC), total yeast mold count (TYMC), *P. aeruginosa*, *Aspergillus spp.*, *S. aureus*, *Aflatoxin B1*, *B2*, *G1*, and *G2*, and *Ochratoxin A*.; and whether the batch is within specification for odor and appearance. The certificate of analysis must also indicate the presence of volatile compounds (VOC) included in the United States Pharmacopeia (USP) Chapter 467, and affirm that any VOC levels are below that standards set in USP Chapter 467.

Independent labs selected by our organization for testing of products will be required to provide certificates of analysis on each lot that is sent to them. The certificates must provide results for the contaminants listed above. The certificates must be sent electronically to our facility for analysis and review by processor agents. The agents will ensure that the certificate of analysis demonstrates none of the contaminants exceed levels included in the AHP monograph or the VOC levels in USP Chapter 467. All certificate of analysis information will be recorded and saved in the electronic inventory control system. If the certificate for a particular lot or batch meets the standards set forth in the SOP, the lot or batch will be approved for production and distribution. If the certificate for a lot or batch shows results for the contaminants listed above that exceed acceptable levels, Quality Control staff members will record and save the results in the inventory control system, and begin the process of rework and reprocessing of the lot to conform to the necessary standards. Depending on the result, Quality Control staff may determine that the lot requires disposal.

It should be noted that our organization will not utilize solvents for the extraction of medical cannabis. Supercritical CO2 extraction will be the process utilized in our processing facility. We will still require that independent lab analysis test for the presence of contaminants and VOCs.

To ensure the optimal results from an independent lab, our organization will require that the lab utilize High Performance Liquid Chromatography (HPLC) or better technology for analysis. Labs that only provide Gas Chromatography techniques will not be considered. HPLC allows for more accurate results because the test samples are not subjected to heat, where compounds are more susceptible to degradation. By requiring that the independent lab our organization selects utilize HPLC technology, we believe the quality and accuracy of test results and certificates of analysis is optimized.

### 10.62.23.05

**97. Please describe how, if an Applicant/Licensee, upon review of the certificate of analysis, determines that a lot meets the specification for the product, the Applicant/Licensee could assign an expiration date to the lot. \***

*[Reference 10.62.23.05 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

Our processing methods require strict adherence to SOP so that each lot of finished product is consistent. For the initial production of a lot that has a certificate of analysis, we will affix an expiration date that is six months from the packaging date. We do not believe that the product

will pose any risk even after this period, but we feel the initial lot must include a conservative expiration date.

Our organization has a policy to retain enough samples from each lot of finished medical cannabis to conduct laboratory analysis at six month intervals from the initial process. We will conduct tests at six months, one year, and eighteen months from all initial lots to receive results and data for comparison purposes. At each of these intervals our quality control team will evaluate the data from the certificates of analysis. Our team will look to see if there is any statistically relevant deviation from the test results from an initial lot, and document the findings in the electronic inventory control system and the organization’s processing records. If no relevant deviation is uncovered after each of the additional tests (six month, 12 months, 18 months), consideration will be given to increasing the expiration date to a full year. If there is a statistically relevant change in the makeup of medical cannabis finished product at any point in the three-cycle review, the quality control team may implement changes to the initial six-month expiration date. The changes will be driven by the significance of the change in laboratory results as well as the point in time at which the change took place.

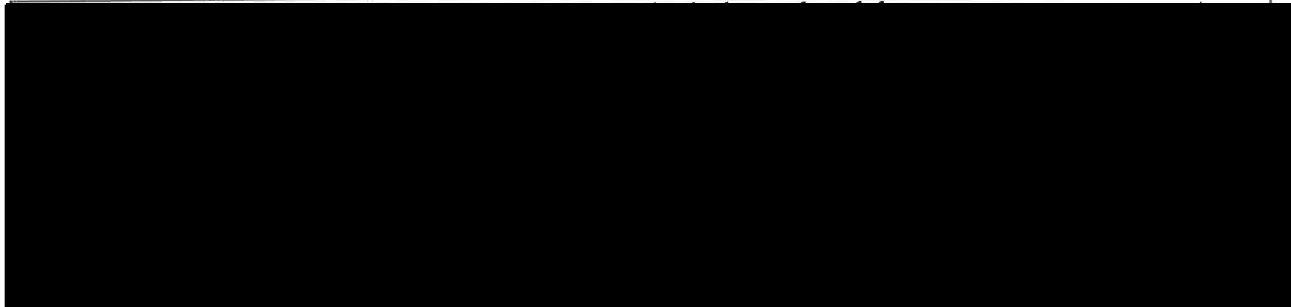
**98. Please describe how, if an Applicant/Licensee, upon review of the certificate of analysis, determines that a lot meets the specification for the product, the Applicant/Licensee could release the lot for distribution. \***

*[Reference 10.62.23.05 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

Upon review of the certificate of analysis from the independent laboratory, processor agents will attest the certificate to ensure the lot that was tested meets the specifications for the product according to the organization’s SOP. Once affirmed the organization will take the lot of medical cannabis finished product with its affirmed expiration date and prepare the material for labeling, packaging, and distribution to licensees. The release of any lot requires verification by quality control staff members with updated data input in the inventory control system. No lot of medical cannabis finished product will be released for distribution without information being updated in the inventory control system and requisite approval from quality control staff members.

**99. Please describe how, if an Applicant/Licensee, upon review of the certificate of analysis, determines that a lot meets the specification for the product, the Applicant/Licensee could revise the status of the lot in the inventory control. \***

*[Reference 10.62.23.05 of the regulations. Graded Yes or No. Weighted 2% of the Operational subsection. Maximum length 270 words.]*





**100. Please describe how, if an Applicant/Licensee receives test results that the lot does not meet specifications, the Applicant/Licensee could rework or reprocess the lot according to their standard operating procedure. \***

*[Reference 10.62.23.05 of the regulations. Graded 0 to 5 scoring. Weighted 2% of the Operational subsection. Maximum length 270 words.]*

If independent laboratory testing provides results that do not conform to specifications established in the organization's SOP, the lot may be subject to re-work or re-processing. This can happen if potency or purity results are not up to specification or if amounts of residual solvent remain that require additional processing. Our organization is committed to multiple layers of testing, first on all base extraction product and then follow-up tests on all end products. We take great pride in our precision dosage standards, which are built on the accuracy and validity of independent laboratory testing.

In accordance with our SOP, quality control staff members will review the results from the independent laboratory during any phase of production of medical cannabis finished product. If the results do not conform to established SOP limits, quality control staff will coordinate with production staff to begin rework and reprocessing. Once the rework and reprocessing is completed, quality control staffers will follow protocols for securing adequate samples from the lot for a new round of testing. The revised lot will be updated in the inventory control system to reflect the production changes. The new samples will be transported to the independent laboratory for certification. If the new round of testing results in acceptable specifications for the lot, results will be input into the electronic inventory control system and it will be prepared for distribution. If the specification are not met in the additional testing, the SOP for rework and reprocessing begins anew.

**101. Please describe how the reworked or reprocessed lot will be resampled and retested by the independent testing laboratory to meet all required specifications. \***

*[Reference 10.62.23.05 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

If a lot has been reprocessed according to SOP, the lot must be resampled and retested by an independent laboratory to meet all required specifications. No lot will be released for distribution until the retest and resampling is completed and recorded, and the results conform to required specifications. The inventory control system will disallow any lot from being sent to distribution without the proper certificate of analysis from a retest.

**102. Please describe how the Applicant will retain every certificate of analysis. \***

*[Reference 10.62.23.05 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

The organization will retain all certificates of analysis on tested lot material in its electronic inventory control system. Hard copies of lab results will also be printed and retained for a five year period at the facility, and transitioned to a contracted off-site records management facility. The electronic and hard copy retention of certificates of analysis allow for redundancy and completeness of test records.

### 10.62.23.06

**103. Please describe how the Applicant will provide a sample from each released lot to an independent testing laboratory sufficient to perform stability testing at 6-month intervals to (1) ensure product potency and purity and (2) provide support for expiration dating. \***

*(1) [Reference 10.62.23.06 of the regulations. Graded Yes or No. Weighted 2.5% of the Production Control subsection. Maximum length 170 words.]*

*(2) [Reference 10.62.23.06 of the regulations. Graded Yes or No. Weighted 2.5% of the Production Control subsection. Maximum length 170 words.]*

(1) Stability testing is an essential component of the organization's quality assurance program. Samples from each lot of product will be released to an independent laboratory for analysis. Testing of the lot sample will include reporting on product potency and purity, with results maintained and stored in the inventory control database. The selected sample size will be large enough to support testing at six-month intervals of the same lot.

(2) Laboratory results will be analyzed and retained by the quality control team to track any deviation in potency and purity results at six month intervals. Analysis of lot material will be conducted over the course of 18 months. If a delta exists in test results over the selected period of time that demonstrates change in potency or purity, staff will use the data to establish expiration dating standards.

**104. Please describe how the Applicant will retain a sample from each released lot (1) sufficient to provide for follow-up testing if necessary, and will (2) properly store the sample for 1 year past the date of expiration of the lot. \***

*(1) [Reference 10.62.23.06 of the regulations. Graded Yes or No. Weighted 1% of the Production Control subsection. Maximum length 70 words.]*

*(2) [Reference 10.62.23.06 of the regulations. Graded Yes or No. Weighted 0.5% of the Production Control subsection. Maximum length 70 words.]*

(1) The organization will determine the sample size required for laboratory analysis. Samples from specific lots will be apportioned by taking the required amount of product needed by the lab for testing and multiplying the individual amount by a factor of three for follow up tests. By setting aside three times the amount needed for one test, the organization can conduct three rounds of six-month testing on the same lot.

(2) The organization will retain all lot samples for future laboratory testing in secure, air-tight storage jars that are bar-coded, labeled, and inventoried within the facility. The storage containers will be kept in a climate controlled receptacle. The samples will be retained for one year past the expiration date of the lot, and removed from inventory and disposed following the one year period.

### 10.62.23.07

**105. Please describe how the Applicant will submit to the Commission within 30 days following the end of a quarter a list of the products and the products' specifications that the Applicant offered for distribution in the quarter. \***

*[Reference 10.62.23.07 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

The organization will provide to the Commission a quarterly report that lists the products and product specifications that were offered for distribution in the previous quarter. The list will be generated from the electronic inventory control system and presented in an easy-to-follow format (delineated by products) for review by the Commission. The list will be submitted to the Commission electronically (to the contact at the Commission) as well as mailed.

### 10.62.24.01

**106. Please describe how all items will be individually processed at the original point of processing. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

In accordance with SOP, all items will be individually packaged at the point of processing. Any packaging of medical cannabis finished product away from the original point of processing or outside of the organization's facility is strictly prohibited. No product packaged outside of the original point of processing within the building will be permitted into the facility. Security personnel and processing team leaders will monitor and enforce this mandate.

**107. Please describe how a package of medical cannabis finished product will be plain. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Our organization will only utilize packaging of medical cannabis finished products that is plain. The Processing Director at the facility has responsibility for ensuring each package meets this requirement. If a package is not plain, it will not be approved for distribution in the electronic inventory control system.

**108. Please describe how a package of medical cannabis finished product will be opaque. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Our organization will only utilize packaging of medical cannabis finished products that is opaque. The Processing Director at the facility has responsibility for ensuring each package meets this requirement. If a package is not opaque, it will not be approved for distribution in the electronic inventory control system.

**109. Please describe how a package of medical cannabis finished product will be tamper-evident, and if applicable or appropriate, child-resistant. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Our organization will only utilize packaging of medical cannabis finished products that is tamper-evident, or if applicable or appropriate, child resistant. The Processing Director at the facility has responsibility for ensuring each package meets this requirement. If a package is not tamper-evident, it will not be approved for distribution in the inventory control system. Child-resistant packaging will be processed as applicable or appropriate upon the request of the receiving licensee.

**110. Please describe how a package of medical cannabis finished product will bear a finished-product lot number and expiration date. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Every label affixed to medical cannabis finished product produced at our facility will include a product lot number and expiration date. The information is included in the electronic inventory control system and imported into the system's labeling function. No label will be provided without the finished lot number and expiration date.

**111. Please describe how a package of medical cannabis finished product will bear a clear warning that (1) the contents may be lawfully consumed only by a qualifying patient named on an attached label; (2) it is illegal for any person to possess or consume the contents of the package other than the qualifying patient; and (3) it is illegal to transfer the package or contents to any person other than a transfer by a caregiver to a qualifying patient. \***

*(1) [Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

*(2) [Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

*(3) [Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

(1) Every label affixed to medical cannabis finished product produced at our facility will include a warning that the contents may be lawfully consumed only by the qualifying patient named on the label. The information is included in the electronic inventory control system label template for each package. No label will be provided without this mandated warning.

(2) Every label affixed to medical cannabis finished product produced at our facility will include a warning that it is illegal for any person to possess or consume the contents of the package other than the qualifying patient. The information is included in the electronic inventory control system label template for each package. No label will be provided without this mandated warning.

(3) Every label affixed to medical cannabis finished product produced at our facility will include a warning that it is illegal to transfer the package or contents to any person other than for a caregiver to transfer it to a qualifying patient. The information is included in the electronic inventory control system label template for each package. No label will be provided without this mandated warning.

**112. Please describe how a package of medical cannabis finished product will bear a clear warning to keep the package and its contents away from children other than a qualifying patient. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will include a label that bears the warning to keep the package and its contents away from children other than a qualifying patient. The information is included in the electronic inventory control system label template for each package. No label will be provided without this mandated warning.

**113. Please describe how a package of medical cannabis finished product will bear the Maryland Poison Control Center emergency telephone number. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will include the emergency telephone number of the Maryland Poison Control Center, 1-800-222-1222. The information is included in the electronic inventory control system label template for each package. No label will be provided without the Poison Control Center telephone number.

**114. Please describe how a package of medical cannabis finished product will bear the name of the Licensee that packaged the medical cannabis finished product and the telephone number of the Licensee for reporting an adverse patient event. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will include the telephone number of our organization with directions to call in the event of an adverse patient event. The information is included in the electronic inventory control system label template for each package. No label will be provided without the telephone number and directions to call in an adverse patient event.

**115. Please describe how a package of medical cannabis finished product will bear any allergen warning required by law. \***

*[Reference 10.62.24.01 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will include any allergen warnings as required by law. The information is included in the electronic inventory control system label template for each package. No label will be provided without the allergen warning labeling required by law.

**116. Please describe how a package of medical cannabis finished product will bear a listing of the non-medical cannabis ingredients. \***

*[Reference 10.62.24.01 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will include a listing of non-medical cannabis ingredients. The information is included in the electronic inventory control system label template for each package. No label will be provided without the listing of non-medical cannabis ingredients.

**117. Please describe how a package of medical cannabis finished product will bear an itemization, including weight, of all cannabinoid and terpene ingredients specified for the product, and the concentrates of any cannabinoid of less than one percent will be printed with a leading zero before the decimal point. \***

*[Reference 10.62.24.01 of the regulations. Graded 0 to 5 scoring. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Packages of medical cannabis finished product will include an itemization, including weight, of all cannabinoid and terpene ingredients specified for the product. If the concentrates of any cannabinoid is less than one percent, the value will be printed with a zero in front of the decimal point. The information is included in the inventory control system and imported into the system's labeling function from independent lab test results.

**118. Please describe how a package of medical cannabis finished product will leave space for a licensed dispensary to attach a personalized label for the qualifying patient. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product will be designed to strictly adhere to state regulation. This includes a requirement that all packages leave a space for a licensed dispensary to attach a personalized label for the qualifying patient. No package will be approved for distribution without the space for the personalized label. The Processing Director is charged with enforcing this provision and following SOP on packaging.

**119. Please describe how the Applicant will assure that a package of medical cannabis finished product does not bear any resemblance to the trademarked, characteristic, or product-specialized packaging of any commercially available candy, snack, baked good, or beverage. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product will be designed to strictly adhere to state regulation. This includes a requirement that no package bear any resemblance to the trademarked, characteristic, or product-specialized packaging of any commercially available candy, snack, baked good, or beverage. The Processing Director is charged with enforcing this provision and following SOP on packaging.

**120. Please describe how the Applicant will assure that a package of medical cannabis finished product does not bear any statement, artwork, or design that could be reasonably mislead any person to believe that the package contains anything other than a medical cannabis finished product. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will be designed to strictly adhere to state regulation. This includes a requirement that no package bear any statement, artwork, or design that could reasonably mislead any person to believe the package contains anything other than medical cannabis finished product. The Processing Director is charged with enforcing this provision and following SOP on packaging.

**121. Please describe how the Applicant will assure that a package of medical cannabis finished product does not bear any seal, flag, crest, coat of arms, or other insignia that could reasonably mislead any person to believe that the product has been endorsed, manufactured, or used by any State, county, or municipality or any agency thereof. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will be designed to strictly adhere to state regulation. This includes a requirement that no package of medical cannabis bear any seal, flag, crest, coat of arms, or other insignia that could reasonably mislead a person to believe that the product is endorsed, manufactured, or used by any State, county, or municipality or agency thereof.

**122. Please describe how the Applicant will assure that a package of medical cannabis finished product does not bear any cartoon, color scheme, image, graphic, or feature that might make the package attractive to children. \***

*[Reference 10.62.24.01 of the regulations. Graded Yes or No. Weighted 0.5% of the Operational subsection. Maximum length 70 words.]*

Each package of medical cannabis finished product produced at our facility will be designed to strictly adhere to state regulation. This includes a requirement that no package of medical cannabis finished product bear any cartoon, color scheme, image, graphic, or feature that might make the package attractive to children. The Processing Director is charged with enforcing this provision and following SOP on packaging.

**END OF DOCUMENT**



Kind Therapeutics USA, LLC  
Application for Medical Cannabis Processor License  
November 6, 2015

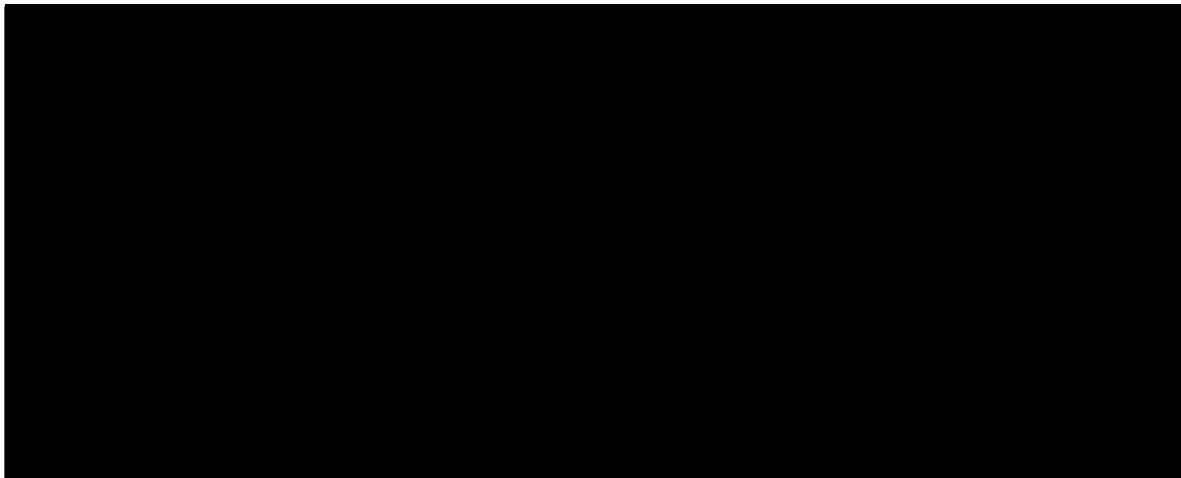
# ADDENDA



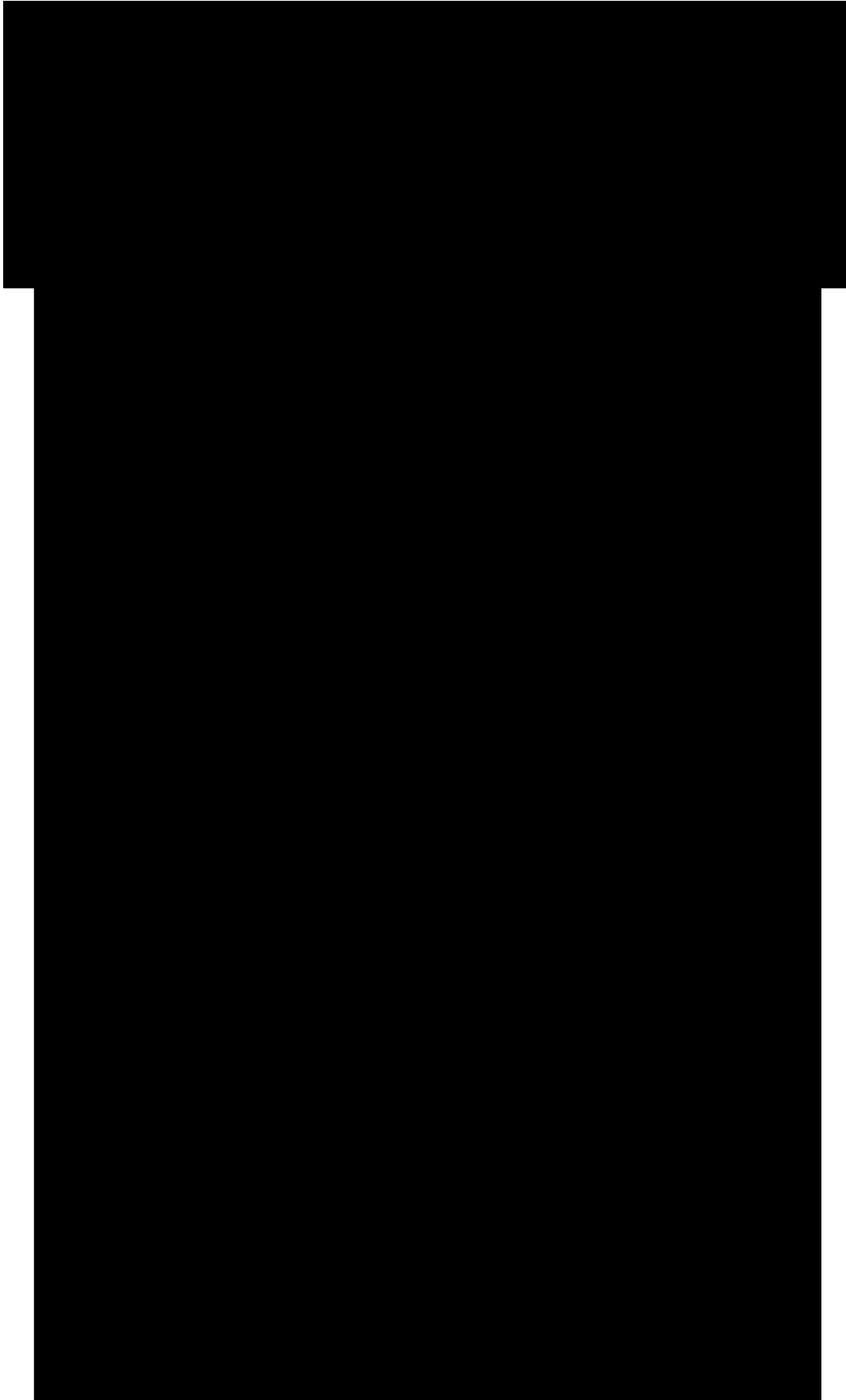
**Application for Medical Cannabis Processor License**  
**Question 2B - Adequate Capitalization**

**SUSAN ZIMMERMAN**

789 Source Drive, Annapolis, Maryland 21401



**Application for Medical Cannabis Processor License**  
**Question 2B - Adequate Capitalization**



Application for Medical Cannabis Processor License  
Question 2B - Adequate Capitalization

DAVIS, JOSEY, KEATING & RANES, LLC

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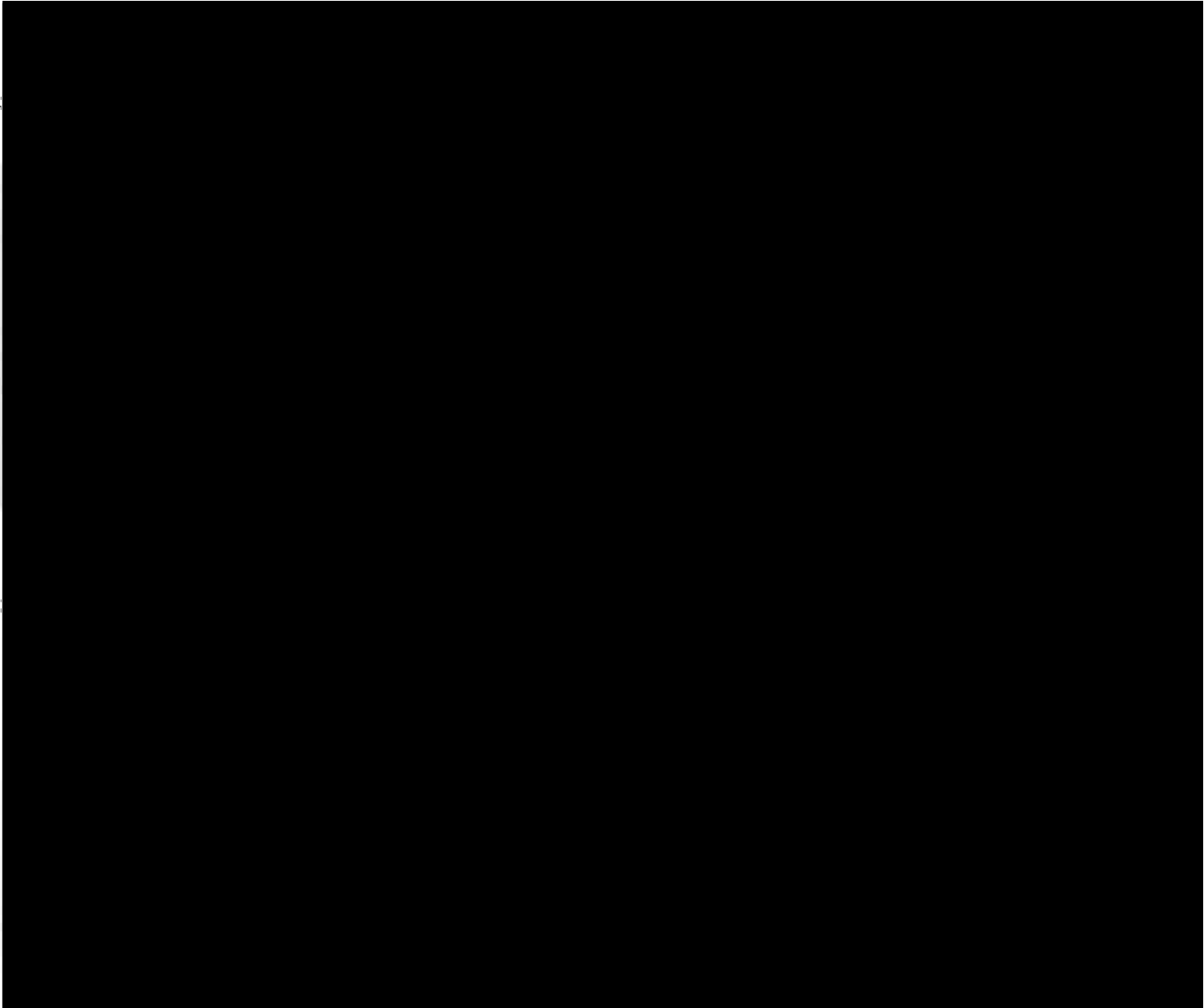
October 13, 2015

Very truly yours,



Wesse C. Ranes, III, CPA

**Application for Medical Cannabis Processor License**  
**Question 3A - Maryland Residency - Owners and Investors**



Application for Medical Cannabis Processor License  
Question 3B - Certification Applicant Not in Arrears Regarding Tax Obligations

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT KIND THERAPEUTICS USA, LLC, REGISTERED JULY 30, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 13, 2015.



Heidi Dudderar  
Associate Director



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